

ATTACHMENT A

CDT-4 Code

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Diagnostic Services

Code	Procedure	Waiting Period/Days
D0120	Periodic oral evaluation	0
D0140	Limited oral evaluation - problem focused	90
D0150	Comprehensive oral evaluation - new or established patient	90
D0160	Detailed and extensive oral evaluation - problem-focused, by report	90
D0170	Re-evaluation-limited, problem focused (established patient; not post-operative visit)	90
D0180	Comprehensive periodontal evaluation - new or established patient	90
D0210	Intraoral - complete series (including bitewings)	0
D0220	Intraoral - periapical - first film	0
D0230	Intraoral - periapical - each additional film	0
D0240	Intraoral - occlusal film	0
D0250	Extraoral - first film	0
D0260	Extraoral - each additional film	0
D0270	Bitewing - single film	0
D0272	Bitewing - two films	0
D0274	Bitewing - four films	0
D0277	Vertical bitewings - 7 to 8 films	0
D0290	Posterior - anterior or lateral skull and facial bone survey film	90
D0310	Sialography	90
D0320	Temporomandibular joint arthrogram, including injection	90
D0321	Other temporomandibular joint films, by report	90
D0322	Tomographic survey	90
D0330	Panoramic film	0
D0340	Cephalometric film	365
D0350	Oral/facial images (includes intra and extraoral images)	365
D0415	Bacteriologic studies for determination of pathologic agents	90
D0425	Caries susceptibility tests	90
D0460	Pulp vitality tests	90
D0470	Diagnostic Casts	365
D0472	Accession of tissue, gross examination, preparation and transmission of written report	90
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	90
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	90
D0480	Processing and interpretation of cytologic smears, including the preparation and transmission of written report	90

D0502	Other oral pathology procedures, by report	90
D0999	Unspecified diagnostic procedure, by report	90

Preventive

Code	Procedure	Waiting Period/Days
D1110	Prophylaxis - adult	0
D1120	Prophylaxis - child	0
D1201	Topical application of fluoride (including prophylaxis) - child	0
D1203	Topical application of fluoride (prophylaxis not included) - child	0
D1204	Topical application of fluoride (prophylaxis not included) - adult	0
D1205	Topical application of fluoride (including prophylaxis) - adult	0
D1310	Nutritional counseling for control of dental disease	0
D1320	Tobacco counseling for the control and prevention of oral disease	0
D1330	Oral hygiene instructions	0
D1351	Sealant - per tooth	90
D1510	Space maintainer - fixed - unilateral	90
D1515	Space maintainer - fixed - bilateral	90
D1520	Space maintainer - removable - unilateral	90
D1525	Space maintainer - removable - bilateral	90
D1550	Recementation of space maintainer	90

Restorative

Code	Procedure	Waiting Period/Days
D2140	Amalgam - one surface, primary or permanent	90
D2150	Amalgam - two surfaces, primary or permanent	90
D2160	Amalgam - three surfaces, primary or permanent	90
D2161	Amalgam - four or more surfaces, primary or permanent	90
D2330	Resin based composite - one surface, anterior	90
D2331	Resin based composite - two surfaces, anterior	90
D2332	Resin based composite - three surfaces, anterior	90
D2335	Resin based composite - four or more surfaces or involving incisal angle (anterior)	90
D2390	Resin based composite crown - anterior	180
D2391	Resin based composite - one surface, posterior	90
D2392	Resin based composite - two surfaces, posterior	90
D2393	Resin based composite - three surfaces, posterior	90
D2394	Resin based composite - four or more surfaces, posterior	90
D2410	Gold foil - one surface	90
D2420	Gold foil - two surfaces	90
D2430	Gold foil - three surfaces	90
D2510	Inlay - metallic - one surface	180
D2520	Inlay - metallic - two surfaces	180
D2530	Inlay - metallic - three or more surfaces	180
D2542	Onlay - metallic - two surfaces	180
D2543	Onlay - metallic - three surfaces	180
D2544	Onlay - metallic - four or more surfaces	180
D2610	Inlay - porcelain/ceramic - one surface	180
D2620	Inlay - porcelain/ceramic - two surfaces	180
D2630	Inlay - porcelain/ceramic - three or more surfaces	180

D2642	Onlay - porcelain/ceramic - two surfaces	180
D2643	Onlay - porcelain/ceramic - three surfaces	180
D2644	Onlay - porcelain/ceramic - four or more surfaces	180
D2650	Inlay - resin-based composite - one surface	180
D2651	Inlay - resin-based composite - two surfaces	180
D2652	Inlay - resin-based composite - three or more surfaces	180
D2662	Onlay - resin-based composite - two surfaces	180
D2663	Onlay - resin-based composite - three surfaces	180
D2664	Onlay - resin-based composite - four or more surfaces	180
D2710	Crown - resin (indirect)	180
D2720	Crown - resin with high noble metal	180
D2721	Crown - resin with predominantly base metal	180
D2722	Crown - resin with noble metal	180
D2740	Crown - porcelain/ceramic substrate	180
D2750	Crown - porcelain fused to high noble metal	180
D2751	Crown - porcelain fused to predominantly base metal	180
D2752	Crown - porcelain fused to noble metal	180
D2780	Crown - 3/4 cast high noble metal	180
D2781	Crown - 3/4 cast predominantly base metal	180
D2782	Crown - 3/4 cast noble metal	180
D2783	Crown - 3/4 porcelain/ceramic	180
D2790	Crown - full cast high noble metal	180
D2791	Crown - full cast predominantly base metal	180
D2792	Crown - full cast noble metal	180
D2799	Provisional crown	180
D2910	Recement inlay	180
D2920	Recement crown	180
D2930	Prefabricated stainless steel crown - primary tooth	180
D2931	Prefabricated stainless steel crown - permanent tooth	180
D2932	Prefabricated resin crown	180
D2933	Prefabricated stainless steel crown with resin window	180
D2940	Sedative filling	180
D2950	Core buildup, including any pins	180
D2951	Pin retention - per tooth, in addition to restoration	180
D2952	Cast post and core in addition to crown	180
D2953	Each additional cast post - same tooth	180
D2954	Prefabricated post and core in addition to crown	180
D2955	Post removal (not in conjunction with endodontic therapy)	180
D2957	Each additional prefabricated post - same tooth	180
D2960	Labial veneer (resin laminate) - chairside	180
D2961	Labial veneer (resin laminate) - laboratory	180
D2962	Labial veneer (porcelain laminate) - laboratory	180
D2970	Temporary crown (fractured tooth)	180
D2980	Crown repair, by report	180
D2999	Unspecified restorative procedure, by report	180

Endodontics

Code	Procedure	Waiting Period/Days
D3110	Pulp cap - direct (excluding final restoration)	180
D3120	Pulp cap - indirect (excluding final restoration)	180
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	180
D3221	Pulpal debridement, primary and permanent teeth	180
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	180
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	180
D3310	Anterior (excluding final restoration)	180
D3320	Bicuspid (excluding final restoration)	180
D3330	Molar (excluding final restoration)	180
D3331	Treatment of root canal obstruction; non-surgical access	180
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	180
D3333	Internal root repair of perforation defects	180
D3346	Retreatment of previous root canal therapy - anterior	180
D3347	Retreatment of previous root canal therapy - bicuspid	180
D3348	Retreatment of previous root canal therapy - molar	180
D3351	Apexification/recalcification - initial visit (Apical closure/calcific repair of perforations, root resorption, etc.)	180
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	180
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	180
D3410	Apicoectomy/periradicular surgery - anterior	180
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	180
D3425	Apicoectomy/periradicular surgery - molar (first root)	180
D3426	Apicoectomy/periradicular surgery (each additional root)	180
D3430	Retrograde filling - per root	180
D3450	Root amputation - per root	180
D3460	Endodontic endosseous implant	180
D3470	Intentional reimplantation (including necessary splinting)	180
D3910	Surgical procedure for isolation of tooth with rubber dam	180
D3920	Hemisection (including any root removal), not including root canal therapy	180
D3950	Canal preparation and fitting of preformed dowel or post	180
D3999	Unspecified endodontic procedure, by report	180

Periodontics

Code	Procedure	Waiting Period/Days
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	180
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	180
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	180

D4241	Gingival flap procedure, including root planing - one to three teeth per quadrant	180
D4245	Apically positioned flap	180
D4249	Clinical crown lengthening - hard tissue	180
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	180
D4261	Osseous surgery (including flap entry and closure) - one to three teeth per quadrant	180
D4263	Bone replacement graft - first site in quadrant	180
D4264	Bone replacement graft - each additional site in quadrant	180
D4265	Biologic materials to aid in soft and osseous tissue regeneration	180
D4266	Guided tissue regeneration - resorbable barrier, per site	180
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	180
D4268	Surgical revision procedure, per tooth	180
D4270	Pedicle soft tissue graft procedure	180
D4271	Free soft tissue graft procedure (including donor site surgery)	180
D4273	Subepithelial connective tissue graft procedure	180
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	180
D4275	Soft tissue allograft	180
D4276	Combined connective tissue and double pedicle graft	180
D4320	Provisional splinting - intracoronol	180
D4321	Provisional splinting - extracoronol	180
D4341	Periodontal scaling and root planing, four or more contiguous teeth or bounded teeth spaces per quadrant	180
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant	180
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	180
D4381	Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	180
D4910	Periodontal maintenance	180
D4920	Unscheduled dressing change (by someone other than treating dentist)	180
D4999	Unspecified periodontal procedure, by report	180

Prosthodontics (removable)

Code	Procedure	Waiting Period/Days
D5110	Complete denture - maxillary	180
D5120	Complete denture - mandibular	180
D5130	Immediate denture - maxillary	180
D5140	Immediate denture - mandibular	180
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	180
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	180
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	180
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	180

D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	180
D5410	Adjust complete denture - maxillary	180
D5411	Adjust complete denture - mandibular	180
D5421	Adjust partial denture - maxillary	180
D5422	Adjust partial denture - mandibular	180
D5510	Repair broken complete denture base	180
D5520	Replace missing or broken teeth - complete denture (each tooth)	180
D5610	Repair resin denture base	180
D5620	Repair cast framework	180
D5630	Repair or replace broken clasp	180
D5640	Replace broken teeth - per tooth	180
D5650	Add tooth to existing partial denture	180
D5660	Add clasp to existing partial denture	180
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	180
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	180
D5710	Rebase complete maxillary denture	180
D5711	Rebase complete mandibular denture	180
D5720	Rebase maxillary partial denture	180
D5721	Rebase mandibular partial denture	180
D5730	Reline complete maxillary denture (chairside)	180
D5731	Reline complete mandibular denture (chairside)	180
D5740	Reline maxillary partial denture (chairside)	180
D5741	Reline mandibular partial denture (chairside)	180
D5750	Reline complete maxillary denture (laboratory)	180
D5751	Reline complete mandibular denture (laboratory)	180
D5760	Reline maxillary partial denture (laboratory)	180
D5761	Reline mandibular partial denture (laboratory)	180
D5810	Interim complete denture (maxillary)	180
D5811	Interim complete denture (mandibular)	180
D5820	Interim partial denture (maxillary)	180
D5821	Interim partial denture (mandibular)	180
D5850	Tissue conditioning, maxillary	180
D5851	Tissue conditioning, mandibular	180
D5860	Overdenture - complete, by report	180
D5861	Overdenture - partial, by report	180
D5862	Precision attachment, by report	180
D5867	Replacement of replaceable part of semi-precision or precision attachment (male or female component)	180
D5875	Modification of removable prosthesis following implant surgery	180
D5899	Unspecified removable prosthodontic procedure, by report	180

Maxillofacial Prosthetics

Code	Procedure	Waiting Period/Days
D5911	Facial moulage (sectional)	180
D5912	Facial moulage (complete)	180
D5913	Nasal prosthesis	180
D5914	Auricular prosthesis	180
D5915	Orbital prosthesis	180

D5916	Ocular prosthesis	180
D5919	Facial prosthesis	180
D5922	Nasal septal prosthesis	180
D5923	Ocular prosthesis, interim	180
D5924	Cranial prosthesis	180
D5925	Facial augmentation implant prosthesis	180
D5926	Nasal prosthesis, replacement	180
D5927	Auricular prosthesis, replacement	180
D5928	Orbital prosthesis, replacement	180
D5929	Facial prosthesis, replacement	180
D5931	Obturator prosthesis, surgical	180
D5932	Obturator prosthesis, definitive	180
D5933	Obturator prosthesis, modification	180
D5934	Mandibular resection prosthesis with guide flange	180
D5935	Mandibular resection prosthesis without guide flange	180
D5936	Orbutator prosthesis, interim	180
D5937	Trismus appliance (not for TMD treatment)	180
D5951	Feeding aid	180
D5952	Speech aid prosthesis, pediatric	180
D5953	Speech aid prosthesis, adult	180
D5954	Palatal augmentation prosthesis	180
D5955	Palatal lift prosthesis, definitive	180
D5958	Palatal lift prosthesis, interim	180
D5959	Palatal lift prosthesis, modification	180
D5960	Speech aid prosthesis, modification	180
D5982	Surgical stent	180
D5983	Radiation carrier	180
D5984	Radiation shield	180
D5985	Radiation cone locator	180
D5986	Fluoride gel carrier	180
D5987	Commissure splint	180
D5988	Surgical splint	180
D5999	Unspecified maxillofacial prosthesis, by report	180

Implant Services

Code	Procedure	Waiting Period/Days
D6010	Surgical placement of implant body: endosteal implant	180
D6020	Abutment placement or substitution: endosteal implant	180
D6040	Surgical placement: eosteal implant	180
D6050	Surgical placement: transosteal implant	180
D6053	Implant/abutment supported removable denture for completely edentulous arch	180
D6054	Implant/abutment supported removable denture for partially edentulous arch	180
D6055	Dental implant supported connecting bar	180
D6056	Prefabricated abutment	180
D6057	Custom abutment	180
D6058	Abutment supported porcelain/ceramic crown	180

D6059	Abutment support porcelain fused to metal crown (high noble metal)	180
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	180
D6061	Abutment supported porcelain fused to metal crown (noble metal)	180
D6062	Abutment supported cast metal crown (high noble metal)	180
D6063	Abutment supported cast metal crown (predominantly base metal)	180
D6064	Abutment supported cast metal crown (noble metal)	180
D6065	Implant supported porcelain/ceramic crown	180
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	180
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	180
D6068	Abutment supported retainer for porcelain/ceramic FPD	180
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	180
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	180
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	180
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	180
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	180
D6074	Abutment supported retainer for cast metal FPD (noble metal)	180
D6075	Implant supported retainer for ceramic FPD	180
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium, alloy, or high noble metal)	180
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	180
D6078	Implant/abutment supported fixed denture for completely edentulous arch	180
D6079	Implant/abutment supported fixed denture for partially edentulous arch	180
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	180
D6090	Repair implant supported prosthesis, by report	180
D6095	Repair implant abutment, by report	180
D6100	Implant removal, by report	180
D6199	Unspecified implant procedure, by report	180

Prostodontics, fixed

Code	Procedure	Waiting Period/Days
D6210	Pontic - cast high noble metal	180
D6211	Pontic - cast predominantly base metal	180
D6212	Pontic - cast noble metal	180
D6240	Pontic - porcelain fused to high noble metal	180
D6241	Pontic - porcelain fused to predominantly base metal	180
D6242	Pontic - porcelain fused to noble metal	180
D6245	Pontic - porcelain/ceramic	180

D6250	Pontic - resin with high noble metal	180
D6251	Pontic - resin with predominantly base metal	180
D6252	Pontic - resin with noble metal	180
D6253	Provisional pontic	180
D6545	Retainer - cast metal for resin bonded fixed prosthesis	180
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	180
D6600	Inlay - porcelain/ceramic, two surfaces	180
D6601	Inlay - porcelain/ceramic, three or more surfaces	180
D6602	Inlay - cast high noble metal, two surfaces	180
D6603	Inlay - cast high noble metal, three or more surfaces	180
D6604	Inlay - cast predominantly base metal, two surfaces	180
D6605	Inlay - cast predominantly base metal, three or more surfaces	180
D6606	Inlay - cast noble metal two surfaces	180
D6607	Inlay - cast noble metal three or more surfaces	180
D6608	Onlay - porcelain/ceramic, two surfaces	180
D6609	Onlay - porcelain/ceramic, three or more surfaces	180
D6610	Onlay - cast high noble metal, two surfaces	180
D6611	Onlay - cast high noble metal, three or surfaces	180
D6612	Onlay - cast predominantly base metal, two surfaces	180
D6613	Onlay - cast predominantly base metal, three or more surfaces	180
D6614	Onlay - cast noble metal, two surfaces	180
D6615	Onlay - cast noble metal, three or more surfaces	180
D6720	Crown - resin with high noble metal	180
D6721	Crown - resin with predominantly base metal	180
D6722	Crown - resin with noble metal	180
D6740	Crown - porcelain/ceramic	180
D6750	Crown - porcelain fused to high noble metal	180
D6751	Crown - porcelain fused to predominantly base metal	180
D6752	Crown - porcelain fused to noble metal	180
D6780	Crown - 3/4 cast high noble metal	180
D6781	Crown - 3/4 cast predominantly base metal	180
D6782	Crown - 3/4 cast noble metal	180
D6783	Crown - 3/4 porcelain/ceramic	180
D6790	Crown - full cast high noble metal	180
D6791	Crown - full cast predominantly base metal	180
D6792	Crown - full cast noble metal	180
D6793	Provisional retainer crown	180
D6920	Connector bar	180
D6930	Recement fixed partial denture	180
D6940	Stress breaker	180
D6950	Precision attachment	180
D6970	Cast post and core in addition to fixed partial denture retainer	180
D6971	Cast post as part of fixed partial deture retainer	180
D6972	Prefabricated post and core in addition to fixed partial denture retainer	180
D6973	Core build up for retainer, including any pins	180
D6975	Coping - metal	180
D6976	Each additional cast post - same tooth	180
D6977	Each additional prefabricated post - same tooth	180
D6980	Fixed partial denture repair, by report	180
D6985	Pediatric partial denture, fixed	180
D6999	Unspecified fixed prosthodontic procedure, by report	180

Oral and Maxillofacial Surgery

Code	Procedure	Waiting Period/Days
D7111	Coronal remnants - deciduous tooth	180
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	180
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	180
D7220	Removal of impacted tooth - soft tissue	180
D7230	Removal of impacted tooth - partially bony	180
D7240	Removal of impacted tooth - completely bony	180
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	180
D7250	Surgical removal of residual tooth roots (cutting procedure)	180
D7260	Oroantral fistula closure	180
D7261	Primary closure of a sinus perforation	180
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	180
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	180
D7280	Surgical access of an unerupted tooth	180
D7281	Surgical exposure of impacted or unerupted tooth to aid eruption	180
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	180
D7285	Biopsy of oral tissue - hard (bone, tooth)	180
D7286	Biopsy of oral tissue - soft (all others)	180
D7287	Cytology sample collection	180
D7290	Surgical repositioning of teeth	180
D7291	Transseptal fibrotomy/supra crestal fibrotomy, by report	180
D7310	Alveoloplasty in conjunction with extractions - per quadrant	180
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	180
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	180
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	180
D7410	Excision of benign lesion up to 1.25 cm	180
D7411	Excision of benign lesion greater than 1.25 cm	180
D7412	Excision of benign lesion, complicated	180
D7413	Excision of malignant lesion up to 1.25 cm	180
D7414	Excision of malignant lesion greater than 1.25 cm	180
D7415	Excision of malignant lesion, complicated	180
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	180
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	180
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	180
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	180
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	180
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	180

D7465	Destruction of lesion(s) by physical or chemical method, by report	180
D7471	Removal of lateral exostosis (maxilla or mandible)	180
D7472	Removal of torus palatinus	180
D7473	Removal of torus mandibularis	180
D7485	Surgical reduction of osseous tuberosity	180
D7490	Radical resection of mandible with bone graft	180
D7510	Incision and drainage of abscess - intraoral soft tissue	180
D7520	Incision and drainage of abscess - extraoral soft tissue	180
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	180
D7540	Removal of reaction-producing foreign bodies - musculoskeletal system	180
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	180
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	180
D7610	Maxilla - open reduction (teeth immobilized, if present)	180
D7620	Maxilla - closed reduction (teeth immobilized, if present)	180
D7630	Mandible - open reduction (teeth immobilized, if present)	180
D7640	Mandible - closed reduction (teeth immobilized, if present)	180
D7650	Malar and/or zygomatic arch - open reduction	180
D7660	Malar and/or zygomatic arch - closed reduction	180
D7670	Alveolus - closed reduction, may include stabilization of teeth	180
D7671	Alveolus - open reduction, may include stabilization of teeth	180
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	180
D7710	Maxilla - open reduction	180
D7720	Maxilla - closed reduction	180
D7730	Mandible - open reduction	180
D7740	Mandible - closed reduction	180
D7750	Malar and/or zygomatic arch - open reduction	180
D7760	Malar and/or zygomatic arch - closed reduction	180
D7770	Alveolus - open reduction, stabilization of teeth	180
D7771	Alveolus, closed reduction stabilization of teeth	180
D7780	Facial bones - complicated reduction with fixation and multiple surgical approaches	180
D7810	Open reduction of dislocation	180
D7820	Closed reduction of dislocation	180
D7830	Manipulation under anesthesia	180
D7840	Condylectomy	180
D7850	Surgical discectomy, with/without implant	180
D7852	Disc repair	180
D7854	Synovectomy	180
D7856	Myotomy	180
D7858	Joint reconstruction	180
D7860	Arthrotomy	180
D7865	Arthroplasty	180
D7870	Arthrocentesis	180
D7871	Non-arthroscopic lysis and lavage	180
D7872	Arthroscopy - diagnosis, with or without biopsy	180
D7873	Arthroscopy - surgical: lavage and lysis of adhesion	180
D7874	Arthroscopy - surgical: disc repositioning and stabilization	180

D7875	Arthroscopy - surgical: synovectomy	180
D7876	Arthroscopy - surgical: discectomy	180
D7877	Arthroscopy - surgical: debridement	180
D7880	Occlusal orthotic device, by report	180
D7899	Unspecified TMD therapy, by report	180
D7910	Suture of recent small wounds up to 5 cm	180
D7911	Complicated suture - up to 5 cm	180
D7912	Complicated suture - greater than 5 cm	180
D7920	Skin graft (identity defect covered, location and type of graft)	180
D7940	Osteoplasty - for orthognathic deformities	180
D7941	Osteotomy - mandibular rami	180
D7943	Osteotomy - madibular rami with bone graft; includes obtaining the graft	180
D7944	Osteotomy - segmented or subapical - per sextant or quadrant	180
D7945	Osteotomy - body of mandible	180
D7946	LeFort I (maxilla - total)	180
D7947	LeFort I (maxilla - segmented)	180
D7948	LeFort II or LeFort (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	180
D7949	LeFort II or LeFort III - with bone graft	180
D7950	Osseus, osteoperiosteal, or cartilage graft of the mandible or facial bones, by report	180
D7955	Repair of maxillofacial soft and hard tissue defect	180
D7960	Frenulectoy (frenectomy or frenotomy) - separate procedure	180
D7970	Excision of hyperplastic tissue - per arch	180
D7971	Excision of pericoronal gingiva	180
D7972	Surgical reduction of fibrous tuberosity	180
D7980	Sialolithotomy	180
D7981	Excision of salivary gland, by report	180
D7982	Sialodochoplasty	180
D7983	Closure of salivary fistula	180
D7990	Emergency tracheotomy	180
D7991	Coronoidectomy	180
D7995	Synthetic graft - mandible or facial bones, by report	180
D7996	Implant - mandible for augmentation purposes (excluding alveolar ridge) , by report	180
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	180
D7999	Unspecified oral surgery procedure, by report	180

Orthodontics

Code	Procedure	Waiting Period/Days
D8010	Limited orthodontic treatment of the primary dentition	365
D8020	Limited orthodontic treatment of the transitional dentition	365
D8030	Limited orthodontic treatment of the adolescent dentition	365
D8040	Limited orthodontic treatment of the adult dentition	365
D8050	Interceptive orthodontic treatment of the primary dentition	365
D8060	Interceptive orthodontic treatment of the transitional dentition	365
D8070	Comprehensive orthodontic treatment of the transitional dentition	365
D8080	Comprehensive orthodontic treatment of the adolescent dentition	365

D8090	Comprehensive orthodontic treatment of the adult dentition	365
D8210	Removal of appliance therapy	365
D8220	Fixed appliance therapy	365
D8660	Pre-orthodontic treatment visit	365
D8670	Periodic orthodontic treatment visit (as part of contract)	365
D8680	Orthodontic retention (removal of appliances, construction, and placement of retainer(s))	365
D8690	Orthodontic treatment, (alternative billing to a contract fee)	365
D8691	Repair of orthodontic appliance	365
D8692	Replacement of lost or broken retainer	365
D8999	Unspecified orthodontic procedure, by report	365

Adjunctive General Services

Code	Procedure	Waiting Period/Days
D9110	Palliative (emergency) treatment of dental pain - minor procedure	90
D9210	Local anesthesia not in conjunction with operative or surgical procedures	90
D9211	Regional block anesthesia	90
D9212	Trigeminal division block anesthesia	90
D9215	Local anesthesia	90
D9220	Deep sedation/general anesthesia - first 30 minutes	180
D9221	Deep sedation/general anesthesia - each additional 15 minutes	180
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	90
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	180
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	180
D9248	Non-intravenous conscious sedation	90
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	90
D9410	House/extended care facility call	90
D9420	Hospital call	90
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	90
D9440	Office visit - after regularly scheduled hours	90
D9450	Case presentation, detailed and extensive treatment planning	90
D9610	Therapeutic drug injection, by report	90
D9630	Other drugs and/or medicaments, by report	90
D9910	Application of desensitizing medicament	90
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	90
D9920	Behavior management, by report	90
D9930	Treatment of complications (pos-surgical) - unusual circumstances, by report	90
D9940	Occlusal guard, by report	90
D9941	Fabrication of athletic mouth guard	90
D9950	Occlusion analysis - mounted case	90
D9951	Occlusal adjustment - limited	90
D9952	Occlusal adjustment - complete	90
D9970	Enamel microabrasion	90
D9971	Odontoplasty 1-2 teeth; includes removal of enamel projections	90
D9972	External bleaching - per arch	90

D9973	External bleaching - per tooth	90
D9974	Internal bleaching - per tooth	90
D9999	Unspecified adjunctive procedure, by report	90