



Dental Clinical Criteria, Guidelines and Practice Standards

Commercial

2026

Table of Contents

INTRODUCTION.....	3
COVERAGE AND CRITERIA FORMULATION.....	3
ACCESS DENTAL / PREMIER ACCESS COMMERCIAL CLINICAL CRITERIA.....	5
DIAGNOSTIC SERVICES (D0100-D0999)	5
RESTORATIVE SERVICES (D2000-D2999).....	15
ENDODONTICS (D3000-D3999)	21
PERIODONTAL (D4000-D4999)	25
PROSTHODONTICS, REMOVABLE (D5000-D5899)	28
MAXILLOFACIAL PROSTHETICS (D5911-D5999)	32
IMPLANT SERVICES (D6000-D6199).....	35
PROSTHODONTICS, FIXED (D6200-D6999)	42
ORAL AND MAXILLOFACIAL SURGERY (D7000-D7999).....	45
ORTHODONTICS (D8000-D8999)	54
ADJUNCTIVE GENERAL SERVICES (D9000-D9999).....	56
REVISIONS.....	62

Introduction

Avēsis, Access Dental Plan (ADP), and Premier Access' (collectively 'Avēsis') Clinical Criteria Guidelines and Practice Standards undergoes at minimum an annual review with approval and acceptance by the Utilization Management Committee (UMC) and the Quality Management Committee (QMC). Our Dental Directors developed this criteria document, with input from a participating panel of general practitioners and specialists. The standards of care and practice guidelines for dental services covered by Avēsis shall be guided by nationally recognized criteria published by experts which are grounded in sound dental clinical principles, processes, and evidence. These guidelines ensure consistent evaluation of the appropriateness of dental services that require review. **Where applicable, clinical criteria will follow Plan, and/or Program guidelines, which will take precedence over Avēsis national guidelines contained in this document.**

The clinical criteria/protocols are made publicly available – pre login on the [Avēsis](#) website – to network Providers to support them in making informed decisions regarding the provision of an enrollee's covered benefits.

The materials provided to you are guidelines used by the plan to authorize, modify or deny care for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual needs and the benefits covered under your contract.

Definitions:

- *Clinical criteria* are specific, evidence-based standards or guidelines used by doctors to determine the medical necessity of a treatment or procedure. They define why treatment is appropriate and are clinical in nature. Clinical criteria generally do not vary by location or insurance plan.
- *Processing guidelines* are administrative or insurance-related requirements that must be met when submitting a procedure for reimbursement. They outline how and under what conditions a claim will be paid and may vary by insurance plan.

Coverage and Criteria Formulation

Criteria are developed based on and State guidelines, professional education materials, industry standards, and health plan-specific requirements. As part of our criteria and review process, we take into account special clinical circumstances on a case-by-case basis. Clinical criteria and decision-making processes are tailored to consider individual needs, which may include factors such as: age, coexisting health conditions, treatment progress, psychosocial situations, and home or living environment, as appropriate.

- Criteria are influenced at a minimum by specialty organizations such as:
 - American Dental Association (ADA)
 - American Association of Oral and Maxillofacial Surgeons (AAMOS)
 - American Academy of Periodontology (AAP)
 - American Association of Orthodontists (AAO)
 - American Academy of Pediatric Dentistry (AAPD)
 - American Association of Endodontics (AAE)
 - American Association of Dental Consultants
 - The American Board of Dental Examiners (ADEX)
 - The Academy of General Dentistry (AGD)
 - American Society of Anesthesiologists (ASA)
 - American Academy of Implant Dentistry (AAID)
 - Food and Drug Administration (FDA)
 - Centers for Disease Control (CDC)
 - National Institute of Health (NIH)
 - University Dental Schools throughout the country
 - The American College of Prosthodontists

Regarding new patient information, registration details should minimally include the following:

- Name, sex, birth date, address, telephone number, cell phone number, email address, name of employer, work address, and telephone number.
- Emergency contact information, including names and telephone numbers.
- For minors, the names and telephone numbers of parents or guardians (if different from the above).
- A detailed medical history form, including information such as the patient's current health status, physician's name and contact details, history of hospitalizations or surgeries, blood pressure history, current medications, allergies, and adverse reactions to local anesthetics.

Additionally, medical history should cover diseases related to the cardiovascular system, pulmonary disorders, nervous disorders, endocrine disorders (including diabetes and thyroid abnormalities), liver or kidney disease, sexually transmitted diseases, immune system disorders (including HIV/AIDS), and other viral diseases. Musculoskeletal history, pregnancy details, cancer history, and social history related to dental complaints should also be documented.

Practitioners must sign and date baseline medical histories after reviewing them with the patient. Regular updates to medical history, signed by both the patient and practitioners, are essential. Dental history, including reasons for seeking care, previous treatments, complications, and risk assessments, should also be well-documented. Finally, maintaining complete dental records in compliance with state and federal regulations is crucial. **The Plan holds all records for a period of 10 years.**

Dental records must be comprehensive, well-organized, and legible. All entries should be made in ink, signed, and dated by the treating practitioners or other licensed healthcare professionals who performed the services. Contracted practitioners are required to provide copies of all member records upon request within the specified timeframe. Records shall be made available upon request for Quality Management, Credentialing, Compliance, Facility, Audit, or Fraud, Waste, and Abuse (FWA) reviews, or any other, or state/federal compliance purposes. Dentists must make these records available to the Plan at no cost. Failure to comply may result in disciplinary actions, including transfer of enrollment or closure to new enrollment. Continued non-compliance could lead to termination by the Plan.

Progress notes serve as a legal record and must be detailed, legible, and indelible. Each entry must be signed, initialed and dated by the person providing treatment or include unique identifiers for documentation support. Corrections or modifications to entries require the name of the person or unique identifier responsible for the changes, along with the date of the modification. Progress notes should include documentation of anesthetics used (or not used), specifying type, strength, and vasoconstrictor. Additionally, all prescriptions must be documented, including medication details, dosage, directions, and refills. Copies of lab prescriptions and communications should be kept in the patient's chart.

Electronic dental records cannot be modified without proper identification of the person making the change and the date of modification. Informed consent is crucial:

- Practitioners must document that they reviewed all recommended treatment options with the Member, ensuring understanding of risks, benefits, alternatives, and financial responsibilities.
- Appropriate informed consent should be documented, signed, and dated by both the member and the practitioner for the accepted treatment plan.
- Member refusal of recommended procedures must be documented and signed on a specific "refusal of care" document.

For procedures with guarded or poor prognosis (endodontic, periodontal, or restorative), coverage is not provided. Practitioners recommending endodontic, periodontal, or restorative procedures (including crown lengthening) should consider and document the anticipated prognosis, restorability, and maintainability of the involved teeth. A licensed Dental Consultants review prognosis determinations based on submitted evidence. Reconsideration of poor prognosis determinations is possible upon receipt of a new claim with appropriate documentation and new diagnostic labeled x-rays taken at least six months after the original service date.

Regarding upgrades and alternative treatment, some upgraded procedures (e.g., metals and porcelain on molars) may not be covered. In addition to considering Avēsis' clinical criteria guidelines, Practitioners should also review the schedule of benefits and limitations before creating a treatment plan to ensure members receive covered services.

Access Dental / Premier Access Commercial Clinical Criteria

Diagnostic Services (D0100-D0999)

The codes in this section recognize the cognitive skills necessary for patient evaluation. The collection, recording, and components of some data and components of the dental examination may be delegated; however, the evaluation, which includes diagnosis and treatment planning, is the dentist's responsibility. As with all ADA procedure codes, no distinction is made between the evaluations provided by general practitioners and specialists. Additional diagnostic and/or definitive procedures are to be reported separately. Prior authorization is not required for examinations, radiographs, or photographs.

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
Clinical Oral Evaluations		
D0120	Periodic oral evaluation - established patient	Established patient - Review/update of medical and dental history. - Oral cancer screening. - Periodontal evaluation or screening. - Caries risk assessment. - Examination of teeth and soft tissues. - Notation of any new or existing pathology. - Update of findings and treatment plan.
D0140	Limited oral evaluation - problem focused	The evaluation is limited to the problem being addressed and does not involve a full-mouth comprehensive or periodic exam. The patient presents with a specific complaint, symptom, or emergency.
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	The patient is under 3 years old. Focus on: - Caries risk assessment - Growth and development monitoring (eruption patterns, spacing, occlusion concerns) - Soft tissue evaluation - Early signs of disease (caries, gingivitis, trauma, oral habits)
D0150	Comprehensive oral evaluation - new or established patient	- A new patient (first visit to the practice). - An established patient with: - A significant change in health condition (medical or dental). - A substantial change in dental status (e.g., multiple new caries, tooth loss, periodontal changes). - No prior comprehensive exam for three or more years. - Extraoral and intraoral examination (head, neck, TMJ, soft and hard tissue, oral cancer screening). - Periodontal charting on teeth that are present. - Charting of existing conditions (restorations, missing teeth, prosthetics, etc.). - Diagnosis and treatment plan.
D0160	Detailed and extensive oral evaluation - problem focused, by report	The patient presents with a complicated oral health problem requiring a more in-depth evaluation. Evaluation involves extensive history, additional diagnostic aids, or multiple differential diagnoses, beyond the scope of D0140. Examples include:

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
		a. Temporomandibular joint disorders (TMD/TMJ pain or dysfunction). b. Complex facial/oral trauma. c. Craniofacial growth or developmental concerns. d. Unexplained orofacial pain. e. Systemic conditions with significant oral manifestations. f. Oral pathology requiring extended evaluation. Documentation should include: a. Chief complaint (patient's main concern). b. Detailed history (medical, dental, social). c. Extensive clinical findings and exam results. d. Diagnostic tests or imaging ordered/performed. e. Differential diagnosis and reasoning. g. Explanation of why the evaluation was more detailed than a typical problem-focused exam.
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	a. The patient has already been seen and established in the practice. b. There is a need to re-evaluate a specific condition or treatment response that was previously addressed. c. The evaluation is limited and problem-focused, not a comprehensive or periodic oral evaluation. d. Documentation supports the necessity of re-evaluation (e.g., persistence of symptoms, status check on periodontal therapy, evaluation after emergency palliative care, or follow-up of a soft tissue lesion). e. The service is not part of a routine post-op check (those are bundled into the original procedure fee).
D0171	Re-evaluation - post-operative office visit	a. The patient is established and is returning after a recent dental procedure. b. The visit is directly related to post-operative healing or complications. c. The evaluation goes beyond the standard/global post-op care bundled into the original procedure. d. Documentation supports why this visit required a separately identifiable service (e.g., pain, infection, abnormal healing, additional intervention needed).
D0180	Comprehensive periodontal evaluation - new or established patient	The patient is new or established and requires a complete periodontal evaluation. The evaluation goes beyond the scope of a standard comprehensive oral evaluation (D0150).
Pre-diagnostic Services		
D0190	Screening of a patient	a. The visit is for a screening only—not a full evaluation. b. The screening is used to triage or identify obvious oral health needs. c. The purpose is to determine if a more complete examination or referral is required. d. No comprehensive documentation, charting, or diagnosis is performed beyond identifying whether there's a need for further care.
D0191	Assessment of a patient	An assessment to determine changes in a patient's dental or medical status since a previous comprehensive or periodic evaluation. It is not a substitute for D0120 (periodic exam) or D0150 (comprehensive exam), but rather a focused assessment when a full evaluation is not needed.
Diagnostic Imaging		
<i>Image Capture with Interpretation</i>		
D0210	Intraoral - comprehensive series of radiographic images	(D0210 – D0804)
D0220	Intraoral - periapical first radiographic image	According to accepted standards of dental practice and ADA recommendations, the lowest number of radiographs needed to provide the diagnosis shall be taken.

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D0230	Intraoral - periapical each additional radiographic image	Dental radiographs are indicated for: - Initial or advanced dental decay. - Evidence of periodontal disease. - Identify teeth or bone abnormalities. - Swelling. - Tooth mobility. - Unexplained tooth sensitivity. - Presence of implants, previous implant-related pathosis. - Malposed or clinically impacted teeth. - Jaw fracture. - Discovery and diagnosis of tumors, cysts, or other oral conditions. - Visual explanation from the dentist of the patient's diagnosis. - Before and after record of treatment showing changes in the oral cavity. - Developmental defects of enamel (DDE). - Legal documentation.
D0240	Intraoral - occlusal radiographic image	
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source and detector	
D0251	Extra-oral posterior dental radiographic image	
D0270	Bitewing - single radiographic image	
D0272	Bitewing - two radiographic images	
D0273	Bitewings - three radiographic images	
D0274	Bitewing - four radiographic images	
D0277	Vertical bitewings - 7 to 8 radiographic images	
D0310	Sialography	
D0320	Temporomandibular joint arthrograph, including injection	
D0321	Other temporomandibular joint radiographic images, by report	
D0322	Tomographic survey	
D0330	Panoramic radiograph image	
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	
D0364	Cone beam CT capture and interpretation with limited field of view - less than one whole jaw	
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D0369	Maxillofacial MRI capture and interpretation	
D0370	Maxillofacial ultrasound capture and interpretation	
D0371	Sialoendoscopy capture and interpretation	
D0372	Intraoral tomosynthesis - comprehensive series of radiographic images	
D0373	Intraoral tomosynthesis - bitewing radiographic image	
D0374	Intraoral tomosynthesis - periapical radiographic image	
D0801	3D intraoral surface scan – direct	
D0802	3D dental surface scan - indirect	
D0803	3D facial surface scan - direct	
D0804	3D facial surface scan - indirect	
Diagnostic Imaging Image Capture Only		
D0380	Cone beam CT image capture with limited field of view - less than one whole jaw	(D0380 – D0709) According to accepted standards of dental practice and ADA recommendations, the lowest number of radiographs needed to provide the diagnosis shall be taken. Dental radiographs are indicated for: a. Initial or advanced dental decay. b. Evidence of periodontal disease. c. Identify teeth or bone abnormalities. d. Swelling. e. Tooth mobility. f. Unexplained tooth sensitivity. g. Presence of implants, previous implant-related pathosis. h. Malposed or clinically impacted teeth. i. Jaw fracture. j. Discovery and diagnosis of tumors, cysts, or other oral conditions. k. Visual explanation from the dentist of the patient's diagnosis. l. Before and after record of treatment showing changes in the oral cavity. m. Developmental defects of enamel (DDE). n. Legal documentation.
D0381	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	
D0382	Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	
D0383	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	
D0384	Cone beam CT capture and interpretation for TMJ series including two or more exposures	
D0385	Maxillofacial MRI image capture	
D0386	Maxillofacial ultrasound capture	
D0387	Intraoral tomosynthesis - comprehensive series of radiographic images - image capture only	
D0388	Intraoral tomosynthesis - bitewing radiographic image - image capture only	
D0389	Intraoral tomosynthesis - periapical radiographic image - image capture only	
D0701	Panoramic radiographic image – image capture only	
D0702	2D cephalometric radiographic image – image capture only	

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D0703	2D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	
D0705	Extra-oral posterior dental radiographic image – image capture only	
D0706	Intraoral – occlusal radiographic image – image capture only	
D0707	Intraoral – periapical radiographic image – image capture only	
D0708	Intraoral – bitewing radiographic image – image capture only	
D0709	Intraoral - comprehensive series of radiographic images - image capture only	
Diagnostic Imaging		
Interpretation and Report Only		
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	According to accepted standards of dental practice and ADA recommendations, the lowest number of radiographs needed to provide the diagnosis shall be taken. Dental radiographs are indicated for: a. Initial or advanced dental decay. b. Evidence of periodontal disease. c. Identify teeth or bone abnormalities. d. Swelling. e. Tooth mobility. f. Unexplained tooth sensitivity. g. Presence of implants, previous implant-related pathosis. h. Malposed or clinically impacted teeth. i. Jaw fracture. j. Discovery and diagnosis of tumors, cysts, or other oral conditions. k. Visual explanation from the dentist of the patient's diagnosis. l. Before and after record of treatment showing changes in the oral cavity. m. Developmental defects of enamel (DDE). n. Legal documentation.
Diagnostic Imaging		
Post Processing of Image or Image Sets		
D0393	Virtual treatment simulation using 3D image volume or surface scan	(D0393 – D0396) According to accepted standards of dental practice and ADA recommendations, the lowest number of radiographs needed to provide the diagnosis shall be taken. Dental radiographs are indicated for: a. Initial or advanced dental decay. b. Evidence of periodontal disease. c. Identify teeth or bone abnormalities. d. Swelling. e. Tooth mobility. f. Unexplained tooth sensitivity. g. Presence of implants, previous implant-related pathosis. h. Malposed or clinically impacted teeth. i. Jaw fracture. j. Discovery and diagnosis of tumors, cysts, or other oral conditions.
D0394	Digital subtraction of two or more images or image volumes of the same modality	
D0395	Fusion of two or more 3D image volumes of one of more modalities	
D0396	3D printing of a 3D dental surface scan	

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
		k. Visual explanation from the dentist of the patient's diagnosis. l. Before and after record of treatment showing changes in the oral cavity. m. Developmental defects of enamel (DDE). n. Legal documentation.
Tests and Examinations		
D0411	Hba1c in-office point of service testing	a. The test is performed chairside in the dental office (point of service). b. A small blood sample (typically via finger stick) is collected and analyzed immediately. c. The result (HbA1c percentage) is documented in the patient record. d. The purpose is to screen, monitor, or manage systemic health conditions affecting oral health (e.g., diabetes). e. The test is not performed by an outside lab (that would fall under medical/lab billing).
D0412	Blood glucose level test - in-office using a glucose meter	An in-office blood glucose level test using a glucose meter. Dentists use this test to determine a patient's current blood glucose level, especially before a long or complex dental procedure. Primarily focus on identifying immediate risks associated with abnormal blood sugar levels.
D0414	Laboratory processing microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	Diagnosing and treating oral infections through laboratory testing. A dentist may use this code when they need to determine the specific type of bacteria or other microorganisms causing an infection and find out which medications will be most effective.
D0415	Collection of microorganisms for culture and sensitivity	Documents the clinical signs, symptoms, and medical history that justify the need for a microbiological analysis.
D0416	Viral culture	a. Persistent infections: A viral culture may be indicated for oral infections that do not respond to antibiotic therapy or other standard treatments in a timely manner. b. Compromised patients: Patients with certain health conditions or those taking specific medications may be candidates for a viral culture, as their infections may not follow a typical course. These include individuals with: i. Unmanaged medical conditions (e.g., metabolic, cardiovascular, autoimmune) ii. Compromised immune systems (e.g., HIV/AIDS, cancer, transplant recipients) iii. Medications that affect healing (e.g., immunosuppressants, corticosteroids) c. Severe or prolonged infections: For patients with infections that are severe or last for an extended period, a viral culture can help determine the underlying cause. d. Not a routine procedure: A viral culture is not considered a routine procedure for all infections, nor is it indicated if the infection is small, localized, and draining on its own.
D0417	Collection and preparation of saliva sample for laboratory analysis	Collect a saliva sample for a diagnostic lab test. This is not a treatment, but a diagnostic tool to help the dentist assess a patient's risk for certain oral and systemic health issues.
D0418	Analysis of saliva sample - laboratory	Analyzes the <i>composition</i> of the saliva (chemical or biological components) for diagnostic purposes.
D0419	Assessment of salivary flow by measurement	Measures the volume of salivary flow to identify hyposalivation (low saliva).
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	The code covers the collection and preparation of a genetic sample (such as a saliva sample or oral swab) for laboratory analysis when indicated.

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D0423	Genetic test for susceptibility to diseases - specimen analysis	Indication of specific genetic variations.
D0425	Caries susceptibility tests	Tests performed to determine a patient's susceptibility to dental caries (cavities). These tests are part of a comprehensive caries risk assessment and management strategy, which is especially important for high-risk patients. Clinical criteria for performing and documenting caries susceptibility tests include: - Identification of risk factors: The dentist determines the need for a caries susceptibility test based on an assessment of the patient's individual risk factors, such as: - Clinical history: Previous dental decay, high sugar intake, and a family history of oral disease. - Oral health status: Presence of existing cavities, plaque buildup, and other indicators of poor oral health. - Age-specific needs: Young children are often assessed using risk-based protocols. - Systemic health: Medical conditions or medications that may affect oral health.
D0426	Collection, preparation, and analysis of saliva sample – point-of-care	To collect, process, and analysis of saliva sample; point of care.
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	- Risk assessment: The test is typically recommended for adult patients, particularly those with risk factors for oral cancer, such as a history of tobacco or alcohol use. However, some providers offer it to all adults, noting that oral cancer can occur in individuals with no traditional risk factors. - Necessity: It is indicated when the dentist determines that an additional screening method is necessary to thoroughly evaluate the patient's oral tissues.
D0460	Pulp vitality tests	A pulp vitality test is indicated when a patient presents with the following symptoms: - Persistent tooth pain - Sensitivity to hot or cold temperatures - Localized swelling in the gums - A history of dental trauma - Deep dental cavities or large restorations near the pulp
D0461	Testing for cracked tooth	Includes multiple teeth, contralateral comparisons, as indicated. Diagnostic aides may include but are not limited to pressure sensitivity testing, transillumination, staining, etc..
D0470	Diagnostic casts	The replica of a patient's teeth and surrounding tissues for thorough diagnostic and treatment planning purposes. It is not appropriate for casts created solely for fabricating an appliance.
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	Supplemental technology used in the diagnosis of caries.
D0601	Caries risk assessment and documentation, with a finding of low risk	(D0601 – D0603) - Use a recognized caries risk assessment tool to evaluate the patient. - Apply their clinical judgment based on the assessment findings.

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D0602	Caries risk assessment and documentation, with a finding of moderate risk	c. Document all findings in the patient's dental record.
D0603	Caries risk assessment and documentation, with a finding of high risk	
D0604	Antigen testing for a public health related pathogen, including coronavirus	(D0604 – D0606) The test must be justified by specific patient circumstances related to patient care, infection control, or public health guidelines.
D0605	Antibody testing for a public health related pathogen, including coronavirus	
D0606	Molecular testing for a public health related pathogen, including coronavirus	
Oral Pathology Laboratory		
D0472	Accession of tissue, gross examination, preparation and transmission of written report	(D0472 – D0502) a. Oral pathology lab testing is used to diagnose a variety of oral conditions, including infectious diseases, inflammatory disorders, neoplastic growths (benign and malignant), and systemic diseases with oral manifestations. b. The clinical criteria for oral pathology lab testing will depend on the patient's symptoms, medical history, clinical findings, and the nature of the suspected condition.
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	
D0475	Decalcification procedure	
D0476	Special stains for microorganisms	
D0477	Special stains not for microorganisms	
D0478	Immunohistochemical stains	
D0479	Tissue in-situ hybridization, including interpretation	
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	
D0481	Electron microscopy	
D0482	Direct immunofluorescence	
D0483	Indirect immunofluorescence	
D0484	Consultation of slides prepared elsewhere	
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	CDT code that does not exist for a particular service or condition.
D0502	Other oral pathology procedures, by report	
D0999	Unspecified diagnostic procedure, by report	
Preventive Services (D1000-D1999)		
Dental Prophylaxis		
D1110	Prophylaxis - adult	(D1110 – D1120) Dental prophylaxis is defined as the preventive dental procedure of coronal scaling and polishing, which includes the complete removal of calculus, soft deposits, plaque, stains, and smoothing of unattached tooth surfaces.
D1120	Prophylaxis - child	
Topical Fluoride Treatment (Office Procedure)		
D1206	Topical application of fluoride varnish	(D1206 – D1208) a. Fluoride treatment is a treatment only for prescription strength fluoride products. a. The application of fluoride is for prevention of caries control and as a full mouth treatment.
D1208	Topical application of fluoride	
Other Preventive Services		
D1301	Immunization counseling	The counseling to educate dental patients on the rationale for integrating oral and systemic health.
D1310	Nutritional counseling for control of dental disease	The counseling must be tied to a documented dental condition like periodontal disease or a high risk for caries.
D1320	Tobacco counseling for the control and prevention of oral disease	The counseling current and potential tobacco users on the oral health impacts of their habit and developing a quit strategy.
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	Identifying patients who are at risk due to the use of substances, including but not limited to alcohol, opioids, cannabis, and nicotine.
D1330	Oral hygiene instructions	Documented evidence of a patient's specific oral hygiene challenges and a structured, individualized session to address them. a. Identified poor oral hygiene: The patient or dental staff notes signs of inadequate home care, such as plaque buildup, gingivitis, bad breath, or frequent cavities. b. High-risk patients: Individuals with risk factors for dental problems, including patients with high caries risk or periodontal disease. c. Orthodontic patients: Patients with new orthodontic appliances who require specific instructions on how to clean around wires and brackets effectively. d. Special needs patients: Children or adults with special health care needs who require adaptive oral care techniques. e. Complex procedures: Patients who have undergone complex dental procedures and need special home-care instructions to ensure proper healing.
D1351	Sealant - per tooth	Applied to the occlusal surfaces of permanent posterior teeth that are free of

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
		cavitated carious lesions or restorations.
D1353	Sealant repair - per tooth	a. Existing sealant damage: The existing sealant on a tooth is partially or completely lost, exposing the sealed pits and fissures. b. Intact sealant margin: The sealant still has good margins, and the repair is needed to restore its protective coverage, not to replace a completely failed sealant. c. Absence of decay: There is no underlying decay (caries) in the pit or fissure that requires a more invasive restoration. d. High caries risk: The patient is considered at moderate to high risk for developing tooth decay, making the continued protection of a sealant beneficial.
D1354	Application of caries arresting medicament - per tooth	a. For High caries risk patients only (D0603). b. Treated tooth must exhibit decay into enamel and dentin. c. Should not be applied to exposed pulps.
D1355	Caries preventive medicament application – per tooth	a. Application to a specific tooth surface without a carious lesion present. b. Application to areas of root exposure to prevent root surface caries, particularly in high-risk adult patients. c. Use on teeth around orthodontic bands, which can be difficult to keep clean and are prone to plaque accumulation. d. Application to deep, susceptible pits and fissures, especially in permanent teeth. e. Targeting specific sites for patients assessed as having a moderate or high risk for dental caries.
Space Maintenance (Passive Appliance)		
D1510	Space maintainer - fixed - unilateral	(D1510 – D1558) a. Passive appliances are designed to prevent tooth movement. b. Premature tooth loss in primary and mixed dentitions to maintain a space for pre-molar and molar teeth.
D1516	Space maintainer - fixed - bilateral, maxillary	
D1517	Space maintainer - fixed - bilateral, mandibular	
D1520	Space maintainer - removable - unilateral	
D1526	Space maintainer - removeable - bilateral, maxillary	
D1527	Space maintainer - removeable - bilateral, mandibular	
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	
D1556	Removal of fixed unilateral space maintainer - per quadrant	
D1557	Removal of fixed bilateral space maintainer - maxillary	
D1558	Removal of fixed bilateral space maintainer - mandibular	
Space Maintainers		
D1575	Distal shoe space maintainer - fixed - unilateral	a. Premature loss of a primary second molar: This is the primary indication for a distal shoe. When a baby second molar is lost before the permanent

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
		first molar has erupted, the distal shoe guides the permanent molar into its correct position. b. Lack of space: The appliance is necessary when there is evidence that the space for the erupting permanent tooth will be lost without intervention. This is typically confirmed with a dental X-ray
Vaccinations		
D1701	Pfizer-BioNTech Covid-19 vaccine administration - first dose	(D1701 – D1783) Criteria have been established by regulatory bodies as to which patients should receive this vaccine.
D1702	Pfizer-BioNTech Covid-19 vaccine administration - second dose	
D1703	Moderna Covid-19 vaccine administration - first dose	
D1704	Moderna Covid-19 vaccine administration - second dose	
D1708	Pfizer-BioNTech Covid-19 vaccine administration - third dose	
D1709	Pfizer-BioNTech Covid-19 vaccine administration - booster dose	
D1710	Moderna Covid-19 vaccine administration - third dose	
D1711	Moderna Covid-19 vaccine administration - booster dose	
D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric - first dose	
D1714	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric - second dose	
D1720	Influenza vaccine administration	
D1781	Vaccine administration - human papillomavirus - Dose 1	
D1782	Vaccine administration - human papillomavirus - Dose 2	
D1783	Vaccine administration - human papillomavirus - Dose 3	
D1999	Unspecified preventive procedure, by report	When the procedure performed is not adequately described by an existing preventive CDT code.

Restorative Services (D2000-D2999)

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
Amalgam Restorations (Including Polishing)		
D2140	Amalgam - one surface, permanent or primary	(D2140 – D2161) Restorative services shall be medically necessary when carious activity or fractures have extended through the dentin enamel junction (DEJ) and when the tooth demonstrates reasonable longevity. Completed restorative treatment should represent a positive long-term prognosis.

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D2150	Amalgam - two surfaces, permanent or primary	Restore missing tooth structure due to: Fractures, caries, developmental anomalies. The following are considered clinical contra-indications of treatment: a. Decay into a furcation, or gross decay of a crown and/or root in which insufficient sound tooth structure remains to restore a tooth. b. A tooth that is fractured off, at or below the bone level and has insufficient remaining tooth structure to restore. c. Loss of supporting bone resulting in an unfavorable crown/root ratio. d. Unexplained or untreated periapical pathology. e. Root perforation. f. Vertical / horizontal root fracture. g. Irregular tooth position (tipping or drifting) requiring excessive reduction and creating an unfavorable or traumatic occlusion on the restoration. h. Clinical evidence of inadequate or neglected patient homecare and/or untreated medical conditions that compromise healing. i. An adequate biologic width of at least 2 mm from crest of the bone. Core Buildup, Including Any Pins When Required (D2950).
D2160	Amalgam - three surfaces, permanent or primary	
D2161	Amalgam - four or more surfaces, permanent or primary	
Resin-Based Composite Restorations		
D2330	Resin-based composite - one surface, anterior	(D2330 – D2394) Restorative services shall be medically necessary when carious activity or fractures have extended through the dentin enamel junction (DEJ) and when the tooth demonstrates reasonable longevity. Completed restorative treatment should represent a positive long-term prognosis.
D2331	Resin-based composite - two surfaces, anterior	
D2332	Resin-based composite - three surfaces, anterior	
D2335	Resin-based composite - four or more surfaces (anterior)	Restore missing tooth structure due to: Fractures, caries, developmental anomalies. The following are considered clinical contra-indications of treatment: a. Decay into a furcation, or gross decay of a crown and/or root in which insufficient sound tooth structure remains to restore a tooth. b. A tooth that is fractured off, at or below the bone level and has insufficient remaining tooth structure to restore. c. Loss of supporting bone resulting in an unfavorable crown/root ratio. d. Unexplained or untreated periapical pathology. e. Root perforation. f. Vertical / horizontal root fracture. g. Irregular tooth position (tipping or drifting) requiring excessive reduction and creating an unfavorable or traumatic occlusion on the restoration. h. Clinical evidence of inadequate or neglected patient homecare and/or untreated medical conditions that compromise healing. i. An adequate biologic width of at least 2 mm from crest of the bone. Core Buildup, Including Any Pins When Required (D2950).
D2390	Resin-based composite crown, anterior	
D2391	Resin-based composite - one surface, posterior	
D2392	Resin-based composite - two surfaces, posterior	
D2393	Resin-based composite - three surfaces, posterior	
D2394	Resin-based composite - four or more surfaces, posterior	
Gold Foil Restorations		
D2410	Gold foil - one surface	(D2410 – D2430) Restore missing tooth structure due to: Fractures, caries, developmental anomalies
D2420	Gold foil - two surfaces	
D2430	Gold foil - three surfaces	
Inlay/Onlay Restorations		
D2510	Inlay - metallic - one surface	(D2510 – D2664) Restore missing tooth structure due to: Fractures, caries, developmental anomalies
D2520	Inlay - metallic - two surfaces	
D2530	Inlay - metallic - three or more surfaces	

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D2542	Onlay - metallic - two surfaces	
D2543	Onlay - metallic - three surfaces	
D2544	Onlay - metallic - four or more surfaces	
D2610	Inlay - porcelain/ceramic - one surface	
D2620	Inlay - porcelain/ceramic - two surfaces one surface	
D2630	Inlay - porcelain/ceramic - three or more surfaces	
D2642	Onlay - porcelain/ceramic - two surfaces	
D2643	Onlay - porcelain/ceramic - three surfaces	
D2644	Onlay - porcelain/ceramic - four or more surfaces	
D2650	Inlay - resin-based composite - one surface	
D2651	Inlay - resin-based composite - two surfaces	
D2652	Inlay - resin-based composite - three or more surfaces	
D2662	Onlay - resin-based composite - two surfaces	
D2663	Onlay - resin-based composite - three surfaces	
D2664	Onlay - resin-based composite - four or more surfaces	
Crowns – Single Restorations Only		
D2710	Crown - resin-based composite (indirect)	(D2710 – D2794) Restore missing tooth structure due to: Fractures, caries, developmental anomalies a. Evidence Loss of 40% or more of coronal tooth structure or 2 missing cusps on a molar or cracked tooth syndrome. b. Sufficient tooth structure to establish a ferrule around the tooth to establish retention and resistance form for long term sustainability of the indirect restoration. c. Caries cannot demonstrate radiographically to be present along the crestal bone or into the furcation, deeming the tooth non-restorable. d. Final restoration margin must have adequate biologic width of 2 mm from the crest of the bone. e. 50% or more of bone support. f. Completely obturated root canal with the fill less than 2 mm from the radiographic apex when indicated. g. No untreated internal or external resorption. h. Crowns Replacements should include: i. Decay present under the existing crown ii. Fractured porcelain iii. Open margin
D2712	Crown - 3/4 resin-based composite (indirect)	
D2720	Crown - resin with high noble metal	
D2721	Crown - resin with predominantly base metal	
D2722	Crown - resin with noble metal	
D2740	Crown - porcelain/ceramic substrate	
D2750	Crown - porcelain fused to high noble metal	
D2751	Crown - porcelain fused to predominantly base metal	
D2752	Crown - porcelain fused to noble metal	
D2753	Crown - porcelain fused to titanium and titanium alloys	
D2780	Crown - 3/4 cast high noble metal	

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D2781	Crown - 3/4 cast predominantly base metal	
D2782	Crown - 3/4 cast noble metal	
D2783	Crown - 3/4 porcelain/ceramic	
D2790	Crown - full cast high noble metal	
D2791	Crown - full cast predominantly base metal	
D2792	Crown - full cast noble metal	
D2794	Crown - titanium and titanium alloys	
D2799	Interim crown - further treatment or completion of diagnosis necessary prior to final impression	Must include within treatment plan one of the following reasons: - Healing time: Allowing time for a tooth or surrounding tissues to heal from a previous procedure, such as periodontal therapy. - Cracked tooth syndrome: Observing a tooth with a suspected crack and monitoring symptoms while the provisional crown protects the tooth from fracture and irritation. - Monitoring symptoms: Placing a provisional crown on a tooth with an unclear or complex diagnosis, such as unresolved pulpal or endodontic issues, and monitoring the patient's symptoms. - Multi-stage treatment: Stabilizing a tooth when the full treatment plan involves multiple, complex stages that require an extended provisional period. - Awaiting consultations: Providing stabilization while a patient waits for a consultation with a specialist. - Changes in function: Using a provisional crown to test for changes in the vertical dimension (occlusion) of the bite.
Other Restorative Services		
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	Demonstrate that the restorations that have become loose but are still in good condition.
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	- Documentation of failure: Records must clearly state that the existing post and core became loose or detached. - Lack of irreparable damage: The tooth structure and the existing post and core must be in good enough condition to be re-cemented successfully. If there is significant decay or the post is broken, a new post and core (D2954) would be required instead. - Rationale for re-cementation: The documentation should include the clinical reasoning for re-cementing rather than replacing the restoration. This often includes considerations like the integrity of the remaining tooth structure and cost-effectiveness. - Radiographic evidence: Recent radiographs (periapical X-rays) are often required to evaluate the tooth's bone support, the integrity of the root canal treatment, and the condition of the post and core. - Clear narrative: A written narrative from the dentist explaining the medical necessity of the procedure should be included with the claim. The narrative should include the patient's signs and symptoms that led to the treatment.
D2920	Re-cement or re-bond crown	- A crown that has become loose or has completely detached from the tooth. - Dental discomfort or sensitivity that has occurred as a result of the crown being dislodged. - A need to protect the vulnerable tooth underneath the crown from further decay or damage.

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D2921	Reattachment of tooth fragment, incisal edge or cusp	Documentation to support natural tooth fractured off and the fragment was successfully reattached.
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	Require documentation of significant tooth decay, trauma, or developmental defects.
D2929	Prefabricated porcelain/ceramic crown - primary tooth	Require evidence for restoring tooth/teeth with significant damage that cannot be adequately repaired with a filling.
D2930	Prefabricated stainless steel crown - primary tooth	a. Decay, fracture, or other damage involving three or more tooth surfaces. b. Decay, fracture, or other damage involving one interproximal surface when the damage has extended extensively buccolingually or mesiodistally. c. When facial and/or lingual surfaces demonstrate demineralization across the gingival one-third of a primary tooth. d. When large carious lesions are evident on the proximal and/or occlusal surfaces of primary molars. e. When primary teeth have recurrent or new decay associated with a pre-existing restoration, or where caries is detected on a new proximal surface. f. When primary tooth has been treated with a pulpotomy or pulpectomy. g. When a primary tooth needing restoration will serve as a space maintainer abutment. When there is a documented and diagnosed case of Severe Early Childhood Caries (previously known as Baby Bottle Caries).
D2931	Prefabricated stainless steel crown - permanent tooth	(D2931 – D2934) a. Decay, fracture, or other damage involving two or more tooth surfaces, b. Decay, fracture, or other damage involving one interproximal surface when the damage has extended extensively buccolingually or mesiodistally. c. Final restoration margin must have adequate biologic width of 2mm from the crest of the bone on permanent teeth. d. 50% or more of bone support. e. Completely obturated root canal with the fill less than 2mm from the radiographic apex when indicated. No untreated internal or external resorption on permanent teeth.
D2932	Prefabricated resin crown	
D2933	Prefabricated stainless steel crown with resin window	
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	
D2940	Placement of interim direct restoration	Documented proof is needed to stabilize a tooth and prevent further damage or discomfort. Common clinical situations include: a. Emergency care: Stabilizing fractured teeth or teeth with lost fillings or extensive decay where a permanent restoration is not immediately possible. b. Decay management: Placing a temporary filling to relieve pain, allow the tooth to heal, or perform decay control when caries are extensive and near the pulp. c. Delayed definitive care: Protecting a tooth while a patient is waiting for more extensive treatment, such as a permanent crown or endodontic therapy. d. Endodontic evaluation: Placing a filling to protect the tooth after endodontic access and before the final restoration is placed.
D2949	Restorative foundation for an indirect restoration	Documentation showing that the tooth's shape was improved such as: a. Creating an ideal form: The main purpose of D2949 is to place restorative material to create a more ideal or retentive shape for an upcoming indirect restoration, such as a crown, onlay, or bridge. b. Eliminating undercuts: The code is appropriate when the dentist needs to block out undercuts in the tooth preparation. This allows for an easier and more accurate impression and seating of the final restoration. c. Filling irregularities: It can be used to fill in voids, box forms, or concave areas created by previous restorations or minor decay, rather than restoring a large portion of lost tooth structure.

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
		d. Raising a deep margin: In cases of deep decay or damage, a restorative foundation can be used to elevate the margin of the tooth preparation, making it more accessible and manageable for the final restoration.
D2950	Core buildup, including any when required	Documentation of extensive loss of coronal tooth structure due to decay, trauma, or fracture such as: a. Inadequate tooth structure: The tooth has lost a significant portion of its structure (in many cases, 50% or more), and a crown cannot be reliably retained without additional support. b. Coronal reconstruction: The procedure must build up the tooth's internal or coronal (crown) portion to provide a foundation for a full-coverage crown. c. Post-endodontic treatment: The tooth is often, but not always, endodontically treated (has had a root canal). d. For crown retention, not preparation: The core buildup is necessary for the retention of the final crown, not merely to fill in undercuts, divots, or other minor irregularities created during the crown preparation.
D2951	Pin retention - per tooth, in addition to restoration	a. When there is the loss of 1 or more cusps in posterior teeth, or there is the loss of the incisal angle on anterior teeth.
D2952	Post and core in addition to crown, indirectly fabricated	a. When 60% or more of the coronal tooth structure is missing and is used to add retention to the tooth preparation. b. The restorations must be placed on sound structure with at least 50% bone support.
D2953	Each additional indirectly fabricated post - same tooth	c. Enough tooth structure to establish a ferrule around the tooth to establish resistance and retention. No sub crestal decay. d. The Final restoration margin must have adequate biologic width of 2mm or more from the crest of the bone.
D2954	Prefabricated post and core in addition to crown	e. Completely obturated root canal with the fill less than 2mm from the radiographic apex or not greater than 0.5mm beyond the radiographic apex. f. No untreated internal or external resorption.
D2955	Post removal	Documentation of a fractured post or access needed for an endodontic retreatment.
D2956	Removal of an indirect restoration on a natural tooth	Necessity to remove a pre-existing restoration to perform a new, more comprehensive treatment.
D2957	Each additional prefabricated post - same tooth	Need for extra retention: There has been extensive loss of the tooth's structure, and one post is not enough to adequately retain the core buildup.
D2960	Labial veneer (resin laminate) - direct	Aesthetic improvements a. Masking discoloration, such as intrinsic staining from fluorosis or tetracycline. b. Changing the shape, size, or length of teeth. c. Closing minor diastemas (gaps between teeth). Enamel defects: a. Addressing enamel hypoplasia, hypocalcification, or severe decalcification. Restoration: a. Repairing chipped, fractured, or worn incisal edges. b. Covering enamel-only fractures that cannot be repaired with a simple composite restoration.

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D2961	Labial veneer (resin laminate) - indirect	(D2961-D2962) a. Aesthetic improvement: Addressing significant discoloration, particularly intrinsic staining (e.g., from tetracycline or fluorosis) that is resistant to teeth whitening. b. Morphological issues: Correcting teeth that are misshapen, have minor misalignment, or have small gaps (diastemas). c. Structural defects: Repairing teeth with enamel defects such as enamel hypoplasia or hypocalcification. d. Fractures or damage: Restoring teeth with fractures or significant loss of tooth structure, though a full crown may be more appropriate for extensive damage.
D2962	Labial veneer (porcelain laminate) - indirect	
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	a. Indicated when a crown must be fitted to a clasp of an existing partial denture framework during crown fabrication. b. Decay, fracture, or other damage involving three or more tooth surfaces. c. Decay, fracture, or other damage involving one interproximal surface when the damage has extended extensively buccolingually or mesiodistally. d. Final restoration margin must have adequate biologic width of 2mm from the crest of the ridge on permanent teeth. e. 50% or more of bone support. f. Completely obturated root canal with the fill less than 3mm from the radiographic apex when indicated. g. No untreated internal or external resorption on permanent teeth.
D2975	Coping	Tooth is a candidate for a crown but has suffered significant damage or has a large restoration.
D2976	Band stabilization – per tooth	Temporarily stabilize a tooth that has lost a significant amount of its structure, often due to a large filling or fracture.
D2980	Crown repair necessitated by restorative material failure	(D2980-D2983) Necessitated by restorative material failure, require that a single, existing restoration has a localized defect that can be fixed without replacing the entire restoration.
D2981	Inlay repair necessitated by restorative material failure	
D2982	Onlay repair necessitated by restorative material failure	
D2983	Veneer repair necessitated by restorative material failure	
D2989	Excavation of a tooth resulting in the determination of non-restorability	Documentation showing a situation where a dentist begins to remove decay or other damaged tooth structure but discovers that the tooth cannot be saved and requires extraction.
D2990	Resin infiltration of incipient smooth surface lesions	Treating early-stage, non-cavitated carious lesions.
D2991	Application of hydroxyapatite regeneration medicament – per tooth	Patient dental record must document to treat incipient, non-cavitated dental caries.
D2999	Unspecified restorative procedure, by report	When the procedure performed is not adequately described by an existing restorative CDT code.

Endodontics (D3000-D3999)

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
Pulp Capping		

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D3110	Pulp cap - direct (excluding final restoration)	a. Pulp exposure: The pulp tissue is mechanically or traumatically exposed during a procedure, such as removing deep decay, or from a fracture. This is a direct exposure, not merely an area that is close to the pulp. b. Pulp vitality: The tooth pulp must be vital and free of irreversible inflammation. Patients often have minimal symptoms of pulpitis, or inflammation of the pulp.
D3120	Pulp cap - indirect (excluding final restoration)	Indicated for nearly exposed pulp, procedure in which the nearly exposed pulp is covered with a protective dressing.
Pulpotomy		
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	(D3220-D3222) a. Removal of a portion of the pulp and placement of a medicament to maintain the vitality of the remaining pulp or to encourage apexogenesis when there is pulpal involvement. b. Tooth decay close to the pulp, where removing the decay would expose the pulp. c. Severe decay with infection in the tooth’s pulp (pulpitis) d. Repair of deep restoration exposing the pulp, making it vulnerable to bacterial infection.
D3221	Pulpal debridement, primary and permanent teeth	
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	
Endodontic Therapy on Primary Teeth		
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	Endodontic therapy for primary (baby) anterior teeth, specifically involving the pulpal therapy, cleaning, and filling of the root canals with a resorbable material when permanent successors are present.
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	Endodontic therapy for primary (baby) posterior teeth, specifically involving the pulpal therapy, cleaning, and filling of the root canals with a resorbable material when permanent successors are present.
Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-Up Care)		
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	(D3310-D3330) a. Tooth is non-vital (due to necrosis, gangrene, or death of the pulp) or if the pulp has been compromised by caries, trauma, or an accident that may lead to the death of the pulp. b. Tooth has a deep carious lesion likely to result in pulp exposure during excavation. c. Symptomatic or asymptomatic irreversible pulpitis, with or without evidence of periapical disease. d. Necrotic pulp with or without evidence of periradicular disease. e. Teeth with a pulp that would be compromised during dental procedures, including but not limited to caries removal, overdenture abutments,

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	malposed teeth, and root resection. f. Restorative reason when a placement of a core and possibly a post is necessary for retention of a fixed restoration. g. Cracked or fractured teeth with pulpal involvement (with or without clinical symptoms) that can reasonably be expected to maintain satisfactory periodontal health. h. Teeth with thermal hypersensitivity that significantly interferes with normal function when alternative methods have failed to reduce hypersensitivity. i. Tooth must be restorable. j. Tooth must be able to be restored with conventional methods (i.e., amalgam, composite or crowns). k. Tooth must present with at least 50 percent bone support. l. The tooth cannot have advanced periodontal disease and/or pocket depths greater than 5mm.
D3330	Endodontic therapy, molar (excluding final restoration)	m. Tooth cannot have gross periapical or periodontal pathosis, demonstrated radiographically. n. Patient must be free of periodontal disease. n. Tooth must be damaged due to trauma or carious exposure. o. Sufficient tooth structure to establish a ferrule around the tooth to establish retention and resistance form for long term sustainability of the indirect restoration. p. Final restoration margin must have adequate biologic width of 2mm from the crest of the bone. q. Caries cannot demonstrate radiographically to be present along the crestal bone or into the furcation, deeming the tooth non-restorable. r. The pulp chamber should be accessed, and the canals debrided, shaped, and obturated to within 3mm of the radiographic apex.
D3331	Treatment of root canal obstruction; non-surgical access	Documentation supporting at least 50% of the tooth's length being obstructed. Supporting documentation must include clinical notes and mid-treatment X-rays, and the code should not be used for obstructions unintentionally caused by the same provider.
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	Documentation of a pretreatment radiograph; showing the procedure cannot be finished due to unforeseen clinical issues discovered during treatment. Narrative clearly documenting what was found during procedure.
D3333	Internal root repair of perforation defects	Documentation to support that the procedure is performed to repair a perforation or hole in the root of a tooth, which was caused by decay, trauma, or during a previous endodontic procedure by a different provider.
Endodontic Retreatment		
D3346	Retreatment of previous root canal therapy - anterior	(D3346-D3348) a. Teeth with inadequate canal fillings with positive radiographic findings. b. Findings of apical periodontitis and or symptoms.
D3347	Retreatment of previous root canal therapy - bicuspid	c. Findings of inadequate canal fillings when indirect restorations are planned on the same tooth. d. There is inadequate root canal filling with associated pain and or infection. e. There is demonstrated draining tracts form the tooth in question.
D3348	Retreatment of previous root canal therapy - molar	f. There is sufficient tooth structure and bone support to allow for restoration. g. The Pulp chamber should be accessed, and the canals debrided, including removal of the old root canal filling, shaped and obturated to within 2 mm of the radiographic apex.
Apexification/Recalcification		
D3351	Apexification/recalcification - initial visit (apical closure/calcific	(D3351 – D3353) Step Therapy D3351 – 1 st step

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
	repair of perforation, root resorption, etc.	a. Documentation of a periapical x-ray showing that the apex is still open. b. There is incomplete root development as well as incomplete apical closure.
D3352	Apexification/recalcification - interim medication replacement	D3352 – 2 nd step
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calific repair of perforations, root resorption, etc.)	a. Placing of the interim medication D3353 – 3 rd step a. Final visit which includes completed root canal therapy
Pulpal Regeneration		
D3355	Pulpal regeneration - initial visit	The procedure is intended for immature permanent teeth with necrotic pulp and an open apex. It is not typically appropriate for mature teeth.
D3356	Pulpal regeneration - interim medication replacement	Pulpal regeneration—interim medicament replacement.
D3357	Pulpal regeneration - completion of treatment	Pulpal regeneration—completion of treatment.
Apicoectomy/Periradicular Services		
D3410	Apicoectomy - anterior	(D3410-D3426)
D3421	Apicoectomy - bicuspid (first root)	a. Symptomatic periradicular pathosis following endodontic treatment. b. A periradicular lesion that enlarges after endodontic treatment, as noted on follow-up radiographic examination.
D3425	Apicoectomy - molar (first root)	c. A marked overextension of obturating materials and sealers interfering with healing. d. Access for periradicular curettage, biopsy, or an additional root is necessary.
D3426	Apicoectomy (each additional root)	e. Access for root end preparation and root end filling is necessary. f. When the apical portion of the root canal system of a tooth with periradicular pathosis cannot be cleansed.
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	(D3428 – D3430)
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	a. Persistent periradicular pathosis resulting from an inadequate apical seal that cannot be corrected non-surgically. b. Periradicular pathosis and blockage of the root canal system that could not be obturated by non-surgical therapy.
D3430	Retrograde filling - per root	c. Root perforation and transported canals. d. Resorptive defects.
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery. It is not a standalone procedure but an adjunct to other periradicular surgical procedures, such as an apicoectomy, to assist in the healing of bone and soft tissue around the root end.
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	Always in conjunction with a periradicular surgery.
D3450	Root amputation - per root	Documentation should show when other less invasive restorative or endodontic treatments are not sufficient to resolve the tooth's issue. It is generally performed on multi-rooted teeth, most commonly molars. The remaining tooth structure and roots must have sufficient periodontal support and a good long-term prognosis.
D3460	Endodontic endosseous implant	Not a standard procedure; providers must document the necessity for the procedure over other, more common endodontic treatments. The tooth must

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
		have a specific issue, such as insufficient root length, that prevents a standard restoration.
D3470	Intentional re-implementation (including necessary splinting)	Not a common procedure; must demonstrate in detail the specific need to perform this procedure due to: Periradicular pathology, Root fracture, Persistent root canal failure, Accessibility issues
D3471	Surgical repair of root resorption – anterior	(D3471-D3473) a. Radiographic evidence of the resorption b. A detailed narrative documenting the resorption
D3472	Surgical repair of root resorption – premolar	
D3473	Surgical repair of root resorption – molar	
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	Anterior teeth: To gain access to the root, without removing the root tip (apicoectomy) or repairing root resorption.
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	Premolar teeth: To gain access to the root, without removing the root tip (apicoectomy) or repairing root resorption.
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	Molar teeth: To gain access to the root, without removing the root tip (apicoectomy) or repairing root resorption.
Other Endodontic Procedures		
D3910	Surgical procedure for isolation of tooth with rubber dam	This code is appropriate when a patient's condition requires the highest level of isolation for a procedure, such as during certain endodontic (root canal) treatments where a rubber dam must be used to protect the surgical site and prevent contamination.
D3911	Intraorifice barrier	Interim procedure completed after root canal therapy is finished, but before the final restoration (like a crown or filling).
D3920	Hemisection (including any root removal), not including root canal therapy	This procedure is appropriate for molars with one non-restorable root, provided the remaining root(s) are healthy and can be successfully restored or serve as a foundation for a prosthesis.
D3921	Decoronation or submergence of an erupted tooth	Documentation to support maintaining alveolar bone height for future treatment, such as implants, or when an extraction is contraindicated due to conditions like bisphosphonate use
D3950	Canal preparation and fitting of performed dowel or post	A tooth has lost a significant amount of its natural structure, such as after root canal treatment, and cannot properly support a new filling or crown. The tooth must be sufficiently compromised that a core buildup alone would not be able to provide the necessary support for the planned restoration.
D3999	Unspecified endodontic procedure, by report	When the procedure performed is not adequately described by an existing endodontic CDT code

Periodontal (D4000-D4999)

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
Surgical Services (Including Usual Postoperative Care)		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	(D4210 – D4211) a. Pocket depths are 5mm or greater and are suprabony (no vertical bony defects) AND b. Pre-surgical scaling and root planing will not resolve the pathological condition AND c. Flap has not been performed AND
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or	

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
	tooth bounded spaces per quadrant	d. Osseous recontouring has not been performed, and there are no vertical bony defects.
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	a. Needed for restorative access when there is significant overgrowth of tissue (evident via photo or specific, detailed narrative description). b. NOT intended as an adjunct to preparation and/or impression (i.e., for minimal removal of tissue (“troughing”) to improve access to impression. c. Must include a treatment plan for restorative work in the area.
D4230	Anatomical crown exposure - four or more contiguous teeth per quadrant	Documentation supporting the need for a surgical procedure that exposes the anatomical crown of four or more contiguous teeth within a single quadrant by reshaping soft and/or hard tissue. This code is used when excessive gum tissue or an unfavorable crown-to-root ratio prevents proper restoration and requires comprehensive documentation.
D4231	Anatomical crown exposure - one to three teeth per quadrant	Documentation supporting the need to expose the anatomical crown of one to three teeth per quadrant by reshaping both soft and hard tissues. This procedure is indicated when a tooth is covered by excess gum and/or bone, and it is often performed to improve the aesthetic appearance of the gum line, enhance function for a future restoration, or improve oral hygiene.
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	(D4240 – D4241) a. Reduce reduction of periodontal pockets in the treatment of periodontitis b. Recontouring of gingival tissue c. Correction of gingival overgrowth
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	d. Treatment of mucogingival defects e. 5 or more millimeters of bone loss measured from the crest of the bone to the CEJ. f. Loss of attachment
D4245	Apically positioned flap	Documentation to support treating moderate to severe periodontal disease when non-surgical methods have failed. The procedure involves surgically moving the gingival flap toward the tooth root.
D4249	Clinical crown lengthening - hard tissue	a. Allow access subgingival caries b. Allow for placement of a ferrule for a restoration/crown c. Less than 2 millimeters of tooth above the crest of the bone. The result of the surgery must provide an adequate biologic width of at least 2.5 mm above the crest of the bone.
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	(D4260 – D4264) a. Reduction of periodontal pockets in the treatment of periodontitis b. Correction of bony defects c. Placement of bone graft material in preparation for implant placement d. Treatment of mucogingival defects e. 3 or more millimeters of bone loss measured from the crest of the bone to the CEJ.
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three teeth or tooth bounded spaces per quadrant	
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	Detailed narrative and documentation to support the need for biologic materials to aid in soft and osseous tissue regeneration, such as growth factor, to enhance natural healing during periodontal surgery.

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D4266	Guided tissue regeneration, natural teeth - resorbable barrier, per site	The procedure is indicated for moderate to advanced periodontal defects where bone loss threatens tooth stability and includes the regeneration of lost bone and connective tissue.
D4267	Guided tissue regeneration, natural teeth - non-resorbable barrier, per site (includes membrane removal)	The procedure is indicated for moderate to advanced periodontal defects where bone loss threatens tooth stability and includes the regeneration of lost bone and connective tissue.
D4268	Surgical revision procedure, per tooth	a. A surgical procedure is used to modify the irregular contours of hard or soft tissue, and b. There is a history of a previously provided surgical procedure.
D4270	Pedicle soft tissue graft procedure	(D4270, D4273, and D4276) a. 1 or more millimeters of gingival recession from the CEJ b. Less than 2 millimeters of attached gingiva
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - first tooth, implant or edentulous tooth position in graft	
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	a. Performed in an edentulous area adjacent to a tooth, allowing removal of a tissue wedge to gain access to debridement, permit close flap adaptation, and reduce pocket depths. b. Not a separate benefit when other surgical procedures are performed in the same area.
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	Document to support that the member has one of the following conditions with soft tissue graft: a. Mucogingival involvement b. Progressive gingival recession c. Root exposure d. Preparation for a restoration or prosthesis
D4276	Combined connective tissue and pedicle graft, per tooth	Document to support that the member has one of the following conditions with soft tissue graft: a. 1 or more millimeters of gingival recession from the CEJ b. Less than 2 millimeters of attached gingiva c. Mucogingival involvement d. Progressive gingival recession e. Root exposure f. Preparation for a restoration or prosthesis
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	(D4277 – D4285) Document to support that the member has one of the following conditions with soft tissue graft: a. Mucogingival involvement b. Progressive gingival recession c. Root exposure d. Preparation for a restoration or prosthesis
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous position in same graft site	
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth,	

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
	implant or edentulous tooth position in same graft site	
D4285	Non-autogenous connective tissue graft (including recipient site and donor material) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	
D4286	Removal of non-resorbable barrier	Documentation of the material that needed to be removed.
Non-Surgical Periodontal Service		
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	(D4322, D4323) Clinical notes detailing the extent of mobility at least 1+ due to periodontal disease or trauma.
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	
D4341	Periodontal scaling and root planning, four or more teeth per quadrant	(D4341 – D4342) From the CEJ to the crest of the bone showing a measurement of 2.5 mm or more indicating bone loss of 0.5 mm or greater. a. Radiographic radicular calculus (this varies by state). b. The periodontal pocket depths must be 5 mm or greater. c. The classification of the periodontal case type is in accordance with guidelines established by the AAP and must fall into case types II, III, or IV.
D4342	Periodontal scaling and root planing - one to three per quadrant	
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	a. Documented evidence of gross deposits of calculus and gingival inflammation. b. Scaling in presence of generalized moderate or severe gingival inflammation
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis on a subsequent visit	a. Documented evidence of gross deposits of calculus and gingival inflammation. b. Scaling in presence of generalized moderate or severe gingival inflammation
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	There are residual, isolated 5-6 mm pockets for 1 or 2 teeth per quadrant after Perio therapy (Perio scaling/root planing or Perio surgery).
Other Periodontal Services		
D4910	Periodontal maintenance	Documented evidence of active periodontal therapy performed at least 90 days prior.
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	Documentation supporting an urgent or inconvenient need for a dressing change when the treating dentist is unavailable, with the service performed by an unaffiliated dental office, emergency room, or urgent care provider.
D4921	Gingival irrigation with a medicinal agent - per quadrant	Typically, this code is inclusive of the related service being billed together, unless benefit and state regulation dictate otherwise.
D4999	Unspecified periodontal procedure, by report	When the procedure performed is not adequately described by an existing periodontal CDT code.

Prosthodontics, Removable (D5000-D5899)

The following are considered clinical indications of treatment: Complete and Partial Dentures: Evidence of missing or hopeless teeth to be replaced must be present on current radiographs, full mouth x-ray series and/or panoramic radiograph.

- a. Evidence of bone loss being present on the current full mouth series or periapical and bitewing x-rays to support the diagnosis of remaining healthy teeth in case of partial dentures
- b. No evidence of areas with severe periodontitis or less than 50% alveolar bone loss on the abutment teeth. In case of partial dentures
- c. Evidence that existing teeth are healthy enough to support a partial denture with no current radiographic evidence of subgingival calculus and severe bone loss.
- d. No evidence of any soft and/or hard tissue inflammation and pathology.

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
Complete Dentures (Including Routine Post-Delivery Care)		
D5110	Complete denture - maxillary	(D5110 – D5120) a. The arch(es) in question must be edentulous at the time of fabrication of the denture(s). b. The edentulous arch(es) must be free of any excessive hard and soft tissue that would inhibit the seating or wearing of the denture(s).
D5120	Complete denture - mandibular	
D5130	Immediate denture - maxillary	(D5130 – D5140) a. Extensive or rampant caries are exhibited in the radiographs as to not allow for restoration by other methods. b. Severe periodontal involvement is indicated in the radiographs over multiple teeth. c. Numerous teeth are missing, resulting in diminished masticating ability and adversely affecting the patient's health. d. A medical provider’s letter indicating that the member’s systemic health condition necessitates full-mouth extractions.
D5140	Immediate denture - mandibular	
Partial Dentures (Including Routine Post-Delivery Care)		
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	(D5211 - D5228) a. The periodontal pocket depths must be 4 mm or less and bone support at 50% or more around abutment teeth to support a partial denture. b. No evidence of subgingival radiographic calculus on remaining abutment teeth. c. All remaining teeth to support a partial denture must be healthy. d. The edentulous area(s) must be free of any excessive hard and soft tissue that would inhibit the seating or wearing of the denture(s).
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases	

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
	(including retentive/clasping materials, rests and teeth)	
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	
D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	
D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	
D5284	Removable unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant	
D5286	Removable unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant	
Adjustments to Dentures		
D5410	Adjust complete denture - maxillary	(D5410 – D5422) The patient must present with a clinical issue that requires denture adjustment, such as a sore spot, a pressure area, or difficulty with chewing.
D5411	Adjust complete denture - mandibular	
D5421	Adjust partial denture - maxillary	
D5422	Adjust partial denture - mandibular	
Repairs to Complete Dentures		
D5511	Repair broken complete denture base, mandibular	Documentation to support fractured or damaged lower denture base requiring professional repair, where only the base, not the teeth, is being repaired.
D5512	Repair broken complete denture base, maxillary	Documentation to support fractured or damaged upper denture base requiring professional repair, where only the base, not the teeth, is being repaired.
D5520	Replace missing or broken teeth – complete denture – per tooth	Documentation to replace an individual teeth on a complete denture, such as when a tooth is broken, missing, or has detached.
Repairs to Partial Dentures		

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D5611	Repair resin partial denture base, mandibular	(D5612 – D5622) Documentation to support fractured or damaged denture base requiring professional repair, where only the base, not the teeth, is being repaired.
D5612	Repair resin partial denture base, maxillary	
D5621	Repair resin cast partial framework, mandibular	
D5622	Repair resin cast partial framework, maxillary	
D5630	Repair or replace broken clasp, per tooth	A detailed description of the procedure and the need for the repair.
D5640	Replace missing or broken teeth – partial denture – per tooth	Documentation to replace an individual tooth on a partial denture, such as when a tooth is broken, missing, or has detached.
D5650	Add tooth to existing partial denture – per tooth	Documentation to add an individual tooth on an existing partial denture.
D5660	Add clasp to existing partial denture, per tooth	Documentation to add a clasp on an existing partial denture.
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	A provider would need to document the specific reasons why a full replacement of the teeth and acrylic is needed, beyond a simple repair, to justify the procedure.
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	
Denture Rebase Procedures		
D5710	Rebase complete maxillary denture	(D5710 – D5725) Documentation supporting the fit of the denture become ill-fitting due to changes in their oral anatomy and the existing base is unrepairable.
D5711	Rebase complete mandibular denture	
D5720	Rebase maxillary partial denture	
D5721	Rebase mandibular partial denture	
D5725	Rebase hybrid prosthesis	
Denture Reline Procedures		
D5730	Reline complete upper denture (direct)	(D5730 – D5761) a. Excessive resorption of the alveolus/residual ridge and or occurrence of lesions on the mucosa resulting in loss of denture stability, retention, or occlusal disharmony. b. When the base of a full denture has fractured or cracked resulting in an ill-fitting denture. c. When the occlusion or structural integrity of the denture are no longer functional.
D5731	Reline complete mandibular denture (direct)	
D5740	Reline maxillary partial denture (direct)	
D5741	Reline mandibular partial denture (direct)	
D5750	Reline complete maxillary denture (indirect)	
D5751	Reline complete mandibular denture (indirect)	
D5760	Reline maxillary partial denture (indirect)	
D5761	Reline mandibular partial denture (indirect)	
Interim Prosthesis		
D5810	Interim complete denture (maxillary)	(D5810 – D5821) The denture is meant for short-term use during a transition phase of

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D5811	Interim complete denture (mandibular)	treatment, not as a permanent appliance.
D5820	Interim partial denture (maxillary)	
D5821	Interim partial denture (mandibular)	
Other Removable Prosthetic Services		
D5765	Soft liner for complete or partial removable denture - indirect	Poorly fitting dentures that cause pain or discomfort.
D5850	Tissue conditioning, maxillary	Tissue conditioning and is used to heal and prepare inflamed or traumatized soft tissue before a final denture or prosthesis is placed.
D5851	Tissue conditioning, mandibular	Tissue conditioning and is used to heal and prepare inflamed or traumatized soft tissue before a final denture or prosthesis is placed.
D5862	Precision attachment, by report	The attachment may be required for complex cases involving unusual arch shapes, significant tissue undercuts, or other factors where a standardized attachment will not provide a secure fit.
D5863	Overdenture - complete maxillary - natural tooth borne	(D5863 – D5866) The procedure must involve a complete overdenture that is supported by and gains retention from existing teeth, tooth roots. It is not for conventional complete dentures, partial overdentures, or a simple reline or repair. It should be used when conventional retention is inadequate.
D5864	Overdenture - partial maxillary - natural tooth borne	
D5865	Overdenture - complete mandibular - natural tooth borne	
D5866	Overdenture - partial mandibular - natural tooth borne	
D5867	Replacement of replaceable part of semi-precision or precision attachment of natural tooth borne prosthesis, per attachment	Documentation to support the replacement of a worn, damaged, or fractured component of a semi-precision or precision attachment on a removable prosthesis.
D5875	Modification of removable prosthesis following implant surgery	The modification is necessary following recent implant surgery. This includes accommodating implants placed for stabilization, as an interim healing prosthesis, or for a definitive implant/abutment-supported overdenture.
D5876	Add metal substructure to acrylic full denture (per arch)	Documentation supporting the justifying the need for additional strength beyond a standard denture.
D5877	Duplication of complete denture – maxillary	Documentation supporting the justifying the need for additional strength beyond a standard denture.
D5878	Duplication of complete denture—mandibular	Documentation supporting the need for a spare denture.
D5899	Unspecified removable prosthodontic procedure, by report	When the procedure performed is not adequately described by an existing prosthodontic CDT code.

Maxillofacial Prosthetics (D5911-D5999)

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D5909	Maxillary guidance prosthesis with guide flange	a. Documented evidence of medical necessity. b. Case by case basis (reviewed through the CDT manual) c. The prosthesis is indicated when the patient has difficulty controlling the mandible's position due to loss of bone and soft tissue, leading to functional issues like difficulty speaking, swallowing, and a misaligned bite.
D5911	Facial moulage (sectional)	(D5900-D5999) with additional criteria requirements for some codes.
D5912	Facial moulage (complete)	

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D5913	Nasal prosthesis	b. Case by case basis (reviewed through the CDT manual)
D5914	Auricular prosthesis	
D5915	Orbital prosthesis	
D5916	Ocular prosthesis	
D5919	Facial prosthesis	
D5922	Nasal septal prosthesis	
D5923	Ocular prosthesis, interim	
D5924	Cranial prosthesis	
D5925	Facial augmentation implant prosthesis	
D5926	Nasal prosthesis, replacement	
D5927	Auricular prosthesis, replacement	
D5928	Orbital prosthesis, replacement	
D5929	Facial prosthesis, replacement	
D5930	Maxillary guidance prosthesis without guide flange	
D5931	Obturator, surgical	
D5932	Obturator, definitive	
D5933	Obturator prosthesis, modification	
D5934	Mandibular guidance prosthesis with guide flange	
D5935	Mandibular guidance prosthesis without guide flange	
D5936	Obturator prosthesis, interim	
D5937	Trismus appliance (not for TMD treatment)	
D5938	Resection prosthesis, maxillary complete removable	
D5939	Resection prosthesis, mandibular complete removable	
D5940	Resection prosthesis, maxillary partial removable	
D5941	Resection prosthesis, mandibular partial removable	
D5942	Resection prosthesis, maxillary implant/abutment supported removable prosthesis for edentulous arch	
D5943	Resection prosthesis, mandibular implant/abutment supported removable prosthesis for edentulous arch	
D5944	Resection prosthesis, maxillary implant/abutment supported removable prosthesis for partial edentulous arch	
D5945	Resection prosthesis, mandibular implant/abutment supported removable prosthesis for partial edentulous arch	

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D5946	Resection prosthesis, maxillary implant/abutment supported fixed prosthesis for edentulous arch	
D5947	Resection prosthesis, mandibular implant/abutment supported fixed prosthesis for edentulous arch	
D5948	Resection prosthesis, maxillary implant/abutment supported fixed prosthesis for partial edentulous arch	
D5949	Resection prosthesis, mandibular implant/abutment supported fixed prosthesis for partial edentulous arch	
D5951	Feeding aid	a. Documented evidence of medical necessity. b. Case by case basis (reviewed through the CDT manual) c. Documentation for an infant with a cleft palate. d. Documented evidence of medical necessity. e. Case by case basis (reviewed through the CDT manual)
D5952	Speech aid prosthesis, pediatric	a. Documented evidence of medical necessity. b. Case by case basis (reviewed through the CDT manual) c. A congenital or acquired defect in the hard or soft palate that affects speech production. This may include conditions such as a cleft palate. d. Documented evidence of medical necessity. e. Case by case basis (reviewed through the CDT manual)
D5953	Speech aid prosthesis, adult	a. Documented evidence of medical necessity. b. Case by case basis (reviewed through the CDT manual) c. The patient must have a documented clinical need related to speech impairment, such as that caused by a cleft palate, neurological disease, or surgical resection. d. Documented evidence of medical necessity. e. Case by case basis (reviewed through the CDT manual)
D5954	Palatal augmentation prosthesis	(D5900-D5999) with additional criteria requirements for some codes. a. Documented evidence of medical necessity. b. Case by case basis (reviewed through the CDT manual)
D5955	Palatal lift prosthesis, definitive	
D5958	Palatal lift prosthesis, interim	
D5959	Palatal lift prosthesis, modification	
D5960	Speech aid prosthesis, modification	
D5982	Surgical stent for soft tissue healing	
D5984	Radiation shield	
D5985	Radiation cone locator	
D5987	Commissure splint	
D5988	Surgical splint	
D5992	Adjust maxillofacial prosthetic appliance, by report	
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra-	

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
	oral or intra-oral) other than required adjustments, by report	
Carriers		
D5983	Radiation carrier	(D5900-D5999) with additional criteria requirements for some codes. a. Documented evidence of medical necessity. b. Case by case basis (reviewed through the CDT manual)
D5986	Fluoride gel carrier	
D5991	Vesiculobullous disease medicament carrier	
D5995	Periodontal medicament carrier with peripheral seal – laboratory processed, maxillary	
D5996	Periodontal medicament carrier with peripheral seal – laboratory processed, mandibular	
D5999	Unspecified maxillofacial prosthesis, by report	a. Documented evidence of medical necessity. b. Case by case basis (reviewed through the CDT manual) c. When the procedure performed is not adequately described by an existing prosthodontic CDT code.

Implant Services (D6000-D6199)

The following are considered clinical indication of treatment:

- a. Dental implants are for the replacement of permanent teeth
- b. Oral cavity must be free of dental diseases.
- c. Documentation of at least three (3) millimeters of inter-dental space between the site of the requested dental implants and adjacent roots.
- d. Cancer of the oral cavity requiring ablative surgery and/or radiation, leading to the destruction of alveolar bone, where the remaining osseous structures are unable to support conventional dental prostheses.
- e. Severe atrophy of the mandible and/or maxilla that cannot be corrected with vestibular extension procedures or osseous augmentation procedures, and the patient is unable to function with conventional prostheses.
- f. Skeletal deformities that preclude the use of conventional prostheses (such as arthrogryposis, ectodermal dysplasia, partial anodontia and cleidocranial dysplasia).
- g. Traumatic destruction of the jaw, face, or head where the remaining osseous structures are unable to support conventional dental prostheses.
- h. Clinical Considerations for Dental Implant Placement
 - i. The long-term success of dental implants and associated prosthetic devices is closely tied to careful selection of both the implant site and the individual patient.
- i. General Placement Guidelines
 - i. Implants can be placed immediately following tooth extraction, provided conditions are favorable.
 - ii. The implant site must be free from active infection or inflammation.
 - iii. A minimum clearance of 1.5 mm should be maintained between the implant and the roots of adjacent teeth to avoid damaging neighboring structures.
- j. Patient-Specific Factors in Treatment Planning
 - i. When determining suitability for implant therapy, the following factors should be evaluated:
 - ii. Patient Participation: The individual must be capable and willing to maintain good oral hygiene and attend regular dental visits.
 - iii. Occlusal Forces: Consider the load and stress the implant will bear during function.
 - iv. Bone Characteristics: Sufficient bone density and volume are essential for osseointegration and stability.
 - v. Periodontal Health: A history of/or current periodontal disease may impact outcomes and should be managed accordingly.
 - vi. Prosthetic Space: Ensure there is adequate room to place and restore the implant appropriately.
 - vii. Age: Younger or older patients may present unique challenges depending on growth or systemic health.

- For codes D6010–D6050, the age requirement is 16 years for females and 17 years for males, unless the patient has reached skeletal maturity, or there is severe congenital absence of teeth or major trauma. Documentation must support the clinical findings.
- viii. Medical and Systemic Conditions: Evaluate for any medical issues that could compromise healing, including but not limited to:
 - Chemotherapy or head/neck radiation
 - Uncontrolled systemic diseases such as diabetes or hypertension
 - Recent cardiovascular events (e.g., myocardial infarction, stroke)
 - Anticoagulation therapy
 - Blood disorders
 - Use of intravenous bisphosphonates
 - Estrogen deficiency
- ix. Mental and Cognitive Status: Significant psychiatric conditions or intellectual disabilities may impact the patient's ability to comply with care.
- x. Lifestyle Risks: Certain behaviors can negatively affect implant success, including:
 - Tobacco use
 - Substance abuse
 - Excessive alcohol consumption

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
Pre-Surgical Services		
D6190	Radiographic/surgical implant index, by report	Documentation to support the need of a high degree of precision and planning during implant surgery.
Surgical Services		
D6010	Surgical placement of implant body; endosteal implant	Documentation supporting medical necessity including conditions such as: a. Proof of function loss b. Medical conditions c. Inadequate alternative treatment d. Adequate jawbone volume
D6011	Second stage implant surgery	Documentation supporting that surgical implant body is complete. The sufficient healing period (6 months)
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	Documentation supporting the placement of a temporary or mini implant that is used to secure a transitional (temporary) denture or bridge while the primary implants heal.
D6013	Surgical placement of mini implant	Documentation supporting patient's inability to wear or retain a removable appliance, such as a denture, due to a severely resorbed or compromised alveolar ridge is a key justification. The dental record should explain why more traditional or less invasive options, such as conventional dentures, have been tried and failed to correct the patient's condition. The provider may need to submit a "letter of dental necessity" detailing this history.
D6040	Surgical placement: eposteal implant	The patient's diagnosis must justify the need for an eposteal implant over an alternative treatment. The clinical notes should explain why a standard endosteal implant is not suitable for the patient's condition.
D6050	Surgical placement: transosteal implant	Documentation supporting medical necessity including conditions such as: a. Mandibular jawbone reconstruction b. Failed conventional treatment c. Functional impairment d. Inadequate bone density for other implants e. Traumatic injury or congenital defect
D6100	Surgical removal of implant body	Documentation supporting medical necessity including conditions such as: a. Implant failure b. Infection c. Irreparable damage

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
		d. Persistent pain or discomfort e. Allergic reaction
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	(D6080, D6101, D6180) Submitted documentation must support medical necessity, which may include but is not limited to bone loss, tissue inflammation, and radiographic calculus.
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	Documentation supporting a medical necessity for one of the following conditions: a. Presence of peri-implantitis b. Failure of non-surgical treatment c. Visible bone loss or inflammation d. Inappropriate for routine maintenance
D6103	Bone graft for repair of peri-implant defect - does not include flap entry and closure. Placement of a barrier membrane or biologic materials to aid in osseous regeneration are reported separately.	a. Documentation supporting the medical necessity of peri-implant bone defect. b. A clinical and radiographic examination must confirm a defect in the bone supporting an existing dental implant. c. The defect must be compromising the long-term health and stability of the implant.
D6104	Bone graft at time of implant placement	Documentation supporting a medical necessity for one of the following conditions: a. Insufficient bone volume b. Compromised implant stability
D6105	Removal of implant body not requiring bone removal or flap elevation	Supporting documentation of failure of a previously placed dental implant.
D6106	Guided tissue regeneration - resorbable barrier, per implant	Debridement of a peri-implant defect without flap entry and closure. It describes a non-surgical procedure for treating peri-implantitis, an inflammatory disease affecting the tissue around dental implants.
D6107	Guided tissue regeneration - non-resorbable barrier, per implant	Debridement of a peri-implant defect without flap entry and closure. It describes a non-surgical procedure for treating peri-implantitis, an inflammatory disease affecting the tissue around dental implants.
Implant Supported Prosthetics		
<i>Supporting Structure</i>		
D6051	Placement of interim implant abutment	a. The final abutment and restoration are being fabricated by a dental lab. b. Soft tissue needs to heal and contour properly around the implant before the final restoration is placed. c. A patient requires a temporary prosthesis for functional or aesthetic reasons while waiting for the permanent one.
D6055	Connecting bar - implant supported or abutment supported	Documentation supporting the medical necessity of why a connecting bar is necessary. a. The need to splint or provide additional support for multiple implants. b. The requirement for a stable and retentive foundation for a full-arch removable overdenture. c. The need to improve stability and function for a patient who cannot tolerate a conventional removable denture.
D6056	Prefabricated abutment - includes modification and placement	The procedure is approved when an implant restoration that requires an abutment to support the final crown or bridge has been approved.

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D6057	Custom fabricated abutment - includes placement	A custom fabricated abutment procedure would be allowed when one of the following conditions meets the medical necessity criteria when the implant has been approved. a. The implant was placed at an unusual angle. b. The soft tissue contour requires a tailored solution. c. The restoration is in an aesthetic zone, requiring a precise emergence profile.
D6191	Semi-precision abutment – placement	Situations where a standard or prefabricated abutment is not appropriate, such as complex patient anatomy or limited space, and it is used for both implant-supported fixed or removable prostheses.
D6192	Semi-precision attachment – placement	The code is used when a dentist places a semi-precision attachment as a component of a fixed or removable prosthesis.
Implant Supported Prosthetics		
Implant/Abutment Supported Removable Dentures		
D6110	Implant/abutment supported removable denture for edentulous arch – maxillary	(D6110 – D6113) Documented proof that approved implants were placed; showing significant bone loss in lower jaw. Indications include improved stability and retention over conventional dentures.
D6111	Implant/abutment supported removable denture for edentulous arch - mandibular	
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary	
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular	
Implant Supported Prosthetics		
Implant/Abutment Supported Fixed Dentures (Hybrid Prosthesis)		
D6114	Implant/abutment supported fixed denture for edentulous arch - maxillary	Documented proof that approved implants were placed; showing significant bone loss in upper jaw. Indications include improved stability and retention over conventional dentures.
D6115	Implant/abutment supported fixed denture for edentulous arch - mandibular	Documented proof that approved implants were placed; showing significant bone loss in lower jaw. Indications include improved stability and retention over conventional dentures.
D6116	Implant/abutment supported fixed denture for partially edentulous arch - maxillary	Documented proof that approved implants were placed in the upper partially edentulous arch.
D6117	Implant/abutment supported fixed denture for partially edentulous arch - mandibular	Documented proof that approved implants were placed in the lower partially edentulous arch.
D6118	Implant abutment support interim fixed denture for edentulous arch, mandibular	Documented proof that approved implants were placed, showing significant bone loss in lower jaw. Detailed narratives explaining the necessity of the interim prosthesis and its expected duration of use.
D6119	Implant abutment support interim fixed denture for edentulous arch, maxillary	Documented proof that approved implants were placed, showing significant bone loss in upper jaw. Detailed narratives explaining the necessity of the interim prosthesis and its expected duration of use.
Implant Supported Prosthetics		
Single Crowns, Abutment Supported		
D6058	Abutment supported porcelain/ceramic crown	(D6058 – D6097) Documented proof that approved implant was placed and osseointegrated.
D6059	Abutment supported porcelain fused to metal crown (high noble)	

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D6060	Abutment supported porcelain fused to metal crown (predominantly base material)	
D6061	Abutment supported porcelain fused to metal crown (noble metal)	
D6062	Abutment supported cast metal crown (high noble metal)	
D6063	Abutment supported cast metal crown (predominantly base metal)	
D6064	Abutment supported cast metal crown (noble metal)	
D6094	Abutment supported crown - titanium and titanium alloys	
D6097	Abutment supported crown - porcelain fused to titanium or titanium alloys	
Implant Supported Prosthetics Single Crowns, Implant Supported		
D6065	Implant supported porcelain/ceramic crown	(D6065 – DD6088) Documented proof that approved implant was placed and osseointegrated.
D6066	Implant supported crown - porcelain fused to high noble alloys	
D6067	Implant supported crown - high noble alloys	
D6082	Implant supported crown - porcelain fused to predominantly base alloys	
D6083	Implant supported crown - porcelain fused to noble alloys	
D6084	Implant supported crown - porcelain fused to titanium or titanium alloys	
D6086	Implant supported crown - predominantly base alloys	
D6087	Implant supported crown - noble alloys	
D6088	Implant supported crown - titanium and titanium alloys	
Implant Supported Prosthetics Fixed Partial Denture (FPD) Retainer, Abutment Supported		
D6068	Abutment supported retainer for porcelain/ceramic FPD	
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	(D6068 – D6195) Documented proof that approved implant was placed and osseointegrated.
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	
D6074	Abutment supported retainer for cast metal FPD (noble metal)	
D6194	Abutment supported retainer crown for FPD - titanium and titanium alloys	
D6195	Abutment supported retainer - porcelain fused to titanium and titanium alloys	
Implant Supported Prosthetics		
Fixed Partial Denture (FPD) Retainer, Implant Supported		
D6075	Implant supported retainer for ceramic FPD	(D6075 – D6123) Documented proof that approved implant was placed and osseointegrated.
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys	
D6077	Implant supported retainer for cast metal FPD - high noble alloys	
D6098	Implant supported retainer - porcelain fused to predominantly base alloys	
D6099	Implant supported retainer for FPD - porcelain fused to noble alloys	
D6120	Implant supported retainer - porcelain fused to titanium and titanium alloys	
D6121	Implant supported retainer for metal FPD - predominantly base alloys	
D6122	Implant supported retainer for metal FPD - noble alloys	
D6123	Implant supported retainer for metal FPD - titanium and titanium alloys	
Other Implant Services		
D6049	Scaling and debridement of a single implant in the presence of peri-implantation inflammation, bleeding upon probing and increased pocket depths; includes cleaning of the implant surfaces, without flap entry and closure	Submitted documentation must support medical necessity, which may include but is not limited to bone loss, tissue inflammation, and radiographic calculus.

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D6080	Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments	(D6080, D6101, D6180) Submitted documentation must support medical necessity, which may include but is not limited to bone loss, tissue inflammation, and radiographic calculus.
D6081	Scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing and increased pocket depths; includes cleaning of the implant surfaces, without flap entry and closure	Submitted documentation must support medical necessity, which may include but is not limited to bone loss, tissue inflammation, and radiographic calculus.
D6085	Interim implant crown	Supporting documentation of approved implant for placing a temporary crown on an implant when a period of healing is necessary before the final; permanent crown can be made and placed.
D6089	Accessing and retorquing loose implant screw - per screw	Supporting documentation of a loose implant screw that can be tightened.
D6090	Repair of implant/abutment supported prosthesis	Supporting documentation of approved implant that requires repair due to mechanical failure, wear, or accidental damage.
D6091	Replacement of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	Supporting documentation of approved implant replacing a component due to wear or breakage and billing per individual attachment part replaced.
D6092	Re-cement or re-bond implant/abutment supported crown	Supporting documentation of approved implant re-cementation or re-bonding of a loose or dislodged implant/abutment-supporting crown that is still in serviceable condition.
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	Supporting documentation of approved implant re-cementation or re-bonding of a loose or dislodged implant/abutment-supporting fixed partial denture that is still in serviceable condition.
D6096	Remove broken implant retaining screw	Supporting documentation of approved implant demonstrates that the screw that holds the prosthesis to the implant fixture has fractured.
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments	(D6080, D6101, D6180) Submitted documentation must support medical necessity, which may include but is not limited to bone loss, tissue inflammation, and radiographic calculus.
D6193	Replacement of an implant screw	Supporting documentation demonstrating proof of a failed implant screw, loosened beyond repair, or broken and requires complete replacement.
D6196	Removal of an indirect restoration on an implant retained abutment, not to be used for a temporary, provisional or a screw-retained restoration	Detailed supporting documentation showing the need for the removal of an indirect restoration.
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	Supporting documentation showing the need to replace the restorative material closing an access opening on a screw-retained, implant-supported prosthesis.
D6198	Remove interim implant component	Supporting documentation must include a detailed description of the procedure explaining the removal of the specific interim component.

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D6199	Unspecified implant procedure, by report	When the procedure performed is not adequately described by an existing implant CDT code.
D6280	implant maintenance procedures when a full arch removable implant/abutment supported denture is removed and reinserted, including cleansing of prosthesis and abutments – per arch	Supporting documentation must include a detailed description of the procedure explaining the need for the removal and maintenance.

Prosthodontics, Fixed (D6200-D6999)

The following are considered clinical indication of treatment:

- Evidence of missing or hopeless teeth to be replaced must be present on current radiographs, full mouth x-ray series and/or panoramic radiographs.
- Evidence of any bone loss being present on the current full mouth series or periapical and bitewing x-rays must support the diagnosis of healthy teeth.
- Evidence that existing teeth are healthy to support a fixed denture and no current radiographic evidence of subgingival calculus, or severe bone loss or evidence of endodontic pathologies.
- Evidence that the tissue is clear of any soft and/or hard tissue inflammation and pathology.
- No evidence of untreated caries on or active periodontal disease around the abutment teeth.

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
Fixed Partial Denture Pontics		
D6205	Pontic - indirect resin-based composite	(D6205 – D6253) a. 3 mm or more of pontic space for a single pontic bridge. b. There must be opposing dentition. c. Sufficient tooth structure to establish a ferrule around the tooth to establish retention and resistance form for long term sustainability of the indirect restoration. d. No radiographic evidence of caries present along the crestal bone or into the furcation, deeming the tooth non-restorable. e. Final restoration margin must have adequate biologic width of 2mm from the crest of the ridge. f. 60% or more bone support. g. No untreated internal or external resorption or other active endodontic pathologies.
D6210	Pontic - cast high noble metal	
D6211	Pontic - cast predominantly base metal	
D6212	Pontic - cast noble metal	
D6214	Pontic - titanium and titanium alloys	
D6240	Pontic - porcelain fused to high noble metal	
D6241	Pontic - porcelain fused to predominantly base metal	
D6242	Pontic - porcelain fused to noble metal	
D6243	Pontic - porcelain fused to titanium and titanium alloys	
D6245	Pontic - porcelain/ceramic	
D6250	Pontic - resin with high noble metal	
D6251	Pontic - resin with predominantly base metal	
D6252	Pontic - resin with noble metal	
D6253	Interim pontic - further treatment or completion of diagnosis	
Fixed Partial Denture Retainers – Inlays/Onlays		

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D6545	Retainer - cast metal for resin bonded fixed prosthesis	(D6545 – D6634) a. 3 mm or more of pontic space for a single pontic bridge. b. There must be opposing dentition. c. Sufficient tooth structure to establish a ferrule around the tooth to establish retention and resistance form for long term sustainability of the indirect restoration. d. No radiographic evidence of caries present along the crestal bone or into the furcation, deeming the tooth non-restorable. e. Final restoration margin must have adequate biologic width of 2mm from the crest of the ridge. f. 60% or more bone support. g. Completely obturated root canal with the fill less than 2 mm short from the radiographic apex and should not extend greater than 0.5 mm beyond out the radiographic apex. h. No untreated internal or external resorption or other active endodontic pathologies.
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	
D6549	Resin retainer - for resin bonded fixed prosthesis	
D6600	Retainer inlay - porcelain/ceramic, two surfaces	
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	
D6602	Retainer inlay - cast high noble metal, two surfaces	
D6603	Retainer inlay - cast high noble metal, three or more surfaces	
D6604	Retainer inlay - cast predominantly base metal, two surfaces	
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	
D6606	Retainer inlay - cast noble metal, two surfaces	
D6607	Retainer inlay - cast noble metal, three or more surfaces	
D6608	Retainer onlay - porcelain/ceramic, two surfaces	
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	
D6610	Retainer onlay - cast high noble metal, two surfaces	
D6611	Retainer onlay - cast high noble metal, three or more surfaces	
D6612	Retainer onlay - cast predominantly base metal, two surfaces	
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	
D6614	Retainer onlay - cast noble metal, two surfaces	
D6615	Retainer onlay - cast noble metal, three or more surfaces	
D6624	Retainer inlay - titanium	
D6634	Retainer onlay - titanium	
Fixed Partial Denture Retainers – Crowns		
D6710	Retainer crown - indirect resin-based composite	(D6710 – D6794) a. 3 mm or more of pontic space for a single pontic bridge. b. There must be opposing dentition. c. Sufficient tooth structure to establish a ferrule around the tooth to
D6720	Retainer crown - resin with high noble metal	

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D6721	Retainer crown - resin with predominantly base metal	establish retention and resistance form for long term sustainability of the indirect restoration. d. No radiographic evidence of caries present along the crestal bone or into the furcation, deeming the tooth non-restorable. e. Final restoration margin must have adequate biologic width of 2mm from the crest of the ridge. f. 60% or more bone support. g. Completely obturated root canal with the fill less than 2 mm short from the radiographic apex and should not extend greater than 0.5 mm beyond out the radiographic apex. h. No untreated internal or external resorption or other active endodontic pathologies.
D6722	Retainer crown - resin with noble metal	
D6740	Retainer crown - porcelain / ceramic	
D6750	Retainer crown - porcelain fused to high noble metal	
D6751	Retainer crown - porcelain fused to predominantly base metal	
D6752	Retainer crown - porcelain fused to noble metal	
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	
D6780	Retainer crown - 3/4 cast high noble metal	
D6781	Retainer crown - 3/4 cast predominantly base metal	
D6782	Retainer crown - 3/4 cast noble metal	
D6783	Retainer crown - 3/4 porcelain/ceramic	
D6784	Retainer crown 3/4 - titanium and titanium alloys	
D6790	Retainer crown - full cast high noble metal	
D6791	Retainer crown - full cast predominantly base metal	
D6792	Retainer crown - full cast noble metal	
D6793	Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	
D6794	Retainer crown - titanium and titanium alloys	
Other Fixed Partial Denture Services		
D6920	Connector bar	Documentation supports that a connector bar can be used to join or splint multiple abutment teeth (either natural teeth or implants) to increase support, stability and retention of the final restoration.
D6930	Re-cement or re-bond fixed partial denture	Documentation to support the bridge must have become loose, dislodged, or detached due to failed dental cement. Common scenarios include the bond failing due to normal wear, trauma, or the patient eating sticky foods.
D6940	Stress breaker	Supporting documentation demonstrating the need to protect the compromised abutment teeth from excessive force during chewing.
D6950	Precision attachment	Supporting documentation demonstrating failure with a clasp-retained partial denture.
D6980	Fixed partial denture repair necessitated by restorative material failure	Documentation showing the repair should be necessitated by the failure or fracture of the restorative material, provided the underlying abutments and metal framework remain intact.

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D6985	Pediatric partial denture, fixed	Documentation to support the use include the replacement of missing primary or permanent teeth in a child for functional reasons.
D6999	Unspecified fixed prosthodontic procedure, by report	When the procedure performed is not adequately described by an existing bridge CDT code.

Oral and Maxillofacial Surgery (D7000-D7999)

General indications for extractions:

- Supernumerary teeth or mesiodens that interfere with the alignment of other teeth.
- Teeth which are involved with a cyst, tumor, or other neoplasms.
- Unerupted teeth which are severely distorting the normal alignment of erupted teeth or causing the resorption of the roots of other teeth.
- The extraction of all remaining teeth in preparation for a full prosthesis.
- Extraction of third molars that are causing repeated or chronic pericoronitis.
- Extraction of primary teeth is required to minimize malocclusion or malalignment when there is adequate space to allow normal eruption of succedaneous teeth.
- Perceptible radiologic pathology that fails to elicit symptoms.
- Extractions that are required to complete orthodontic dental services, excluding prophylactic removal of third molars.
- When the prognosis of the tooth is questionable due to non-restorability or periodontal involvement.
- Tooth is non-restorable due to caries or the extent of fractured off tooth structure.
- Pulpal and/or periapical pathology.
- Second or subsequent episodes of pericoronitis (unless the first episode is particularly severe) that cannot be resolved using antibiotics, irrigation, or other topical treatment.
- Osteomyelitis.
- Cellulitis.
- Tumor removal that also requires removal of tooth for access.
- Internal/external resorption of a tooth or adjacent tooth.
- Tooth in aberrant position that is causing bone loss on adjacent tooth/teeth.
- Tooth/teeth impeding orthognathic surgery, reconstructive surgery, trauma surgery, or other jaw surgery.

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
Extractions (Includes Local Anesthesia, Suturing If Needed, and Routine Postoperative Care)		
D7111	Extraction, coronal remnants - deciduous tooth	Tooth is present with pathology that requires extraction.
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Tooth is present with pathology that requires extraction.
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	- The tooth has erupted through the gingiva, and no obstruction is preventing full eruption AND - A flap has been performed, if indicated AND - Bone removal and/or sectioning is required to remove the tooth.
D7220	Removal of impacted tooth - soft tissue	Impacted Teeth (D7220, D7230, D7240, D7241) - Bone loss or caries in the adjacent second molar that cannot satisfactorily be treated without the removal of the third molar. - Periodontal disease in a second molar that was caused or exacerbated by the position of the adjacent third molar and cannot be managed without extraction of the third molar. - D7220 Removal of impacted tooth soft tissue should be used when the tooth has not erupted to the occlusal plane and has soft tissue covering the

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D7230	Removal of impacted tooth - partially bony	occlusal surface of the tooth; requires mucoperiosteal flap elevation. d. D7230 Removal of impacted tooth partially bony should be used when part of the crown is covered by bone above the height of contour, and the tooth is clearly below the occlusal plane; requires mucoperiosteal flap elevation and bone removal. e. D7240 Removal of impacted tooth completely bony should be used when most or all the crown (50% or greater) is covered by bone above the height of contour, and the tooth is clearly below the occlusal plane; requires mucoperiosteal flap elevation and bone removal. f. D7241 Removal of impacted tooth completely bony, with unusual surgical complications, should be used when the tooth meets all the criteria for D7240 and is unusually difficult or complicated due to factors such as the examples below and requires a current preoperative diagnostic radiograph and in some cases, the operation notes.
D7240	Removal of tooth - completely bony	g. The tooth is ankylosed. h. Nerve dissection is required. i. A separate closure of the maxillary sinus is required. j. The tooth is in a significantly aberrant position. k. Horizontal impaction facing buccal/lingual (more than 45° from the arch form).
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	l. More than one-fourth of the roots and/or the crown of the tooth below the inferior alveolar nerve. m. Disto-angular impaction with dilacerated roots curving distally. n. Vertical impaction with the occlusal surface of the tooth at the level of the apical one-third or higher of the adjacent tooth. o. In the absence of disease or significant risk of disease, active clinical and radiographic surveillance is indicated. p. The tooth is in the line of a fractured jaw. q. Preventive or prophylactic removal, when indicated, for patients with medical or surgical conditions or treatments (ex. Organ transplants, alloplastic implants, radiation therapy).
D7250	Removal of residual tooth roots (cutting procedure)	a. The roots are not exposed (usually in the case of a previously extracted tooth where a root tip was left behind and bone healed around it), b. A flap has been performed, c. Bone removal is required to remove the root(s). d. Tooth roots are judged to be particularly close to the adjacent inferior alveolar nerve. (Not indicated with a tooth with a necrotic pulp).
D7251	Coronectomy - intentional partial tooth removal, impacted teeth only	a. The roots are not exposed (usually in the case of a previously extracted tooth where a root tip was left behind and bone healed around it), b. A flap has been performed, and c. Bone removal is required to remove the root(s).
D7252	Partial extraction for immediate implant placement	Supporting documentation indicating a vertical root fracture for the tooth at the implant site, where the implant is being placed concurrently with the partial extraction.
Other Surgical Procedures		
D7259	Nerve dissection	a. Supporting documentation for medical need. b. Would not consider it if done on the same date as D7241.
D7260	Oroantral fistula closure	Supporting documentation indicating the presence of oroantral fistula.
D7261	Primary closure of a sinus perforation	Supporting documentation indicating the presence of an oroantral or oral nasal communication in the absence of fistulous tract.

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	(D7270, D7272) a. Subluxation injuries to permanent teeth. b. Lateral luxation injuries of primary and permanent teeth. c. Extrusion injuries of permanent teeth. d. Avulsion of permanent teeth.
D7272	Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization	
D7280	Exposure of an unerupted tooth	Documentation supporting when a tooth fails to erupt on its own and requires a surgical procedure to be exposed to facilitate its proper eruption, often as part of orthodontic treatment.
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	a. Ankylosed teeth. b. Not in conjunction with extraction. c. Medical necessity is documented in patient records.
D7283	Placement of device to facilitate eruption of impacted tooth	a. Patient must be in active orthodontic treatment. b. Pretreatment radiographs documenting impaction. c. Medical necessity is documented in patient records.
D7284	Excisional biopsy of minor salivary glands	Justification of medical necessity.
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	(D7285, D7286) a. Method of choice when differential diagnosis includes malignancy. b. Documented evidence of medical necessity
D7286	Incisional biopsy of oral tissue - soft	
D7287	Exfoliative cytological sample collection	The procedure is clinically indicated when a dentist observes a suspicious lesion or abnormality in the mouth and wants to screen for cancerous or pre-cancerous cells without an invasive surgical procedure.
D7288	Brush biopsy - transepithelial sample collection	Documented evidence of medical necessity.
D7290	Surgical repositioning of teeth	Surgical repositioning of teeth involve physically moving a tooth to a new position within the jaw through surgical intervention. The procedure is necessary when non-surgical methods like orthodontics are insufficient.
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	Supporting documentation to support the risk of teeth shifting back to their original position after orthodontic treatment, especially in cases of rotation.
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap	Supporting documentation, the need for enhanced orthodontic anchorage to move teeth and manage anchorage limitations, typically in complex orthodontic cases.
D7293	Placement of temporary anchorage device requiring flap	Supporting documentation, the need for enhanced orthodontic anchorage to move teeth and manage anchorage limitations, typically in complex orthodontic cases.
D7294	Placement of temporary anchorage device without flap	Supporting documentation, the need for enhanced orthodontic anchorage to move teeth and manage anchorage limitations, typically in complex orthodontic cases.
D7295	Harvest of bone for use in autogenous grafting procedure	There must be a specific clinical need for the bone graft. Common indications include: a. Large defects in the jaw or facial bones. b. Reconstruction after trauma or resection of a disease (e.g., a cyst or tumor). c. Preparation for dental implants to increase the height, width, or volume of the jawbone.
D7296	Corticectomy - one to three teeth or tooth spaces, per quadrant	Documentation to support the need for accelerated orthodontic treatment.
D7297	Corticectomy - four or more teeth or tooth spaces, per quadrant	Documentation to support the need for accelerated orthodontic treatment.

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D7298	Removal of temporary anchorage device [screw retained plate], requiring flap	Supporting documentation to demonstrate that the device is present and no longer needed.
D7299	Removal of temporary anchorage device, requiring flap	Supporting documentation to demonstrate that the device is present and no longer needed.
D7300	Removal of temporary anchorage device without flap	Supporting documentation to demonstrate that the device is present and no longer needed.
Alveoloplasty – Preparation of Ridge		
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	(D7310 – D7321) Qualifying conditions for Alveoloplasty: a. For bone recontouring and smoothing as part of the tooth extraction process b. For bone recontouring and smoothing as a standalone procedure prior to fixed or removable prosthetic construction c. To provide stability for implant placement d. For debulking procedures for pathologic conditions of the bone Alveoloplasty is not indicated for the following: a. When removing bone would harm vital structures b. When there is diminished volume or atypical architecture of bone c. For individuals who have undergone radiation therapy to the head and neck d. For individuals with unmanaged medical conditions that result in excessive or uncontrolled bleeding, reduced resistance to infection, or poor healing response.
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	
Vestibuloplasty		
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	(D7340 – D7350) Documented evidence of the need to restore alveolar ridge height by lowering muscles attaching to buccal, labial, and lingual jaw aspects. It is most often seen when preparing the mouth for dentures or an implant.
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	
Excision of Soft Tissue Lesions		
D7410	Excision of benign lesion up to 1.25 cm	(D7410 – D7414) Documented evidence of medical necessity.
D7411	Excision of benign lesion greater than 1.25 cm	
D7412	Excision of benign lesion, complicated	
D7413	Excision of malignant lesion up to 1.25 cm	
D7414	Excision of malignant lesion greater than 1.25 cm	
D7415	Excision of malignant lesion, complicated	
D7465	Destruction of lesion(s) by physical or chemical method, by report	The documentation must support the use of a non-surgical technique that obliterates the lesion rather than physically removing it with a scalpel. The methods would be: a. Laser ablation b. Electrosurgery or electrocautery c. Cryosurgery (freezing)

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
		d. Chemical cauterization
Excision of Intra-Osseous Lesions		
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	(D7440, D7441) Documented evidence of medical necessity, including radiographs demonstrating the lesion/tumor.
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	(D7450 – D7461) Documentation supporting the diagnosis and characteristics of the lesion, which must be a benign growth originating from tooth-forming tissues.
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	
Excision of Bone Tissue		
D7471	Removal of lateral exostosis (maxilla or mandible)	Supporting documentation demonstrates that the exostosis is interfering with the patient's oral function, such as chewing or speaking, or the proper seating or stability of a prosthetic appliance.
D7472	Removal of torus palatinus	Supporting documentation demonstrating the torus palatinus, a benign bony growth on the roof of the mouth. This will interfere with proper seating, fit partial maxillary denture, or trauma or sores on the soft tissue.
D7473	Removal of torus mandibularis	Supporting documentation demonstrating the torus palatinus, a benign bony growth on the inside surface of the lower jaw. This will interfere with proper seating, fit a removable denture; or trauma or sores on the soft tissue.
D7485	Surgical reduction of osseous tuberosity	Documentation to support that the enlarged bony area in the upper jaw (the maxillary tuberosity) is causing a functional problem for the patient. This most often relates to the need for a denture.
D7490	Radical resection of maxilla or mandible	Documentation to support a radical resection are based on the presence of a significant pathology affecting the jawbone.
Surgical Incision		
D7509	Marsupialization of odontogenic cyst	Confirmed diagnosis of an odontogenic cyst must be of sufficient size to warrant this procedure.
D7510	Incision and drainage of abscess - intraoral soft tissue	Indicated when abscess is associated within the soft tissues of the mouth.
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Indicated when abscesses are associated within the soft tissues of the mouth.
D7520	Incision and drainage of abscess - extraoral soft tissue	Indicated when an incision through the skin is required to clear an abscess.
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Indicated when an extraoral abscess involves multiple fascial spaces.

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	Indicated when a foreign body is lodged in oral tissues.
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	Indicated when removing adjacent tissue to a reactive body.
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	Documented evidence of a localized area of non-vital or necrotic bone that requires surgical removal.
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	Indication of a foreign body is present in the maxillary sinus.
Treatment of Closed Fractures		
D7610	Maxilla - open reduction (teeth immobilized, if present)	Indication when there is a fracture of the maxilla that requires a surgical incision and fixation to realign the bone.
D7620	Maxilla - closed reduction (teeth immobilized, if present)	Indicted when the fracture of the maxilla does not require surgical intervention.
D7630	Mandible - open reduction (teeth immobilized, if present)	Indication when there is a fracture of the mandible that requires a surgical incision and fixation to realign the bone.
D7640	Mandible - closed reduction (teeth immobilized, if present)	Indicted when the fracture of the mandible does not require surgical intervention.
D7650	Malar and/or zygomatic arch - open reduction	Indication when there is a fracture of the malar and/or zygomatic arch that requires a surgical incision and fixation to realign the bone.
D7660	Malar and/or zygomatic arch - closed reduction	Indicted when the fracture of the malar and/or zygomatic arch does not require surgical intervention.
D7670	Alveolus - closed reduction, may include stabilization of teeth	Indication when there is a fracture of the alveolus that requires a surgical incision and fixation to realign the bone.
D7671	Alveolus - open reduction, may include stabilization of teeth	Indicted when the fracture of the alveolus does not require surgical intervention.
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	Indicated when repair is needed due to complex fractures of the facial bones.
Treatment of Open Fractures		
D7710	Maxilla - open reduction	Indication when there is a fracture of the maxilla that requires a surgical incision and fixation to realign the bone.
D7720	Maxilla - closed reduction	Indicted when the fracture of the maxilla does not require surgical intervention.
D7730	Mandible - open reduction	Indication when there is a fracture of the mandible that requires a surgical incision and fixation to realign the bone.
D7740	Mandible - closed reduction	Indicted when the fracture of the mandible does not require surgical intervention.
D7750	Malar and/or zygomatic arch - open reduction	Indication when there is a fracture of the malar and/or zygomatic arch that requires a surgical incision and fixation to realign the bone.
D7760	Malar and/or zygomatic arch - closed reduction	Indicted when the fracture of the malar and/or zygomatic arch does not require surgical intervention.
D7770	Alveolus - open reduction stabilization of teeth	Indicted when the fracture of the alveolus does not require surgical intervention.
D7771	Alveolus - closed reduction stabilization of teeth	Indication when there is a fracture of the alveolus that requires a surgical incision and fixation to realign the bone.
D7780	Facial bones - complicated reduction with fixation and multiple approaches	Indicated when repair is needed due to complex fractures of the facial bones.

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions		
D7810	Open reduction of dislocation	Indication when there is a dislocation that requires a surgical incision.
D7820	Closed reduction of dislocation	Indication when there is a dislocation that does not require a surgical intervention.
D7830	Manipulation under anesthesia	Indication when conservative, non-invasive treatments have failed to restore function.
D7840	Condylectomy	Indication when conservative treatments have been ineffective.
D7850	Surgical discectomy, with/without implant	Indication when conservative treatments have been ineffective.
D7852	Disc repair	Indication when conservative treatments have been ineffective.
D7854	Synovectomy	Indication when conservative treatments have been ineffective.
D7856	Myotomy	Indication when conservative treatments have been ineffective.
D7858	Joint reconstruction	Indicated when reconstructive surgery on the temporomandibular joint (TMJ) is due to conditions like arthritis or trauma that cause pain, dysfunction, or structural damage, requiring the surgical placement of a new joint or part of it.
D7860	Arthrotomy	Indication when conservative, non-invasive treatments have failed to restore function.
D7865	Arthroplasty	Indication when conservative, non-invasive treatments have failed to restore function.
D7870	Arthrocentesis	Indicated when there is excess fluid around the TMJ.
D7871	Non-arthroscopic lysis and lavage	Indicated when there are minor adhesions and synovial vacuum phenomenon and inflammation.
D7872	Arthroscopy - diagnosis, with or without biopsy	Indicated in the diagnosis of TMJ dysfunction.
D7873	Arthroscopy - lavage and lysis or adhesions	Indicated for removal of adhesions when less invasive procedures have failed to resolve the condition.
D7874	Arthroscopy - disc repositioning and stabilization	Indicated when repositioning and stabilization of the disc is indicated.
D7875	Arthroscopy - synovectomy	Indicated when inflamed or hyperplastic synovium is present.
D7876	Arthroscopy - discectomy	This code is applicable when disc displacement, degeneration, or chronic pain has not responded to less invasive treatments and the procedure is clinically indicated.
D7877	Arthroscopy - debridement	This code is used when the procedure is a surgical debridement and should be distinguished from codes for diagnostic arthroscopies or other TMJ surgical procedures.
D7880	Occlusal orthotic device, by report	a. Documentation of a thorough TMD / orofacial pain evaluation with diagnosis of a related disorder, and b. Panoramic x-ray (or other imaging that clearly demonstrates the TMJ) was taken and submitted as part of the diagnostic process. c. Narrative of Medical necessity.
D7881	Occlusal orthotic device adjustment	Indicated when a pre-existing splint requires modification, repair or adjustment.
D7899	Unspecified TMD therapy, by report	When the procedure performed is not adequately described by an existing TMD CDT code.
Repair of Traumatic Wounds		
D7910	Suture of recent small wounds up to 5 cm	Indicated when the wound is recent, uncomplicated, and less than 5 cm in length, located in the oral or perioral region.
Complicated Suturing (Reconstruction Requiring Delicate Handling of Tissues and Wide Undermining for Meticulous Closure)		
D7911	Complicated suture - up to 5 cm	Indicated when a wound closure requires more than standard effort, involving multiple tissue layers, significant tissue loss, or an irregular wound requiring advanced suturing techniques.

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D7912	Complicated suture - greater than 5 cm	Indicated when a wound closure is more complex than a typical closure and may require advanced surgical techniques.
Other Repair Procedures		
D7920	Skin graft (identify defect covered, location and type of graft)	Indicated when there is a presence of a defect, that requires a skin graft for closure.
D7921	Collection and application of autologous blood concentrate product	a. Submitted with an approved bone graft for a moderate-to-severe infrabony defect around a natural tooth (D4263), and b. The material documented is PRF (platelet-rich fibrin).
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	Indicates situations where standard gauze pressure is insufficient, or for patients who are on anticoagulant therapy or have bleeding disorders.
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation	Indicated when a robotic-assisted system or a dynamic navigation system is needed to precisely index and execute the osteotomy.
D7940	Osteoplasty - for orthognathic deformities	Indicated for scenarios such as smoothing the alveolar ridge before denture placement, removing bony growths like tori or exostoses that interfere with a prosthesis, or correcting bony defects resulting from trauma or pathology.
D7941	Osteotomy - mandibular rami	Indicated for significant jaw misalignments that cause functional impairment and cannot be corrected with orthodontics alone.
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	Indicated for situations requiring a bone graft to the mandibular rami to repair or rebuild the supporting bone structure, often related to trauma, disease, or reconstruction.
D7944	Osteotomy - segmented or subapical	Indicated when a dentoalveolar deformity that requires surgical sectioning of a portion of the jaw, separate from a full jaw procedure.
D7945	Osteotomy - body of mandible	Indicated when the underlying condition of the shape or size of the mandible body is requiring alteration.
D7946	LeFort I (maxilla - total)	Indicated when alterations are needed to surgically reposition the maxilla and includes correcting maxillary deformities due to issues like malocclusion, open bite, or facial asymmetry.
D7947	LeFort I (maxilla - segmented)	Indicated when maxillofacial reconstruction is needed due to severe conditions such as malocclusion, facial deformities, or a traumatic injury that requires the upper jaw to be surgically moved in a segmented fashion.
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	Indicated when significant midface skeletal deficiencies due to congenital, developmental, or traumatic conditions are demonstrated.
D7949	Lefort II or Lefort III - with bone graft	Indicated when significant midface skeletal deficiencies due to congenital, developmental, or traumatic conditions are demonstrated, and bone graft is needed to aid in reconstruction.
D7950	Osseous, osteo-periosteal, or cartilage graft of the mandible or maxilla - autogenous or non-autogenous, by report	Indication of extensive ridge augmentation or reconstruction to rebuild bone height, width, or volume.
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	Indicated when there is significant maxillary bone loss, insufficient bone height or width to support a future dental implant, and long-term tooth loss leading to bone resorption.
D7952	Sinus augmentation via a vertical approach	Indicated when the available bone height in the upper jaw (maxilla), particularly in the premolar and molar regions, is insufficient for an implant due to bone loss or other factors.

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D7953	Bone replacement graft for ridge preservation - per site	a. Only in extraction site or implant removal site in preparation for a new implant AND There has been significant to severe loss of bony support or cortical plate. b. Not allowable on wisdom teeth.
D7955	Repair of maxillofacial soft and/or hard tissue defect	Indicated when reconstruction of facial bone defects is required.
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	There is a significant severe defect for ridge augmentation, sinus lift procedures, or after tooth extraction.
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	There is a significant severe defect for ridge augmentation, sinus lift procedures, or after tooth extraction.
D7961	Buccal/labial frenectomy (frenulectomy)	a. There is documented pathology, significant functional deficiency, and/or significant barrier to proper oral hygiene procedures caused directly by an aberrant frenal attachment OR b. Periodontal charting and/or photos demonstrates significant mucogingival defect associated with an aberrant frenal attachment OR c. Documented significant feeding issue in infants.
D7962	Lingual frenectomy (frenulectomy)	a. There is documented pathology, significant functional deficiency, and/or significant barrier to proper oral hygiene procedures caused directly by an aberrant frenal attachment OR b. Periodontal charting and/or photos demonstrates significant mucogingival defect associated with an aberrant frenal attachment OR c. Documented significant feeding issue in infants.
D7963	Frenuloplasty	a. There is documented pathology, significant functional deficiency, and/or significant barrier to proper oral hygiene procedures caused directly by an aberrant frenal attachment OR b. Periodontal charting and/or photos demonstrates significant mucogingival defect associated with an aberrant frenal attachment OR c. Documented significant feeding issue in infants.
D7970	Excision of hyperplastic tissue - per arch	Indication of hyperplastic tissue causing functional disturbances (e.g., with an ill-fitting prosthesis, mastication issues, or interference with a new prosthesis).
D7971	Excision of pericoronal gingiva	Indicated for removal of inflammatory or hypertrophied tissue around a partially erupted or impacted tooth, commonly known as an operculectomy.
D7972	Surgical reduction of fibrous tuberosity	Indicated when excess fibrous tissue on the posterior maxillary tuberosity interferes with the fit and comfort of a dental prosthesis
D7979	Non-surgical sialolithotomy	Indicated when sialolith (salivary stone) is within the salivary gland causing pain, swelling, or obstruction.
D7980	Sialolithotomy	Indicated when diagnosis and management of sialolithiasis are present, surgical removal of the sialolithiasis is necessary.
D7981	Excision of salivary gland, by report	When the procedure performed is not adequately described by an existing excision of salivary gland CDT code.
D7982	Sialodochoplasty	Indicated when a salivary gland duct is damaged or obstructed.
D7983	Closure of salivary fistula	Indicated when a closure must be performed to correct a pathological condition.
D7990	Emergency tracheotomy	Indicated when an upper airway blockage that is life-threatening which include: a. Severe oral-maxillofacial trauma with compromised breathing. b. Significant swelling from a severe oral infection, such as Ludwig's angina, that obstructs the airway. c. A foreign body lodged in the airway that cannot be dislodged.

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D7991	Coronoidectomy	Indicated when need to treat a condition that is restricting the jaw's range of motion.
D7993	Surgical placement of craniofacial implant – extra oral	Indicated when rehabilitating or reconstruction for facial defects caused by trauma, congenital conditions, or surgery from disease.
D7994	Surgical placement – zygomatic implant	Indicated when severe bone resorption in the maxilla or failed bone grafts, making other standard implant options unfeasible.
D7995	Synthetic graft - mandible or facial bones, by report	Indicated when medical necessity is demonstrated for using synthetic or allogenic graft material is necessary.
D7996	Implant - mandible for augmentation purposes (excluding alveolar ridge), by report	Indicated when medical necessity is demonstrated for implant.
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	Indicated when medical necessary to remove an appliance placed by another provider.
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	Indicated when the placement of intermaxillary fixation appliance for documented medically necessary treatments not associated with fractures.
D7999	Unspecified oral surgery procedure, by report	When the procedure performed is not adequately described by an existing oral surgery CDT code.

Orthodontics (D8000-D8999)

General Requirements: Orthodontic treatment must be necessary for functional or health-related reasons. A detailed treatment plan should be developed based on comprehensive diagnostic records.

Medical Necessity Criteria: Evidence of functional impairment due to malocclusion, including but not limited to difficulty in chewing or speaking, significant overbite, underbite, crossbite, or open bite, crowding or spacing that affects health, or temporomandibular joint disorders (TMD) related to malocclusion.

Orthodontic medical necessity will vary based on state criteria.

- Completed Auto-qualifiers/ Salzman/HLD (Handicapping Labio-Lingual Deviations)/Medical Necessity form
- Labeled Name/Date – Cephalometric x-ray
- Labeled Name/Date – Panoramic x-ray
- Labeled Name/Date Intraoral & external photos
- Labeled Name/Date Digital Diagnostic models – or photographs of plaster models

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
Limited Orthodontic Treatment		
D8010	Limited orthodontic treatment of the primary dentition	Based on plan guidelines.
D8020	Limited orthodontic treatment of the transitional dentition	Based on plan guidelines.
D8030	Limited orthodontic treatment of the adolescent dentition	Based on plan guidelines.
D8040	Limited orthodontic treatment of the adult dentition	Based on plan guidelines.
Comprehensive Orthodontic Treatment		
D8070	Comprehensive orthodontic treatment of the transitional dentition	Based on plan guidelines.

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D8080	Comprehensive orthodontic treatment of the adolescent dentition	Based on plan guidelines.
D8090	Comprehensive orthodontic treatment of the adult dentition	Based on plan guidelines.
D8091	Comprehensive orthodontic treatment with orthognathic surgery	Based on plan guidelines.
Minor Treatment to Control Harmful Habits		
D8210	Removable appliance therapy	Based on plan guidelines.
D8220	Fixed appliance therapy	Based on plan guidelines.
Other Orthodontic Services		
D8660	Pre-orthodontic treatment examination to monitor growth and development	Based on plan guidelines.
D8670	Periodic orthodontic treatment visit	Based on plan guidelines.
D8671	Periodic orthodontic treatment visit associated with orthognathic surgery	Based on plan guidelines.
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	Based on plan guidelines.
D8681	Removable orthodontic retainer adjustment	Based on plan guidelines.
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment	Based on plan guidelines.
D8696	Repair of orthodontic appliance - maxillary	Based on plan guidelines.
D8697	Repair of orthodontic appliance - mandibular	Based on plan guidelines.
D8698	Re-cement or re-bond fixed retainer - maxillary	Based on plan guidelines.
D8699	Re-cement or re-bond fixed retainer - mandibular	Based on plan guidelines.
D8701	Repair of fixed retainer, includes reattachment - maxillary	Based on plan guidelines.
D8702	Repair of fixed retainer, includes reattachment - mandibular	Based on plan guidelines.
D8703	Replacement of lost or broken retainer - maxillary	Based on plan guidelines.
D8704	Replacement of lost or broken retainer - mandibular	Based on plan guidelines.
D8999	Unspecified orthodontic procedure by report	When the procedure performed is not adequately described by an existing orthodontic CDT code.

Adjunctive General Services (D9000-D9999)

Anesthesia

- a. General anesthesia is defined as a controlled state of unconsciousness, accompanied by a partial or complete loss of protective reflexes, including the loss of the ability to independently maintain an airway and respond purposefully to physical stimulation or verbal command produced by a pharmacologic or non-pharmacologic method or combination thereof.
- b. Intravenous sedation/analgesia is a medically controlled state of depressed consciousness while maintaining the patient's airway, protective reflexes, and the ability to respond to stimulation or verbal commands. It includes intravenous (IV) administration of sedative and/or analgesic agent(s) and appropriate monitoring.
- c. Non-intravenous conscious sedation is a medically controlled state of depressed consciousness while maintaining the patient's airway, protective reflexes, and the ability to respond to stimulation or verbal commands. It includes the administration of sedative and/or analgesic agent(s) by a route other than IV (oral, patch, intramuscular, or subcutaneous) and appropriate monitoring.
- d. Deep sedation/general anesthesia and intravenous conscious sedation/analgesia shall be considered for payment when it is documented as to why local anesthesia is contraindicated. Such contraindications shall include the following:
 - i. Toxicity to local anesthesia supported by documentation
 - ii. Severe intellectual disability
 - iii. Severe physical disability and/or uncontrolled management problem
 - iv. Extensive or complicated surgical procedures
 - v. Failure of local anesthesia
 - vi. Documented medical complications and/or acute infection that would preclude the efficacy of local anesthesia

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
Unclassified Treatment		
D9110	Palliative treatment of dental pain - per visit	Indicated where the goal is to provide immediate, temporary relief without performing a definitive restorative or surgical procedure.
D9120	Fixed partial denture sectioning	Indicated when only a portion of the bridge is needed to be removed or treated.
D9128	Photobiomodulation therapy - first 15 minutes	Indicated for the use of low-level laser therapy to alleviate pain or inflammation, modulate the immune response, and promote tissue healing or regeneration for the first 15 minutes.
D9129	Photobiomodulation therapy – each subsequent 15 minutes	Indicated for the use of low-level laser therapy to alleviate pain or inflammation, modulate the immune response, and promote tissue healing or regeneration for the after the initial 15 minutes.
D9130	Temporomandibular joint dysfunction - non-invasive physical therapies	Indicated when a medically necessary non-invasive physical therapy for a documented temporomandibular joint (TMJ) disorder.
Anesthesia		
D9210	Local anesthesia not in conjunction with operative or surgical procedures	Indicated when local anesthesia needs to be administered.
D9211	Regional block anesthesia	Indicated when the need for broader anesthesia coverage beyond standard local anesthesia is deemed necessary.
D9212	Trigeminal division block anesthesia	Diagnosis or treatment of trigeminal neuralgia pain.
D9215	Local anesthesia in conjunction with operative or surgical procedures	Indicated when local anesthesia needs to be administered when it's beyond the normal amount of anesthesia.
D9219	Evaluation for deep sedation or general anesthesia	Indicated when a patient needs sedation and the provider is completing a comprehensive evaluation to see if the member is suitability for sedation.

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D9222	Administration of deep sedation/general anesthesia - first 15 minute increment, or any portion thereof	Deep Sedation/General Anesthesia (D9222, D9223) a. Toxicity to local anesthesia is supported by documentation. b. Severe intellectual disability c. Severe physical disability and/or uncontrolled management problem d. Extensive or complicated surgical procedures
D9223	Administration of deep sedation/general anesthesia - each subsequent 15-minute increment, or any portion thereof	e. Failure of local anesthesia f. Documented medical complications and/or acute infection that would preclude the efficacy of local anesthesia.
D9224	Administration of general anesthesia with advanced airway – first 15-minute increment, or any portion thereof	a. Severe intellectual disability b. Severe physical disability and/or uncontrolled management problem c. Extensive or complicated surgical procedures d. Failure of local anesthesia e. Documented medical complications and/or acute infection that would preclude the efficacy of local anesthesia.
D9225	Administration of general anesthesia with advanced airway – each subsequent 15-minute increment, or any portion thereof	a. Severe intellectual disability b. Severe physical disability and/or uncontrolled management problem c. Extensive or complicated surgical procedures d. Failure of local anesthesia e. Documented medical complications and/or acute infection that would preclude the efficacy of local anesthesia.
D9230	Administration of nitrous oxide	Indication of dental anxiety or pain, extensive procedures, or a patient's inability to cooperate.
D9239	Administration of moderate sedation analgesia - intravenous - first 15-minute increment, or any portion thereof	Intravenous Moderate Sedation/Analgesia (D9239, D9243) a. Toxicity to local anesthesia is supported by documentation. b. Severe intellectual disability c. Severe physical disability and/or uncontrolled management problem d. Extensive or complicated surgical procedures
D9243	Administration of intravenous moderate sedation analgesia - intravenous - each subsequent 15-minute increment, or any portion thereof	e. Failure of local anesthesia f. Documented medical complications and/or acute infection that would preclude the efficacy of local anesthesia.
D9244	In office administration of a single drug - enteral	Indicated for dental needs, the complexity of the procedure, and a failed attempt or inability to use a less invasive sedation technique.
D9245	Administration of moderate sedation – single drug - enteral	a. Toxicity to local anesthesia is supported by documentation. b. Severe intellectual disability c. Severe physical disability and/or uncontrolled management problem d. Extensive or complicated surgical procedures e. Failure of local anesthesia due to medical complications and/or acute infection that would preclude the efficacy of local anesthesia.
D9246	Administration of moderate sedation non-intravenous parenteral -first 15-minute increment, or any portion thereof	a. Toxicity to local anesthesia is supported by documentation. b. Severe intellectual disability c. Severe physical disability and/or uncontrolled management problem d. Extensive or complicated surgical procedures e. Failure of local anesthesia f. Documented medical complications and/or acute infection that would preclude the efficacy of local anesthesia.
D9247	Moderate sedation non-intravenous; each subsequent 15 minutes increment, or any portion thereof	a. Toxicity to local anesthesia is supported by documentation. b. Severe intellectual disability c. Severe physical disability and/or uncontrolled management problem d. Extensive or complicated surgical procedures e. Failure of local anesthesia

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
		f. Documented medical complications and/or acute infection that would preclude the efficacy of local anesthesia.
Professional Consultation		
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	Indicated when the provider is not the initial treating dentist.
D9311	Consultation with a medical health care professional	Indicated when the provider feels medical input is justified.
Professional Visits		
D9410	House/extended care facility call	Indicated when the member is at an extended care facility.
D9420	Hospital or ambulatory surgical center call	Indicated when provider treats member in a hospital or ambulatory center due to complex treatment plan or members medical condition.
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	Indicated for follow up or observation appointments, such as when a patient returns to have sutures removed and receive post-operative instructions after a procedure, without any additional treatment being rendered during that visit.
D9440	Office visit - after regularly scheduled hours	Indicated for urgent, non-critical situations where a patient needs to be seen outside of normal business hours.
D9450	Case presentation, subsequent to detailed and extensive treatment planning	Indicated when a significant, separate appointment for presenting a complex and comprehensive treatment plan to the patient.
Drugs		
D9610	Therapeutic parenteral drug, single administration	a. Includes single administration of antibiotics, steroids, anti-inflammatory drugs, or other therapeutic medications. b. Does not include sedative, anesthetic, or reversal agents.
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	a. Includes more than one administration of antibiotics, steroids, anti-inflammatory drugs, or other therapeutic medications. b. Does not include sedative, anesthetic, or reversal agents.
D9613	Infiltration of sustained release therapeutic drug - per quadrant	Indicated when a provider chooses a sustained-release therapeutic drug.
D9630	Drugs or medicaments dispensed in the office for home use	a. Dispensing of drugs may be indicated to enhance the healing of surgical procedures or reduce pain and/or risk of infection. b. These include but are not limited to, oral antibiotics, oral analgesics, and topical fluoride. c. Does not include writing prescriptions.
Miscellaneous Services		
D9910	Application of desensitizing medicament	Indicated for generalized root sensitivity.
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	Indicated for generalized root sensitivity.
D9912	Pre-visit patient screening	Indicated when a patient's health status evaluates their risk of infectious disease transmission.
D9913	Administration of neuromodulators	a. There is clear and specific documentation describing medical necessity for use of this drug to provide long-term surgical site pain control and why conventional methods alone would not be sufficient, AND b. The name of an appropriate drug is documented.
D9914	Administration of dermal fillers	Indicated for therapeutic issues, TMJ issues or other conditions.
D9920	Behavior management, by report	Indicated when member has a condition that prevents them from responding adequately and when the need for non-routine management is required.

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	Indicated when additional treatment must address a complication that arose after a surgical dental procedure. Complication must be any unexpected post operative problem that goes beyond the normal healing process.
D9932	Cleaning and inspection of removable complete denture, maxillary	Indicated when the maxillary denture must be professionally cleaned and inspected by a dental provider.
D9933	Cleaning and inspection of removable complete denture, mandibular	Indicated when the mandibular denture must be professionally cleaned and inspected by a dental provider.
D9934	Cleaning and inspection of removable partial denture, maxillary	Indicated when the maxillary partial denture must be professionally cleaned and inspected by a dental provider.
D9935	Cleaning and inspection of removable partial denture, mandibular	Indicated when the mandibular partial denture must be professionally cleaned and inspected by a dental provider.
D9936	Cleaning and inspection of an occlusal guard	Indicated when the occlusal guard must be professionally cleaned and inspected by a dental provider.
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance	Indicated to cosmetically replacing a missing tooth on a temporary basis.
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance	Indicate when an appliance is inserted.
D9941	Fabrication of athletic mouthguard	Requires documentation that a custom mouthguard is necessary to protect the member teeth during sports or athletic activities. This code does not apply for a "boil and bite" or over the counter mouthguards.
D9942	Repair and/or reline of occlusal guard	Indicated when a patient with an existing occlusal guard has become ill fitting or damaged.
D9943	Occlusal guard adjustment	Indicated when a patient with an existing occlusal guard has become ill fitting and can be repaired by an adjustment.
D9944	Occlusal guard - hard appliances, full arch	Occlusal Guards Full Arch (D9944 - D9946) a. Bruxism: Prevent grinding and protect teeth. b. Protection of heavily restored dentition c. Treatment of TMD d. Stabilization of mobile teeth because of severe periodontal disease, as a maintenance device e. Teeth need to be healthy prior to fabrication of an occlusal guard f. The fee includes fabrication, insertion, and adjustments needed
D9945	Occlusal guard - soft appliances, full arch	
D9946	Occlusal guard - hard appliances, partial arch	
D9950	Occlusion analysis - mounted case	Indicated when a member has significant occlusal issues and comprehensive assessment of the patient's bite is needed.
D9951	Occlusal adjustment - limited	Occlusal Adjustment (D9951, D9952) a. To eliminate occlusal interferences b. Prior to full mouth rehabilitation c. Treatment of TMD d. Stabilization of mobile teeth because of severe periodontal disease as a maintenance procedure e. To obtain a mutually protected occlusion f. To eliminate trauma from occlusion
D9952	Occlusal adjustment - complete	
D9970	Enamel microabrasion	Indicated when a member has surface-level stains, minor demineralization or other enamel irregularities.

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D9971	Odontoplasty – per tooth	Indicated when slight irregularities and minor imperfections are needed to be smoothed out. Post ortho treatment; minor chip or rough edges.
D9972	External bleaching - per arch - performed in office	Indicated when in office, under the supervisor of a dentist, external bleaching is necessary.
D9973	External bleaching - per tooth	Indicated when a single tooth has darkened and the need for external bleaching is needed.
D9974	Internal bleaching - per tooth	Indicated when a single tooth has darkened and the need for internal bleaching is needed.
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	Indicated specifically for professionally dispensed take home systems, not in office whitening.
Non-clinical procedures		
D9961	Duplicate/copy patient's records	Indicated when a request is made for a copy of the members' records.
D9985	Sales tax	Indicated when sales tax is charged.
D9986	Missed appointment	Indicated when a member doesn't show up for an appointment.
D9987	Cancelled appointment	Indicated when a scheduled appointment was cancelled, typically without sufficient notice, preventing the office from filling that time slot.
D9990	Certified translation or sign language services - per visit	Indicated when the member requires translation or sign language services for the dental visit.
D9991	Dental case management - addressing appointment compliance barriers	Indicated when extra efforts to assist a patient in keeping a scheduled appointment by resolving issues such as transportation or other obstacles.
D9992	Dental case management - care coordination	Indicated when the member has complex cases involving multiple providers, provider types, and special patient needs.
D9993	Dental case management - motivational interviewing	Indicated for members that have been identified and need to modify behaviors interfering with positive oral health outcomes.
D9994	Dental case management - patient education to improve oral health literacy	Indicated when providing individualized, tailored education and case management services not for routine hygiene or patient education.
D9995	Teledentistry - synchronous; real-time encounter	Indicated when a synchronous Teledentistry encounter is necessary.
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	Indicated when the encounter is asynchronous, the patient's clinical data is captured and transmitted electronically for the dentist to review later.
D9997	Dental case management - patients with special health care needs	Indicated for dental case management for patients that have special healthcare needs.
D9999	Unspecified adjunctive procedure, by report	When the procedure performed is not adequately described by an existing adjunctive CDT code.
Sleep Related Breathing Disorders and Airway Management Services		
D9947	Custom sleep apnea appliance fabrication and placement	a. For the treatment of obstructive sleep apnea. b. A physician supervised sleep study is required. c. A prescription for the fabrication and fitting of sleep apnea appliance from a physician.
D9948	Adjustment of custom sleep apnea appliance	Indicated when adjustments are needed after the initial placement to improve the fit or effectiveness of the oral appliance for a patient with obstructive sleep apnea.
D9949	Repair of custom sleep apnea appliance	Indicated when the appliance has been damaged or worn and needs to be repaired to restore its serviceability.

Code	Nomenclature	(Access Dental / Premier Access) Clinical Criteria
D9953	Reline custom sleep apnea appliance (indirect)	Indicated when there is a documented change in the patient's dentition or anatomy that causes the existing oral appliance to no longer fit properly or function effectively.
D9954	Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device	Indicated when there is a specific need for a morning repositioner as a treatment plan for a TMJ disorder.
D9955	Oral appliance therapy (OAT) titration visit	Indicated to evaluate a patient's response and adjust their oral appliance for the treatment of sleep-related breathing disorders.
D9956	Administration of home sleep apnea test	Indicated to diagnosis or treat a possible sleep apnea condition; not just to provide convenience to the patient or the dentist.
D9957	Screening for sleep related breathing disorders	Indicated for identifying and assessing patients who may be at risk for sleep related breathing disorders.
D9959	Unspecified sleep apnea services procedure, by report	Unspecified Sleep Apnea Services Procedure by Report a. For the treatment of obstructive sleep apnea. b. A physician supervised sleep study is required. c. A prescription for the fabrication and fitting of sleep apnea appliance from a physician.

Revisions

Date	CDT Code Series	Revised Sections
03/2026	D0100-D9999	Creation of Avēsis, Access Dental Plan, and Premier Commercial Codes
03/2026	D0100-D9999	Approved Avēsis, ADP, and Premier UMC and QMC in March 2026
6/23/26	D2930-D2934	Updated criteria.
6/30/26		Approved Avēsis, ADP, and Premier UMC and QMC.
7/15/26	D2140-D2161 D2330-D2394 D2952-D2954 D6200-D6999 D6010-D6050	Revised criteria.
9/16/26		Approved by UMC.