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Dental Clinical Criteria, Guidelines and Practice Standards

Government and Commercial

Member-friendly

2026

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Overview

The guidelines provided to you help us make fair and consistent decisions about approving, changing, or denying coverage for health care services. They are used for people with similar health conditions as you. Your care and treatment may be different based on your health needs and what your health plan covers.

Clinical Criteria Guidelines and Practice Standards undergo regular revisions and an annual review by the Clinical and Quality Departments. Our Clinical Leadership develops clinical criteria, with input from providers and specialists from inside and outside our organization. The Plan follows nationally recognized standards of care and practice guidelines, developed and published by healthcare experts. Clinical Criteria help us review requests fairly and consistently to make sure you get safe, high-quality care. **Where applicable, we use state, health plan, or program rules when making care decisions. If those rules are different from the company guidelines in this document, the state, plan, or program rules will apply.**

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 a 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.

Member-friendly Clinical Criteria

Diagnostic Services (D0100-D0999)

These codes are used when a dentist checks a patient and decides what treatment is needed. Only a dentist can diagnose your condition and create your treatment plan. Other staff of the care team may collect and record information before or during your visit. Extra tests or treatments are billed separately. No prior approval is needed for exams, X-rays, or photos.

Code	Nomenclature	Member-friendly Clinical Criteria
Clinical Oral Evaluations		
D0120	Periodic oral evaluation - established patient	Returning patient a. Check for any changes in your health or dental care since your last visit.
D0140	Limited oral evaluation - problem focused	This visit is only for the problem you came in for. It is not a full checkup. The patient comes in with a specific concern, problem, or emergency.
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	Child under 3 years old. Review and update your medical and dental history, including any new health or dental problems a. Checking how likely they are to get cavities. b. Checking how their teeth are growing in and lining up. c. Looking at the soft parts of the mouth.
D0150	Comprehensive oral evaluation - new or established patient	a. A new patient (first visit). b. A returning patient with: i. A major change in your health (medical or dental). ii. A major change in dental status (e.g., multiple new caries, tooth loss, periodontal (gum) changes). iii. No prior comprehensive exam for three or more years. iv. Review and update your medical and dental history for any health or dental diseases in your mouth (inside and outside the mouth) v. Extraoral and intraoral examination (head, neck, TMJ, soft and hard vi. Periodontal charting on teeth that are present.

Code	Nomenclature	Member-friendly Clinical Criteria
		vii. Diagnosis and treatment plan.
D0160	Detailed and extensive oral evaluation - problem focused, by report	The patient has a dental problem that needs a closer look. a. Review your health and dental history. b. Check your teeth, gums, mouth, and jaw. c. Do extra tests if needed. d. Look at any areas causing concern. e. Explain why this exam is needed instead of a regular exam.
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	a. The patient is returning patient. b. This visit is to check a problem that was treated before. It is not a full exam. c. The records show the patient needs another visit. This may be for pain, gum care, an emergency follow-up, or to check a sore or surgery area. d. This is not a regular check after surgery. That check is already part of the first procedure fee.
D0171	Re-evaluation - post-operative office visit	a. The patient comes back after a recent dental visit. b. The visit is to check healing or a problem after dental work. c. This visit is more than a normal after-care check. d. The records show why this is a separate visit. This may be for pain, infection, poor healing, or more treatment.
D0180	Comprehensive periodontal evaluation - new or established patient	The patient is new or returning and requires a complete periodontal evaluation.
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 identify oral health needs. c. The purpose is to decide if a more complete examination or referral is required.
D0191	Assessment of a patient	An exam to check for changes in your dental or medical health since your last comprehensive or routine exam.
Diagnostic Imaging *Image Capture with Interpretation*		
D0210	Intraoral - comprehensive series of radiographic images	(D0210 – D0804) Only the X-rays needed to make a diagnosis will be taken. This follows American Dental Association (ADA) recommendations and accepted standards of dental care. Dental X-rays are indicated for: diagnosis of caries, periodontal diseases, bone diseases, impacted teeth, broken Jaw bone, presence of tumors, cysts, and other oral conditions.
D0220	Intraoral - periapical first radiographic image	
D0230	Intraoral - periapical each additional radiographic image	
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	

Code	Nomenclature	Member-friendly Clinical Criteria
D0274	Bitewing - four radiographic images	
D0277	Vertical bitewings - 7 to 8 radiographic images	
D0310	Sialography	
D0320	Temporomandibular joint arthrogram, 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	
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		

Code	Nomenclature	Member-friendly Clinical Criteria
Image Capture Only		
D0380	Cone beam CT image capture with limited field of view - less than one whole jaw	(D0380 – D0709) Dental X-rays are indicated for: diagnosis of caries, periodontal diseases, bone diseases, impacted teeth, broken Jawbone, presence of tumors, cysts, and other oral conditions.
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	
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*		

Code	Nomenclature	Member-friendly Clinical Criteria
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	Only the X-rays needed to make a diagnosis will be taken. This follows American Dental Association (ADA) recommendations and accepted standards of dental care. Dental X-rays are indicated for: diagnosis of caries, periodontal diseases, bone diseases, impacted teeth, broken Jawbone, presence of tumors, cysts, and other oral conditions.
Diagnostic Imaging *Post Processing of Image or Image Sets*		
D0393	Virtual treatment simulation using 3D image volume or surface scan	(D0393 – D0396) Only the X-rays needed to make a diagnosis will be taken. This follows American Dental Association (ADA) recommendations and accepted standards of dental care. Dental radiographs are indicated for: Dental X-rays are indicated for: diagnosis of caries, periodontal diseases, bone diseases, impacted teeth, broken Jawbone, presence of tumors, cysts, and 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	
Tests and Examinations		
D0411	Hba1c in-office point of service testing	a. The test is done in the dental office during the visit. b. A small drop of blood is taken from the finger and looked at. c. The result is recorded. d. The result helps check and manage health problems like diabetes e. The test is not sent to an outside lab.
D0412	Blood glucose level test - in-office using a glucose meter	The dentist checks blood sugar in the office with a small tool. This helps make sure the patient is safe before treatment.
D0414	Laboratory processing microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	A dentist uses lab tests to find the germs causing a mouth infection. The dentist chooses the best medicine to treat it.
D0415	Collection of microorganisms for culture and sensitivity	Writes down the signs, symptoms, and health history to show why a lab test is needed.
D0416	Viral culture	a. A viral test may be used if a mouth infection does not get better with medicine or care. b. Some patients may need this test because their bodies heal in a different way. This may include people who: i Have long-term health problems. ii Have weak immune systems. iii Take medicine that slows healing. c. The test may be used if the infection is very bad or lasts a long time. d. This test is not used for every infection. It may not be needed if the infection is small and getting better on its own.
D0417	Collection and preparation of saliva sample for laboratory analysis	Collect a saliva sample for a lab test. This is not a treatment. It is a way to help the dentist check a patient's risk for certain mouth and body health problems.
D0418	Analysis of saliva sample - laboratory	Checks what is in the saliva (like chemicals or germs) to help find health problems.
D0419	Assessment of salivary flow by measurement	Checks if you make enough saliva.

Code	Nomenclature	Member-friendly Clinical Criteria
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	Includes collecting and getting a saliva or mouth swab sample ready for lab testing.
D0423	Genetic test for susceptibility to diseases - specimen analysis	Helps find specific genetic changes in a person.
D0425	Caries susceptibility tests	The test show how likely a person is to get cavities. Dentists decide to use them by checking: a. If the patient had cavities before or eats a lot of sugar. b. If the teeth have plaque or cavities now. c. The patient's age (young kids may need extra checks). d. The patient's health or medicines.
D0426	Collection, preparation, and analysis of saliva sample – point-of-care	Take a saliva (spit) sample at the dental office.
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	a. This test is usually for adults. It is often used for people who use tobacco or drink alcohol. Some dentists use it for all adults because mouth cancer can happen to anyone. b. The dentist may use this test when they need more help checking the mouth for problems.
D0460	Pulp vitality tests	A pulp test is used if a patient has: a. Tooth pain that will not stop b. Pain from hot or cold foods c. Swelling in one area d. A hurt or injured tooth e. A deep cavity or big filling near the center of the tooth
D0461	Testing for cracked tooth	Check more than one tooth, including matching teeth on both sides if needed. The dentist may use tools like pressure tests, special lights, or stains to help find problems.
D0470	Diagnostic casts	Make a copy (scan) of a patient's teeth and gums to help the dentist plan care. It is used for more than making a dental device .
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	Different tools are used to help find cavities.
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 risk
D0602	Caries risk assessment and documentation, with a finding of moderate risk	
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 should be done only if it is needed for the patient's care, safety, or health rules.
D0605	Antibody testing for a public health related pathogen, including coronavirus	

Code	Nomenclature	Member-friendly Clinical Criteria
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 lab tests help find problems in the mouth. These may be germs, swelling, tumors, or other health problems. b. The dentist picks the test based on the patient's signs, health history, exam, and possible problem.
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	
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	
D0502	Other oral pathology procedures, by report	
D0999	Unspecified diagnostic procedure, by report	A code for a service that does not exist.
Preventive Services (D1000-D1999)		
Dental Prophylaxis		
D1110	Prophylaxis - adult	(D1110 – D1120) Teeth are cleaned and polished, and flossed to help prevent cavities and keep gums healthy.
D1120	Prophylaxis - child	

Code	Nomenclature	Member-friendly Clinical Criteria
Topical Fluoride Treatment (Office Procedure)		
D1206	Topical application of fluoride varnish	(D1206 – D1208) a. The dentist or dental hygienist puts a special fluoride gel or foam on your teeth. It helps make your teeth stronger and protects them from cavities. b. It only takes a few minutes. You might need wait a short time before eating or drinking.
D1208	Topical application of fluoride	
Other Preventive Services		
D1301	Immunization counseling	Teaching dental patients why their mouth and body health are connected.
D1310	Nutritional counseling for control of dental disease	The advice must be linked to a known tooth problem, like gum disease or a high chance of cavities.
D1320	Tobacco counseling for the control and prevention of oral disease	The advice must be linked to a known tooth problem, like gum disease or a high risk of cavities.
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	Talking with patients about how alcohol, opioids, cannabis, nicotine, or other substances can affect their health.
D1330	Oral hygiene instructions	a. Written proof of a patient's toothcare problems and a planned one-on-one visit to help them. b. Poor oral care: The patient or dental team sees signs like plaque, sore gums, bad breath, or many cavities. c. High-risk patients: People more likely to get tooth problems, like cavities or gum disease. d. Braces patients: People with braces who need help cleaning around wires and brackets. e. Special needs patients: Children or adults who need extra help caring for their teeth. f. After treatment patients: People who had complex dental work and need special care at home to heal well.
D1351	Sealant - per tooth	Put on the top of back teeth with no cavities or fillings.
D1353	Sealant repair - per tooth	a. Sealant damage: The sealant on the tooth is partly or fully gone, so the grooves are not covered anymore. b. Sealant still partly good: Some of the sealant is still in place, so it only needs to be fixed, not replaced. c. No cavities: There are no cavities in the grooves of the tooth. d. Higher risk for cavities: The patient may be more likely to get cavities, so keeping the sealant is helpful.
D1354	Application of caries arresting medicament - per tooth	a. For patients with a high risk of getting cavities (D0603). b. The tooth must have damage c. Do not use if the inside of the tooth is open
D1355	Caries preventive medicament application – per tooth	a. Use on teeth to help stop cavities. b. Used for adults. c. Used when teeth are hard to clean or more likely to get cavities
Space Maintenance (Passive Appliance)		
D1510	Space maintainer - fixed - unilateral	(D1510 – D1558) a. A device to stop teeth moving. b. Used when a baby tooth is lost too early. The device holds a space for adult teeth.
D1516	Space maintainer - fixed - bilateral, maxillary	
D1517	Space maintainer - fixed - bilateral, mandibular	

Code	Nomenclature	Member-friendly Clinical Criteria
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. Early loss of a baby tooth: This is used when a second baby molar is lost too soon, before the adult molar comes in. The device helps guide the adult tooth into the right place. b. Not enough space: It is used when there may not be enough room for the adult tooth. The dentist checks this with an X-ray.
Vaccinations		
D1701	Pfizer-BioNTech Covid-19 vaccine administration - first dose	(D1701 – D1783) Rules have been made to show which patients should get 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	

Code	Nomenclature	Member-friendly Clinical Criteria
D1782	Vaccine administration - human papillomavirus - Dose 2	
D1783	Vaccine administration - human papillomavirus - Dose 3	
D1999	Unspecified preventive procedure, by report	When the procedure does not have a matching dental code.

Restorative Services (D2000-D2999)

Code	Nomenclature	Member-friendly Clinical Criteria
Amalgam Restorations (Including Polishing)		
D2140	Amalgam - one surface, permanent or primary	(D2140 – D2161) An amalgam filling (silver in color) is needed when a cavity or crack goes through the hard outer layer of a tooth and reaches the layer underneath it. The tooth should still be strong enough to last a long time after it is fixed. When the filling is finished, it should help the tooth stay healthy and work well for many years. A tooth may need to be rebuilt when part of it is missing because of a crack, decay (cavity), or a tooth that did not form normally. Some cases should not be treated because the tooth may not be fixed or healthy enough. These include: a. Severe decay that goes deep under the tooth or into the root area, where there is not enough healthy tooth left to fix. b. A tooth broken down to or below the bone, with too little tooth left to repair. c. Not enough bone support, making the tooth too weak to hold a crown. d. Infection near the root of the tooth that has not been explained or treated. e. A hole in the tooth root. f. A root that is cracked vertically or horizontally. g. A tooth that is crooked or shifted so much that fixing it would cause a bad bite or damage. h. Poor daily mouth care or health problems that may stop proper healing. i. Not enough healthy space around the tooth and bone for proper healing (at least 2 mm is needed).
D2150	Amalgam - two surfaces, permanent or primary	
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) A composite filling (white in color) is needed when a cavity or crack goes through the outer hard layer of the tooth and into the layer underneath it. The tooth should still be strong enough to last a long time after it is fixed. After the filling is done, the tooth should be expected to stay healthy and work well for many years. Some cases should not be treated because the tooth may not be fixable or healthy enough. These include: a. Severe decay that goes deep under the tooth or into the root area, where there is not enough healthy tooth left to fix. b. A tooth broken down to or below the bone, with too little tooth left to repair. c. Not enough bone support, making the tooth too weak to hold a crown. d. Infection near the root of the tooth that has not been explained or treated. e. A hole in the tooth root. f. A root that is cracked vertically or horizontally.
D2331	Resin-based composite - two surfaces, anterior	
D2332	Resin-based composite - three surfaces, anterior	
D2335	Resin-based composite - four or more surfaces (anterior)	
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	

Code	Nomenclature	Member-friendly Clinical Criteria
D2394	Resin-based composite - four or more surfaces, posterior	g. A tooth that is crooked or shifted so much that fixing it would cause a bad bite or damage. h. Poor daily mouth care or health problems that may stop proper healing. i. Not enough healthy space around the tooth and bone for proper healing (at least 2 mm is needed). j. Verified metal allergies when changing from amalgam to composite fillings (medical documentation in needed).
Gold Foil Restorations		
D2410	Gold foil - one surface	The dentist fixes a tiny hole (cavity) in your tooth. They clean out the bad part and fill it with gold material, so your tooth stays strong.
D2420	Gold foil - two surfaces	
D2430	Gold foil - three surfaces	
Inlay/Onlay Restorations		
D2510	Inlay - metallic - one surface	If part of your tooth is damaged the dentist places a strong metal piece inside the tooth to make it strong again. The dentist repairs your tooth that has a hole or is chipped. They clean out the bad part and fix the tooth with a metal material, so the tooth is strong.
D2520	Inlay - metallic - two surfaces	
D2530	Inlay - metallic - three or more surfaces	
D2542	Onlay - metallic - two surfaces	
D2543	Onlay - metallic - three surfaces	
D2544	Onlay - metallic - four or more surfaces	
D2610	Inlay - porcelain/ceramic - one surface	(D2610 – D2644) The dentist repairs your tooth that has a hole or is chipped. They clean out the bad part and fix the tooth with a strong material that is the same color as your tooth.
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	(D2650 – D2644) The dentist repairs your tooth that has a hole or is chipped. They clean out the bad part and fix the tooth with a strong material that is the same color as your tooth.
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)

Code	Nomenclature	Member-friendly Clinical Criteria
D2712	Crown - 3/4 resin-based composite (indirect)	A tooth may need to be rebuilt when it is damaged from a crack, cavity, or a tooth that did not grow normally. This treatment can be done only when the tooth still has enough strength and support, such as: a. The tooth has lost about half or more of its top part, or is missing important parts like cusps (the points on back teeth). b. There is enough healthy tooth left to safely hold a crown for long-lasting repair. c. The decay is not too deep and has not reached areas that would make the tooth impossible to save. d. The repair can be placed in a healthy area of the gum, 2 mm above the bone. e. At least half of the bone support around the tooth is still present. f. A root canal, if needed, is properly filled and close to the end of the root. g. There is no untreated damage inside or outside the root. h. A crown may need to be replaced if: i. There is new decay under the crown ii. The porcelain is broken iii. The edge of the crown is open or not fitting well.
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	
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	A temporary (provisional) crown may be used as part of treatment for one of these reasons: a. Healing time: To let the tooth or gums heal after a previous treatment, like gum therapy. b. Cracked tooth: To protect a tooth that may be cracked while watching for pain or changes. c. Watching symptoms: To cover a tooth when the diagnosis is not clear and symptoms need to be checked over time. d. Multi-step treatment: To keep the tooth safe during a treatment plan that has several steps. e. Waiting for a specialist: To protect the tooth while waiting to see a dental specialist. f. Bite changes: To test how the teeth fit together and see if changes to the bite work well.
Other Restorative Services		
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	Show that the dental fillings or caps that have come loose are still good and can be used again.
D2915	Re-cement of re-bond indirectly fabricated or prefabricated post and core	a. No major damage: The tooth and the current post and core must still be in good condition so they can be safely put back in place. If there is serious decay or if the post is broken, a new post and core (D2954) will be needed instead.

Code	Nomenclature	Member-friendly Clinical Criteria
		b. Reason for re-cementing: The records should explain why the dentist chose to re-cement instead of replacing the restoration. This may include the strength of the remaining tooth and saving costs. c. X-ray proof: Recent X-rays are usually needed to check the bone support, the root canal treatment, and the condition of the post and core. d. Clear explanation: The dentist should include a written explanation with the claim that describes why the treatment was needed, including the patient's signs and symptoms.
D2920	Re-cement or re-bond crown	a. A crown that has become loose or has completely fallen off the tooth. b. Pain or sensitivity in the tooth after the crown becomes loose. c. A need to protect the tooth under the crown from getting more decay or damage.
D2921	Reattachment of tooth fragment, incisal edge or cusp	The records show that the tooth broke, and the broken part was put back in place.
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	Need records that show bad tooth decay, injury, or tooth problems from when the tooth was growing.
D2929	Prefabricated porcelain/ceramic crown - primary tooth	Need proof that the tooth is badly broken, and a filling is not going to fix it.
D2930	Prefabricated stainless steel crown - primary tooth	a. A tooth that has decay, a break, or damage on three or more surfaces. b. A tooth with decay, a break, or damage on one side between teeth, where the damage spreads widely across the tooth. c. When the front or back side of a baby tooth shows early decay near the gum line. d. When there are large areas of decay on the sides or chewing surfaces of baby molars. e. When a baby tooth has new decay near or under an old filling, or on a new side of the tooth. f. When a baby tooth has had root canal treatment or partial nerve treatment. g. When a baby tooth needs a filling and will be used to hold space for other teeth, or when a child has severe early tooth decay (also called severe early childhood cavities).
D2931	Prefabricated stainless steel crown - permanent tooth	(D2931 – D2934) a. Decay, cracks, or other damage that affects three or more sides of a tooth. b. Decay, cracks, or other damage that affects one side between teeth and spreads widely from side to side or front to back. c. The final repair must leave enough healthy space (2 mm) between the edge of the repair and the bone. This is for permanent teeth. d. The tooth must still have at least 50% of its bone support. e. The root canal filling should be complete and end within 2 mm of the tip of the root when shown on an X-ray, if needed. f. There should be no untreated damage inside or outside a permanent tooth caused by the tooth breaking down.
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	Proof is needed to help steady a tooth and stop more damage or pain. Common cases include: a. Emergency care: Fixing broken teeth or teeth that have lost fillings or have major decay when a permanent fix cannot be done right away. b. Decay care: Placing a temporary filling to reduce pain, help the tooth rest, or control decay when it is deep and close to the nerve. c. Waiting for full treatment: Protecting a tooth while the patient waits for bigger treatment, like a crown or root canal.

Code	Nomenclature	Member-friendly Clinical Criteria
		d. Root canal care: Placing a filling to protect the tooth after a root canal opening and before the final repair is done.
D2949	Restorative foundation for an indirect restoration	Documentation is needed to show that the tooth shape was improved, such as: a. Creating a better shape: The main purpose is to add material to shape the tooth so it can hold a crown, onlay, or bridge better. b. Fixing undercuts: This is done when the dentist fills in undercuts so the final mold and crown can fit correctly. c. Filling uneven areas: It can be used to fill holes or uneven spots from old fillings or small decay instead of rebuilding a large part of the tooth. d. Raising a deep edge**:** When decay or damage is deep, material can be added to raise the edge of the tooth so it is easier to place the final restoration.
D2950	Core buildup, including any when required	Reasons why the tooth has lost a lot of its top part because of decay, injury, or a break needs to be built back up: a. Not enough tooth left: The tooth has lost a large part of its structure (often half or more). Because of this, a crown cannot stay on well without extra help. b. Rebuilding the tooth: The dentist must rebuild the inside or top part of the tooth so it can support a full crown. c. After a root canal: The tooth often has had a root canal, but not always. d. To help the crown stay on: The buildup is done to help the final crown stay in place. It is not just to fix small dips or uneven spots made while shaping the tooth.
D2951	Pin retention - per tooth, in addition to restoration	When a back tooth has lost one or more of its pointed parts, or a front tooth has lost its biting edge.
D2952	Post and core in addition to crown, indirectly fabricated	a. When 60% or more of the top part of the tooth is missing, a buildup is used to help the crown stay on. b. The repair must be done on a strong tooth, with at least half of the bone still supporting it. c. There must be enough tooth left to form a strong band around it to help hold and protect it. There should be no decay below the bone level. d. The edge of the final crown must sit at least 2 mm above the bone to keep the area healthy. e. The root canal filling goes all the way to the end of the tooth's root. It stops very close to the tip of the root, no more than 2 millimeters short and no more than 0.5 millimeters past the tip. f. There should be no untreated damage inside or outside the root.
D2953	Each additional indirectly fabricated post - same tooth	
D2954	Prefabricated post and core in addition to crown	
D2955	Post removal	A part inside the tooth is broken, or the dentist needs to open the tooth to fix it again.
D2956	Removal of an indirect restoration on a natural tooth	An old filling or crown has to be taken off to fix the tooth the right way.
D2957	Each additional prefabricated post - same tooth	The tooth needs more post to stay strong because a lot of it is gone, and one post is not enough to hold it.
D2960	Labial veneer (resin laminate) - direct	Improving how teeth look: a. Hiding stains inside the tooth, like from too much fluoride or certain medicines. b. Changing the shape, size, or length of teeth. c. Closing small gaps between teeth. Problems with enamel (the outer layer): a. Fixing weak or damaged enamel.

Code	Nomenclature	Member-friendly Clinical Criteria
		Fixing teeth: b. Repairing teeth that are chipped, broken, or worn down at the edges. c. Covering small breaks in the enamel that cannot be fixed with a simple filling.
D2961	Labial veneer (resin laminate) - indirect	(D2961-D2962) a. Fix dark stains that cannot remove. b. Help teeth that are uneven, slightly crooked, or have small gaps. c. Repair teeth with weak or damaged outer layers. or chipped or damaged teeth.
D2962	Labial veneer (porcelain laminate) - indirect	
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	a. This is used when a new crown needs to fit with a denture the patient already has. b. The tooth has a cavity, crack, or other damage on three or more sides. c. The tooth has a cavity, crack, or is broken between two teeth that is a big part of the tooth. d. The tooth has a cavity, crack, or other damage between two teeth that covers a large part of the tooth. e. There must be at least 2 millimeters of healthy tooth and gum space to support the new restoration. f. At least half of the bone supporting the tooth must still be present. g. If a root canal was needed, it must be completed and properly filled. h. The tooth must not have untreated damage inside or outside the root.
D2975	Coping	The tooth may need a crown because it is very damaged or has a big filling.
D2976	Band stabilization – per tooth	Helps hold a tooth together for a short time when it is damaged or broken.
D2980	Crown repair necessitated by restorative material failure	(D2980-D2983) The filling is damaged, but the dentist can fix it without putting in a new one.
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	Records showing the dentist started fixing a tooth but found it is too damaged and must remove it.
D2990	Resin infiltration of incipient smooth surface lesions	Treating early tooth decay before a hole forms.
D2991	Application of hydroxyapatite regeneration medicament – per tooth	Dental records must show treatment of early decay that has not become a cavity.
D2999	Unspecified restorative procedure, by report	When the treatment does not match any listed CDT dental code.

Endodontics (D3000-D3999)

Code	Nomenclature	Member-friendly Clinical Criteria
Pulp Capping		
D3110	Pulp cap - direct (excluding final restoration)	a. Pulp Exposure: The soft tissue inside the tooth (the pulp) is directly opened or exposed. This can happen during treatment, such as removing deep cavities, or from an injury like a cracked or broken tooth. It is a true opening into the pulp, not just an area close to the pulp.

Code	Nomenclature	Member-friendly Clinical Criteria
		b. Pulp Vitality: The inside part of the tooth must still be alive and healthy. The tooth may hurt a little, but it should not have serious damage.
D3120	Pulp cap - indirect (excluding final restoration)	Used when the inside of the tooth is almost open. A protective cover is placed over it to help keep the tooth healthy.
Pulpotomy		
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	(D3220-D3222) a. Part of the tooth is removed, and medicine is placed inside to help the tooth heal. b. A cavity is very close to the inside of the tooth. Removing the decay could open the tooth. c. Bad tooth decay has caused an infection inside the tooth. d. A deep filling opened the tooth.
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)	Treatment for a baby front tooth. The dentist cleans the inside of the tooth and fills it with a special material until the adult tooth grows in.
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	Treatment for a baby back tooth. The dentist cleans out the inside of the tooth and fills it with a special material that goes away as the adult tooth grows in.
Treatment for a baby back tooth. The dentist cleans the inside of the tooth and fills it with a special material until the adult tooth grows in. Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-Up Care)		
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	(D3310-D3330) a. The inside of the tooth is badly damaged or no longer alive. b. The tooth has a deep cavity that may expose the inside of the tooth during treatment. c. The inside of the tooth is badly damaged and cannot get better. There may also be an infection near the root of the tooth. d. The inside of the tooth is dead, with or without infection around the root of the tooth. e. The inside of the tooth could get hurt during dental treatment. f. A post or build-up may be needed to help keep the tooth repair in place. g. A cracked tooth that has damage to the inside of the tooth. The tooth can still be kept healthy around the gums. h. A tooth that is very sensitive to hot or cold and makes it hard to eat or drink. Other treatments have not helped. i. The tooth can still be fixed and made healthy again. j. The tooth must be strong enough to be fixed using normal dental treatments like fillings or crowns. k. At least half of the bone that holds the tooth must still be healthy and supporting it. l. The tooth should not have bad gum disease, and the spaces around the tooth under the gums should not be too deep.
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	

Code	Nomenclature	Member-friendly Clinical Criteria
D3330	Endodontic therapy, molar (excluding final restoration)	m. X-rays should not show a big infection or damage around the tooth or its root. n. The tooth must be damaged from injury or from a cavity. o. There must be enough tooth left so a crown can fit tightly and stay on the tooth for a long time. p. The edge of the tooth repair should be 2 mm away from the bone so the gums stay healthy. q. X-rays should not show cavities at the bone or between the roots, or the tooth cannot be fixed. r. The inside of the tooth should be opened, cleaned, shaped, and filled close to the root tip (3 mm away).
D3331	Treatment of root canal obstruction; non-surgical access	There must be proof that at least half of the tooth is blocked. This proof must include notes and X-rays during treatment. This code should not be used if the blockage was accidentally caused by the same dentist.
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	An X-ray taken before treatment is needed. It must show the dentist could not finish because of a surprise problem during treatment. The dentist must also write a clear note about what was found.
D3333	Internal root repair of perforation defects	There must be proof that the treatment is to fix a hole in the tooth root. The hole can be from a cavity, an injury, or a past root canal done by a different dentist.
Endodontic Retreatment		
D3346	Retreatment of previous root canal therapy - anterior	(D3346-D3348) a. The tooth has a root canal that was not filled well, and X-rays show problems. b. There may be infection or pain at the root of the tooth. c. The tooth may have pain, infection, or drainage (pus coming out). d. A new crown or other repair is planned for the same tooth. e. There must still be enough healthy tooth and bone to fix it. f. The old root canal filling should be removed, the inside of the tooth cleaned and reshaped, and then refilled close to the root tip (2 mm away).
D3347	Retreatment of previous root canal therapy - bicuspid	
D3348	Retreatment of previous root canal therapy - molar	
Apexification/Recalcification		
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforation, root resorption, etc.	(D3351 – D3353) Step Therapy D3351 – 1st step a. An X-ray must show that the tip of the root is still open. b. The tooth root is not fully grown yet, and the root tip has not fully closed. D3352 – 2nd step a. Putting medicine inside the tooth for a short time. D3353 – 3rd step a. The last visit when the root canal treatment is finished.
D3352	Apexification/recalcification - interim medication replacement	
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	
Pulpal Regeneration		
D3355	Pulpal regeneration - initial visit	This treatment is for adult teeth that are still growing, have a dead nerve, and an open root tip. It is not usually used for fully grown teeth.
D3356	Pulpal regeneration - interim medication replacement	Changing the medicine inside the tooth to help it heal.
D3357	Pulpal regeneration - completion of treatment	Finishing the treatment to help the inside of the tooth heal.

Code	Nomenclature	Member-friendly Clinical Criteria
Apicoectomy/Periradicular Services		
D3410	Apicoectomy - anterior	(D3410-D3426) a. Pain or infection around the tooth root after a root canal. b. An infection near the root gets bigger after treatment and shows on X-rays. c. Too much filling material went past the root tip and is stopping healing. d. Surgery is needed to clean the infection, take a tissue sample, or treat another root. e. Surgery is needed to clean and seal the root tip. f. The end of the root cannot be cleaned fully from inside the tooth.
D3421	Apicoectomy - bicuspid (first root)	
D3425	Apicoectomy - molar (first root)	
D3426	Apicoectomy (each additional root)	
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	(D3428 – D3430) a. Infection around the root that does not heal and cannot be fixed without surgery. b. Infection around the root and a blocked root canal that could not be treated with a regular root canal. c. A hole in the root or a root canal that moved the wrong way. d. Damage that causes the tooth root to wear away.
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	
D3430	Retrograde filling - per root	
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Special materials help your mouth heal after tooth root surgery. They are not used alone. They are used with other tooth root surgery, like removing the tip of a tooth root, to help bone and gums heal.
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	Always used with tooth root surgery.
D3450	Root amputation - per root	The records should show that simpler treatments did not fix the tooth. This treatment is usually done on back teeth with more than one root, like molars. The tooth must still be strong enough, with healthy support, so it can last a long time.
D3460	Endodontic endosseous implant	This is not a common treatment. The dentist must show why this treatment is needed instead of simpler ones. The tooth must have a special problem, like a root that is too short, so normal repair will not work.
D3470	Intentional re-implementation (including necessary splinting)	This is not a common treatment. The dentist must explain why it is needed. It may be needed if there is: a. Infection or damage around the tooth root b. A cracked root c. A root canal that did not heal d. A tooth that is hard to reach or treat.
D3471	Surgical repair of root resorption – anterior	(D3471-D3473) a. X-ray pictures must show the tooth is wearing away. b. The dentist must also write a clear note explaining the tooth damage.
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	Front teeth: Used to reach the root without removing the root tip or fixing the root.

Code	Nomenclature	Member-friendly Clinical Criteria
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	Premolar teeth: Used to get to the root without removing the root tip.
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	Molar teeth: Used to get to the root without removing the root tip.
Other Endodontic Procedures		
D3910	Surgical procedure for isolation of tooth with rubber dam	This code is used when the tooth needs to stay very clean and dry during treatment, like a root canal. A rubber cover is used to protect the tooth and keep germs away.
D3911	Intraorifice barrier	A temporary fix for the tooth.
D3920	Hemisection (including any root removal), not including root canal therapy	Used when one root cannot be fixed, but the other roots are healthy.
D3921	Decoronation or submergence of an erupted tooth	Records must show why the bone or tooth needs to be saved.
D3950	Canal preparation and fitting of performed dowel or post	The tooth has lost a lot of its structure and is too weak to support a filling or crown on its own. A buildup alone is not enough to make the tooth strong enough.
D3999	Unspecified endodontic procedure, by report	Used when there is no code for the treatment.

Periodontal (D4000-D4999)

Code	Nomenclature	Member-friendly 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. Gum pockets are 5 mm or deeper and above the bone, with no vertical bone damage, and b. Cleaning and deep cleaning alone will not fix the problem, and c. Gum flap surgery has not been done and, d. Bone reshaping has not been done, and there are no vertical bone defects.
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	a. Needed to reach the tooth when extra gum tissue is blocking it (shown in a photo or clear written note). b. Not used just to help take an impression or make a small space around the tooth. c. The treatment plan must include fixing the tooth in that area.
D4230	Anatomical crown exposure - four or more contiguous teeth per quadrant	Records must show why surgery is needed to uncover the visible part of four or more side-by-side teeth in one section of the mouth. The procedure reshapes the gum or bone tissue when too much gum tissue or not enough support makes it hard to properly fix the teeth.
D4231	Anatomical crown exposure - one to three teeth per quadrant	Records must show why the dentist needs to uncover the gums or bone to uncover one to three teeth. This can help the teeth look better, help fix the teeth later, or make them easier to clean.
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	(D4240 – D4241) a. Help make deep gum pockets smaller to treat gum disease. b. Reshape the gum tissue.

Code	Nomenclature	Member-friendly Clinical Criteria
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	c. Fix gums that have grown too much. d. Treat problems where the gums and teeth do not fit together the right way. e. Bone loss of 5 millimeters or more around the tooth. f. Loss of support around the tooth.
D4245	Apically positioned flap	Records must show treatment for moderate to severe gum disease when deep cleaning did not work. The procedure moves the gums closer to the tooth root with surgery.
D4249	Clinical crown lengthening - hard tissue	a. Help reach decay below the gum line. b. Help make space for a strong crown or filling to hold onto the tooth. c. There is less than 2 mm of tooth above the bone, and surgery must create at least 2.5 mm of healthy space above 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. Help make deep gum pockets smaller to treat gum disease. b. Fix damaged or uneven bone around the teeth. c. Place bone graft material to prepare for a dental implant. d. Treat problems where the gums and teeth do not fit right. e. There is 3 mm or more of bone loss measured from the top of the bone to the tooth.
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	Records must explain why special materials are needed to help gums and bone heal after surgery. These materials help the body heal better.
D4266	Guided tissue regeneration, natural teeth - resorbable barrier, per site	This treatment is for serious gum disease where bone loss makes teeth weak. It helps grow back bone and gum tissue.
D4267	Guided tissue regeneration, natural teeth - non-resorbable barrier, per site (includes membrane removal)	This treatment is for moderate to severe gum disease where bone loss can make teeth loose. It helps grow back bone and gum tissue.
D4268	Surgical revision procedure, per tooth	a. Surgery is used to fix uneven bone or gum shape. b. The patient has had gum surgery before.
D4270	Pedicle soft tissue graft procedure	(D4270, D4273, and D4276) a. The gums have pulled back at least 1 mm from the tooth. b. There is less than 2 mm of firm gum tissue attached to the tooth.
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	a. Done in a toothless area next to a tooth to remove a small piece of gum. This helps clean the area, close the gum better, and make gum pockets smaller. b. It is not paid for separately if other gum surgery is done there too.

Code	Nomenclature	Member-friendly Clinical Criteria
	surgical procedures in the same anatomical area)	
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	Records must show the patient needs a gum graft for one of these reasons: a. Gum problems a. Gums pulling back b. Roots showing c. Getting a filling, crown, or denture.
D4276	Combined connective tissue and pedicle graft, per tooth	Records must show the patient needs a gum graft for one of these reasons: a. Gums have pulled back 1 mm or more b. Less than 2 mm of firm gum is attached to the tooth c. Gum and tooth border problems d. Gums are getting worse and pulling back e. Tooth roots are showing f. Getting ready for a filling, crown, or denture.
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	(D4277 – D4285) Records must show the patient needs a gum graft for one of these reasons: a. Gum and tooth border problems b. Gums that are getting worse and pulling back c. Tooth roots showing d. Getting ready for a filling, crown, or denture.
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, 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	Records showing what material had to be removed.
Non-Surgical Periodontal Service		
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	(D4322, D4323) Notes showing the tooth moves at least 1+ because of gum disease or injury.
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 tooth meets the root to the top of the bone, the space is 2.5 mm or more, showing at least 0.5 mm of bone loss. a. X-rays show hard buildup on the tooth root (if allowed in the state). b. Gum pockets are 5 mm or deeper. c. The gum disease is classified as type II, III, or IV based on AAP guidelines.
D4342	Periodontal scaling and root planing - one to three per quadrant	

Code	Nomenclature	Member-friendly Clinical Criteria
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	a. Records show a lot of hard buildup on teeth and sore gums. b. Cleaning is done when gums are swollen or badly inflamed across most of the mouth.
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis on a subsequent visit	a. Records show a lot of hard buildup on teeth and sore gums. b. Cleaning is done when gums are swollen or badly inflamed across most of the mouth.
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	After gum treatment, there are still small areas with 5–6 mm deep pockets around 1 or 2 teeth in each section of the mouth.
Other Periodontal Services		
D4910	Periodontal maintenance	Records showing gum treatment was done at least 90 days ago.
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	Notes show the patient needed a medicine change fast. The patient's dentist was not there, so another clinic or ER did it.
D4921	Gingival irrigation with a medicinal agent - per quadrant	This code includes the other service being billed, unless rules say not to.
D4999	Unspecified periodontal procedure, by report	When the treatment does not fit any existing gum treatment code

Prosthodontics, Removable (D5000-D5899)

Dentures (full or partial) are used when:

- X-rays show missing or badly damaged teeth that need to be replaced,
- For partial dentures, X-rays show some bone loss but the other teeth are still healthy,
- The support teeth are strong enough and not badly damaged,
- There is no serious gum disease or major bone loss in the support teeth,
- The mouth and gums are healthy, with no swelling or disease.

Code	Nomenclature	Member-friendly Clinical Criteria
Complete Dentures (Including Routine Post-Delivery Care)		
D5110	Complete denture - maxillary	(D5110 – D5120) a. The arch or arches must have no teeth when the dentures are made. b. The gums and jaw must not have extra hard or soft tissue that would keep the denture from fitting or being worn correctly.
D5120	Complete denture - mandibular	
D5130	Immediate denture - maxillary	(D5130 – D5140) a. The X-rays show a lot of tooth decay that cannot be fixed with other treatments. b. The X-rays show serious gum disease affecting many teeth. c. Many teeth are missing, making it hard for the patient to chew and hurting their health. d. A doctor's letter says the patient's health condition means all teeth need to be removed.
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 gums around the support teeth must have pockets that are 4 mm deep or less. And the teeth must have at least 50% bone support to hold a partial

Code	Nomenclature	Member-friendly Clinical Criteria
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	denture. b. There must be no tartar under the gums on the support teeth seen on X-rays. c. All teeth holding the partial denture must be healthy. d. The areas without teeth must not have extra hard or soft tissue that would make the denture hard to fit or wear.
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 (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	

Code	Nomenclature	Member-friendly Clinical Criteria
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 have a problem with their denture. Like a sore spot, pressure pain, or trouble 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	Proof that the lower denture base is broken and needs to be fixed. The denture teeth are not being repaired.
D5512	Repair broken complete denture base, maxillary	Proof that the upper denture base is broken and needs to be fixed. The denture teeth are not being repaired.
D5520	Replace missing or broken teeth – complete denture – per tooth	Records must show that a denture tooth needs to be replaced if it is broken, missing, or came off.
Repairs to Partial Dentures		
D5611	Repair resin partial denture base, mandibular	(D5612 – D5622) Records must show the denture base is broken and needs repair.
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 clear note explaining the repair and why it was needed.
D5640	Replace missing or broken teeth – partial denture – per tooth	Records must show a tooth on the denture needs to be replaced.
D5650	Add tooth to existing partial denture – per tooth	Records must show a tooth is being added to the denture.
D5660	Add clasp to existing partial denture, per tooth	Records must show a clasp is being added to the denture.
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	The dentist must explain why parts of the denture must be replaced, not fixed.
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	
Denture Rebase Procedures		
D5710	Rebase complete maxillary denture	(D5710 – D5725) Records must show the denture does not fit and cannot be fixed.
D5711	Rebase complete mandibular denture	
D5720	Rebase maxillary partial denture	

Code	Nomenclature	Member-friendly Clinical Criteria
D5721	Rebase mandibular partial denture	
D5725	Rebase hybrid prosthesis	
Denture Reline Procedures		
D5730	Reline complete upper denture (direct)	(D5730–D5761) a. Too much bone loss or sore spots in the mouth cause the denture to become loose, not stay in place, or not fit the bite correctly. b. When a full denture is broken and does not fit right. c. When the denture no longer fits or works properly.
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 used for a short time.
D5811	Interim complete denture (mandibular)	
D5820	Interim partial denture (maxillary)	
D5821	Interim partial denture (mandibular)	
Other Removable Prosthetic Services		
D5765	Soft liner for complete or partial removable denture - indirect	Dentures that do not fit right and hurt.
D5850	Tissue conditioning, maxillary	Used to help sore gums heal before a new denture is made.
D5851	Tissue conditioning, mandibular	Used to help sore gums heal before a new denture is made.
D5862	Precision attachment, by report	Used when a regular attachment will not fit or work well.
D5863	Overdenture - complete maxillary - natural tooth borne	(D5863 – D5866) Used for a full denture that stays in place by attaching to teeth or tooth roots. Not used with a regular denture.
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	Records must show a bad attachment on the denture.
D5875	Modification of removable prosthesis following implant surgery	The denture needs to be changed after implants are placed so it fits.
D5876	Add metal substructure to acrylic full denture (per arch)	Records must show why a stronger denture is needed.

Code	Nomenclature	Member-friendly Clinical Criteria
D5877	Duplication of complete denture – maxillary	Records must show why extra strength is needed for the denture.
D5878	Duplication of complete denture—mandibular	Records must show why a spare denture is needed.
D5899	Unspecified removable prosthodontic procedure, by report	Used when there is no regular code for the treatment done.

Maxillofacial Prosthetics (D5911-D5999)

Code	Nomenclature	Member-friendly Clinical Criteria
D5909	Maxillary guidance prosthesis with guide flange	a. Records must show why the treatment is needed. b. Each case is reviewed on its own. c. This denture is used when bone and tissue loss make it hard to move the jaw, speak, swallow, or bite correctly.
D5911	Facial moulage (sectional)	(D5900-D5999) Some codes may have extra requirements that must also be met. a. Records must show why the treatment is needed. b. Each case is reviewed one at a time.
D5912	Facial moulage (complete)	
D5913	Nasal prosthesis	
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	

Code	Nomenclature	Member-friendly Clinical Criteria
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	
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. Records must show why the treatment is needed. b. Records must show the baby has a cleft palate. c. Each case is reviewed one at a time.
D5952	Speech aid prosthesis, pediatric	a. Records must show why the treatment is needed. b. Each case is reviewed one at a time. c. Used when a problem in the roof of the mouth makes it hard to speak. This can include a cleft palate.
D5953	Speech aid prosthesis, adult	a. Records must show why the treatment is needed. b. Each case is reviewed one at a time. c. Used when a problem in the roof of the mouth makes speaking hard.
D5954	Palatal augmentation prosthesis	(D5900-D5999) Some codes may have extra requirements. a. Records must show why the treatment is needed. b. Each case is reviewed one at a time.
D5955	Palatal lift prosthesis, definitive	
D5958	Palatal lift prosthesis, interim	
D5959	Palatal lift prosthesis, modification	
D5960	Speech aid prosthesis, modification	

Code	Nomenclature	Member-friendly Clinical Criteria
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-oral or intra-oral) other than required adjustments, by report	
Carriers		
D5983	Radiation carrier	(D5900-D5999) Some codes may have extra requirements. a. Records must show why the treatment is needed. b. Each case is reviewed one at a time.
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. Records must show why the treatment is needed. b. Each case is reviewed one at a time. c. Used when there is no regular code for the treatment.

Implant Services (D6000-D6199)

Dental implants may be used when:

a. Dental implants are used to replace permanent teeth.
b. The mouth must be healthy and free from dental disease.
c. There must be at least 3 millimeters of space between the implant area and the roots of nearby teeth.
d. The person has oral cancer that required surgery or radiation treatment, causing loss of jawbone so regular dentures cannot be supported.
e. The person has severe bone loss in the upper or lower jaw that cannot be fixed with other procedures, and regular dentures do not work well.
f. The person has a condition that affects the shape or growth of the bones or teeth, making regular dentures impossible to use. Examples include arthrogryposis, ectodermal dysplasia, partial anodontia, and cleidocranial dysplasia.
g. The person has suffered a serious injury to the jaw, face, or head, and the remaining bone cannot support regular dentures.
h. Things to Consider Before Placing a Dental Implant
    i. The long-term success of a dental implant depends on choosing the right location in the mouth and making sure the patient is a good candidate for treatment.
i. General Guidelines
    i. An implant may be placed right after a tooth is removed if the area is healthy.
    ii. The implant site must not have any active infection or swelling.
    iii. There should be at least 1.5 millimeters of space between the implant and the roots of nearby teeth to prevent damage.
j. Patient Factors to Review During Treatment Planning

i. Before deciding if a dental implant is appropriate, the dentist should evaluate the following:
ii. Patient Participation: The patient must be willing and able to keep their teeth and gums clean and attend regular dental appointments.
iii. Biting Forces: The dentist should consider how much pressure the implant will handle when chewing.
iv. Bone Health: There must be enough healthy bone to support the implant and keep it stable.
v. Gum Health: Current or past gum disease can affect the success of the implant and should be treated if needed.
vi. Available Space: There must be enough room in the mouth to place and restore the implant properly.
vii. Age: Younger and older patients may have special needs based on growth, healing, or overall health.
- For codes D6010–D6050, females must be 16 years old and males must be 17 years old. Younger patients can get this treatment if they have stopped growing or if they lost teeth because of a birth defect or severe injury. The medical record must explain why the treatment is needed.

viii. Medical Conditions: The dentist should check for any health problems that could affect healing or increase the risk of complications which can include 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 or intellectual disabilities: Some people with mental health conditions or intellectual disabilities may need extra support to follow instructions, take care of their teeth, and attend follow-up dental visits.
x. Health and lifestyle Risks: Some behaviors can lower the chance that a dental implant will be successful, including:
- Tobacco use
- Substance use
- Heavy alcohol use

Code	Nomenclature	Member-friendly Clinical Criteria
Pre-Surgical Services		
D6190	Radiographic/surgical implant index, by report	Records must explain why careful planning and careful placement are needed before and during dental implant surgery.
Surgical Services		
D6010	Surgical placement of implant body; endosteal implant	Records may show: a. Records showing that the patient has trouble doing normal activities, such as chewing food, speaking clearly, or using their mouth properly because of the condition. b. Medical records that describe the patient's health condition, diagnosis, symptoms, and how the condition affects their daily life and overall health. c. Documentation showing that other treatments were tried or considered but did not work well enough, were not appropriate, or could not solve the problem. d. X-rays, scans, or dental records showing that there is enough healthy jawbone to safely support the planned treatment.
D6011	Second stage implant surgery	Records must show that the implant has been placed and is in the correct position. And that at least 6 months have passed since the implant was placed, to allow enough time for the implant and jawbone to heal.
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	Records showing that a temporary or mini implant was placed to help hold a temporary denture or bridge in place while the main implants heal. This documentation should explain why the temporary implant was needed and how it helps the patient eat, speak, and function during the healing period.
D6013	Surgical placement of mini implant	Dental records should show that the patient cannot comfortably wear or keep a denture in place because the jawbone and gums have become too thin, weak,

Code	Nomenclature	Member-friendly Clinical Criteria
		or damaged. The records should explain how this problem makes it hard for the patient to eat, speak, or perform daily activities. The dental record should also describe any traditional treatments, such as regular dentures, that were tried but did not work well enough to fix the problem. The provider should explain why other treatments did not work and why more treatment is needed. The provider may need to submit a letter explaining the patient's dental history, the treatments that have been tried, why they did not work, and why the recommended treatment is medically necessary.
D6040	Surgical placement: eposteal implant	The patient's dental records should show why an eposteal implant is needed for their specific condition. The records should explain why other treatment options are not the best choice. Clinical notes should clearly explain why a standard endosteal implant cannot be used. This may be because the patient does not have enough healthy jaw bone, has a medical condition that affects treatment, or has other dental issues that make a standard implant unsafe or unlikely to work. The notes should show why an eposteal implant is the better option for the patient.
D6050	Surgical placement: transosteal implant	The member has a condition that requires mandibular jawbone reconstruction because there is not enough healthy jawbone to support normal function. The member has already tried standard treatments, but those treatments did not work or did not provide lasting results. Therefore, conventional treatment has failed. The member has a functional impairment, meaning they have difficulty with normal daily activities such as chewing food, speaking clearly, or maintaining proper jaw function. These problems affect their health and quality of life. The member also has inadequate bone density, which means the jawbone is too weak or too thin to support other types of dental implants or restorative treatment without reconstruction. The need for treatment is related to a traumatic injury (such as an accident) or a congenital defect (a condition present at birth) that has caused loss of jawbone structure or function. Reconstruction is medically necessary to restore proper jaw support and improve the member's ability to eat, speak, and perform normal daily activities.
D6100	Surgical removal of implant body	The member requires treatment because of problems related to a dental implant. The implant has failed and is no longer working as intended. This has affected the member's oral health and normal daily function. The member has developed an infection around the implant site. The infection may cause swelling, redness, drainage, or damage to the surrounding bone and tissue. Treatment is needed to prevent the condition from getting worse and to protect the member's health. The implant has also sustained irreparable damage, meaning it cannot be repaired or restored to proper function. Because the implant is damaged beyond repair, additional treatment is medically necessary. The member reports persistent pain or discomfort that has continued despite routine care and monitoring. The ongoing pain interferes with normal activities such as chewing, eating, speaking, and maintaining comfort throughout the day. The member may also be experiencing an allergic reaction to the implant material or related components. Symptoms may include irritation, inflammation, swelling, or other adverse reactions that affect the member's oral health and comfort.
D6101	Debridement of a peri-implant defect or defects surrounding a	(D6080, D6101, D6180) Documentation submitted must show that the treatment is medically needed.

Code	Nomenclature	Member-friendly Clinical Criteria
	single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	This may include records showing bone loss, swollen or inflamed gum tissue, or buildup seen on dental X-rays.
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	Records may show: a. Records showing an infection around the dental implant. b. Records showing that other treatments were tried but did not work. c. X-rays or dental records showing bone loss or swollen gums around the implant. d. Records showing that the problem is serious and needs more than routine implant care.
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.	Records may show: a. Records showing a bone problem around a dental implant. b. A dental exam and X-rays showing damage to the bone around the implant. c. Records showing that the bone problem could cause the implant to become weak or fail.
D6104	Bone graft at time of implant placement	Records may show: a. Records showing there is not enough bone for the implant. b. Records showing the implant is loose or not stable.
D6105	Removal of implant body not requiring bone removal or flap elevation	Records showing that a dental implant did not work.
D6106	Guided tissue regeneration - resorbable barrier, per implant	A treatment used to clean around a dental implant and remove infection.
D6107	Guided tissue regeneration - non-resorbable barrier, per implant	A treatment used to clean an infection around a dental implant.
Implant Supported Prosthetics *Supporting Structure*		
D6051	Placement of interim implant abutment	Records may show: a. The final implant tooth is being made by a dental lab. b. The gums need time to heal around the implant before the final tooth can be placed. c. The patient needs a temporary tooth to help with eating, speaking, or appearance while waiting for the permanent tooth.
D6055	Connecting bar - implant supported or abutment supported	Records may show: a. Records showing that a connecting bar is needed to support the implants. b. Records showing that a connecting bar is needed to keep the denture stable. c. Records showing that the patient cannot use a regular denture and needs extra support.
D6056	Prefabricated abutment - includes modification and placement	This procedure is approved when an implant tooth or bridge needs support.
D6057	Custom fabricated abutment - includes placement	A custom support piece (abutment) may be approved if: a. The implant is at an angle. b. The gums need a custom fit. c. The implant is in an area where appearance is important.

Code	Nomenclature	Member-friendly Clinical Criteria
D6191	Semi-precision abutment – placement	Records showing that a standard support piece (abutment) will not work. A custom piece is needed.
D6192	Semi-precision attachment – placement	This procedure is used to help hold a denture or replacement tooth in place.
Implant Supported Prosthetics *Implant/Abutment Supported Removable Dentures*		
D6110	Implant/abutment supported removable denture for edentulous arch – maxillary	(D6110 – D6113) Records showing that implants were placed and help dentures fit better and stay in place.
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	Records showing that implants were placed to help dentures stay in place in the upper jaw.
D6115	Implant/abutment supported fixed denture for edentulous arch - mandibular	Records showing that implants were placed because of bone loss in the lower jaw.
D6116	Implant/abutment supported fixed denture for partially edentulous arch - maxillary	Proof that approved implants were placed in the upper arch where some teeth were missing.
D6117	Implant/abutment supported fixed denture for partially edentulous arch - mandibular	Proof that approved implants were put in the lower jaw where teeth are missing.
D6118	Implant abutment support interim fixed denture for edentulous arch, mandibular	Proof that approved implants were put in the lower jaw and there is a lot of bone loss. Notes explain why temporary teeth are needed and how long they will be used.
D6119	Implant abutment support interim fixed denture for edentulous arch, maxillary	Proof that approved implants were put in the upper jaw and there is lot of bone loss. Notes explain why temporary teeth are needed and how long they will be used.
Implant Supported Prosthetics *Single Crowns, Abutment Supported*		
D6058	Abutment supported porcelain/ceramic crown	(D6058 – D6097) Proof that the approved implant was placed and healed well.
D6059	Abutment supported porcelain fused to metal crown (high noble)	
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)	

Code	Nomenclature	Member-friendly Clinical Criteria
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 – D6088) Proof that the approved implant was placed and attached to the jawbone.
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	(D6068 – D6195) Proof that the approved implant was placed and healed into the bone.
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)	
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	

Code	Nomenclature	Member-friendly Clinical Criteria
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) Proof that the approved implant was placed and healed into the bone.
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	The documents must show why the treatment is needed. This may include bone loss, swollen or irritated gums, or buildup seen on X-rays.
D6080	Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments	(D6080, D6101, D6180) The documents must show why the treatment is needed. This may include bone loss, swollen or irritated gums, or buildup seen on X-rays.
D6081	Scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon	The documents must show why the treatment is needed. This may include bone loss, swollen or irritated gums, or buildup seen on X-rays.

Code	Nomenclature	Member-friendly Clinical Criteria
	probing and increased pocket depths; includes cleaning of the implant surfaces, without flap entry and closure	
D6085	Interim implant crown	Proof that the approved implant was placed. A temporary crown is needed while the implant heals before the permanent crown can be placed.
D6089	Accessing and retorquing loose implant screw - per screw	Proof that the implant screw is loose and can be tightened.
D6090	Repair of implant/abutment supported prosthesis	Proof that the approved implant needs repair.
D6091	Replacement of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	Proof that a part of the approved implant was replaced.
D6092	Re-cement or re-bond implant/abutment supported crown	Proof that the approved implant crown became loose and needs to be reattached.
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	Proof that the approved implant bridge became loose and needs to be reattached.
D6096	Remove broken implant retaining screw	Proof that the implant's holding screw is broken.
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments	(D6080, D6101, D6180) The documents must show why the treatment is needed. This may include bone loss, swollen gums, or buildup seen on an X-ray.
D6193	Replacement of an implant screw	Proof that the implant screw failed and needs to be replaced.
D6196	Removal of an indirect restoration on an implant retained abutment, not to be used for a temporary, provisional or a screw-retained restoration	Proof that a restoration needs to be removed.
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	Proof that the implant covering needs to be replaced.
D6198	Remove interim implant component	The documents must explain why the part was only used for a short time was removed.
D6199	Unspecified implant procedure, by report	When the procedure does not match any implant billing 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	The documents must explain why the part was removed and cared for.

Prosthodontics, Fixed (D6200-D6999)

The following conditions must be shown to support the need for treatment:

a. Current dental x-rays, such as a full-mouth series or panoramic x-ray, must show that teeth are missing or cannot be saved and need to be replaced.
b. Current dental x-rays must show that there is enough healthy bone to support treatment. Any bone loss seen on the x-rays should be evaluated and documented.
c. The teeth that will support a fixed denture must be healthy. X-rays should show no severe bone loss, no buildup of hardened plaque below the gums, and no signs of infection around the tooth roots.
d. The gums, bone, and other tissues in the mouth must be free from inflammation, disease, or other problems.
e. There must be no untreated cavities and no active gum disease around the teeth that will support the dental appliance.

Code	Nomenclature	Member-friendly Clinical Criteria
Fixed Partial Denture Pontics		
D6205	Pontic - indirect resin-based composite	(D6205 – D6253) a. There must be a space of 3 mm or more for one fake tooth in the bridge. b. There must be teeth on the opposite side to bite against. c. There must be enough healthy tooth left to hold and support the crown for a long time. d. X-rays must not show cavities near the bone or between the roots that would make the tooth unable to be fixed. e. The final crown or bridge must fit with at least 2 mm of healthy space between it and the bone. f. The tooth must still have at least 60% of its bone support. g. There must be no untreated damage inside or outside the root and no active tooth infections.
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		
D6545	Retainer - cast metal for resin bonded fixed prosthesis	(D6545 – D6634) a. There must be at least 3 mm of space for one replacement tooth in the bridge. b. There must be teeth on the opposite jaw to bite against. c. There must be enough healthy tooth left to hold and support the crown or bridge for a long time. d. X-rays must not show cavities near the bone or between the roots that would make the tooth unable to be repaired. e. The final crown or bridge must fit with at least 2 mm of healthy space between it and the bone. f. The tooth must still have at least 60% of its bone support. g. If a root canal was done, it must be fully sealed and no more than 2 millimeters short and no more than 0.5 millimeters past the tip.
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	

Code	Nomenclature	Member-friendly Clinical Criteria
D6603	Retainer inlay - cast high noble metal, three or more surfaces	h. There must be no untreated root damage or active tooth infections.
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. There must be at least 3 mm of space for one replacement tooth in the bridge. b. There must be teeth on the opposite jaw to bite against. c. There must be enough healthy tooth left to hold and support the crown for a long time.
D6720	Retainer crown - resin with high noble metal	
D6721	Retainer crown - resin with predominantly base metal	
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	

Code	Nomenclature	Member-friendly Clinical Criteria
D6780	Retainer crown - 3/4 cast high noble metal	d. X-rays must not show cavities near the bone or between the roots that would make the tooth unable to be fixed. e. The final crown must fit with at least 2 mm of healthy space between it and the bone. f. The tooth must still have at least 60% of its bone support. g. If a root canal was done, it must be fully sealed and no more than 2 millimeters short and no more than 0.5 millimeters past the tip. h. There must be no untreated root damage or active tooth infections.
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	Records show that a connector bar is needed to make the bridge stronger and more stable.
D6930	Re-cement or re-bond fixed partial denture	Records show that the bridge became loose or fell off because the dental cement failed.
D6940	Stress breaker	Records show that the support teeth need protection from chewing pressure.
D6950	Precision attachment	Records show that a removable partial denture did not work well.
D6980	Fixed partial denture repair necessitated by restorative material failure	Records show that the bridge needs repair because part of it broke, but the support teeth and metal frame are still okay.
D6985	Pediatric partial denture, fixed	Records show that a child needs missing teeth replaced to help with chewing or speaking.
D6999	Unspecified fixed prosthodontic procedure, by report	This code can also be used when no other bridge code matches the treatment.

Oral and Maxillofacial Surgery (D7000-D7999)

General indications for extractions:

a. Supernumerary teeth or mesiodens that interfere with the alignment of other teeth.
b. Teeth which are involved with a cyst, tumor, or other neoplasms.
c. Unerupted teeth which are severely distorting the normal alignment of erupted teeth or causing the break down of the roots of other teeth.
d. The extraction of all remaining teeth in preparation for a full prosthesis.
e. Extraction of third molars that are causing repeated or chronic pericoronitis.
f. Extraction of primary teeth is required to minimize malocclusion or malalignment when there is adequate space to allow normal eruption of succedaneous teeth.
g. Perceptible radiologic pathology that fails to elicit symptoms.
h. Extractions that are required to complete orthodontic dental services, excluding prophylactic removal of third molars.

i. When the prognosis of the tooth is questionable due to non-restorability or periodontal involvement.
j. Tooth is non-restorable due to caries or the extent of fractured off tooth structure.
k. Pulpal and/or periapical pathology.
l. Second or subsequent episodes of pericoronitis (unless the first episode is particularly severe) that cannot be resolved using antibiotics, irrigation, or other topical treatment.
m. Osteomyelitis.
n. Cellulitis.
o. Tumor removal that also requires removal of tooth for access.
p. Internal/external resorption of a tooth or adjacent tooth.
q. Tooth in aberrant position that is causing bone loss on adjacent tooth/teeth.
r. Tooth/teeth impeding orthognathic surgery, reconstructive surgery, trauma surgery, or other jaw surgery.

Code	Nomenclature	Member-friendly Clinical Criteria
Extractions (Includes Local Anesthesia, Suturing If Needed, and Routine Postoperative Care)		
D7111	Extraction, coronal remnants - deciduous tooth	The tooth is still there, but it has a problem and needs to be removed.
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	The tooth has a problem and needs to be removed.
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	a. The tooth has come through the gums, and nothing is blocking it from coming in all the way, AND b. A small cut in the gum was done if needed, AND c. Bone removal and/or cutting the tooth into sections is needed to remove the tooth.
D7220	Removal of impacted tooth - soft tissue	Impacted Teeth (D7220, D7230, D7240, D7241) a. The wisdom tooth is hurting the tooth next to it by causing decay or bone loss, and the problem cannot be fixed unless the wisdom tooth is removed. b. The wisdom tooth is causing gum disease around the tooth next to it, and the problem cannot be treated unless the wisdom tooth is removed. c. D7220 – Soft Tissue Impacted Tooth Removal: This is used when the tooth has not fully come in and is covered by gum tissue. The dentist must lift the gums to remove the tooth. d. D7230 – Partial Bony Impacted Tooth Removal: This is used when part of the tooth is covered by bone and the tooth is stuck below the normal biting level. The dentist must lift the gums and remove some bone. e. D7240 – Completely Bony Impacted Tooth Removal: This is used when most or all of the tooth is covered by bone and the tooth is far below the normal biting level. The dentist must lift the gums and remove bone to take out the tooth. f. D7241 – Completely Bony Impacted Tooth Removal with Special Problems: This is used when the tooth meets all the rules for D7240, but the surgery is much harder because of special problems. X-rays and sometimes surgery notes are needed. g. The tooth is stuck to the bone and cannot move normally. h. The dentist must carefully move or protect a nerve during surgery. i. The dentist must close an opening into the sinus after removing the tooth. j. The tooth is in a very unusual position. k. The tooth is lying sideways toward the cheek or tongue.
D7230	Removal of impacted tooth - partially bony	
D7240	Removal of tooth - completely bony	

Code	Nomenclature	Member-friendly Clinical Criteria
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	l. A large part of the tooth or roots is below a major nerve in the jaw. m. The tooth is tilted backward and has curved roots. n. The tooth is stuck very deep in the jaw next to the nearby tooth. o. If there is no disease or high risk of disease, the dentist may recommend watching the tooth with regular exams and X-rays instead of removing it right away. p. The tooth is located where the jaw is broken. q. The tooth may need to be removed before certain medical treatments or surgeries, such as organ transplants, implants, or radiation treatment.
D7250	Removal of residual tooth roots (cutting procedure)	a. The roots cannot be seen because they are covered by bone (this usually happens when part of a tooth root was left behind after a tooth was removed and the bone healed over it). b. The dentist made a small opening in the gums. c. Some bone must be removed to take out the root or roots. d. The tooth roots are very close to an important nerve in the jaw. (This does not apply if the tooth nerve is dead.)
D7251	Coronectomy - intentional partial tooth removal, impacted teeth only	a. The roots cannot be seen because they are covered by bone (this usually happens when part of a root was left behind after a tooth was removed and the bone healed over it). b. The dentist had to lift the gums to reach the area, and c. Some bone must be removed to take out the root(s).
D7252	Partial extraction for immediate implant placement	Part of the tooth is being taken out and replaced with an implant at the same time.
Other Surgical Procedures		
D7259	Nerve dissection	a. Records are needed to show the treatment is medically needed. b. It would not be covered if it is done on the same day as D7241.
D7260	Oroantral fistula closure	Records showing there is a hole between the mouth and sinus.
D7261	Primary closure of a sinus perforation	Records showing there is an opening between the mouth and sinus or nose, but no tunnel-like passage is present.
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	(D7270, D7272) a. Adult teeth that are loose but still in the mouth. b. Baby or adult teeth that have been pushed to the side. c. Adult teeth that have been partly knocked out of the gums. d. Adult teeth that have been completely knocked out.
D7272	Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization	
D7280	Exposure of an unerupted tooth	Records must explain why a tooth did not come in on its own and why a surgical procedure is needed to expose the tooth and help it come in. This is often done as part of orthodontic treatment. A surgery is needed to help the tooth come in properly. This is often done as part of braces treatment.
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	a. Teeth that are stuck in the bone and cannot move normally. b. Not done at the same time as pulling out a tooth. c. The patient's records must show that the treatment is medically needed.
D7283	Placement of device to facilitate eruption of impacted tooth	a. The patient must be getting braces. b. X-rays taken before treatment must show the tooth is stuck under the gums. c. The patient's records must show that the treatment is medically needed.
D7284	Excisional biopsy of minor salivary glands	Records show the treatment is needed for health reasons.
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	(D7285, D7286) Records show the treatment is needed for health reasons.

Code	Nomenclature	Member-friendly Clinical Criteria
D7286	Incisional biopsy of oral tissue - soft	
D7287	Exfoliative cytological sample collection	The dentist wants to check for cancer without doing surgery.
D7288	Brush biopsy - transepithelial sample collection	Records show the treatment is needed for health reasons.
D7290	Surgical repositioning of teeth	Moving a tooth to a new place in the jaw with surgery when braces will not work.
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	Records show that teeth might move back to their old place after braces.
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap	Records show extra support is needed during braces treatment to help move teeth, especially in hard or complicated cases.
D7293	Placement of temporary anchorage device requiring flap	Records show extra support is needed during braces treatment to help move teeth, especially in hard or complicated cases.
D7294	Placement of temporary anchorage device without flap	Records show extra support is needed during braces treatment to help move teeth, especially in hard or complicated cases.
D7295	Harvest of bone for use in autogenous grafting procedure	There must be a clear reason for the bone graft. Common reasons include: a. Large holes or damage in the jaw or face bones. b. Repairing the jaw after an injury or after removing a disease, like a cyst or tumor. c. Getting the jaw ready for dental implants by making the jawbone bigger or stronger.
D7296	Corticectomy - one to three teeth or tooth spaces, per quadrant	Records must explain why treatment to speed up braces is needed.
D7297	Corticectomy - four or more teeth or tooth spaces, per quadrant	Records must explain why treatment to speed up braces is needed.
D7298	Removal of temporary anchorage device [screw retained plate], requiring flap	Records show the device is no longer needed.
D7299	Removal of temporary anchorage device, requiring flap	Records show the device is no longer needed.
D7300	Removal of temporary anchorage device without flap	Records show the device is no longer needed.
Alveoloplasty – Preparation of Ridge		
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	(D7310 – D7321) Reasons for Alveoloplasty: a. To shape and smooth the bone when a tooth is removed. b. To shape and smooth the bone before making dentures or other false teeth. c. To help keep dental implants steady and secure. d. To remove extra bone caused by bone disease or other bone problems. Alveoloplasty should not be done in these cases: a. When taking out bone could hurt important parts of the body. b. When there is not enough bone or the bone shape is unusual. c. For people who have had radiation treatment to the head or neck. d. For people with health problems that can cause too much bleeding, make it harder to fight infection, or slow down healing.
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		

Code	Nomenclature	Member-friendly Clinical Criteria
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	(D7340 – D7350) Records must show the jawbone needs to be made taller by moving down the muscles attached to the inside and outside parts of the jaw. This is usually done to help prepare the mouth for dentures or a dental 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) Records show the treatment is needed for health reasons.
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 records must show a treatment was used to get rid of the sore without cutting it out with a knife. These treatments may include: a. Using a laser b. Using heat or electricity c. Freezing the area d. Using special chemicals to burn the area
Excision of Intra-Osseous Lesions		
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	(D7440, D7441) Records must show the treatment is needed for a medical reason plus X-rays.
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) Records show what the growth looks like and confirm it is not cancer. The growth must come from the tissues that help form teeth.
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)	Records show that extra bone growth is making it hard for the patient to chew, speak, or wear dentures or another dental device.

Code	Nomenclature	Member-friendly Clinical Criteria
D7472	Removal of torus palatinus	Records show that extra bone growth on the roof of the mouth is making it hard for the patient to chew, speak, or wear dentures or another dental device.
D7473	Removal of torus mandibularis	Records show that extra bone growth on the lower jaw is making it hard for the patient to chew, speak, or wear dentures or another dental device.
D7485	Surgical reduction of osseous tuberosity	Records show an enlarged bony area in the upper jaw makes it hard for the patient to wear dentures.
D7490	Radical resection of maxilla or mandible	Records show there is a problem within the jawbone. Removal of a large amount of bone may be necessary.
Surgical Incision		
D7509	Marsupialization of odontogenic cyst	Records must show that the tooth cyst is large enough to need this procedure.
D7510	Incision and drainage of abscess - intraoral soft tissue	Used when an infection with swelling is in the soft tissue inside the mouth.
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	A cut is made inside the mouth to drain a serious infection in the soft tissue. This treatment may include more than one area inside the mouth.
D7520	Incision and drainage of abscess - extraoral soft tissue	Used when an infection with swelling is outside the mouth.
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Used when an infection with swelling is outside the mouth and may include more than one area.
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	Used when something is stuck in the mouth tissue and needs to be removed.
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	Used when something is stuck in the mouth tissue and needs to be removed.
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	Records show there is a small area of dead bone that needs to be removed with surgery.
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	Records show that something is stuck inside the sinus above the upper teeth.
Treatment of Closed Fractures		
D7610	Maxilla - open reduction (teeth immobilized, if present)	Records show the upper jaw bone is broken and surgery is needed to line up the bone and hold it in place.
D7620	Maxilla - closed reduction (teeth immobilized, if present)	Records show the upper jaw bone is broken and surgery is not needed to line up the bone and hold it in place.
D7630	Mandible - open reduction (teeth immobilized, if present)	Records show the lower jaw bone is broken and surgery is needed to line up the bone and hold it in place.
D7640	Mandible - closed reduction (teeth immobilized, if present)	Records show the lower jaw bone is broken and surgery is not needed to line up the bone and hold it in place.
D7650	Malar and/or zygomatic arch - open reduction	Records show there is a broken cheekbone or cheekbone arch that needs surgery to put the bone back in the right place.
D7660	Malar and/or zygomatic arch - closed reduction	Records show there is a broken cheekbone or cheekbone arch that does not need surgery to put the bone back in the right place.
D7670	Alveolus - closed reduction, may include stabilization of teeth	Records show there is a broken part of the jawbone around the teeth that needs special tools to put the bone back in the right place.
D7671	Alveolus - open reduction, may include stabilization of teeth	Records show there is a broken part of the jawbone around the teeth that needs surgery and special tools to put the bone back in the right place.

Code	Nomenclature	Member-friendly Clinical Criteria
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	Records show a person needs surgery to fix serious breaks in the bones of the face.
Treatment of Open Fractures		
D7710	Maxilla - open reduction	Records show the upper jaw bone is broken and surgery is needed to line up the bone and hold it in place.
D7720	Maxilla - closed reduction	Records show the upper jaw bone is broken and surgery is not needed to line up the bone and hold it in place.
D7730	Mandible - open reduction	Records show the lower jaw bone is broken and surgery is needed to line up the bone and hold it in place.
D7740	Mandible - closed reduction	Records show the lower jaw bone is broken and surgery is not needed to line up the bone and hold it in place.
D7750	Malar and/or zygomatic arch - open reduction	Records show there is a broken cheekbone or cheekbone arch that needs surgery to put the bone back in the right place.
D7760	Malar and/or zygomatic arch - closed reduction	Records show there is a broken cheekbone or cheekbone arch that does not need surgery to put the bone back in the right place.
D7770	Alveolus - open reduction stabilization of teeth	Records show there is a broken part of the jawbone around the teeth that needs surgery and special tools to put the bone back in the right place.
D7771	Alveolus - closed reduction stabilization of teeth	Records show there is a broken part of the jawbone around the teeth that needs special tools to put the bone back in the right place.
D7780	Facial bones - complicated reduction with fixation and multiple approaches	Records show a person needs surgery to fix serious breaks in the bones of the face.
Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions		
D7810	Open reduction of dislocation	Records show a joint is out of place and surgery with a cut in the skin is needed to fix it.
D7820	Closed reduction of dislocation	Records show a joint is out of place and no surgery is needed to fix it.
D7830	Manipulation under anesthesia	Records show a joint is out of place and anesthesia is needed to fix it.
D7840	Condylectomy	Records show a joint is out of place and surgery with a cut in the skin is needed to fix it.
D7850	Surgical discectomy, with/without implant	Records show a joint is out of place and surgery with a cut in the skin is needed to fix it.
D7852	Disc repair	Records show a joint is out of place and surgery with a cut in the skin is needed to fix it.
D7854	Synovectomy	Records show a joint is out of place and surgery with a cut in the skin is needed to fix it.
D7856	Myotomy	Records show a joint is out of place and surgery with a cut in the skin is needed to fix it.
D7858	Joint reconstruction	Surgery is needed to replace all or part of the jaw joint.
D7860	Arthrotomy	Records show a joint is out of place and surgery with a cut in the skin is needed to fix it.
D7865	Arthroplasty	Records show a joint is out of place and surgery with a cut in the skin is needed to fix it.
D7870	Arthrocentesis	Used when there is too much fluid around the jaw joint (TMJ).
D7871	Non-arthroscopic lysis and lavage	Used when the jaw joint gets stuck. This can make the joint swollen and sore.
D7872	Arthroscopy - diagnosis, with or without biopsy	Used to see what is wrong with the jaw joint (TMJ).
D7873	Arthroscopy - lavage and lysis or adhesions	Used to remove tissue that is stuck together when other treatments did not fix the problem.
D7874	Arthroscopy - disc repositioning and stabilization	Used when the jaw disc needs to be moved back into place and kept stable.

Code	Nomenclature	Member-friendly Clinical Criteria
D7875	Arthroscopy - synovectomy	Used when the lining of the jaw joint is swollen or there is extra tissue in the lining.
D7876	Arthroscopy - discectomy	Used when the jaw disc moves out of place, is damaged, or causes pain that did not get better with simpler treatments.
D7877	Arthroscopy - debridement	Used when surgery is needed to clean out damaged tissue in the jaw joint. This is different from procedures that only look at the joint other kinds of joint surgery.
D7880	Occlusal orthotic device, by report	a. A full check of jaw joint (TMD) or face pain problems was done, and the doctor found a related problem. b. A panoramic x-ray or other clear picture of the jaw joint (TMJ) was taken and sent in to help with the diagnosis. c. A written note explaining why the treatment is medically needed.
D7881	Occlusal orthotic device adjustment	Used when a splint already in place needs to be changed, fixed, or adjusted.
D7899	Unspecified TMD therapy, by report	A note is needed to explain why the jaw joint procedure is necessary.
Repair of Traumatic Wounds		
D7910	Suture of recent small wounds up to 5 cm	Used when a wound is new, simple, and smaller than 5 cm, and is in or around the mouth.
Complicated Suturing (Reconstruction Requiring Delicate Handling of Tissues and Wide Undermining for Meticulous Closure)		
D7911	Complicated suture - up to 5 cm	Used when a wound needs special stitches because it is: a. No longer than 5 cm b. Deep, c. Missing a lot of tissue, or d. Uneven in shape.
D7912	Complicated suture - greater than 5 cm	Used when a wound is longer than 5 cm and is harder to close than a normal wound. It may need special surgical techniques to close it properly.
Other Repair Procedures		
D7920	Skin graft (identify defect covered, location and type of graft)	Used when there is a wound or missing skin that needs a skin graft to close it.
D7921	Collection and application of autologous blood concentrate product	a. Sent with an approved bone graft around a natural tooth (D4263), and b. The material used is PRF (platelet-rich fibrin).
D7922	Placement of intra-socket biological dressing to aid in hemostatis or clot stabilization, per site	Used when: a. pressure does not stop the bleeding, b. a patient takes blood-thinning medicine, or c. a patient has a bleeding disorder.
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation	Used when a robotic or navigation system is used to help place and perform a jaw bone cut.
D7940	Osteoplasty - for orthognathic deformities	Used when the bone in the mouth needs to be reshaped. This may include smoothing the jaw ridge before dentures are made, removing extra bone growths that get in the way of dentures, or fixing bone problems caused by injury or disease.
D7941	Osteotomy - mandibular rami	Used for serious jaw problems where the teeth and jaws do not line up correctly. These problems make it hard to chew, speak, or function normally and cannot be fixed with braces alone.
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	Used when a bone graft is needed in the lower jaw area to fix or rebuild the bone. This is often done because of an injury, illness, or when the teeth and jaws do not line up correctly.

Code	Nomenclature	Member-friendly Clinical Criteria
D7944	Osteotomy - segmented or subapical	Used when teeth and jaw bone are not shaped correctly and a only a small part of the jaw, not the whole jaw, needs surgery.
D7945	Osteotomy - body of mandible	Used when the lower jaw bone needs to be changed because its shape or size is not normal.
D7946	LeFort I (maxilla - total)	Used when the upper jaw needs to be moved into a better position with surgery. This can help fix bad bite or uneven facial shape.
D7947	LeFort I (maxilla - segmented)	Used when the upper jaw needs surgery to fix serious problems. This can include a bad bite, changes in face shape, or injuries. The upper jaw may need to be moved in pieces during surgery.
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	Used when the middle part of the face has not grown correctly or has been damaged because of a condition from birth, growth, or an injury.
D7949	Lefort II or Lefort III - with bone graft	Used when the middle part of the face does not have enough bone because of a condition present at birth, growth problems, or an injury, and a bone graft is needed to help rebuild it.
D7950	Osseous, osteo-periosteal, or cartilage graft of the mandible or maxilla - autogenous or non-autogenous, by report	Used when a lot of bone needs to be added or rebuilt in the jaw ridge to restore its height, width, or shape.
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	Used when the upper jaw bone is too thin or short to hold a future dental implant.
D7952	Sinus augmentation via a vertical approach	Used when the upper jaw bone is too thin or short to hold a future dental implant.
D7953	Bone replacement graft for ridge preservation - per site	a. Only used where a tooth or implant was removed, or where an implant is being taken out to place a new one. b. There must be a large amount of bone loss or damage to the hard outer bone. c. Not allowed for wisdom teeth.
D7955	Repair of maxillofacial soft and/or hard tissue defect	Used when facial bones need to be rebuilt because they are damaged or missing.
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	After a tooth is removed there is a severe problem in the bone that needs ridge building, a sinus lift, or other treatment.
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	After a tooth is removed there is a severe problem in the bone that needs ridge building, a sinus lift, or other treatment.
D7961	Buccal/labial frenectomy (frenulectomy)	a. There is a problem caused by an extra band of tissue that makes normal use difficult, OR b. Dental records and/or photos show a gum and tissue problem, OR c. A serious feeding problem in babies.
D7962	Lingual frenectomy (frenulectomy)	a. There is a problem caused by an extra band of tissue that makes normal use difficult, OR b. Dental records and/or photos show a gum and tissue problem, OR c. A serious feeding problem in babies.
D7963	Frenuloplasty	a. There is a problem caused by an extra band of tissue that makes normal use difficult, OR b. Dental records and/or photos show a gum and tissue problem, OR c. A serious feeding problem in babies.

Code	Nomenclature	Member-friendly Clinical Criteria
D7970	Excision of hyperplastic tissue - per arch	Used when extra tissue growth on the jaw bone causes problems like a denture that does not fit well or trouble chewing.
D7971	Excision of pericoronal gingiva	Used to remove swollen or infected tissue around a tooth that is partly coming in or stuck under the gums.
D7972	Surgical reduction of fibrous tuberosity	Used when extra tissue growth on the back upper jaw causing problems like a denture that does not fit well or trouble chewing.
D7979	Non-surgical sialolithotomy	Used when a person has salivary gland stones and no surgery is needed to remove them.
D7980	Sialolithotomy	Used when a person has salivary gland stones and surgery is needed to remove them.
D7981	Excision of salivary gland, by report	A report that explains why treatment is medically needed when there is no other listed reason to remove a salivary gland.
D7982	Sialodochoplasty	Used when a saliva gland tube is hurt or blocked.
D7983	Closure of salivary fistula	Used when a cut or opening needs to be closed to fix a health problem.
D7990	Emergency tracheotomy	Used when a blockage in the upper airway could be life-threatening, such as: a. Serious injury to the mouth or face that makes it hard to breathe. b. Severe swelling from a bad mouth infection (like Ludwig's angina) that blocks breathing. c. Something stuck in the airway that cannot be removed.
D7991	Coronoidectomy	Used when a problem makes it hard to move the jaw normally.
D7993	Surgical placement of craniofacial implant – extra oral	Used when fixing or rebuilding parts of the face that were damaged by injury, were present from birth, or were affected by surgery for a disease.
D7994	Surgical placement – zygomatic implant	Used when the upper jaw bone has lost a lot of bone or a previous bone graft has not worked, so normal dental implants cannot be used.
D7995	Synthetic graft - mandible or facial bones, by report	Used when it is medically needed to use man-made or donated bone or tissue material.
D7996	Implant - mandible for augmentation purposes (excluding alveolar ridge), by report	Used when an implant is needed for medical reasons.
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	Used when it is medically needed to take out a device placed by someone else.
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	Used when a device is placed to hold the upper and lower jaws together as part of needed medical treatment, and it is not for treating broken bones.
D7999	Unspecified oral surgery procedure, by report	A report is needed to explain the medical reason for the surgery.

Orthodontics (D8000-D8999)

Orthodontic treatment must be needed to help a person's health or how their mouth works. It should not be only for looks. A dentist or orthodontist should make a clear plan for treatment using complete tests and records.

Health-related need is the presence of:

- Teeth that do not line up correctly
- Uneven jaw shape or size
- Health problems that affect the growth of the face or skull
- Problems with chewing, speaking, breathing, or jaw joint function (TMJ)

The need for braces will depend on your state's rules. The Provider must fill out and send in the right documents to see if you qualify for braces. Providers will use one or more of the documents below to help show you need braces.

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

Code	Nomenclature	Member-friendly Clinical Criteria
Limited Orthodontic Treatment		
D8010	Limited orthodontic treatment of the primary dentition	Based on state standards. Read the Orthodontics overview to learn more.
D8020	Limited orthodontic treatment of the transitional dentition	Based on state guidelines. Read the Orthodontics overview to learn more.
D8030	Limited orthodontic treatment of the adolescent dentition	Based on state guidelines. Read the Orthodontics overview to learn more.
D8040	Limited orthodontic treatment of the adult dentition	Based on state guidelines. Read the Orthodontics overview to learn more.
Comprehensive Orthodontic Treatment		
D8070	Comprehensive orthodontic treatment of the transitional dentition	Based on state guidelines. Read the Orthodontics overview to learn more.
D8080	Comprehensive orthodontic treatment of the adolescent dentition	Based on state guidelines. Read the Orthodontics overview to learn more.
D8090	Comprehensive orthodontic treatment of the adult dentition	Based on state guidelines. Read the Orthodontics overview to learn more.
D8091	Comprehensive orthodontic treatment with orthognathic surgery	Based on state guidelines. Read the Orthodontics overview to learn more.
Minor Treatment to Control Harmful Habits		
D8210	Removable appliance therapy	Based on state guidelines. Read the Orthodontics overview to learn more.
D8220	Fixed appliance therapy	Based on state guidelines. Read the Orthodontics overview to learn more.
Other Orthodontic Services		
D8660	Pre-orthodontic treatment examination to monitor growth and development	Based on state guidelines. Read the Orthodontics overview to learn more.
D8670	Periodic orthodontic treatment visit	Based on state guidelines. Read the Orthodontics overview to learn more.
D8671	Periodic orthodontic treatment visit associated with orthognathic surgery	Based on state guidelines. Read the Orthodontics overview to learn more.
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	Based on state guidelines. Read the Orthodontics overview to learn more.
D8681	Removable orthodontic retainer adjustment	Based on state guidelines. Read the Orthodontics overview to learn more.
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment	Based on state guidelines. Read the Orthodontics overview to learn more.
D8696	Repair of orthodontic appliance - maxillary	Based on state guidelines. Read the Orthodontics overview to learn more.

Code	Nomenclature	Member-friendly Clinical Criteria
D8697	Repair of orthodontic appliance - mandibular	Based on state guidelines. Read the Orthodontics overview to learn more.
D8698	Re-cement or re-bond fixed retainer - maxillary	Based on state guidelines. Read the Orthodontics overview to learn more.
D8699	Re-cement or re-bond fixed retainer - mandibular	Based on state guidelines. Read the Orthodontics overview to learn more.
D8701	Repair of fixed retainer, includes reattachment - maxillary	Based on state guidelines. Read the Orthodontics overview to learn more.
D8702	Repair of fixed retainer, includes reattachment - mandibular	Based on state guidelines. Read the Orthodontics overview to learn more.
D8703	Replacement of lost or broken retainer - maxillary	Based on state guidelines. Read the Orthodontics overview to learn more.
D8704	Replacement of lost or broken retainer - mandibular	Based on state guidelines. Read the Orthodontics overview to learn more.
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	Member-friendly Clinical Criteria
Unclassified Treatment		
D9110	Palliative treatment of dental pain - per visit	Used when the goal is to give quick, short-term relief without doing a full repair or surgery.
D9120	Fixed partial denture sectioning	Used when only part of the bridge needs to be removed or treated.
D9128	Photobiomodulation therapy -first 15 minutes	Used for low-level laser treatment to help reduce pain or swelling, support healing, and help tissue repair during the first 15 minutes.
D9129	Photobiomodulation therapy – each subsequent 15 minutes	Used for low-level laser treatment after the first 15 minutes to help reduce pain or swelling, support healing, and help tissue repair.
D9130	Temporomandibular joint dysfunction - non-invasive physical therapies	Used for medically needed physical therapy that does not involve surgery for a documented TMJ problem.

Code	Nomenclature	Member-friendly Clinical Criteria
Anesthesia		
D9210	Local anesthesia not in conjunction with operative or surgical procedures	Used when numbing medicine is needs.
D9211	Regional block anesthesia	Used when more numbness is needed than regular local anesthesia can provide.
D9212	Trigeminal division block anesthesia	Used to find or treat trigeminal neuralgia pain.
D9215	Local anesthesia in conjunction with operative or surgical procedures	Used when more numbing medicine is needed than usual.
D9219	Evaluation for deep sedation or general anesthesia	Used when a patient needs sedation and the provider is doing a full check to see if the patient can safely have sedation.
D9222	Administration of deep sedation/general anesthesia - first 15 minute increment, or any portion thereof	Deep Sedation/General Anesthesia (D9222, D9223) Used when any of these apply: a. Records show the patient cannot safely have local anesthesia b. Severe intellectual disability c. Severe physical disability or major behavior problems that make treatment hard d. Long or complex surgery e. Local anesthesia did not work f. A medical problem or serious infection makes local anesthesia not work well
D9223	Administration of deep sedation/general anesthesia - each subsequent 15-minute increment, or any portion thereof	
D9224	Administration of general anesthesia with advanced airway – first 15-minute increment, or any portion thereof	Patients with: a. Severe physical disability or serious behavior problems b. Long or hard surgery c. Local anesthesia did not work d. A medical problem or serious infection makes local anesthesia not work well
D9225	Administration of general anesthesia with advanced airway – each subsequent 15-minute increment, or any portion thereof	Patients with: a. Severe intellectual disability b. Severe physical disability or serious behavior problems c. Long or hard surgery d. Local anesthesia did not work e. A medical problem or serious infection makes local anesthesia not work well
D9230	Administration of nitrous oxide	Used when a patient has dental fear or pain, needs a long procedure, or cannot cooperate.
D9239	Administration of moderate sedation analgesia - intravenous - first 15-minute increment, or any portion thereof	Intravenous Moderate Sedation/Analgesia (D9239, D9243) Used when any of these apply: a. Records show the patient cannot safely have local anesthesia b. Severe intellectual disability c. Severe physical disability or serious behavior problems that make treatment hard d. Long or hard surgery e. Local anesthesia did not work f. A medical problem or serious infection makes local anesthesia not work well.
D9243	Administration of intravenous moderate sedation analgesia - intravenous - each subsequent 15-minute increment, or any portion thereof	
D9244	In office administration of a single drug - enteral	Used when dental care is needed, the procedure is hard, and a simpler sedation method did not work or cannot be used.
D9245	Administration of moderate sedation – single drug - enteral	a. Records show the patient cannot safely have local anesthesia b. Severe intellectual disability c. Severe physical disability or serious behavior problems

Code	Nomenclature	Member-friendly Clinical Criteria
		d. Long or hard surgery e. Local anesthesia did not work because of a medical problem or serious infection.
D9246	Administration of moderate sedation non-intravenous parenteral -first 15-minute increment, or any portion thereof	a. Records show the patient cannot safely have local anesthesia b. Severe intellectual disability c. Severe physical disability or serious behavior problems d. Long or hard surgery e. Local anesthesia did not work f. A medical problem or serious infection makes local anesthesia not work well.
D9247	Moderate sedation non-intravenous; each subsequent 15 minutes increment, or any portion thereof	a. Records show the patient cannot safely have local anesthesia b. Severe intellectual disability c. Severe physical disability or serious behavior problems d. Long or hard surgery e. Local anesthesia did not work f. A medical problem or serious infection makes local anesthesia not work well.
Professional Consultation		
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	Used when the dentist giving care is not the first dentist who treated the patient.
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	Used when the patient is in a long-term care facility.
D9420	Hospital or ambulatory surgical center call	Used when treatment must be done in a hospital or surgery center because the care is complex or the patient has a medical condition.
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	Used for follow-up visits, such as stitch removal or after-care instructions, when no other treatment is done at that visit.
D9440	Office visit - after regularly scheduled hours	Used for urgent problems that are not emergencies when a patient needs care after normal office hours.
D9450	Case presentation, subsequent to detailed and extensive treatment planning	Used when a separate visit is needed to explain a detailed treatment plan to the patient.
Drugs		
D9610	Therapeutic parenteral drug, single administration	a. Includes one dose of antibiotics, steroids, anti-inflammatory medicine, or other treatment medicine. b. Does not include sedation, numbing medicine, or medicine used to reverse those effects.
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	a. Includes more than one dose of antibiotics, steroids, anti-inflammatory medicine, or other treatment medicine. b. Does not include sedation, numbing medicine, or medicine used to reverse those effects.
D9613	Infiltration of sustained release therapeutic drug - per quadrant	Used when the provider chooses a medicine that is released slowly over time.
D9630	Drugs or medicaments dispensed in the office for home use	a. Giving medicine may help healing after surgery or lower pain or the chance of infection.

Code	Nomenclature	Member-friendly Clinical Criteria
		b. This can include medicine by mouth, pain medicine, or fluoride placed on the teeth. c. This does not include writing a prescription.
Miscellaneous Services		
D9910	Application of desensitizing medicament	Used for sensitive roots in many teeth.
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	Used for sensitive roots in the tooth.
D9912	Pre-visit patient screening	Used when a patient's health condition is checked to see if they may spread an infection.
D9913	Administration of neuromodulators	a. The records clearly show why this medicine is needed for long-lasting pain control after surgery and why usual treatment alone is not enough. b. The records also name the medicine being used.
D9914	Administration of dermal fillers	Used for treatment, TMJ problems, or other conditions.
D9920	Behavior management, by report	Used when a patient has a condition that makes it hard to respond well and needs special care that is not routine.
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	Used when more treatment is needed for a problem that happened after dental surgery. The problem must be unexpected and more than normal healing.
D9932	Cleaning and inspection of removable complete denture, maxillary	Indicated when the maxillary denture must be professionally cleaned and inspected by a dental provider. Used when the upper denture needs to be cleaned and checked by a dental provider.
D9933	Cleaning and inspection of removable complete denture, mandibular	Used when the lower denture needs to be cleaned and checked by a dental provider.
D9934	Cleaning and inspection of removable partial denture, maxillary	Used when the upper partial denture needs to be cleaned and checked by a dental provider.
D9935	Cleaning and inspection of removable partial denture, mandibular	Used when the lower partial denture needs to be cleaned and checked by a dental provider.
D9936	Cleaning and inspection of an occlusal guard	Used when the bite guard needs to be cleaned and checked by a dental provider.
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance	Used to replace a missing tooth for a short time to improve appearance.
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance	Used when an appliance is put in place.
D9941	Fabrication of athletic mouthguard	Records must show that a custom mouthguard is needed to protect the patient's teeth during sports or other athletic activities. This code does not apply to store-bought or "boil-and-bite" mouthguards.
D9942	Repair and/or reline of occlusal guard	Used when a patient's bite guard no longer fits well or is damaged.
D9943	Occlusal guard adjustment	Used when a patient's bite guard no longer fits well and can be fixed by adjusting it.
D9944	Occlusal guard - hard appliances, full arch	Occlusal Guards Full Arch (D9944 - D9946) Teeth grinding: Helps stop grinding and protect teeth a. Protects teeth with many fillings or crowns b. Used to treat TMD
D9945	Occlusal guard - soft appliances, full arch	

Code	Nomenclature	Member-friendly Clinical Criteria
D9946	Occlusal guard - hard appliances, partial arch	c. Helps hold loose teeth steady in severe gum disease as a maintenance device d. Teeth must be healthy before the guard is made e. The fee includes making the guard, placing it, and needed adjustments.
D9950	Occlusion analysis - mounted case	Indicated when a patient has significant occlusal issues and comprehensive assessment of the patient's bite is needed. Used when a patient has major bite problems and needs a full check of how the teeth come together.
D9951	Occlusal adjustment - limited	Occlusal Adjustment (D9951, D9952) a. To remove bite problems b. Before full mouth treatment c. To treat TMD d. To help keep loose teeth stable because of severe gum disease e. To help the teeth fit together the right way f. To stop bite-related injury
D9952	Occlusal adjustment - complete	
D9970	Enamel microabrasion	Used when a patient has surface stains, small weak spots, or other minor problems in the enamel.
D9971	Odontoplasty – per tooth	Used to smooth small uneven spots or minor flaws, such as after braces or for a small chip or rough edge.
D9972	External bleaching - per arch - performed in office	Used when teeth whitening is done in the dental office under a dentist's supervision.
D9973	External bleaching - per tooth	Used when one tooth turns dark and needs outside whitening.
D9974	Internal bleaching - per tooth	Used when one tooth turns dark and needs whitening from the inside.
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	Used only for take-home whitening given by a dental provider, not whitening done in the office.
Non-clinical procedures		
D9961	Duplicate/copy patient's records	Used when someone asks for a copy of the patient's records.
D9985	Sales tax	Used when sales tax is added.
D9986	Missed appointment	Used when a patient does not come to an appointment.
D9987	Cancelled appointment	Used when a scheduled visit is canceled without enough notice, so the office cannot fill that time.
D9990	Certified translation or sign language services - per visit	Used when a patient needs an interpreter or sign language help during a dental visit.
D9991	Dental case management - addressing appointment compliance barriers	Used when extra support is needed to help a patient get to or keep a dental appointment, such as transportation or help with other barriers
D9992	Dental case management - care coordination	Used when a patient has a complex case with many providers, different types of care, and special needs.
D9993	Dental case management - motivational interviewing	Used for patients who need help changing habits that harm their oral health.
D9994	Dental case management - patient education to improve oral health literacy	Used when a patient gets one-on-one teaching and case management that is not part of routine cleaning or basic patient teaching
D9995	Teledentistry - synchronous; real-time encounter	Used when a live Teledentistry visit is needed.
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	Used when patient information is sent electronically for the dentist to review later.

Code	Nomenclature	Member-friendly Clinical Criteria
D9997	Dental case management - patients with special health care needs	Used for dental case management for patients with special health care needs.
D9999	Unspecified adjunctive procedure, by report	Used when no current adjunctive CDT code clearly describes the treatment.
Sleep Related Breathing Disorders and Airway Management Services		
D9947	Custom sleep apnea appliance fabrication and placement	a. Used to treat obstructive sleep apnea. b. A doctor-supervised sleep study is required. c. A doctor's prescription is required for making and fitting the sleep apnea appliance.
D9948	Adjustment of custom sleep apnea appliance	Used when changes are needed after the first fitting to help the sleep apnea appliance fit better or work better.
D9949	Repair of custom sleep apnea appliance	Used when the appliance is damaged or worn out and needs repair, so it works again.
D9953	Reline custom sleep apnea appliance (indirect)	Used when there is a recorded change in the patient's teeth or mouth that makes the current oral appliance no longer fit or work well.
D9954	Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device	Used when a patient needs a morning repositioner as part of treatment for a TMJ problem.
D9955	Oral appliance therapy (OAT) titration visit	Used to check how well the oral appliance is working and make changes for sleep-related breathing problems.
D9956	Administration of home sleep apnea test	Used to find out if a patient may have sleep apnea or to treat it, not just to make things easier for the patient or dentist.
D9957	Screening for sleep related breathing disorders	Used to find and check patients who may be at risk for sleep-related breathing problems.
D9959	Unspecified sleep apnea services procedure, by report	Unspecified Sleep Apnea Services Procedure By Report a. Used to treat obstructive sleep apnea. b. A doctor-supervised sleep study is required. c. A doctor's prescription is required to make and fit the sleep apnea appliance.

Revisions

Date	Revised Sections
6/11/26	Approved government and commercial criteria by UMC
6/12/26	Approved government and commercial criteria by QMC
06/2026	Creation of D0100-D9999 criteria
7/15/26	Revised criteria: • D2140-D2161 • D2330-D2394 • D2952-D2954 • D6200-D6999 • D6010-D6050 Updated Flesh-Kincaid grade level for: • D0120 • D0160, D0170, D0171 • D0416 • D0431 • D0472 – D0502 Administrative and General Revisions
9/11/26	Approved UMC
9/16/26	Approved by QMC