



**POINT COMFORT
UNITED**

A division of Point Comfort Group, Inc.

A Unified Administrators, LLC affiliated company



Point Comfort United

Dental Services Coverage Reference Guide

*for Refugee Medical Assistance &
ORR- Funded Medical Assistance*

Adult, Children's & URM CDT Coverage by State

October 2026

Introduction

About Point Comfort United

Point Comfort United (PCU) is the third-party administrator (TPA) responsible for managing medical, dental, and pharmacy benefits for government-sponsored programs serving refugees and international migrants, including the Refugee Medical Assistance (RMA) and ORR-Funded Medical Assistance (OFMA) programs. PCU maintains a nationwide network of contracted providers and processes claims for members across more than 25 states.

PCU's clinical department works with plan sponsors to advise on coverage policy and complex case decisions, including determining when a dental procedure requires prior authorization before it can be performed. Under RMA and OFMA-administered plans, eligible members generally do not pay co-payments, deductibles, or other out-of-pocket costs for covered dental services rendered by a participating provider.

About the DenteMax Network

DenteMax is not a dental insurance company — it is one of the largest dental Preferred Provider Organization (PPO) networks in the United States. DenteMax negotiates discounted, fixed fee schedules with participating dentists and leases access to that network to third-party administrators such as PCU, as well as to insurance companies and employer groups.

Because dental services under PCU-administered plans are reimbursed according to the DenteMax Network fee schedule, providers who participate in DenteMax are considered in-network for PCU members. Providers who are not part of the DenteMax network may still treat members, but reimbursement follows PCU's separate, non-DenteMax fee schedule (available upon request).

- DenteMax does not determine what is covered or set benefit levels — that is PCU's role as plan administrator.
- Members and providers can locate a participating DenteMax dentist at find.dentemaxportal.com/Members/FindADentist.aspx.
- Members are free to switch dentists at any time within the network, with no waiting period.

About This Guide

This guide summarizes dental service coverage for adult, pediatric, and ORR-Funded Medical Assistance (OFMA) members, by CDT (Current Dental Terminology) procedure code. Sections 4 and 5 cover the standard PCU/RMA Adult and Children's dental benefit across 13 states: Alaska (AK), Arkansas (AR), District of Columbia (DC), Kansas (KS), Kentucky (KY), Maine (ME), Missouri (MO), New Jersey (NJ), Nevada (NV), Oklahoma (OK), Rhode Island (RI), Tennessee (TN), and Texas (TX). Section 6 covers the separate OFMA dental benefit, offered in North Dakota (ND), Arizona (AZ), and Texas (TX), which is administered under the federal ORR-Funded Medical Assistance (OFMA) for URM youth in foster care without a parent or guardian in the U.S.

Codes are grouped into the ten standard CDT categories of service (Diagnostic, Preventive, Restorative, Endodontics, Periodontics, Removable Prosthodontics, Implant Services, Oral & Maxillofacial Surgery, Orthodontics, and Adjunctive General Services). For each code, a "Y" indicates the service is a covered benefit in that state under the applicable RMA or OFMA plan; a "—" indicates the service is not a covered benefit in that state. Coverage and prior authorization requirements can differ across the Adult, Children's, and OFMA benefit designs, and (for OFMA) by age bracket within AZ and TX.

This guide is intended as a quick reference for members, providers and case managers. It reflects the coverage grid provided in the source benefit file and does not replace the member's official plan documents, PCU's Provider Manual, or a coverage determination from PCU's clinical department. Coverage rules, fee schedules, and prior authorization requirements are subject to change.

How to Read the Coverage Tables

Sections 4, 5, and 6 list every CDT code from the source coverage files, organized by category of service, for Adult, Children's, and URM dental services respectively. Each row shows the code, its description, and a coverage column per state (and, for URM, per age bracket within AZ and TX):

- **Y (green)**: the procedure is a covered benefit in that state, no prior authorization required.
- **Y* (red)**: the procedure is a covered benefit in that state, but requires prior authorization (pre-certification) from PCU before treatment. See Section 2 for how to submit a PA request.
- **— (gray dash)**: the procedure is not covered as a benefit in that state, based on the source data.

Always verify coverage and any state- or plan-specific limitations (frequency limits, age restrictions, tooth-specific rules) with PCU's clinical department before rendering services, particularly for any procedure that requires prior authorization.

Submitting a Prior Authorization (PA)

Certain dental procedures — most commonly dentures, oral surgery, and other higher-cost or elective services — require prior authorization from PCU before treatment. Rendering these services without an approved PA may result in denial of the claim.

Step 1: Confirm Whether the Service Needs a PA

Not every covered code requires prior authorization. If you are unsure whether a planned procedure needs PA, contact PCU's Clinical Department before scheduling treatment. Have the member's ID number, the CDT code(s), and supporting clinical information ready.

Step 2: Submit the PA Request Online

Prior authorization requests are submitted through PCU's online portal:

- Go to www.pointcomfortportal.com/public-precertification
- Select the RMA Form.
- Complete the form with the member's demographic and plan information, the treating provider's NPI and contact details, the CDT code(s) requested, and the clinical justification (diagnosis, x-rays or supporting documentation, and treatment plan).
- Submit the request through the portal.

Step 3: Confirmation

After submission, you will receive an on-screen confirmation and a follow-up email with a Pre-Certification (Pre-cert) ID and further instructions. Keep this ID for your records and reference it in any follow-up communication with PCU.

Step 4: Follow Up

If you have questions about whether a specific service is covered, whether it requires a PA, or on the status of a submitted request, contact the PCU Clinical Department directly rather than resubmitting a duplicate request. See Section 3 for the full PCU contact directory, including the dedicated pre-certification and eligibility contacts.

Good Practices

- Submit PA requests as early as possible — processing takes time, and treatment should generally not begin until authorization is confirmed except in a genuine emergency.
- Include complete clinical documentation (radiographs, periodontal charting, narrative, etc.) with the initial submission to avoid delays from additional-information requests.
- Verify the member's state, plan, and whether the member is an adult, child, or URM participant, since covered services and PA requirements can differ by state, age group, and program (see Sections 4, 5, and 6).
- Retain the Pre-cert ID and a copy of the approval before billing the claim.

NOTE: this process reflects publicly available PCU/RMA program guidance. Always confirm the current PA submission process and required forms with PCU directly, as portal steps and required documentation may be updated over time.

Member ID Cards, Claims, Reimbursement & Contacts

The Member ID Card

Eligible members are issued a Point Comfort United ID card like the sample below. Providers should ask to see this card at the time of service and verify eligibility (see “Verifying Benefits & Eligibility” further in this section), since possession of the card alone does not guarantee coverage.



The card shows the member’s ID number and name, the plan (RMA or URM), and the coverage effective/termination dates, along with a \$0 co-payment and the PCU payor ID (PCU02) used for claims routing. The right-hand panel lists the pharmacy benefit information administered by Prime Therapeutics (RxBIN, RxPCN, RxGroup, phone, and website) for members’ prescription drug coverage.

Claims Submission

- Dental claims may be submitted electronically through your clearinghouse or by mail:
- Electronic (837 EDI): Payor ID PCU02
- Mail: Point Comfort Group, P.O. Box 211745, Eagan, MN 55121

Provider Reimbursement

Dental services are reimbursed in accordance with the DenteMax Network fee schedule for participating practices. PCU maintains its own Dental Fee Reimbursement Schedule for non-DenteMax providers, available upon request.

During their coverage under this program, members do not have to make co-payments, cover deductibles, or incur any out-of-pocket expenses for covered services.

Verifying Benefits & Eligibility

- Phone: 844-210-2010 (8 am–5 pm EST, Monday–Friday)
- Email: service@pointcomfort.com
- Eligibility Portal: www.pointcomfortportal.com/eligibility-lookup

RMA Service Directory

Use the contacts below for the specific type of request:

Purpose	Email	Phone	Web/Portal
Eligibility or Coverage	service@pointcomfort.com	1-844-210-2010	www.pointcomfortportal.com
Pre-certification	RMAclinical@pointcomfort.com	1-844-210-2010	www.pointcomfortportal.com
Provider Networks (Medical & Dental)	providers@pointcomfort.com	1-844-210-2010	www.pointcomfortportal.com
Prescription Drugs	pharmacy@pointcomfort.com	1-844-210-2010	www.pointcomfortportal.com
Claim Status	service@pointcomfort.com	1-844-210-2010	www.pointcomfortportal.com
Appeals	claims@pointcomfort.com	1-844-210-2010	www.pointcomfortportal.com

NOTE: this section reflects PCU/RMA/OFMA program materials provided for this guide. Confirm current contact details and submission requirements with PCU, as they may be updated over time.

Adult Dental Services — CDT Code Coverage by State

The table below covers CDT codes in the source file, grouped into the 10 standard categories of service, for adult members. Cells marked Y* (red) require prior authorization before treatment — see Section 2.

Diagnostic

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D0310	sialography	—	—	—	—	—	Y	—	Y	—	—	Y*	—	—
D0320	temporomandibular joint arthrogram; including injection	—	—	—	—	—	Y	—	Y	—	—	Y*	—	—
D0321	other temporomandibular joint films; by report	—	—	—	—	—	Y	—	Y	—	—	Y*	—	—
D0322	tomographic survey	—	—	—	—	—	—	—	Y	Y	—	Y*	—	—
D0120	periodic oral evaluation - established patient	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	—
D0140	limited oral evaluation - problem focused	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
D0145	oral evaluation for a patient under three years of age	—	—	—	—	—	Y	—	—	—	—	—	—	—
D0150	comprehensive oral evaluation - new or established patient	—	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	—
D0160	detailed and extensive oral evaluation - problem focused	—	—	Y	—	Y	Y	—	Y	Y	—	Y	Y	—
D0170	re-evaluation - limited; problem focused (established patient; not post-operative visit)	—	—	Y	Y	Y	Y	—	Y	Y	—	—	—	—
D0171	Re-evaluation - post operative office visit	—	—	—	—	Y	—	—	Y	Y	—	—	—	—
D0180	comprehensive periodontal evaluation - new or established patient	—	—	Y	—	Y	Y	—	Y	Y	—	—	—	—
D0190	Screening Of A Patient	—	Y	Y	—	—	Y	—	—	Y	—	—	—	—
D0191	Assessment Of A Patient	—	—	Y	—	—	—	—	—	Y	—	—	—	—
D0210	intraoral - comprehensive series of radiographic images	Y	Y	Y	Y	Y	Y	—	Y	Y	Y	Y	Y	—
D0220	intraoral - periapical first film	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
D0230	intraoral - periapical each additional film	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
D0240	intraoral - occlusal film	Y	—	Y	Y	—	Y	—	Y	Y	—	Y	—	—
D0250	extraoral - 2D projection radiographic image created using a stationary radiation source; and detector	—	—	—	—	—	Y	—	Y	—	—	Y	—	—
D0251	extra-oral posterior dental radiographic image	—	—	—	Y	—	Y	—	Y	—	—	—	—	—
D0270	bitewing - single film	Y	—	Y	Y	Y	Y	—	Y	Y	—	Y	Y	—
D0272	bitewings - two films	Y	Y	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	—
D0273	bitewings - three films	Y	—	—	Y	Y	Y	—	Y	Y	—	Y	Y	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D0274	bitewings - four films	Y	—	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	—
D0277	vertical bitewings - 7 to 8 films	Y	—	—	Y	Y	Y	—	—	Y	—	—	—	—
D0330	panoramic film	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	—
D0340	2D cephalometric radiographic image	—	—	Y	—	Y	Y	—	Y	Y	—	—	—	—
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	—	—	Y	Y	—	—	—	Y	—	—	—	—	—
D0364	Cone Beam Ct Capture And Interpretation With Limited Field Of View – Less Than One Whole Jaw	—	—	Y	—	—	—	—	Y	Y	—	—	—	—
D0365	Cone Beam Ct Capture And Interpretation With Field Of View Of One Full Dental Arch – Mandible	—	—	Y	—	—	—	—	Y	Y	—	—	—	—
D0366	Cone Beam Ct Capture And Interpretation With Field Of View Of One Full Dental Arch – Maxilla; With Or Without Cranium	—	—	Y	—	—	—	—	Y	Y	—	—	—	—
D0367	Cone Beam Ct Capture And Interpretation With Field Of View Of Both Jaws; With Or Without Cranium	—	—	Y	—	—	—	—	Y	Y	—	—	Y	—
D0368	Cone Beam Ct Capture And Interpretation For Tmj Series Including Two Or More Exposures	—	—	—	—	—	—	—	Y	—	—	—	—	—
D0369	Maxillofacial Mri Capture And Interpretation	—	—	—	—	—	—	—	—	—	—	—	—	—
D0370	Maxillofacial Ultrasound Capture And Interpretation	—	—	—	—	—	—	—	—	Y	—	—	—	—
D0372	intraoral tomosynthesis – comprehensive series of radiographic images	—	—	—	—	—	—	—	—	Y	—	—	—	—
D0373	intraoral tomosynthesis – bitewing radiographic image	—	—	—	—	—	—	—	—	Y	—	—	—	—
D0374	intraoral tomosynthesis – periapical radiographic image	—	—	—	—	—	—	—	—	Y	—	—	—	—
D0380	Cone Beam Ct Image Capture With Limited Field Of View – Less Than One Whole Jaw	—	—	—	—	—	—	—	Y	Y	—	—	—	—
D0381	Cone Beam Ct Image Capture With Field Of View Of One Full Dental Arch – Mandible	—	—	—	—	—	—	—	Y	Y	—	—	—	—
D0382	Cone Beam Ct Image Capture With Field Of View Of One Full Dental Arch – Maxilla; With Or Without Cranium	—	—	—	—	—	—	—	Y	Y	—	—	—	—
D0383	Cone Beam Ct Image Capture With Field Of View Of Both Jaws; With Or Without Cranium	—	—	—	—	—	—	—	Y	Y	—	—	—	—
D0384	Cone Beam Ct Image Capture For Tmj Series Including Two Or More Exposures	—	—	—	—	—	—	—	Y	—	—	—	—	—
D0385	Maxillofacial Mri Image Capture	—	—	—	—	—	—	—	—	—	—	—	—	—
D0386	Maxillofacial Ultrasound Image Capture	—	—	—	—	—	—	—	—	Y	—	—	—	—
D0387	intraoral tomosynthesis - comprehensive series of radiographic images - image capture only	—	—	—	—	—	—	—	—	Y	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D0388	intraoral tomosynthesis – bitewing radiographic image - image capture only	—	—	—	—	—	—	—	—	Y	—	—	—	—
D0389	intraoral tomosynthesis – periapical radiographic image - image capture only	—	—	—	—	—	—	—	—	Y	—	—	—	—
D0391	Interpretation Of Diagnostic Image By A Practitioner Not Associated With Capture Of The Image; Including Report	—	—	—	—	—	—	—	Y	—	—	—	—	—
D0393	virtual treatment simulation using 3D Image Volume or surface scan	—	—	—	—	—	—	—	Y	—	—	—	—	—
D0394	Digital Subtraction Of Two Or More Images Or Image Volumes Of The Same Modality	—	—	—	—	—	—	—	Y	—	—	—	—	—
D0395	Fusion Of Two Or More 3D Image Volumes Of One Or More Modalities	—	—	—	—	—	—	—	Y	—	—	—	—	—
D0411	HbA1c in-office point of service testing	—	—	—	—	—	—	—	Y	—	—	—	—	—
D0412	blood glucose level test - in-office using a glucose meter	—	—	—	—	—	—	—	—	—	—	—	—	—
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies; preparation and transmission of written report	—	—	—	—	—	—	—	—	Y	—	—	—	—
D0415	collection of microorganisms for culture and sensitivity	—	—	—	—	—	—	—	—	Y	—	—	—	—
D0416	viral culture	—	—	—	—	—	—	—	Y	Y	—	—	—	—
D0417	collection and preparation of saliva sample for laboratory analysis	—	—	—	—	—	—	—	Y	—	—	—	—	—
D0418	analysis of saliva sample - laboratory	—	—	—	—	—	—	—	—	—	—	—	—	—
D0419	assessment of salivary flow by measurement	—	—	—	—	—	—	—	—	—	—	—	—	—
D0422	collection and preparation of genetic sample material for laboratory analysis and report	—	—	—	—	—	—	—	—	—	—	—	—	—
D0423	genetic test for susceptibility to diseases - specimen analysis	—	—	—	—	—	—	—	—	—	—	—	—	—
D0425	caries susceptibility tests	—	—	—	—	—	—	—	—	—	—	—	—	—
D0426	collection; preparation; and analysis of saliva sample - point-of-care	—	—	—	—	—	—	—	—	—	—	—	—	—
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions; not to include cytology or biopsy procedures	—	—	—	—	—	—	—	—	—	—	—	—	—
D0460	pulp vitality tests	Y	—	Y	—	—	Y	—	—	Y	—	—	—	—
D0461	testing for cracked tooth	—	—	—	—	—	—	—	—	—	—	—	—	—
D0470	diagnostic casts	—	Y	Y	Y	—	Y	—	Y	—	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D0472	accession of tissue; gross examination; preparation and transmission of written report	—	—	—	—	Y	—	—	Y	—	—	—	—	—
D0473	accession of tissue; gross and microscopic examination; preparation and transmission of written report	—	—	—	—	Y	—	—	Y	—	—	—	—	—
D0474	accession of tissue; gross and microscopic examination; including assessment of surgical margins for presence of disease; preparation and transmission of written report	—	—	—	—	Y	—	—	Y	—	—	—	—	—
D0475	decalcification procedure	—	—	—	—	Y	—	—	—	—	—	—	—	—
D0476	special stains for microorganisms	—	—	—	—	Y	—	—	—	—	—	—	—	—
D0477	special stains; not for microorganisms	—	—	—	—	Y	—	—	—	—	—	—	—	—
D0478	immunohistochemical stains	—	—	—	—	Y	—	—	—	—	—	—	—	—
D0479	tissue in-situ hybridization; including interpretation	—	—	—	—	Y	—	—	—	—	—	—	—	—
D0480	accession of exfoliative cytologic smears; microscopic examination; preparation and transmission of written report	—	—	—	—	—	—	—	Y	—	—	—	—	—
D0481	electron microscopy	—	—	—	—	—	—	—	—	—	—	—	—	—
D0482	direct immunofluorescence	—	—	—	—	Y	—	—	—	—	—	—	—	—
D0483	indirect immunofluorescence	—	—	—	—	—	—	—	—	—	—	—	—	—
D0484	consultation on slides prepared elsewhere	—	—	—	—	Y	—	—	—	—	—	—	—	—
D0485	consultation; including preparation of slides from biopsy material supplied by referring source	—	—	—	—	Y	—	—	—	—	—	—	—	—
D0486	accession of brush biopsy sample; microscopic examination; preparation and transmission of written report	—	—	—	—	Y	—	—	—	—	—	—	—	—
D0502	other oral pathology procedures; by report	—	—	—	—	—	—	—	Y	Y	—	Y	—	—
D0600	Non-ionizing diagnostic procedure capable of quantifying; monitoring and recording changes in structure of enamel; dentin and cementum	—	—	—	—	—	—	—	—	Y	—	—	—	—
D0601	Caries Risk Assessment And Documentation; With A Finding Of Low Risk	—	—	Y	—	—	Y	—	—	—	—	Y	—	—
D0602	Caries Risk Assessment And Documentation; With A Finding Of Moderate Risk	—	—	Y	—	—	Y	—	—	—	—	Y	—	—
D0603	Caries Risk Assessment And Documentation; With A Finding Of High Risk	—	—	Y	—	—	Y	—	—	—	—	Y	—	—
D0604	antigen testing for a public health related pathogen including coronavirus	—	—	Y	—	—	Y	—	—	—	—	—	—	—
D0605	antibody testing for a public health related pathogen including coronavirus	—	—	Y	—	—	Y	—	—	—	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D0606	molecular testing for a public health related pathogen; including coronavirus	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D0701	panoramic radiographic image - image capture only	—	—	—	—	—	—	—	—	Y	—	—	—	—
D0702	2-D cephalometric radiographic image - image capture only	—	—	—	—	—	—	—	—	Y	—	—	—	—
D0703	2D oral/facial photographic image obtained intra-orally or extra-orally - image capture	—	—	—	—	—	—	—	—	Y	—	—	—	—
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	—	—	—	—	—	—	—	—	Y	—	—	—	—
D0708	intraoral - bitewing radiographic image - image capture only	—	—	—	—	—	—	—	—	Y	—	—	—	—
D0709	intraoral - comprehensive series of radiographic images - image capture only	—	—	—	—	—	—	—	—	Y	—	—	—	—
D0801	3D intraoral surface scan – direct	—	—	—	—	—	—	—	—	—	—	—	—	—
D0802	3D dental surface scan – indirect	—	—	—	—	—	—	—	—	—	—	—	—	—
D0803	3D facial surface scan – direct	—	—	—	—	—	—	—	—	—	—	—	—	—
D0804	3D facial surface scan – indirect	—	—	—	—	—	—	—	—	—	—	—	—	—
D0999	unspecified diagnostic procedure; by report	—	—	—	—	—	—	—	Y	—	—	Y	—	—

Preventive

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D1354	application of caries arresting medicament - per tooth	—	—	—	Y	Y	Y	—	Y	Y*	—	—	Y	—
D1110	prophylaxis - adult	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	—
D1120	prophylaxis - child	—	—	—	—	—	Y	—	—	—	—	Y	—	—
D1206	topical fluoride varnish; therapeutic application for moderate to high caries risk patients	Y	—	Y	Y	—	Y	—	Y	—	—	Y	Y	—
D1208	topical application of fluoride - excluding varnish	Y	Y	Y	Y	—	Y	—	Y	—	—	Y	Y	—
D1351	sealant - per tooth	—	—	—	Y	—	Y	—	—	—	—	—	—	—
D1353	sealant repair - per tooth	—	—	—	Y	—	—	—	—	—	—	—	—	—
D1355	caries preventive medicament application - per tooth	—	—	—	—	—	Y	—	—	—	—	—	—	—
D1510	space maintainer - fixed - unilateral	—	Y	—	—	—	Y	—	—	—	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D1516	space maintainer - fixed - bilateral; maxillary	—	—	—	—	—	Y	—	—	—	—	—	—	—
D1517	space maintainer - fixed - bilateral; mandibular	—	—	—	—	—	Y	—	—	—	—	—	—	—
D1520	space maintainer - removable - unilateral	—	—	—	—	—	Y	—	—	—	—	—	—	—
D1526	space maintainer - removable - bilateral; maxillary	—	—	—	—	—	Y	—	—	—	—	—	—	—
D1527	space maintainer - removable - bilateral; mandibular	—	—	—	—	—	Y	—	—	—	—	—	—	—
D1551	re-cement or re-bond bilateral space maintainer - maxillary	—	—	Y	—	—	Y	—	—	—	—	—	—	—
D1552	re-cement or re-bond bilateral space maintainer - mandibular	—	—	Y	—	—	Y	—	—	—	—	—	—	—
D1553	re-cement or re-bond unilateral space maintainer - per quadrant	—	—	Y	—	—	—	—	—	—	—	—	—	—
D1556	removal of fixed unilateral space maintainer - per quadrant	—	—	Y	—	—	Y	—	Y	—	—	—	—	—
D1557	removal of fixed bilateral space maintainer - maxillary	—	—	Y	—	—	Y	—	Y	—	—	—	—	—
D1558	removal of fixed bilateral space maintainer - mandibular	—	—	Y	—	—	Y	—	Y	—	—	—	—	—
D1575	Distal shoe space maintainer - fixed - unilateral	—	—	Y	—	—	Y	—	—	—	—	—	—	—
D1701	Pfizer-BioNTech Covid-19 vaccine administration – first dose	—	—	—	—	—	—	—	—	—	—	—	—	—
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	—	—	—	—	—	—	—	—	—	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D1781	vaccine administration – human papillomavirus – Dose 1	—	—	—	—	—	—	—	—	—	—	—	—	—
D1782	vaccine administration – human papillomavirus – Dose 2	—	—	—	—	—	—	—	—	—	—	—	—	—
D1783	vaccine administration – human papillomavirus – Dose 3	—	—	—	—	—	—	—	—	—	—	—	—	—
D1999	Unspecified Preventive Procedure; By Report	—	—	—	—	—	—	—	Y	—	—	—	—	—

Restorative

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D2980	crown repair; by report	—	—	—	—	—	Y	—	Y	Y*	—	Y*	—	—
D2999	unspecified restorative procedure; by report	—	—	—	—	—	Y	—	Y	—	—	Y*	—	—
D2740	crown - porcelain/ceramic	Y*	—	Y	Y	Y	Y	—	Y	Y*	—	—	Y	—
D2751	crown - porcelain fused to predominantly base metal	Y*	—	Y	Y	Y	Y	—	Y	Y*	—	—	Y	—
D2791	crown - full cast predominantly base metal	Y*	—	—	Y	Y	—	—	Y	Y*	—	—	Y	—
D2928	prefabricated porcelain / ceramic crown - permanent tooth	Y*	—	Y	Y	Y	Y	—	—	Y*	—	—	—	—
D2931	prefabricated stainless steel crown - permanent tooth	Y*	Y	Y	Y	Y	Y	—	Y	Y*	—	Y	Y	—
D2932	prefabricated resin crown	Y*	—	—	—	Y	Y	—	Y	Y*	—	Y	—	—
D2712	crown - ¾ resin-based composite (indirect)	—	—	—	—	—	—	—	Y	Y*	—	—	—	—
D2721	crown - resin with predominantly base metal	—	—	—	—	Y	—	—	Y	Y*	—	—	Y	—
D2780	crown - 3/4 cast high noble metal	—	—	—	—	—	—	—	—	Y*	—	Y	—	—
D2781	crown - 3/4 cast predominantly base metal	—	—	—	—	—	—	—	—	Y*	—	—	Y	—
D2910	re-cement or re-bond inlay; onlay; veneer or partial coverage restoration	—	—	—	Y	—	—	—	Y	Y*	—	—	—	—
D2930	prefabricated stainless steel crown - primary tooth	—	—	Y	Y	Y	Y	—	Y	Y*	—	—	—	—
D2933	prefabricated stainless steel crown with resin window	—	—	—	—	—	Y	—	Y	Y*	—	—	—	—
D2949	Restorative Foundation For An Indirect Restoration	—	—	—	—	—	—	—	—	Y*	—	—	—	—
D2950	core buildup; including any pins	Y	—	Y	—	Y	Y	—	Y	Y*	—	Y	—	—
D2951	pin retention - per tooth; in addition to restoration	—	—	—	Y	Y	Y	—	Y	Y*	—	Y	—	—
D2952	post and core in addition to crown; indirectly fabricated	—	—	Y	—	—	—	—	Y	Y*	—	—	—	—
D2953	each additional indirectly fabricated post - same tooth	—	—	—	—	—	—	—	Y	Y*	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D2954	prefabricated post and core in addition to crown	Y	—	Y	Y	Y	Y	—	Y	Y*	—	Y	—	—
D2955	post removal (not in conjunction with endodontic therapy)	—	—	—	—	—	—	—	Y	Y*	—	—	—	—
D2957	each additional prefabricated post - same tooth	—	—	—	Y	—	—	—	Y	Y*	—	—	—	—
D2752	crown - porcelain fused to noble metal	Y*	—	—	Y	Y	Y	—	Y	—	—	—	Y	—
D2794	crown - titanium	Y*	—	—	—	—	—	—	—	—	—	—	—	—
D2140	amalgam - one surface; primary or permanent	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	—
D2150	amalgam - two surfaces; primary or permanent	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	—
D2160	amalgam - three surfaces; primary or permanent	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	—
D2161	amalgam - four or more surfaces; primary or permanent	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	—
D2330	resin-based composite - one surface; anterior	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	—
D2331	resin-based composite - two surfaces; anterior	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	—
D2332	resin-based composite - three surfaces; anterior	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	—
D2335	resin-based composite - four or more surfaces (anterior)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	—
D2390	resin-based composite crown; anterior	—	—	—	Y	—	Y	Y	Y	Y	—	Y	—	—
D2391	resin-based composite - one surface; posterior	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	—
D2392	resin-based composite - two surfaces; posterior	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	—
D2393	resin-based composite - three surfaces; posterior	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	—
D2394	resin-based composite - four or more surfaces; posterior	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	—
D2410	gold foil - one surface	—	—	—	—	—	—	—	—	—	—	—	—	—
D2420	gold foil - two surfaces	—	—	—	—	—	—	—	—	—	—	—	—	—
D2430	gold foil - three surfaces	—	—	—	—	—	—	—	—	—	—	—	—	—
D2510	inlay - metallic - one surface	—	—	—	—	—	—	—	—	—	—	—	—	—
D2520	inlay - metallic - two surfaces	—	—	—	—	—	—	—	—	—	—	—	—	—
D2530	inlay - metallic - three or more surfaces	—	—	—	—	—	—	—	—	—	—	—	—	—
D2542	onlay - metallic-two surfaces	—	—	—	—	—	—	—	Y	—	—	—	—	—
D2543	onlay - metallic-three surfaces	—	—	—	—	—	—	—	Y	—	—	—	—	—
D2544	onlay - metallic-four or more surfaces	—	—	—	—	—	—	—	—	—	—	—	—	—
D2610	inlay - porcelain/ceramic - one surface	—	—	—	—	—	—	—	—	—	—	—	—	—
D2620	inlay - porcelain/ceramic - two surfaces	—	—	—	—	—	—	—	—	—	—	—	—	—
D2630	inlay - porcelain/ceramic - three or more surfaces	—	—	—	—	—	—	—	—	—	—	—	—	—
D2642	onlay - porcelain/ceramic - two surfaces	—	—	—	—	—	—	—	—	—	—	—	—	—
D2643	onlay - porcelain/ceramic - three surfaces	—	—	—	—	—	—	—	—	—	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D2644	onlay - porcelain/ceramic - four or more surfaces	—	—	—	—	—	—	—	—	—	—	—	—	—
D2650	inlay - resin-based composite - one surface	—	—	—	—	—	—	—	—	—	—	—	—	—
D2651	inlay - resin-based composite - two surfaces	—	—	—	—	—	—	—	—	—	—	—	—	—
D2652	inlay - resin-based composite - three or more surfaces	—	—	—	—	—	—	—	—	—	—	—	—	—
D2662	onlay - resin-based composite - two surfaces	—	—	—	—	—	—	—	—	—	—	—	—	—
D2663	onlay - resin-based composite - three surfaces	—	—	—	—	—	—	—	—	—	—	—	—	—
D2664	onlay - resin-based composite - four or more surfaces	—	—	—	—	—	—	—	—	—	—	—	—	—
D2710	crown - resin-based composite (indirect)	—	—	Y	Y	Y	—	—	Y	—	—	—	—	—
D2720	crown - resin with high noble metal	—	—	—	—	—	—	—	Y	—	—	—	—	—
D2722	crown - resin with noble metal	—	—	Y	—	—	—	—	Y	—	—	—	Y	—
D2750	crown - porcelain fused to high noble metal	—	—	Y	—	Y	Y	—	Y	—	—	—	Y	—
D2753	crown - porcelain fused to titanium and titanium alloys	—	—	Y	Y	—	—	—	—	—	—	—	Y	—
D2782	crown - 3/4 cast noble metal	—	—	—	—	—	—	—	—	—	—	—	Y	—
D2783	crown - 3/4 porcelain/ceramic	—	—	—	Y	—	—	—	—	—	—	—	Y	—
D2790	crown - full cast high noble metal	—	—	Y	—	Y	—	—	Y	—	—	—	—	—
D2792	crown - full cast noble metal	—	—	—	Y	Y	—	—	Y	—	—	—	Y	—
D2799	interim crown - further treatment or completion of diagnosis necessary prior to final impression	—	—	Y	—	Y	—	—	—	—	—	—	—	—
D2915	re-cement or re-bond indirectly fabricated prefabricated post and core	Y	—	—	—	—	Y	—	Y	—	—	—	—	—
D2920	re-cement or re-bond crown	Y	Y	Y	Y	Y	Y	—	Y	—	—	—	Y	—
D2921	Reattachment Of Tooth Fragment; Incisal Edge Or Cusp	—	—	—	Y	—	—	—	Y	—	—	—	—	—
D2929	Prefabricated Porcelain/Ceramic Crown – Primary Tooth	—	—	—	—	—	Y	—	Y	—	—	—	—	—
D2934	prefabricated esthetic coated stainless steel crown	—	—	Y	—	—	Y	—	Y	—	—	—	—	—
D2940	placement of interim direct restoration	Y	—	—	Y	Y	Y	—	Y	Y	—	Y	—	—
D2960	labial veneer (resin laminate) - chairside	—	—	—	—	—	—	—	—	—	—	—	—	—
D2961	labial veneer (resin laminate) - laboratory	—	—	—	—	—	—	—	—	—	—	—	—	—
D2962	labial veneer (porcelain laminate) - laboratory	—	—	—	—	—	—	—	—	—	—	—	—	—
D2971	additional procedures to customize a crown to fit under an existing partial denture framework	—	—	—	—	—	—	—	Y	—	—	—	—	—
D2975	coping	Y	—	—	—	—	—	—	Y	—	—	—	—	—
D2976	band stabilization – per tooth	—	—	—	—	—	—	—	—	—	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D2981	Inlay Repair Necessitated By Restorative Material Failure	—	—	—	—	—	—	—	Y	—	—	—	—	—
D2982	Onlay Repair Necessitated By Restorative Material Failure	—	—	—	—	—	—	—	Y	—	—	—	—	—
D2983	Veneer Repair Necessitated By Restorative Material Failure	—	—	—	—	—	—	—	Y	—	—	—	—	—
D2989	excavation of a tooth resulting in the determination of non-restorability	—	—	—	—	—	—	—	Y	—	—	—	—	—
D2990	Resin Infiltration Of Incipient Smooth Surface Lesions	—	—	—	—	Y	—	—	—	—	—	—	—	—
D2991	application of hydroxyapatite regeneration medicament – per tooth	—	—	—	—	—	—	—	—	—	—	—	Y	—

Endodontics

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D3999	unspecified endodontic procedure; by report	—	—	—	—	—	Y	—	Y	—	—	Y*	—	—
D3110	pulp cap - direct (excluding final restoration)	—	—	Y	—	—	Y	—	—	—	—	—	Y	—
D3120	pulp cap - indirect (excluding final restoration)	—	—	—	—	Y	Y	—	—	—	—	—	—	—
D3220	therapeutic pulpotomy (excluding final restoration)	—	—	Y	—	—	Y	—	Y	—	—	—	Y	—
D3221	pulpal debridement; primary and permanent teeth	Y	—	—	—	—	Y	—	Y	—	—	—	—	—
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	—	—	—	—	—	Y	—	Y	—	—	—	—	—
D3230	pulpal therapy (resorbable filling) - anterior; primary tooth	—	—	—	—	—	Y	—	Y	—	—	—	—	—
D3240	pulpal therapy (resorbable filling) - posterior; primary tooth	—	—	—	—	—	Y	—	Y	—	—	—	—	—
D3310	anterior (excluding final restoration)	Y	—	Y	—	Y	Y	—	Y	—	—	Y	—	—
D3320	endodontic therapy; premolar tooth (excluding final restoration)	Y	—	Y	—	Y	Y	—	Y	—	—	—	—	—
D3330	endodontic therapy; molar tooth (excluding final restoration)	Y	—	Y	—	Y	Y	—	Y	—	—	—	Y	—
D3331	treatment of root canal obstruction; non-surgical access	—	—	—	—	—	—	—	Y	—	—	—	—	—
D3332	incomplete endodontic therapy; inoperable; unrestorable or fractured tooth	Y	—	—	—	—	—	—	Y	—	—	—	—	—
D3333	internal root repair of perforation defects	Y	—	—	—	—	—	—	Y	—	—	—	—	—
D3346	retreatment of previous root canal therapy - anterior	Y	—	Y	—	Y	Y	—	Y	—	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D3347	retreatment of previous root canal therapy - premolar	Y	—	Y	—	Y	Y	—	Y	—	—	—	—	—
D3348	retreatment of previous root canal therapy - molar	Y	—	Y	—	Y	Y	—	Y	—	—	—	—	—
D3351	apexification/recalcification - initial visit (apical closure / calcific repair of perforations; root resorption; etc.)	Y	—	Y	—	Y	Y	—	Y	—	—	—	—	—
D3352	apexification/recalcification - interim medication	Y	—	—	—	Y	Y	—	Y	—	—	—	—	—
D3353	apexification/recalcification - final visit	Y	—	—	—	Y	Y	—	Y	—	—	—	—	—
D3355	Pulpal Regeneration - Initial Visit	—	—	—	—	—	—	—	Y	—	—	—	—	—
D3356	Pulpal Regeneration - Interim Medication Replacement	—	—	—	—	—	—	—	Y	—	—	—	—	—
D3357	Pulpal Regeneration - Completion Of Treatment	—	—	—	—	—	—	—	Y	—	—	—	—	—
D3410	apicoectomy - anterior	—	—	Y	—	Y	Y	—	Y	—	—	—	—	—
D3421	apicoectomy premolar (first root)	—	—	Y	—	Y	Y	—	Y	—	—	—	—	—
D3425	apicoectomy - molar (first root)	—	—	Y	—	Y	Y	—	Y	—	—	—	—	—
D3426	apicoectomy - (each additional root)	—	—	Y	—	Y	Y	—	Y	—	—	—	—	—
D3428	Bone Graft In Conjunction With Periradicular Surgery – Per Tooth; Single Site	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D3429	Bone Graft In Conjunction With Periradicular Surgery – Each Additional Contiguous Tooth In The Same Surgical Site	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D3430	retrograde filling - per root	—	—	Y	—	Y	—	—	Y	—	—	—	—	—
D3431	biologic materials used to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	—	—	—	—	—	—	—	—	—	—	—	—	—
D3432	Guided Tissue Regeneration; Resorbable Barrier; Per Site; In Conjunction With Periradicular Surgery	—	—	Y	—	—	—	—	—	—	—	—	—	—
D3450	root amputation - per root	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D3460	endodontic endosseous implant	—	—	—	—	—	—	—	—	—	—	—	—	—
D3470	intentional reimplantation (including necessary splinting)	—	—	—	—	—	—	—	—	—	—	—	—	—
D3471	surgical repair of root resorption - anterior	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D3472	surgical repair of root resorption - premolar	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D3473	surgical repair of root resorption - molar	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	—	—	—	—	—	—	—	Y	—	—	—	—	—
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	—	—	—	—	—	—	—	Y	—	—	—	—	—
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption - molar	—	—	—	—	—	—	—	Y	—	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D3910	surgical procedure for isolation of tooth with rubber dam	—	—	—	—	—	—	—	Y	—	—	—	—	—
D3911	intraorifice barrier	—	—	—	—	—	—	—	—	—	—	—	—	—
D3920	hemisection (including any root removal); not including root canal therapy	—	—	—	—	—	—	—	Y	—	—	—	—	—
D3921	decoronation or submergence of an erupted tooth	—	—	Y	—	—	—	—	—	—	—	—	—	—
D3950	canal preparation and fitting of preformed dowel or post	—	—	—	—	—	—	—	Y	—	—	—	—	—

Periodontics

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation - full mouth; after oral evaluation	Y	Y	Y	Y	Y*	Y	—	Y	Y*	Y*	Y*	—	—
D4341	periodontal scaling and root planing - four or more teeth per quadrant	Y	Y	Y	Y	Y	Y	—	Y	Y*	Y*	Y*	Y	—
D4342	periodontal scaling and root planing - one to three teeth per quadrant	Y	—	Y	Y	Y	Y	Y	Y	Y*	Y*	Y*	Y	—
D4910	periodontal maintenance	Y	Y	Y	Y	Y	Y	Y	Y	Y*	—	—	Y	—
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue; per tooth	—	—	—	—	Y*	—	—	Y	—	—	—	—	—
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	Y	—	Y	Y	Y	Y	—	Y	—	—	—	—	—
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	Y	—	Y	Y	Y	Y	—	Y	—	—	—	—	—
D4212	Gingivectomy Or Gingivoplasty To Allow Access For Restorative Procedure; Per Tooth	Y	—	Y	—	Y	—	—	Y	—	—	—	—	—
D4230	anatomical crown exposure - four or more contiguous teeth or bounded tooth spaces per quadrant	—	—	—	Y	—	—	—	—	—	—	—	—	—
D4231	anatomical crown exposure - one to three teeth or bounded tooth spaces per quadrant	—	—	—	Y	—	—	—	—	—	—	—	—	—
D4240	gingival flap procedure; including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	Y	—	Y	—	Y	Y	—	Y	—	—	—	—	—
D4241	gingival flap procedure; including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	—	—	Y	—	Y	—	—	Y	—	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D4245	apically positioned flap	—	—	—	—	—	Y	—	Y	—	—	—	—	—
D4249	clinical crown lengthening - hard tissue	—	—	Y	—	Y	—	—	Y	—	—	—	—	—
D4260	osseous surgery (including elevation of full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	Y	—	Y	—	—	Y	—	Y	—	—	—	—	—
D4261	osseous surgery (including elevation of full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	—	—	Y	—	—	Y	—	Y	—	—	—	—	—
D4263	bone replacement graft - retained natural tooth - first site in quadrant	—	—	Y	—	Y	Y	—	Y	—	—	—	—	—
D4264	bone replacement graft - retained natural tooth - each additional site in quadrant	—	—	Y	—	—	Y	—	Y	—	—	—	—	—
D4265	biologic materials to aid in soft and osseous tissue regeneration; per site	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D4266	guided tissue regeneration; natural teeth - resorbable barrier; per site	—	—	Y	—	Y	—	—	Y	—	—	—	—	—
D4267	guided tissue regeneration; natural teeth - non-resorbable barrier; per site	—	—	Y	—	Y	—	—	Y	—	—	—	—	—
D4268	surgical revision procedure; per tooth	—	—	—	Y	—	—	—	Y	—	—	—	—	—
D4270	pedicle soft tissue graft procedure	—	—	—	—	Y	Y	—	Y	—	—	—	—	—
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth; implant; or edentulous tooth position in graft	—	—	—	—	Y	—	—	Y	—	—	—	—	—
D4274	mesial/distal wedge procedure; single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	—	—	—	—	Y	—	—	Y	—	—	—	—	—
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth; implant or edentulous tooth position in graft	—	—	—	—	—	—	—	Y	—	—	—	—	—
D4276	combined connective tissue and pedicle graft; per tooth	—	—	—	—	—	—	—	Y	—	—	—	—	—
D4277	Free Soft Tissue Graft Procedure (including recipient and donor surgical sites); first tooth; implant; or edentulous tooth position in graft	Y	—	—	—	Y	Y	—	Y	—	—	—	—	—
D4278	Free Soft Tissue Graft Procedure (Including recipient and donor surgical sites); each additional contiguous tooth; implant; or edentulous tooth position in same graft site	—	—	—	—	—	Y	—	Y	—	—	—	—	—
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	—	—	—	—	—	—	—	Y	—	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D4285	non-autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth; implant or edentulous tooth position in same graft site	—	—	—	—	—	—	—	Y	—	—	—	—	—
D4286	removal of non-resorbable barrier	—	—	—	—	—	—	—	Y	—	—	—	—	—
D4322	splint – intra-coronal; natural teeth or prosthetic crowns	Y	—	—	—	Y	—	—	Y	—	—	—	—	—
D4323	splint – extra-coronal; natural teeth or prosthetic crowns	Y	—	—	—	Y	—	—	Y	—	—	—	—	—
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	Y	Y	Y	Y	Y	Y	Y	Y	Y	—	—	Y	—
D4920	unscheduled dressing change (by someone other than treating dentist)	—	—	—	—	Y	—	—	—	—	—	—	—	—
D4921	Gingival Irrigation with a medicinal agent – Per Quadrant	—	—	—	—	—	—	—	—	—	—	—	—	—

Prosthodontics, Removable

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D5899	unspecified removable prosthodontic procedure; by report	—	—	—	—	—	—	—	Y	Y	—	Y*	—	—
D5110	complete denture - maxillary	Y*	—	Y	Y*	Y	Y	—	Y	Y	Y*	Y	Y	—
D5120	complete denture - mandibular	Y*	—	Y	Y*	Y	Y	—	Y	Y	Y*	Y	Y	—
D5213	maxillary partial denture - cast metal framework (including any conventional clasps; rests and teeth)	Y*	—	Y	Y*	Y	Y	—	Y	Y	Y*	—	Y	—
D5214	mandibular partial denture - cast metal framework (including any conventional clasps; rests and teeth)	Y*	—	Y	Y*	Y	Y	—	Y	Y	Y*	—	Y	—
D5211	maxillary partial denture - resin base (including any conventional clasps; rests and teeth)	—	—	Y	Y*	Y	Y	—	Y	Y	Y*	Y	Y	—
D5212	mandibular partial denture - resin base (including any conventional clasps; rests and teeth)	—	Y	Y	Y*	Y	Y	—	Y	Y	Y*	Y	Y	—
D5225	maxillary partial denture - flexible base (including any conventional clasps; rests and teeth)	—	—	Y	Y*	Y	Y	—	Y	—	Y*	—	—	—
D5226	mandibular partial denture - flexible base (including any conventional clasps; rests and teeth)	—	—	Y	Y*	Y	Y	—	Y	—	Y*	—	—	—
D5130	immediate denture - maxillary	—	—	—	—	Y	Y	—	Y	Y	Y*	—	Y	—
D5140	immediate denture - mandibular	—	—	—	—	Y	Y	—	Y	Y	Y*	—	Y	—
D5992	adjust maxillofacial prosthetic appliance; by report	—	—	—	—	—	—	—	Y*	Y*	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D5993	maintenance and cleaning of a maxillofacial prosthesis (extra Or intra-oral) other than required adjustments; by report	—	—	—	—	—	—	—	Y*	Y*	—	—	—	—
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	Y*	—	—	Y*	—	—	—	—	Y*	—	—	—	—
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	Y*	—	—	Y*	—	—	—	—	Y*	—	—	—	—
D5862	precision attachment; by report	—	—	—	—	—	—	—	Y	Y*	—	—	—	—
D5984	radiation shield	—	—	—	—	—	—	—	Y	Y*	—	—	—	—
D5988	surgical splint	—	—	—	—	Y	—	—	Y	Y*	—	—	—	—
D5995	periodontal medicament carrier with peripheral seal - laboratory processed; maxillary	—	—	—	—	—	—	—	—	Y*	—	—	—	—
D5996	periodontal medicament carrier with peripheral seal - laboratory processed; mandibular	—	—	—	—	—	—	—	—	Y*	—	—	—	—
D5922	nasal septal prosthesis	Y	—	—	—	—	—	—	Y*	—	—	—	—	—
D5931	obturator prosthesis; surgical	—	—	—	—	Y	—	—	Y*	Y	—	—	—	—
D5932	obturator prosthesis; definitive	—	—	—	—	Y	—	—	Y*	Y	—	—	—	—
D5933	obturator prosthesis; modification	—	—	—	—	—	—	—	Y*	Y	—	—	—	—
D5934	mandibular guidance prosthesis with guide flange	—	—	—	—	Y	—	—	Y*	—	—	—	—	—
D5935	mandibular guidance prosthesis without guide flange	—	—	—	—	—	—	—	Y*	—	—	—	—	—
D5936	obturator prosthesis; interim	—	—	—	—	—	—	—	Y*	Y	—	—	—	—
D5937	trismus appliance (not for TMD treatment)	—	—	—	—	—	—	—	Y*	—	—	—	—	—
D5954	palatal augmentation prosthesis	—	—	—	—	Y	—	—	Y*	—	—	—	—	—
D5960	speech aid prosthesis; modification	—	—	—	—	—	—	—	Y*	—	—	—	—	—
D5982	surgical stent for soft tissue healing	—	—	—	—	—	—	—	Y*	—	—	—	—	—
D5999	unspecified maxillofacial prosthesis; by report	—	Y	—	—	Y*	—	—	Y	—	—	—	—	—
D5410	adjust complete denture - maxillary	Y*	Y	—	Y*	Y	Y	—	Y	Y	—	Y	—	—
D5421	adjust partial denture - maxillary	Y*	Y	—	Y*	Y	Y	—	Y	Y	—	Y	—	—
D5422	adjust partial denture - mandibular	Y*	Y	—	Y*	Y	Y	—	Y	Y	—	Y	—	—
D5511	repair broken complete denture base; mandibular	Y*	Y	Y	Y*	Y	Y	—	Y	Y	—	Y	—	—
D5512	repair broken complete denture base; maxillary	Y*	Y	Y	Y*	Y	Y	—	Y	Y	—	Y	—	—
D5611	repair resin partial denture base; mandibular	Y*	Y	Y	Y*	—	Y	—	Y	Y	—	Y	Y	—
D5612	repair resin partial denture base; maxillary	Y*	Y	Y	Y*	—	Y	—	Y	Y	—	Y	Y	—
D5621	repair cast partial framework; mandibular	Y*	—	Y	Y*	Y	Y	—	Y	Y	—	Y	Y	—
D5622	repair cast partial framework; maxillary	Y*	—	Y	Y*	Y	Y	—	Y	Y	—	Y	Y	—
D5630	repair or replace broken clasp - per tooth	Y*	—	Y	Y*	Y	Y	—	Y	Y	—	Y	Y	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D5640	replace missing or broken teeth – partial denture - per tooth	Y*	Y	Y	Y*	Y	Y	—	Y	Y	—	Y	Y	—
D5650	add tooth to existing partial denture – per tooth	Y*	Y	Y	Y*	—	Y	—	Y	Y	—	Y	Y	—
D5660	add clasp to existing partial denture - per tooth	Y*	—	Y	Y*	—	Y	—	Y	Y	—	Y	Y	—
D5730	reline complete maxillary denture (chairside)	Y*	Y	Y	Y*	Y	Y	—	Y	—	—	Y	Y	—
D5731	reline complete mandibular denture (chairside)	Y*	—	Y	Y*	Y	Y	—	Y	Y	—	Y	Y	—
D5750	reline complete maxillary denture (laboratory)	Y*	—	—	Y*	Y	Y	—	Y	Y	—	Y	Y	—
D5751	reline complete mandibular denture (laboratory)	Y*	—	—	Y*	Y	Y	—	Y	Y	—	Y	Y	—
D5760	reline maxillary partial denture (laboratory)	Y*	—	—	Y*	—	Y	—	Y	Y	—	Y	—	—
D5761	reline mandibular partial denture (laboratory)	Y*	—	—	Y*	—	Y	—	Y	Y	—	Y	—	—
D5282	removable unilateral partial denture - one piece cast metal (including clasps and teeth); maxillary	—	—	—	Y*	Y	—	—	—	Y	—	—	Y	—
D5283	removable unilateral partial denture - one piece cast metal (including clasps and teeth); mandibular	—	—	—	Y*	Y	—	—	—	—	—	—	Y	—
D5284	removable unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant	—	—	—	Y*	Y	—	—	—	—	—	—	Y	—
D5286	removable unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant	—	—	—	Y*	Y	—	—	—	—	—	—	Y	—
D5520	replace missing or broken teeth – complete denture – per tooth	—	Y	Y	Y*	Y	Y	—	Y	Y	—	Y	—	—
D5850	tissue conditioning; maxillary	Y	—	—	Y*	—	—	—	Y	Y	—	—	—	—
D5851	tissue conditioning; mandibular	Y	—	—	Y*	—	—	—	Y	Y	—	—	—	—
D5710	rebase complete maxillary denture	Y*	—	Y	—	—	Y	—	Y	—	—	Y	—	—
D5711	rebase complete mandibular denture	Y*	—	Y	—	—	Y	—	Y	—	—	Y	—	—
D5720	rebase maxillary partial denture	Y*	—	Y	—	—	Y	—	Y	—	—	Y	—	—
D5721	rebase mandibular partial denture	Y*	—	Y	—	—	Y	—	Y	—	—	Y	—	—
D5740	reline maxillary partial denture (chairside)	Y*	—	Y	—	Y	Y	—	Y	Y	—	Y	—	—
D5741	reline mandibular partial denture (chairside)	Y*	—	Y	—	Y	Y	—	Y	Y	—	Y	—	—
D5221	immediate maxillary partial denture - resin base (including any conventional clasps; rests and teeth)	—	—	Y	—	Y	Y	—	—	Y	—	Y	—	—
D5222	immediate mandibular partial denture - resin base (including any conventional clasps; rests and teeth)	—	—	Y	—	Y	Y	—	—	Y	—	Y	—	—
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps; rests and teeth)	—	—	Y	—	—	Y	—	—	Y	—	—	—	—
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps; rests and teeth)	—	—	Y	—	—	Y	—	—	Y	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D5227	immediate maxillary partial denture - flexible base (including any clasps; rests and teeth)	—	—	Y	—	—	—	—	—	Y	—	—	—	—
D5228	immediate mandibular partial denture - flexible base (including any clasps; rests and teeth)	—	—	Y	—	—	—	—	—	Y	—	—	—	—
D5411	adjust complete denture - mandibular	—	Y	—	—	Y	Y	—	Y	Y	—	Y	—	—
D5725	rebase hybrid prosthesis	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D5765	soft liner for complete or partial removable denture – indirect	—	—	Y	—	—	—	—	—	—	—	—	—	—
D5810	interim complete denture (maxillary)	—	—	—	—	Y	—	—	—	—	—	—	—	—
D5811	interim complete denture (mandibular)	—	—	—	—	Y	—	—	—	—	—	—	—	—
D5820	interim partial denture (maxillary)	—	—	—	—	Y	—	—	—	Y	—	—	—	—
D5821	interim partial denture (mandibular)	—	—	—	—	Y	—	—	—	Y	—	—	—	—
D5863	overdenture - complete maxillary - natural tooth borne	—	—	—	—	—	—	—	Y	—	—	—	—	—
D5864	overdenture - partial maxillary - natural tooth borne	—	—	—	—	—	—	—	Y	—	—	—	—	—
D5865	overdenture - complete mandibular - natural tooth borne	—	—	—	—	—	—	—	Y	—	—	—	—	—
D5866	overdenture - partial mandibular - natural tooth borne	—	—	—	—	—	—	—	Y	—	—	—	—	—
D5867	replacement of replaceable part of semi-precision or precision attachment of natural tooth borne prosthesis; per attachment	—	—	—	—	—	—	—	Y	—	—	—	—	—
D5875	modification of removable prosthesis following implant surgery	—	—	—	—	—	—	—	Y	—	—	—	—	—
D5876	add metal substructure to acrylic complete denture - per arch	—	—	—	—	—	—	—	—	—	—	—	—	—
D5877	duplication of complete denture - maxillary	—	—	—	—	—	—	—	—	—	—	—	—	—
D5878	duplication of complete denture - mandibular	—	—	—	—	—	—	—	—	—	—	—	—	—
D5909	maxillary guidance prosthesis with guide flange	—	—	—	—	—	—	—	—	—	—	—	—	—
D5911	facial moulage (sectional)	—	—	—	—	—	—	—	Y	—	—	—	—	—
D5930	maxillary guidance prosthesis without guide flange	—	—	—	—	—	—	—	—	—	—	—	—	—
D5938	resection prosthesis; maxillary complete removable	—	—	—	—	—	—	—	—	—	—	—	—	—
D5939	resection prosthesis; mandibular complete removable	—	—	—	—	—	—	—	—	—	—	—	—	—
D5940	resection prosthesis; maxillary partial removable	—	—	—	—	—	—	—	—	—	—	—	—	—
D5941	resection prosthesis; mandibular partial removable	—	—	—	—	—	—	—	—	—	—	—	—	—
D5942	resection prosthesis; maxillary implant/abutment supported removable prosthesis or edentulous arch	—	—	—	—	—	—	—	—	—	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D5943	resection prosthesis; mandibular implant/abutment supported removable prosthesis for edentulous arch	—	—	—	—	—	—	—	—	—	—	—	—	—
D5944	resection prosthesis; maxillary implant/abutment supported removable prosthesis for the partial edentulous arch	—	—	—	—	—	—	—	—	—	—	—	—	—
D5945	resection prosthesis; mandibular implant/abutment supported removable prosthesis for the 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	—	—	—	—	—	—	—	—	—	—	—	—	—
D5952	speech aid prosthesis; pediatric	—	—	—	—	—	—	—	—	—	—	—	—	—
D5983	radiation carrier	—	—	—	—	—	—	—	Y	Y	—	—	—	—
D5986	fluoride gel carrier	—	—	—	—	—	Y	—	Y	—	—	—	—	—
D5987	commissure splint	—	—	—	—	—	—	—	Y	—	—	—	—	—
D5991	vesiculobullous disease medicament carrier	—	—	—	—	—	—	—	Y	—	—	—	—	—

Implant Services

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D6999	unspecified fixed prosthodontic procedure; by report	—	—	—	—	—	—	—	Y	—	—	Y*	—	—
D6056	prefabricated abutment - includes modification and placement	—	—	Y	—	Y*	—	—	—	—	—	—	—	—
D6057	custom fabricated abutment - includes placement	—	—	—	—	Y*	—	—	—	—	—	—	—	—
D6058	abutment supported porcelain/ceramic crown	—	—	Y	—	Y*	—	—	—	—	—	—	—	—
D6059	abutment supported porcelain fused to metal crown (high noble metal)	—	—	—	—	Y*	—	—	—	—	—	—	—	—
D6065	implant supported porcelain/ceramic crown	—	—	—	—	Y*	—	—	—	—	—	—	—	—
D6066	implant supported porcelain fused to metal crown (titanium; titanium alloy; high noble metal)	—	—	—	—	Y*	—	—	—	—	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D6081	Scaling and debridement of a single implant in the presence of mucositis; including inflammation; bleeding upon probing; and increased pocket depths; includes cleaning of the implant surfaces; without flap entry and closure	—	—	Y	—	Y*	—	—	Y	—	—	—	—	—
D6091	replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis; per attachment	—	—	—	—	Y*	—	—	Y	—	—	—	—	—
D6092	recement or re-bond implant/abutment supported crown	—	—	—	—	Y*	—	—	Y	—	—	—	—	—
D6103	bone graft for repair of peri-implant defect – does not include flap entry and closure	—	—	Y	—	Y*	—	—	Y	—	—	—	—	—
D6104	Bone Graft At Time Of Implant Placement	—	—	Y	—	Y*	—	—	—	—	—	—	—	—
D6110	implant / abutment supported removable denture for edentulous arch - maxillary	—	—	Y	—	Y*	—	—	Y	—	—	—	—	—
D6111	implant / abutment supported removable denture for edentulous arch - mandibular	—	—	Y	—	Y*	—	—	Y	—	—	—	—	—
D6190	radiographic/surgical implant index; by report	—	—	Y	—	Y*	—	—	—	—	—	—	—	—
D6199	unspecified implant procedure; by report	—	—	—	—	Y*	—	—	Y	—	—	—	—	—
D6930	re-cement or re-bond fixed partial denture	—	Y	—	Y*	Y	Y	—	Y	—	—	—	—	—
D6740	retainer crown - porcelain/ceramic	Y*	—	—	—	—	—	—	—	—	—	—	—	—
D6751	retainer crown - porcelain fused to predominantly base metal	Y*	—	—	—	—	—	—	Y	—	—	—	—	—
D6752	retainer crown - porcelain fused to noble metal	Y*	—	—	—	—	—	—	Y	—	—	—	—	—
D6791	retainer crown - full cast predominantly base metal	Y*	—	—	—	—	—	—	Y	—	—	—	—	—
D6792	retainer crown - full cast noble metal	Y*	—	—	—	—	—	—	Y	—	—	—	—	—
D6010	surgical placement of implant body: endosteal implant	—	—	Y	—	Y	—	—	Y	—	—	—	—	—
D6011	Second Stage Implant Surgery	—	—	—	—	—	—	—	Y	—	—	—	—	—
D6012	surgical placement of interim implant body for transitional prosthesis: endosteal implant	—	—	—	—	—	—	—	—	—	—	—	—	—
D6013	Surgical Placement Of Mini Implant	—	—	—	—	—	—	—	—	—	—	—	—	—
D6040	surgical placement: eposteal implant	—	—	—	—	—	—	—	Y	—	—	—	—	—
D6049	scaling and debridement of a single implant in the presence of peri-implantitis inflammation; bleeding upon probing and increased pocket depths; including cleaning of the implant surfaces; without flap entry and closure	—	—	Y	—	Y	—	—	—	—	—	—	—	—
D6050	surgical placement: transosteal implant	—	—	—	—	—	—	—	—	—	—	—	—	—
D6051	placement of interim implant abutment	—	—	—	—	—	—	—	—	—	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D6055	connecting bar - implant supported or abutment supported	—	—	—	—	—	—	—	Y	—	—	—	—	—
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	—	—	—	—	—	—	—	—	—	—	—	—	—
D6061	abutment supported porcelain fused to metal crown (noble metal)	—	—	—	—	—	—	—	—	—	—	—	—	—
D6062	abutment supported cast metal crown (high noble metal)	—	—	—	—	—	—	—	—	—	—	—	—	—
D6063	abutment supported cast metal crown (predominantly base metal)	—	—	—	—	—	—	—	—	—	—	—	—	—
D6064	abutment supported cast metal crown (noble metal)	—	—	—	—	—	—	—	—	—	—	—	—	—
D6067	implant supported metal crown (titanium; titanium alloy; high noble metal)	—	—	—	—	—	—	—	—	—	—	—	—	—
D6068	abutment supported retainer for porcelain/ceramic FPD	—	—	—	—	—	—	—	—	—	—	—	—	—
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	—	—	—	—	—	—	—	—	—	—	—	—	—
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	—	—	—	—	—	—	—	—	—	—	—	—	—
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)	—	—	—	—	—	—	—	—	—	—	—	—	—
D6074	abutment supported retainer for cast metal FPD (noble metal)	—	—	—	—	—	—	—	—	—	—	—	—	—
D6075	implant supported retainer for ceramic FPD	—	—	—	—	—	—	—	—	—	—	—	—	—
D6076	implant supported retainer for porcelain fused to metal FPD (titanium; titanium alloy; or high noble metal)	—	—	—	—	—	—	—	—	—	—	—	—	—
D6077	implant supported retainer for cast metal FPD (titanium; titanium alloy; or high noble metal)	—	—	—	—	—	—	—	—	—	—	—	—	—
D6080	implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted; including cleansing of prosthesis and abutments	—	—	—	—	—	—	—	Y	—	—	—	—	—
D6082	implant supported crown - porcelain fused to predominantly base alloys	—	—	Y	—	—	—	—	—	—	—	—	—	—
D6083	implant supported crown - porcelain fused to noble alloys	—	—	Y	—	—	—	—	—	—	—	—	—	—
D6084	implant supported crown - porcelain fused to titanium and titanium alloys	—	—	Y	—	—	—	—	—	—	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D6085	interim implant crown	—	—	Y	—	—	—	—	—	—	—	—	—	—
D6086	implant supported crown - predominantly base alloys	—	—	—	—	—	—	—	—	—	—	—	—	—
D6087	implant supported crown - noble alloys	—	—	—	—	—	—	—	—	—	—	—	—	—
D6088	implant supported crown - titanium and titanium alloys	—	—	—	—	—	—	—	—	—	—	—	—	—
D6089	accessing and retorquing loose implant screw – per screw	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D6090	repair of implant/abutment supported prosthesis	—	—	—	—	—	—	—	Y	—	—	—	—	—
D6093	re cement or re-bond implant/abutment supported fixed partial denture	—	—	—	—	—	—	—	—	—	—	—	—	—
D6094	abutment supported crown - (titanium)	—	—	—	—	—	—	—	—	—	—	—	—	—
D6096	remove broken implant retaining screw	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D6097	abutment supported crown - porcelain fused to titanium and titanium	—	—	Y	—	—	—	—	—	—	—	—	—	—
D6098	implant supported retainer - porcelain fused to predominantly base alloys	—	—	—	—	—	—	—	—	—	—	—	—	—
D6099	implant supported retainer for FPD - porcelain fused to noble alloys	—	—	—	—	—	—	—	—	—	—	—	—	—
D6100	surgical removal of implant body	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D6101	debridement of a peri-implant defect or defects surrounding a single implant; and surface cleaning of the exposed implant surfaces; including flap entry and closure	—	—	Y	—	—	—	—	Y	—	—	—	—	—
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	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D6105	removal of implant body not requiring bone removal nor flap elevation	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D6106	guided tissue regeneration – resorbable barrier; per implant	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D6107	guided tissue regeneration – non-resorbable barrier; per implant	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D6112	implant / abutment supported removable denture for partially edentulous arch - maxillary	—	—	Y	—	—	—	—	—	—	—	—	—	—
D6113	implant / abutment supported removable denture for partially edentulous arch - mandibular	—	—	Y	—	—	—	—	—	—	—	—	—	—
D6114	implant / abutment supported fixed denture for edentulous arch - maxillary	—	—	—	—	—	—	—	—	—	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D6115	implant / abutment supported fixed denture for edentulous arch - mandibular	—	—	—	—	—	—	—	—	—	—	—	—	—
D6116	implant / abutment supported fixed denture for partially edentulous arch - maxillary	—	—	—	—	—	—	—	—	—	—	—	—	—
D6117	implant / abutment supported fixed denture for partially edentulous arch - mandibular	—	—	—	—	—	—	—	—	—	—	—	—	—
D6118	implant/abutment supported interim fixed denture for edentulous arch – mandibular	—	—	—	—	—	—	—	—	—	—	—	—	—
D6119	implant/abutment supported interim fixed denture for edentulous arch – maxillary	—	—	—	—	—	—	—	—	—	—	—	—	—
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	—	—	—	—	—	—	—	—	—	—	—	—	—
D6180	implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed; including cleansing of prosthesis and abutments	—	—	—	—	—	—	—	—	—	—	—	—	—
D6191	semi-precision abutment - placement	—	—	Y	—	Y	—	—	Y	—	—	—	—	—
D6192	semi-precision attachment - placement	—	—	Y	—	Y	—	—	Y	—	—	—	—	—
D6193	replacement of an implant screw	—	—	Y	—	—	—	—	—	—	—	—	—	—
D6194	abutment supported retainer crown for FPD - (titanium)	—	—	—	—	—	—	—	—	—	—	—	—	—
D6195	abutment supported retainer - porcelain fused to titanium and titanium alloys	—	—	—	—	—	—	—	—	—	—	—	—	—
D6197	replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis; per implant	—	—	—	—	—	—	—	—	—	—	—	—	—
D6198	remove interim implant component	—	—	—	—	—	—	—	—	—	—	—	—	—
D6205	pontic - indirect resin based composite	—	—	—	—	—	—	—	—	—	—	—	—	—
D6210	pontic - cast high noble metal	—	—	—	—	—	—	—	Y	—	—	—	—	—
D6211	pontic - cast predominantly base metal	Y	—	—	—	Y	—	—	Y	—	—	—	—	—
D6212	pontic - cast noble metal	Y	—	—	—	—	—	—	Y	—	—	—	—	—
D6214	pontic - titanium	—	—	—	—	—	—	—	—	—	—	—	—	—
D6240	pontic - porcelain fused to high noble metal	—	—	—	—	Y	—	—	Y	—	—	—	—	—
D6241	pontic - porcelain fused to predominantly base metal	Y	—	—	—	Y	Y	—	Y	—	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D6242	pontic - porcelain fused to noble metal	Y	—	—	—	Y	Y	—	Y	—	—	—	—	—
D6243	pontic - porcelain fused to titanium and titanium alloys	—	—	—	—	—	—	—	—	—	—	—	—	—
D6245	pontic - porcelain/ceramic	Y	—	—	—	—	Y	—	—	—	—	—	—	—
D6250	pontic - resin with high noble metal	—	—	—	—	Y	Y	—	Y	—	—	—	—	—
D6251	pontic - resin with predominantly base metal	—	—	—	—	Y	Y	—	Y	—	—	—	—	—
D6252	pontic - resin with noble metal	—	—	—	—	Y	Y	—	Y	—	—	—	—	—
D6253	interim pontic - further treatment or completion of diagnosis necessary prior to final impression	—	—	—	—	—	—	—	—	—	—	—	—	—
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	—	—	—	—	—	—	—	—	—	—	—	—	—
D6545	retainer - cast metal for resin bonded fixed prosthesis	—	—	—	—	—	—	—	Y	—	—	—	—	—
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	—	—	—	—	—	—	—	—	—	—	—	—	—
D6549	retainer – for resin bonded fixed prosthesis	—	—	—	—	—	—	—	—	—	—	—	—	—
D6600	retainer inlay - porcelain/ceramic; two surfaces	—	—	—	—	—	—	—	—	—	—	—	—	—
D6601	retainer inlay - porcelain/ceramic; three or more surfaces	—	—	—	—	—	—	—	—	—	—	—	—	—
D6602	retainer inlay - cast high noble metal; two surfaces	—	—	—	—	—	—	—	—	—	—	—	—	—
D6603	retainer inlay - cast high noble metal; three or more surfaces	—	—	—	—	—	—	—	—	—	—	—	—	—
D6604	retainer inlay - cast predominantly base metal; two surfaces	—	—	—	—	—	—	—	—	—	—	—	—	—
D6605	retainer inlay - cast predominantly base metal; three or more surfaces	—	—	—	—	—	—	—	—	—	—	—	—	—
D6606	retainer inlay - cast noble metal; two surfaces	—	—	—	—	—	—	—	—	—	—	—	—	—
D6607	retainer inlay - cast noble metal; three or more surfaces	—	—	—	—	—	—	—	—	—	—	—	—	—
D6608	retainer onlay -porcelain/ceramic; two surfaces	—	—	—	—	—	—	—	—	—	—	—	—	—
D6609	retainer onlay - porcelain/ceramic; three or more surfaces	—	—	—	—	—	—	—	—	—	—	—	—	—
D6610	retainer onlay - cast high noble metal; two surfaces	—	—	—	—	—	—	—	—	—	—	—	—	—
D6611	retainer onlay - cast high noble metal; three or more surfaces	—	—	—	—	—	—	—	—	—	—	—	—	—
D6612	retainer onlay - cast predominantly base metal; two surfaces	—	—	—	—	—	—	—	—	—	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
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	—	—	—	—	—	—	—	—	—	—	—	—	—
D6710	retainer crown - indirect resin based composite	—	—	—	—	—	—	—	—	—	—	—	—	—
D6720	retainer crown - resin with high noble metal	—	—	—	—	—	—	—	Y	—	—	—	—	—
D6721	retainer crown - resin with predominantly base metal	—	—	—	—	—	—	—	Y	—	—	—	—	—
D6722	retainer crown - resin with noble metal	—	—	—	—	—	—	—	Y	—	—	—	—	—
D6750	retainer crown - porcelain fused to high noble metal	—	—	—	—	—	—	—	Y	—	—	—	—	—
D6753	retainer crown - porcelain fused to titanium and titanium alloys	—	—	—	—	—	—	—	—	—	—	—	—	—
D6780	retainer crown - 3/4 cast high noble metal	—	—	—	—	—	—	—	—	—	—	—	—	—
D6781	retainer crown - 3/4 cast predominantly base metal	—	—	—	—	—	—	—	—	—	—	—	—	—
D6782	retainer crown - 3/4 cast noble metal	—	—	—	—	—	—	—	—	—	—	—	—	—
D6783	retainer crown - 3/4 porcelain/ceramic	—	—	—	—	—	—	—	—	—	—	—	—	—
D6784	retainer crown 3/4 - titanium and titanium alloys	—	—	—	—	—	—	—	—	—	—	—	—	—
D6790	retainer crown - full cast high noble metal	—	—	—	—	—	—	—	Y	—	—	—	—	—
D6793	interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	—	—	—	—	—	—	—	—	—	—	—	—	—
D6794	retainer crown - titanium	—	—	—	—	—	—	—	—	—	—	—	—	—
D6920	connector bar	—	—	—	—	—	—	—	Y	—	—	—	—	—
D6940	stress breaker	—	—	—	—	—	—	—	Y	—	—	—	—	—
D6950	precision attachment	—	—	—	—	—	—	—	Y	—	—	—	—	—
D6980	fixed partial denture repair necessitated by restorative material failure	Y	—	—	—	—	Y	—	Y	—	—	—	—	—
D6985	pediatric partial denture; fixed	—	—	—	—	—	—	—	Y	—	—	—	—	—

Oral and Maxillofacial Surgery

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	Y*	—	Y	—	—	—	—	Y	—	—	Y*	—	—
D7350	vestibuloplasty - ridge extension (including soft tissue grafts; muscle reattachment; revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	—	—	Y	—	—	—	—	Y	—	—	Y*	—	—
D7251	Coronectomy – Intentional Partial Tooth Removal; impacted teeth only	—	—	Y	—	Y	Y	—	Y	Y*	—	—	—	—
D7412	excision of benign lesion; complicated	Y	—	Y	—	—	Y	—	Y	Y*	—	—	—	—
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	—	—	—	—	—	Y	—	Y	Y*	—	—	—	—
D7490	radical resection of maxilla or mandible	—	—	—	—	—	—	—	Y	Y*	—	—	—	—
D7509	marsupialization of odontogenic cyst	—	—	Y	—	—	—	—	Y	Y*	—	—	—	—
D7810	open reduction of dislocation	—	—	—	—	—	—	—	Y	Y*	—	—	—	—
D7940	osteoplasty - for orthognathic deformities	—	—	Y	—	—	—	—	Y	Y*	—	—	—	—
D7941	osteotomy - mandibular rami	—	—	—	—	—	—	—	Y	Y*	—	—	—	—
D7943	osteotomy - mandibular rami with bone graft; includes obtaining the graft	—	—	—	—	—	—	—	Y	Y*	—	—	—	—
D7944	osteotomy - segmented or subapical	—	—	—	—	—	—	—	Y	Y*	—	—	—	—
D7945	osteotomy - body of mandible	—	—	—	—	—	—	—	Y	Y*	—	—	—	—
D7946	LeFort I (maxilla - total)	—	—	—	—	—	—	—	Y	Y*	—	—	—	—
D7949	LeFort II or LeFort III - with bone graft	—	—	—	—	—	—	—	Y	Y*	—	—	—	—
D7953	bone replacement graft for ridge preservation – per site	Y	—	Y	—	—	Y	—	—	Y*	—	—	—	—
D7955	repair of maxillofacial soft and/or hard tissue defect	—	—	—	—	—	—	—	Y	Y*	—	—	—	—
D7996	implant-mandible for augmentation purposes (excluding alveolar ridge); by report	—	—	—	—	—	—	—	Y	Y*	—	—	—	—
D7780	facial bones - complicated reduction with fixation and multiple approaches	Y	—	—	—	Y*	Y	—	Y	Y	—	—	—	—
D7240	removal of impacted tooth - completely bony	Y*	Y	Y	—	Y	Y	Y	Y	Y	—	Y	—	Y
D7241	removal of impacted tooth - completely bony; with unusual surgical complications	Y*	Y	Y	—	Y	Y	Y	Y	Y	—	Y	—	Y
D7250	surgical removal of residual tooth roots (cutting procedure)	Y*	Y	Y	—	Y	Y	Y	Y	Y	—	Y	Y	Y
D7471	removal of lateral exostosis (maxilla or mandible)	Y*	—	Y	—	Y	Y	—	Y	—	—	Y	Y	—
D7472	removal of torus palatinus	Y*	Y	Y	—	Y	Y	—	Y	Y	—	—	Y	—
D7473	removal of torus mandibularis	Y*	Y	Y	—	—	Y	—	Y	Y	—	—	Y	—
D7485	surgical reduction of osseous tuberosity	Y*	—	—	—	—	—	—	Y	—	—	—	Y	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D7995	synthetic graft - mandible or facial bones; by report	Y*	—	—	—	—	—	—	Y	—	—	—	—	—
D7998	intraoral placement of a fixation device not in conjunction with a fracture	Y*	—	—	—	—	—	—	—	Y	—	—	—	—
D7111	extraction; coronal remnants - primary tooth	—	—	Y	—	Y	Y	—	Y	—	—	Y	—	—
D7140	extraction; erupted tooth or exposed root (elevation and/or forceps removal)	Y	Y	Y	—	Y	Y	Y	Y	Y	—	Y	Y	Y
D7210	extraction; erupted tooth requiring removal of bone and/or sectioning of tooth; and including elevation of mucoperiosteal flap if indicated	Y	Y	Y	—	Y	Y	Y	Y	Y	—	Y	Y	Y
D7220	removal of impacted tooth - soft tissue	Y	Y	Y	—	Y	Y	Y	Y	Y	—	Y	Y	Y
D7230	removal of impacted tooth - partially bony	Y	Y	Y	—	Y	Y	Y	Y	Y	—	Y	—	Y
D7252	partial extraction for immediate implant replacement	—	—	—	—	—	—	—	—	—	—	—	—	—
D7259	nerve dissection	—	—	—	—	—	—	—	Y	—	—	—	—	—
D7260	oroantral fistula closure	Y	—	—	—	Y	Y	Y	Y	—	—	Y	—	—
D7261	primary closure of a sinus perforation	Y	—	—	—	—	Y	Y	Y	—	—	Y	—	—
D7270	tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	—	Y	Y	—	Y	Y	—	Y	—	—	—	—	—
D7272	tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)	—	—	—	—	—	—	—	—	—	—	—	—	—
D7280	surgical access of an unerupted tooth	—	Y	Y	—	Y	Y	—	Y	Y	—	—	—	—
D7282	mobilization of erupted or malpositioned tooth to aid eruption	—	—	Y	—	—	—	—	—	—	—	—	—	—
D7283	placement of device to facilitate eruption of impacted tooth	—	—	—	—	Y	Y	—	—	Y	—	—	—	—
D7284	excisional biopsy of minor salivary glands	—	—	Y	—	—	—	—	Y	—	—	—	Y	—
D7285	incisional biopsy of oral tissue - hard (bone; tooth)	Y	Y	Y	—	Y	Y	Y	Y	—	—	Y	—	—
D7286	incisional biopsy of oral tissue - soft	Y	Y	Y	—	Y	Y	Y	Y	—	—	Y	—	—
D7287	exfoliative cytological sample collection	Y	—	—	—	—	—	—	Y	Y	—	—	—	—
D7288	brush biopsy - transepithelial sample collection	Y	—	—	—	—	—	—	Y	Y	—	—	—	—
D7290	surgical repositioning of teeth	—	—	—	—	—	Y	—	Y	—	—	—	—	—
D7291	transseptal fiberotomy/supra crestal fiberotomy; by report	—	—	—	—	—	Y	—	Y	Y	—	—	—	—
D7292	placement of temporary anchorage device [screw retained plate] requiring surgical flap;	—	—	—	—	—	—	—	—	Y	—	—	—	—
D7293	placement of temporary anchorage device requiring surgical flap;	—	—	—	—	—	—	—	—	Y	—	—	—	—
D7294	placement of temporary anchorage device without flap;	—	—	—	—	—	—	—	—	Y	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D7295	Harvest Of Bone For Use In Autogenous Grafting Procedure	—	—	—	—	—	Y	—	Y	Y	—	—	—	—
D7296	corticotomy – one to three teeth or tooth spaces; per quadrant	—	—	—	—	—	—	—	—	—	—	—	—	—
D7297	corticotomy – four or more teeth or tooth spaces; per quadrant	—	—	—	—	—	—	—	—	—	—	—	—	—
D7298	removal of temporary anchorage device [screw retained plate]; requiring flap	—	—	—	—	—	—	—	—	Y	—	—	—	—
D7299	removal of temporary anchorage device requiring flap	—	—	—	—	—	—	—	—	Y	—	—	—	—
D7300	removal of temporary anchorage device without flap	—	—	—	—	—	—	—	—	Y	—	—	—	—
D7310	alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces; per quadrant	Y	Y	Y	—	Y	Y	—	Y	Y	—	—	Y	—
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces; per quadrant	Y	—	—	—	—	Y	—	Y	Y	—	—	Y	—
D7320	alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces; per quadrant	Y	—	Y	—	—	Y	—	Y	Y	—	Y	Y	—
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces; per quadrant	Y	—	—	—	—	Y	—	Y	Y	—	—	Y	—
D7410	excision of benign lesion up to 1.25 cm	Y	—	Y	—	Y	Y	—	Y	—	—	Y	—	—
D7411	excision of benign lesion greater than 1.25 cm	Y	—	Y	—	Y	Y	—	Y	—	—	Y	—	—
D7413	excision of malignant lesion up to 1.25 cm	Y	—	Y	—	—	Y	—	Y	—	—	—	—	—
D7414	excision of malignant lesion greater than 1.25 cm	Y	—	Y	—	—	Y	—	Y	—	—	—	—	—
D7415	excision of malignant lesion; complicated	Y	—	Y	—	—	Y	—	Y	—	—	—	—	—
D7440	excision of malignant tumor - lesion diameter up to 1.25 cm	Y	—	—	—	—	Y	—	Y	Y	—	—	—	—
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	Y	—	—	—	—	Y	—	Y	—	—	—	—	—
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	Y	—	Y	—	—	Y	—	Y	—	—	—	—	—
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	Y	—	Y	—	—	Y	—	Y	—	—	—	—	—
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	Y	—	—	—	—	Y	—	Y	—	—	—	—	—
D7465	destruction of lesion(s) by physical or chemical method; by report	Y	—	—	—	—	Y	—	Y	—	—	—	—	—
D7510	incision and drainage of abscess - intraoral soft tissue	Y	Y	Y	—	Y	Y	Y	Y	Y	—	Y	—	Y
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Y	—	—	—	—	Y	Y	Y	Y	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D7520	incision and drainage of abscess - extraoral soft tissue	Y	—	Y	—	Y	Y	Y	Y	Y	—	Y	—	Y
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Y	—	—	—	—	Y	Y	Y	Y	—	—	—	—
D7530	removal of foreign body from mucosa; skin; or subcutaneous alveolar tissue	—	—	Y	—	Y	Y	—	Y	Y	—	Y	—	—
D7540	removal of reaction producing foreign bodies; musculoskeletal system	—	—	—	—	—	Y	—	Y	Y	—	Y	—	—
D7550	partial osteotomy/sequestrectomy for removal of non-vital bone	Y	—	—	—	Y	Y	—	Y	Y	—	Y	—	—
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	—	—	—	—	—	Y	—	Y	Y	—	Y	—	—
D7610	maxilla - open reduction (teeth immobilized; if present)	Y	—	Y	—	—	—	—	Y	Y	—	—	—	—
D7620	maxilla - closed reduction (teeth immobilized; if present)	Y	—	Y	—	—	—	—	Y	Y	—	—	—	—
D7630	mandible - open reduction (teeth immobilized; if present)	Y	—	Y	—	—	—	—	Y	Y	—	—	—	—
D7640	mandible - closed reduction (teeth immobilized; if present)	Y	—	Y	—	—	—	—	Y	Y	—	—	—	—
D7650	malar and/or zygomatic arch - open reduction	Y	—	Y	—	—	—	—	Y	Y	—	—	—	—
D7670	alveolus closed reduction may include stabilization of teeth	Y	—	Y	—	—	—	—	Y	Y	—	Y	—	—
D7671	alveolus; open reduction may include stabilization of teeth	Y	—	—	—	—	—	—	Y	Y	—	—	—	—
D7680	facial bones - complicated reduction with fixation and multiple surgical approaches	Y	—	—	—	—	—	—	Y	Y	—	—	—	—
D7710	maxilla open reduction	Y	—	—	—	—	—	—	Y	Y	—	—	—	—
D7720	maxilla - closed reduction	Y	—	—	—	—	—	—	Y	Y	—	—	—	—
D7730	mandible - open reduction	Y	—	—	—	—	—	—	Y	Y	—	—	—	—
D7740	mandible - closed reduction	Y	—	—	—	—	—	—	Y	Y	—	—	—	—
D7750	malar and/or zygomatic arch - open reduction	Y	—	—	—	—	—	—	Y	Y	—	—	—	—
D7770	alveolus - open reduction stabilization of teeth	Y	—	—	—	—	—	—	Y	Y	—	—	—	—
D7771	alveolus; closed reduction stabilization of teeth	Y	—	—	—	—	—	—	Y	Y	—	—	—	—
D7820	closed reduction of dislocation	Y	—	—	—	—	—	—	Y	Y	—	—	—	—
D7830	manipulation under anesthesia	Y	—	Y	—	—	—	—	Y	—	—	—	—	—
D7850	surgical discectomy; with/without implant	—	—	Y	—	—	—	—	Y	Y	—	—	—	—
D7852	disc repair	—	—	—	—	—	—	—	Y	Y	—	—	—	—
D7870	arthrocentesis	—	—	Y	—	—	—	—	Y	Y	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D7871	non-arthroscopic lysis and lavage	—	—	—	—	—	—	—	Y	—	—	—	—	—
D7873	arthroscopy - surgical: lavage and lysis of adhesions	—	—	—	—	—	—	—	Y	Y	—	—	—	—
D7880	occlusal orthotic device; by report	—	—	—	—	—	—	—	Y	Y	—	—	—	—
D7881	occlusal orthotic device adjustment	—	—	—	—	—	—	—	Y	—	—	—	—	—
D7899	unspecified TMD therapy; by report	Y	—	—	—	—	—	—	Y	—	—	—	—	—
D7910	suture of recent small wounds up to 5 cm	Y	—	Y	—	Y	Y	—	Y	Y	—	Y	—	—
D7911	complicated suture - up to 5 cm	Y	—	Y	—	—	Y	—	Y	Y	—	Y	—	—
D7912	complicated suture - greater than 5 cm	Y	—	—	—	—	Y	—	Y	Y	—	Y	—	—
D7920	skin graft (identify defect covered; location and type of graft)	—	—	—	—	—	—	—	—	—	—	—	—	—
D7921	Collection And Application Of Autologous Blood Concentrate Product	—	—	—	—	—	—	—	—	Y	—	—	—	—
D7922	placement of intra-socket biological dressing to aid in hemostasis or clot stabilization; per site	—	—	—	—	—	—	—	—	—	—	—	—	—
D7939	indexing for osteotomy using dynamic robotic assisted or dynamic navigation	—	—	—	—	—	—	—	—	—	—	—	—	—
D7950	osseous; osteoperiosteal; or cartilage graft of the mandible or maxilla - autogenous or nonautogenous; by report	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach	Y	—	—	—	—	—	—	Y	Y	—	—	—	—
D7952	Sinus Augmentation Via A Vertical Approach	—	—	—	—	—	—	—	Y	—	—	—	—	—
D7956	guided tissue regeneration; edentulous area – resorbable barrier; per site	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D7957	guided tissue regeneration; edentulous area – non-resorbable barrier; per site	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D7961	buccal / labial frenectomy (frenulectomy)	—	—	Y	—	Y	Y	—	Y	Y	—	Y	—	—
D7962	lingual frenectomy (frenulectomy)	—	—	Y	—	Y	Y	—	Y	Y	—	Y	—	—
D7963	frenuloplasty	—	—	—	—	—	Y	—	Y	—	—	—	—	—
D7970	excision of hyperplastic tissue - per arch	Y	—	Y	—	—	Y	—	Y	Y	—	Y	—	—
D7971	excision of pericoronal gingiva	Y	—	—	—	—	Y	—	Y	Y	—	—	—	—
D7972	surgical reduction of fibrous tuberosity	—	—	Y	—	—	Y	—	Y	—	—	—	—	—
D7980	sialolithotomy	Y	—	—	—	—	—	—	Y	Y	—	Y	—	—
D7981	excision of salivary gland; by report	—	—	—	—	—	—	—	Y	Y	—	Y	—	—
D7982	sialodochoplasty	—	—	Y	—	—	—	—	Y	Y	—	—	—	—
D7983	closure of salivary fistula	—	—	—	—	—	Y	—	Y	Y	—	—	—	—
D7990	emergency tracheotomy	—	—	—	—	—	—	—	Y	Y	—	Y	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D7991	coronoidectomy	—	—	—	—	—	—	—	Y	Y	—	—	—	—
D7993	surgical placement of craniofacial implant - extra oral	—	—	—	—	—	—	—	Y	Y	—	—	—	—
D7994	surgical placement: zygomatic implant	—	—	—	—	—	—	—	Y	Y	—	—	—	—
D7997	appliance removal (not by dentist who placed appliance); includes removal of archbar	—	—	—	—	—	Y	—	Y	—	—	—	—	—
D7999	unspecified oral surgery procedure; by report	Y	—	—	—	—	Y	—	Y	—	—	—	—	—

Orthodontics

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D8010	limited orthodontic treatment of the primary dentition	—	—	—	—	—	—	—	—	—	—	—	—	—
D8020	limited orthodontic treatment of the transitional dentition	—	—	—	—	—	—	—	—	—	—	—	—	—
D8030	limited orthodontic treatment of the adolescent dentition	—	—	—	—	—	—	—	—	—	—	—	—	—
D8040	limited orthodontic treatment of the adult dentition	—	—	—	—	—	—	—	—	—	—	—	—	—
D8070	comprehensive orthodontic treatment of the transitional dentition	—	—	—	—	—	—	—	—	—	—	—	—	—
D8080	comprehensive orthodontic treatment of the adolescent dentition	—	—	—	—	—	—	—	—	—	—	—	—	—
D8090	comprehensive orthodontic treatment of the adult dentition	—	—	—	—	—	—	—	—	—	—	—	—	—
D8091	comprehensive orthodontic treatment with orthognathic surgery	—	—	—	—	—	—	—	—	—	—	—	—	—
D8210	removable appliance therapy	—	—	—	—	—	—	—	—	—	—	—	—	—
D8220	fixed appliance therapy	—	—	—	—	—	—	—	—	—	—	—	—	—
D8660	pre-orthodontic treatment examination to monitor growth and development	—	—	—	—	—	—	—	—	—	—	—	—	—
D8670	periodic orthodontic treatment visit	—	—	—	—	—	—	—	—	—	—	—	—	—
D8671	periodic orthodontic treatment visit associated with orthognathic surgery	—	—	—	—	—	—	—	—	—	—	—	—	—
D8680	orthodontic retention (removal of appliances; construction and placement of retainer(s))	—	—	—	—	—	—	—	—	—	—	—	—	—
D8681	removable orthodontic retainer adjustment	—	—	—	—	—	—	—	—	—	—	—	—	—
D8695	removal of fixed orthodontic appliances for reasons other than completion of treatment	—	—	—	—	—	—	—	Y	—	—	—	—	—
D8696	repair of orthodontic appliance - maxillary	—	—	—	—	—	—	—	—	—	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D8697	repair of orthodontic appliance - mandibular	—	—	—	—	—	—	—	—	—	—	—	—	—
D8698	re-cement or re-bond fixed retainer - maxillary	—	—	—	—	—	—	—	—	—	—	—	—	—
D8699	re-cement or re-bond fixed retainer - mandibular	—	—	—	—	—	—	—	—	—	—	—	—	—
D8701	repair of fixed retainer; includes reattachment - maxillary	—	—	—	—	—	—	—	—	—	—	—	—	—
D8702	repair of fixed retainer; includes reattachment - mandibular	—	—	—	—	—	—	—	—	—	—	—	—	—
D8703	replacement of lost or broken retainer - maxillary	—	—	—	—	—	—	—	—	—	—	—	—	—
D8704	replacement of lost or broken retainer - mandibular	—	—	—	—	—	—	—	—	—	—	—	—	—
D8999	unspecified orthodontic procedure; by report	—	—	—	—	—	—	—	—	—	—	—	—	—

Adjunctive General Services

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D9930	treatment of complications (post-surgical) - unusual circumstances; by report	Y	—	—	—	—	—	Y	Y	Y	—	Y*	—	—
D9222	administration of deep sedation/general anesthesia – first 15 minute increment; or any portion thereof	Y*	—	Y	—	Y	Y	Y	Y	Y	—	—	—	Y
D9223	administration of deep sedation/general anesthesia - each subsequent 15 minute increment; or any portion thereof	Y*	—	Y	—	Y	Y	Y	Y	Y	—	—	—	Y
D9239	administration of moderate sedation - intravenous - first 15 minute increment; or any portion thereof	Y*	—	—	—	Y	Y	—	Y	Y	—	—	—	—
D9243	administration of moderate sedation - intravenous - each subsequent 15 minute increment; or any portion thereof	Y*	—	—	—	Y	Y	Y	Y	Y	—	—	—	—
D9110	palliative treatment of dental pain - per visit	Y	Y	Y	—	Y	Y	Y	Y	Y	—	Y	Y	Y
D9120	fixed partial denture sectioning	—	—	—	—	—	—	—	—	Y	—	—	—	—
D9128	photobiomodulation therapy - first 15 minute increment; or any portion thereof	—	—	—	—	—	—	—	—	—	—	—	—	—
D9129	photobiomodulation therapy - each subsequent 15 minute increment; or any portion thereof	—	—	—	—	—	—	—	—	—	—	—	—	—
D9130	temporomandibular joint dysfunction - non-invasive physical therapies	—	—	—	—	—	—	—	—	—	—	—	—	—
D9219	evaluation for deep sedation or general anesthesia	—	—	—	—	—	—	—	—	—	—	—	—	—
D9224	administration of general anesthesia with advanced airway – first 15 minute increment; or any portion thereof	—	—	Y	—	—	Y	—	—	—	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D9225	administration of general anesthesia with advanced airway – each subsequent 15 minute increment; or any portion thereof	—	—	Y	—	—	Y	—	—	—	—	—	—	—
D9230	administration of nitrous oxide	Y	—	Y	—	Y	Y	Y	Y	Y	—	—	Y	—
D9244	in-office administration of minimal sedation – single drug – enteral	Y	—	Y	—	—	Y	—	—	—	—	—	—	—
D9245	administration of moderate sedation – enteral	Y	—	Y	—	Y	Y	—	—	—	—	—	—	—
D9246	administration of moderate sedation – non-intravenous parenteral – first 15 minute increment; or any portion thereof	—	—	Y	—	Y	Y	—	—	—	—	—	—	—
D9247	administration of moderate sedation – non-intravenous parenteral – each subsequent 15 minute increment; or any portion thereof	—	—	Y	—	Y	Y	—	—	—	—	—	—	—
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	Y	—	Y	—	—	Y	—	Y	Y	—	Y	—	—
D9311	Consultation with medical health care professional	—	—	—	—	—	—	—	Y	Y	—	—	—	—
D9410	house/extended care facility call	—	—	—	—	Y	Y	—	Y	Y	—	Y	—	—
D9420	hospital or ambulatory surgical center call	Y	—	Y	—	Y	Y	—	Y	Y	—	Y	—	—
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D9440	office visit - after regularly scheduled hours	—	—	—	—	—	—	—	—	—	—	—	—	—
D9450	case presentation; subsequent to detailed and extensive treatment planning	—	—	—	—	—	—	—	—	—	—	—	—	—
D9610	therapeutic parenteral drug; single administration	Y	—	—	—	Y	—	Y	Y	Y	—	Y	—	—
D9612	therapeutic parenteral drugs; two or more administrations; different medications	—	—	—	—	—	—	Y	Y	Y	—	—	—	—
D9613	infiltration of sustained release therapeutic drug; per quadrant	—	—	—	—	—	—	—	Y	—	—	—	—	—
D9630	drugs or medicaments dispensed in the office for home use	—	—	—	—	—	—	—	Y	Y	—	Y	—	—
D9910	application of desensitizing medicament	—	—	—	—	—	—	—	—	—	—	—	—	—
D9911	application of desensitizing resin for cervical and/or root surface; per tooth	—	—	—	—	—	—	—	—	—	—	—	—	—
D9913	administration of neuromodulators	—	—	—	—	—	—	—	—	—	—	—	—	—
D9914	administration of dermal fillers	—	—	—	—	—	—	—	—	—	—	—	—	—
D9920	behavior management; by report	—	Y	—	—	—	Y	—	Y	—	—	Y	—	—
D9932	cleaning and inspection of removable complete denture; maxillary	—	—	—	—	—	—	—	—	—	—	—	—	—
D9933	cleaning and inspection of removable complete denture; mandibular	—	—	—	—	—	—	—	—	—	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D9934	cleaning and inspection of removable partial denture; maxillary	—	—	—	—	—	—	—	—	—	—	—	—	—
D9935	cleaning and inspection of removable partial denture; mandibular	—	—	—	—	—	—	—	—	—	—	—	—	—
D9936	cleaning and inspection of occlusal guard – per appliance	—	—	—	—	—	—	—	—	—	—	—	—	—
D9938	fabrication of a custom removable clear plastic temporary aesthetic appliance	—	—	—	—	—	—	—	—	—	—	—	—	—
D9939	placement of a custom removable clear plastic temporary aesthetic appliance	—	—	—	—	—	—	—	—	—	—	—	—	—
D9941	fabrication of athletic mouthguard	—	—	—	—	—	—	—	—	—	—	—	—	—
D9942	repair and/or relines of occlusal guard	—	—	—	—	—	—	—	—	—	—	—	—	—
D9943	occlusal guard adjustment	—	—	—	—	—	—	—	Y	—	—	—	—	—
D9944	occlusal guard - hard appliance; full arch	—	—	Y	—	Y	Y	—	—	—	—	—	—	—
D9945	occlusal guard - soft appliance; full arch	—	—	Y	—	Y	Y	—	—	—	—	—	—	—
D9946	occlusal guard - hard appliance; partial arch	—	—	Y	—	Y	Y	—	—	—	—	—	—	—
D9947	custom sleep apnea appliance fabrication and placement	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D9948	adjustment of custom sleep apnea appliance	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D9949	repair of custom sleep apnea appliance	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D9950	occlusion analysis - mounted case	—	—	—	—	—	—	—	—	—	—	—	—	—
D9951	occlusal adjustment - limited	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D9952	occlusal adjustment - complete	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D9953	reline custom sleep apnea appliance (indirect)	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D9954	fabrication and delivery of oral appliance therapy (OAT) morning repositioning device	—	—	—	—	—	—	—	—	—	—	—	—	—
D9955	oral appliance therapy (OAT) titration visit	—	—	Y	—	—	—	—	—	—	—	—	—	—
D9956	administration of home sleep apnea test	—	—	—	—	—	—	—	—	—	—	—	—	—
D9957	screening for sleep related breathing disorders	—	—	—	—	—	—	—	—	—	—	—	—	—
D9959	unspecified sleep apnea services procedure; by report	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D9961	duplicate/copy patient's records	—	—	—	—	—	—	—	—	—	—	—	—	—
D9970	enamel microabrasion	—	—	—	—	—	—	—	—	—	—	—	—	—
D9971	odontoplasty 1 - 2 teeth; includes removal of enamel projections	—	—	—	—	—	—	—	Y	—	—	—	—	—
D9972	external bleaching - per arch - performed in office	—	—	—	—	—	—	—	—	—	—	—	—	—
D9973	external bleaching - per tooth	—	—	—	—	—	—	—	—	—	—	—	—	—
D9974	internal bleaching - per tooth	—	—	—	—	—	—	—	Y	—	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D9975	External Bleaching For Home Application; Per Arch; Includes Materials And Fabrication Of Custom Trays	—	—	—	—	—	—	—	—	—	—	—	—	—
D9986	missed appointment	—	—	—	—	Y	—	—	—	—	—	—	—	—
D9987	cancelled appointment	—	—	—	—	Y	—	—	—	—	—	—	—	—
D9990	certified translation or sign-language services - per visit	—	—	—	—	—	—	—	—	—	—	—	—	—
D9991	Dental case management - addressing appointment compliance barriers	—	—	—	—	—	—	—	—	Y	—	—	—	—
D9992	Dental case management - care coordination	—	—	—	—	—	Y	—	—	—	—	—	—	—
D9993	Dental case management - motivational interviewing	—	—	—	—	—	—	—	—	Y	—	—	—	—
D9994	Dental case management - patient education to improve oral health literacy	—	—	—	—	Y	—	—	—	Y	—	—	—	—
D9995	teledentistry – synchronous; real-time encounter	—	—	—	—	—	Y	—	Y	—	—	—	—	—
D9996	teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	—	—	—	—	—	Y	—	—	—	—	—	—	—
D9997	dental case management - patients with special health care needs	—	—	Y	—	—	—	—	—	—	—	—	—	—

Children Dental Services — CDT Code Coverage by State

The table below covers CDT codes in the source file, grouped into the 10 standard categories of service, for pediatric (children's) members. Cells marked Y* (red) require prior authorization before treatment — see Section 2.

Diagnostic

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D0120	periodic oral evaluation - established patient	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
D0140	limited oral evaluation - problem focused	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
D0145	oral evaluation for a patient under three years of age	Y	Y	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D0150	comprehensive oral evaluation - new or established patient	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
D0160	detailed and extensive oral evaluation - problem focused	—	—	Y	—	Y	Y	Y	Y	Y	—	Y	Y	Y
D0170	re-evaluation - limited; problem focused (established patient; not post-operative visit)	—	—	Y	Y	Y	Y	Y	Y	Y	—	—	Y	Y
D0171	Re-evaluation - post operative office visit	—	—	Y	—	Y	Y	Y	Y	Y	—	—	Y	—
D0180	comprehensive periodontal evaluation - new or established patient	—	—	Y	—	Y	—	—	Y	Y	—	Y	Y	Y
D0190	Screening Of A Patient	—	Y	Y	—	—	—	—	Y	Y	—	—	—	—
D0191	Assessment Of A Patient	—	—	Y	—	Y	—	—	—	Y	—	—	—	—
D0210	intraoral - comprehensive series of radiographic images	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
D0220	intraoral - periapical first film	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
D0230	intraoral - periapical each additional film	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
D0240	intraoral - occlusal film	Y	Y	Y	Y	—	Y	Y	Y	Y	—	Y	Y	Y
D0250	extraoral - 2D projection radiographic image created using a stationary radiation source; and detector	—	Y	—	Y	—	Y	Y	Y	—	—	Y	Y	Y
D0251	extra-oral posterior dental radiographic image	—	—	—	Y	—	Y	Y	Y	—	—	—	Y	—
D0270	bitewing - single film	Y	—	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D0272	bitewings - two films	Y	Y	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D0273	bitewings - three films	Y	—	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D0274	bitewings - four films	Y	—	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
D0277	vertical bitewings - 7 to 8 films	Y	—	—	Y	Y	Y	—	Y	Y	—	—	Y	Y
D0310	sialography	—	—	—	—	—	Y	Y	Y	—	—	Y*	Y	Y

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D0320	temporomandibular joint arthrogram; including injection	—	—	—	—	—	—	—	Y	—	—	Y*	Y	Y
D0321	other temporomandibular joint films; by report	—	—	—	Y	—	—	—	Y	—	—	Y*	Y	Y
D0322	tomographic survey	—	—	—	Y	—	—	—	Y	Y	—	Y*	Y	Y
D0330	panoramic film	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
D0340	2D cephalometric radiographic image	—	Y	Y	—	Y	Y	Y	Y	Y	—	Y*	Y	Y
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	—	Y	Y	—	—	Y	Y	Y	Y	—	—	Y	Y
D0364	Cone Beam Ct Capture And Interpretation With Limited Field Of View – Less Than One Whole Jaw	—	—	Y	—	—	Y	Y	Y	Y	—	—	Y	—
D0365	Cone Beam Ct Capture And Interpretation With Field Of View Of One Full Dental Arch – Mandible	—	—	Y	—	—	Y	Y	Y	Y	—	—	Y	—
D0366	Cone Beam Ct Capture And Interpretation With Field Of View Of One Full Dental Arch – Maxilla; With Or Without Cranium	—	—	Y	—	—	Y	Y	Y	Y	—	—	Y	—
D0367	Cone Beam Ct Capture And Interpretation With Field Of View Of Both Jaws; With Or Without Cranium	—	—	Y	—	—	Y	Y	Y	Y	—	—	Y	Y
D0368	Cone Beam Ct Capture And Interpretation For Tmj Series Including Two Or More Exposures	—	—	—	—	—	Y	Y	Y	—	—	—	Y	—
D0369	Maxillofacial Mri Capture And Interpretation	—	—	—	—	—	—	—	—	—	—	—	—	—
D0370	Maxillofacial Ultrasound Capture And Interpretation	—	—	—	—	—	—	—	—	Y	—	—	—	—
D0372	intraoral tomosynthesis – comprehensive series of radiographic images	—	—	—	Y	—	—	—	—	Y	—	—	Y	—
D0373	intraoral tomosynthesis – bitewing radiographic image	—	—	—	Y	—	—	—	—	Y	—	—	Y	—
D0374	intraoral tomosynthesis – periapical radiographic image	—	—	—	Y	—	—	—	—	Y	—	—	Y	—
D0380	Cone Beam Ct Image Capture With Limited Field Of View – Less Than One Whole Jaw	—	—	—	—	—	—	—	Y	Y	—	—	—	—
D0381	Cone Beam Ct Image Capture With Field Of View Of One Full Dental Arch – Mandible	—	—	—	—	—	—	—	Y	Y	—	—	—	—
D0382	Cone Beam Ct Image Capture With Field Of View Of One Full Dental Arch – Maxilla; With Or Without Cranium	—	—	—	—	—	—	—	Y	Y	—	—	—	—
D0383	Cone Beam Ct Image Capture With Field Of View Of Both Jaws; With Or Without Cranium	—	—	—	—	—	—	—	Y	Y	—	—	—	—
D0384	Cone Beam Ct Image Capture For Tmj Series Including Two Or More Exposures	—	—	—	—	—	—	—	Y	—	—	—	—	—
D0385	Maxillofacial Mri Image Capture	—	—	—	—	—	—	—	—	—	—	—	—	—
D0386	Maxillofacial Ultrasound Image Capture	—	—	—	—	—	—	—	—	Y	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D0387	intraoral tomosynthesis - comprehensive series of radiographic images - image capture only	—	—	—	Y	—	—	—	—	Y	—	—	—	—
D0388	intraoral tomosynthesis – bitewing radiographic image - image capture only	—	—	—	—	—	—	—	—	Y	—	—	—	—
D0389	intraoral tomosynthesis – periapical radiographic image - image capture only	—	—	—	Y	—	—	—	—	Y	—	—	—	—
D0391	Interpretation Of Diagnostic Image By A Practitioner Not Associated With Capture Of The Image; Including Report	—	—	—	—	—	—	—	Y	—	—	—	—	—
D0393	virtual treatment simulation using 3D Image Volume or surface scan	—	—	—	—	—	—	—	Y	—	—	—	—	—
D0394	Digital Subtraction Of Two Or More Images Or Image Volumes Of The Same Modality	—	—	—	—	—	—	—	Y	—	—	—	—	—
D0395	Fusion Of Two Or More 3D Image Volumes Of One Or More Modalities	—	—	—	—	—	—	—	Y	—	—	—	—	—
D0411	HbA1c in-office point of service testing	—	—	—	—	—	—	—	Y	—	—	—	—	—
D0412	blood glucose level test - in-office using a glucose meter	—	—	—	—	—	—	Y	—	—	—	—	—	—
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies; preparation and transmission of written report	—	—	—	—	—	—	—	—	Y	—	—	—	—
D0415	collection of microorganisms for culture and sensitivity	—	—	—	—	—	—	Y	—	Y	—	—	Y	—
D0416	viral culture	—	—	—	—	—	—	—	Y	Y	—	—	—	—
D0417	collection and preparation of saliva sample for laboratory analysis	Y	—	—	—	—	—	—	Y	—	—	—	Y	—
D0418	analysis of saliva sample - laboratory	—	—	—	—	—	—	—	—	—	—	—	—	—
D0419	assessment of salivary flow by measurement	—	—	—	—	—	—	—	—	—	—	—	—	—
D0422	collection and preparation of genetic sample material for laboratory analysis and report	—	—	—	—	—	—	—	—	—	—	—	—	—
D0423	genetic test for susceptibility to diseases - specimen analysis	—	—	—	—	—	—	—	—	—	—	—	—	—
D0425	caries susceptibility tests	—	—	—	—	—	—	—	—	—	—	—	Y	—
D0426	collection; preparation; and analysis of salivary sample - point-of-care	—	—	—	—	—	—	—	—	—	—	—	Y	—
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions; not to include cytology or biopsy procedures	—	—	—	—	—	—	—	—	—	—	—	Y	—
D0460	pulp vitality tests	Y	—	Y	Y	—	—	Y	—	Y	—	—	—	—
D0461	testing for cracked tooth	—	—	—	—	—	—	—	—	—	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D0470	diagnostic casts	Y	Y	Y	—	—	—	—	Y	Y	—	—	Y	—
D0472	accession of tissue; gross examination; preparation and transmission of written report	—	—	—	—	Y	—	—	Y	—	—	—	—	Y
D0473	accession of tissue; gross and microscopic examination; preparation and transmission of written report	—	—	—	—	Y	—	—	Y	—	—	—	—	Y
D0474	accession of tissue; gross and microscopic examination; including assessment of surgical margins for presence of disease; preparation and transmission of written report	—	—	—	—	Y	—	—	Y	—	—	—	—	Y
D0475	decalcification procedure	Y	—	—	—	Y	—	—	—	—	—	—	—	—
D0476	special stains for microorganisms	—	—	—	—	Y	—	—	—	—	—	—	—	—
D0477	special stains; not for microorganisms	—	—	—	—	Y	—	—	—	—	—	—	—	—
D0478	immunohistochemical stains	—	—	—	—	Y	—	—	—	—	—	—	—	—
D0479	tissue in-situ hybridization; including interpretation	—	—	—	—	Y	—	—	—	—	—	—	—	—
D0480	accession of exfoliative cytologic smears; microscopic examination; preparation and transmission of written report	—	—	—	—	—	—	—	Y	—	—	—	—	Y
D0481	electron microscopy	—	—	—	—	—	—	—	—	—	—	—	—	—
D0482	direct immunofluorescence	Y	—	—	—	Y	—	—	—	—	—	—	—	—
D0483	indirect immunofluorescence	Y	—	—	—	—	—	—	—	—	—	—	—	—
D0484	consultation on slides prepared elsewhere	—	—	—	—	Y	—	—	—	—	—	—	—	—
D0485	consultation; including preparation of slides from biopsy material supplied by referring source	—	—	—	—	Y	—	—	—	—	—	—	—	—
D0486	accession of brush biopsy sample; microscopic examination; preparation and transmission of written report	—	—	—	—	—	—	—	—	—	—	—	—	—
D0502	other oral pathology procedures; by report	—	—	—	—	—	—	—	Y	Y	—	Y	—	Y
D0600	Non-ionizing diagnostic procedure capable of quantifying; monitoring and recording changes in structure of enamel; dentin and cementum	—	—	—	—	—	—	—	—	Y	—	—	—	—
D0601	Caries Risk Assessment And Documentation; With A Finding Of Low Risk	—	—	Y	—	—	—	—	Y	—	—	Y	—	—
D0602	Caries Risk Assessment And Documentation; With A Finding Of Moderate Risk	—	—	Y	—	—	—	—	Y	—	—	Y	—	—
D0603	Caries Risk Assessment And Documentation; With A Finding Of High Risk	—	—	Y	—	—	—	—	Y	—	—	Y	—	—
D0604	antigen testing for a public health related pathogen including coronavirus	—	—	Y	—	—	—	—	—	—	—	—	—	—
D0605	antibody testing for a public health related pathogen including coronavirus	—	—	Y	—	—	—	Y	—	—	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D0606	molecular testing for a public health related pathogen; including coronavirus	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D0701	panoramic radiographic image - image capture only	—	—	—	—	—	Y	Y	—	Y	—	—	—	—
D0702	2-D cephalometric radiographic image - image capture only	—	—	—	—	—	Y	Y	—	Y	—	—	—	—
D0703	2D oral/facial photographic image obtained intra-orally or extra-orally - image capture	—	—	—	—	—	Y	Y	—	Y	—	—	—	—
D0705	extra-oral posterior dental radiographic image - image capture only	—	—	—	—	—	Y	Y	—	—	—	—	—	—
D0706	intraoral - occlusal radiographic image - image capture only	—	—	—	—	—	Y	Y	—	Y	—	—	—	—
D0707	intraoral - periapical radiographic image - image capture only	—	—	—	—	—	Y	Y	—	Y	—	—	—	—
D0708	intraoral - bitewing radiographic image - image capture only	—	—	—	—	—	Y	Y	—	Y	—	—	—	—
D0709	intraoral - comprehensive series of radiographic images - image capture only	—	—	—	—	—	Y	Y	—	Y	—	—	—	—
D0801	3D intraoral surface scan – direct	—	—	—	—	—	—	—	—	—	—	—	Y	—
D0802	3D dental surface scan – indirect	—	—	—	—	—	—	—	—	—	—	—	Y	—
D0803	3D facial surface scan – direct	—	—	—	—	—	—	—	—	—	—	—	Y	—
D0804	3D facial surface scan – indirect	—	—	—	—	—	—	—	—	—	—	—	Y	—
D0999	unspecified diagnostic procedure; by report	—	—	—	—	—	—	Y	Y	—	—	Y	—	Y

Preventive

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D1110	prophylaxis - adult	Y	Y	Y	Y	—	Y	Y	Y	Y	Y	Y	Y	Y
D1120	prophylaxis - child	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
D1206	topical fluoride varnish; therapeutic application for moderate to high caries risk patients	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
D1208	topical application of fluoride - excluding varnish	Y	Y	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D1351	sealant - per tooth	Y	Y	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D1353	sealant repair - per tooth	—	—	—	—	Y	Y	Y	Y	Y	—	—	Y	—
D1354	application of caries arresting medicament - per tooth	—	—	—	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D1355	caries preventive medicament application - per tooth	—	—	—	—	—	Y	Y	—	Y	—	—	—	—
D1510	space maintainer - fixed - unilateral	Y	Y	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D1516	space maintainer - fixed - bilateral; maxillary	Y	Y	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D1517	space maintainer - fixed - bilateral; mandibular	Y	Y	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D1520	space maintainer - removable - unilateral	—	—	—	—	Y	—	—	—	Y	—	Y	Y	Y
D1526	space maintainer - removable - bilateral; maxillary	—	Y	—	Y	Y	Y	—	Y	Y	—	Y	Y	Y
D1527	space maintainer - removable - bilateral; mandibular	—	Y	—	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D1551	re-cement or re-bond bilateral space maintainer - maxillary	—	—	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D1552	re-cement or re-bond bilateral space maintainer - mandibular	—	—	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D1553	re-cement or re-bond unilateral space maintainer - per quadrant	—	—	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D1556	removal of fixed unilateral space maintainer - per quadrant	Y	—	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D1557	removal of fixed bilateral space maintainer - maxillary	Y	—	Y	—	Y	Y	Y	Y	Y	—	Y	Y	Y
D1558	removal of fixed bilateral space maintainer - mandibular	Y	—	Y	—	Y	Y	Y	Y	Y	—	Y	Y	Y
D1575	Distal shoe space maintainer - fixed - unilateral	—	Y	Y	—	—	Y	Y	Y	Y	—	—	Y	Y
D1701	Pfizer-BioNTech Covid-19 vaccine administration – first dose	—	—	—	—	—	—	—	—	—	—	—	—	—
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	—	—	—	—	—	—	—	—	—	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D1781	vaccine administration – human papillomavirus – Dose 1	—	—	—	—	—	—	—	—	—	—	—	—	—
D1782	vaccine administration – human papillomavirus – Dose 2	—	—	—	—	—	—	—	—	—	—	—	—	—
D1783	vaccine administration – human papillomavirus – Dose 3	—	—	—	—	—	—	—	—	—	—	—	—	—
D1999	Unspecified Preventive Procedure; By Report	—	—	—	—	—	Y	Y*	Y	—	—	—	—	—

Restorative

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D2140	amalgam - one surface; primary or permanent	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
D2150	amalgam - two surfaces; primary or permanent	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
D2160	amalgam - three surfaces; primary or permanent	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
D2161	amalgam - four or more surfaces; primary or permanent	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
D2330	resin-based composite - one surface; anterior	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
D2331	resin-based composite - two surfaces; anterior	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
D2332	resin-based composite - three surfaces; anterior	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
D2335	resin-based composite - four or more surfaces (anterior)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
D2390	resin-based composite crown; anterior	Y	—	—	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D2391	resin-based composite - one surface; posterior	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
D2392	resin-based composite - two surfaces; posterior	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
D2393	resin-based composite - three surfaces; posterior	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
D2394	resin-based composite - four or more surfaces; posterior	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
D2410	gold foil - one surface	—	—	—	—	—	—	—	—	—	—	—	—	—
D2420	gold foil - two surfaces	—	—	—	—	—	—	—	—	—	—	—	—	—
D2430	gold foil - three surfaces	—	—	—	—	—	—	—	—	—	—	—	—	—
D2510	inlay - metallic - one surface	—	—	—	—	—	—	—	—	—	—	—	Y	Y
D2520	inlay - metallic - two surfaces	—	—	—	—	—	—	—	—	—	—	—	Y	Y
D2530	inlay - metallic - three or more surfaces	—	—	—	—	—	—	—	—	—	—	—	Y	Y
D2542	onlay - metallic-two surfaces	Y	—	—	—	—	—	—	Y	—	—	—	—	Y
D2543	onlay - metallic-three surfaces	—	—	—	—	—	—	—	Y	—	—	—	—	Y
D2544	onlay - metallic-four or more surfaces	—	—	—	—	—	—	—	—	—	—	—	Y	Y
D2610	inlay - porcelain/ceramic - one surface	—	—	—	—	—	—	—	—	—	—	—	Y	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D2620	inlay - porcelain/ceramic - two surfaces	—	—	—	—	—	—	—	—	—	—	—	Y	—
D2630	inlay - porcelain/ceramic - three or more surfaces	—	—	—	—	—	—	—	—	—	—	—	Y	—
D2642	onlay - porcelain/ceramic - two surfaces	—	—	—	—	—	—	—	—	—	—	—	Y	—
D2643	onlay - porcelain/ceramic - three surfaces	—	—	—	—	—	—	—	—	—	—	—	Y	—
D2644	onlay - porcelain/ceramic - four or more surfaces	—	—	—	—	—	—	—	—	—	—	—	Y	—
D2650	inlay - resin-based composite - one surface	—	—	—	—	—	—	—	—	—	—	—	Y	Y
D2651	inlay - resin-based composite - two surfaces	—	—	—	—	—	—	—	—	—	—	—	Y	Y
D2652	inlay - resin-based composite - three or more surfaces	—	—	—	—	—	—	—	—	—	—	—	Y	Y
D2662	onlay - resin-based composite - two surfaces	—	—	—	—	—	—	—	—	—	—	—	Y	Y
D2663	onlay - resin-based composite - three surfaces	—	—	—	—	—	—	—	—	—	—	—	Y	Y
D2664	onlay - resin-based composite - four or more surfaces	—	—	—	—	—	—	—	—	—	—	—	Y	Y
D2710	crown - resin-based composite (indirect)	—	Y	Y	Y	Y	Y*	Y*	Y	—	Y*	Y	Y	Y*
D2712	crown - ¾ resin-based composite (indirect)	Y	—	—	—	—	—	—	Y	Y	—	—	Y	—
D2720	crown - resin with high noble metal	Y	—	—	—	—	Y*	Y*	Y	—	—	Y	Y	Y*
D2721	crown - resin with predominantly base metal	Y	—	—	—	Y	Y*	Y*	Y	Y	Y*	Y	Y	Y*
D2722	crown - resin with noble metal	Y	—	Y	—	—	Y*	Y*	Y	—	—	Y	Y	Y*
D2740	crown - porcelain/ceramic	Y	—	Y	Y	Y	Y*	Y*	Y	Y	Y*	Y	Y	Y*
D2750	crown - porcelain fused to high noble metal	—	—	Y	—	Y	Y*	Y*	Y	—	Y*	Y	Y	Y*
D2751	crown - porcelain fused to predominantly base metal	Y	—	Y	Y	Y	Y*	Y*	Y	Y	Y*	Y	Y	Y*
D2752	crown - porcelain fused to noble metal	Y	Y	—	Y	Y	Y*	Y*	Y	—	Y*	Y	Y	Y*
D2753	crown - porcelain fused to titanium and titanium alloys	—	—	Y	Y	—	Y*	Y*	—	—	—	—	Y	—
D2780	crown - 3/4 cast high noble metal	—	—	—	—	—	Y*	Y*	—	Y	—	—	Y	Y*
D2781	crown - 3/4 cast predominantly base metal	—	—	—	—	—	Y*	Y*	—	Y	—	—	Y	Y*
D2782	crown - 3/4 cast noble metal	—	—	—	—	—	Y*	Y*	—	—	—	—	Y	Y*
D2783	crown - 3/4 porcelain/ceramic	—	—	—	Y	—	Y*	Y*	—	—	—	—	Y	Y*
D2790	crown - full cast high noble metal	—	—	Y	—	Y	Y*	Y*	Y	—	Y*	Y	Y	Y*
D2791	crown - full cast predominantly base metal	Y	—	—	Y	Y	Y*	Y*	Y	Y	Y*	Y	Y	Y*
D2792	crown - full cast noble metal	—	—	—	Y	Y	Y*	Y*	Y	—	Y*	Y	Y	Y*
D2794	crown - titanium	Y	—	—	—	—	—	—	—	—	—	—	Y	Y*
D2799	interim crown - further treatment or completion of diagnosis necessary prior to final impression	Y	—	Y	—	Y	Y	Y	—	—	—	—	Y	—
D2910	re-cement or re-bond inlay; onlay; veneer or partial coverage restoration	—	—	—	Y	—	Y	—	Y	Y	—	Y	Y	Y

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D2915	re-cement or re-bond indirectly fabricated prefabricated post and core	Y	—	—	—	—	Y	Y	Y	Y	—	—	Y	Y
D2920	re-cement or re-bond crown	Y	Y	Y	Y	Y	Y	Y	Y	—	—	Y	Y	Y
D2921	Reattachment Of Tooth Fragment; Incisal Edge Or Cusp	—	—	—	Y	—	Y	Y	Y	Y	—	—	—	—
D2928	prefabricated porcelain / ceramic crown - permanent tooth	Y	—	Y	Y	Y	Y	Y	—	Y	—	—	Y	—
D2929	Prefabricated Porcelain/Ceramic Crown – Primary Tooth	Y	—	—	Y	—	Y	Y	Y	Y	—	—	Y	—
D2930	prefabricated stainless steel crown - primary tooth	Y	Y	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D2931	prefabricated stainless steel crown - permanent tooth	Y	Y	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D2932	prefabricated resin crown	Y	—	—	—	Y	Y	Y	Y	Y	—	—	Y	Y
D2933	prefabricated stainless steel crown with resin window	—	—	—	—	—	Y	Y	Y	Y	—	Y	Y	Y
D2934	prefabricated esthetic coated stainless steel crown	Y	Y	Y	Y	Y	Y	Y	Y	—	—	—	Y	Y
D2940	placement of interim direct restoration	Y	—	—	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D2949	Restorative Foundation For An Indirect Restoration	—	—	—	—	—	Y	Y	—	Y	—	—	—	—
D2950	core buildup; including any pins	Y	—	Y	—	Y	Y	Y	Y	Y	—	Y	Y	Y
D2951	pin retention - per tooth; in addition to restoration	Y	—	—	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D2952	post and core in addition to crown; indirectly fabricated	Y	—	Y	—	—	Y	Y	Y	Y	—	Y	Y	Y
D2953	each additional indirectly fabricated post - same tooth	—	—	—	—	—	Y	Y	Y	Y	—	—	Y	Y
D2954	prefabricated post and core in addition to crown	Y	—	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D2955	post removal (not in conjunction with endodontic therapy)	—	—	—	—	—	Y	Y	Y	Y	—	—	Y	Y
D2957	each additional prefabricated post - same tooth	Y	—	—	Y	—	Y	Y	Y	Y	—	—	Y	Y
D2960	labial veneer (resin laminate) - chairside	—	—	—	—	—	Y*	Y*	—	Y*	—	—	—	Y
D2961	labial veneer (resin laminate) - laboratory	—	—	—	—	—	Y*	Y*	—	Y*	—	—	—	Y
D2962	labial veneer (porcelain laminate) - laboratory	Y	—	—	—	—	Y*	Y*	—	Y*	—	—	—	Y
D2971	additional procedures to customize a crown to fit under an existing partial denture framework	Y*	—	—	—	—	Y	Y	Y	—	—	—	—	Y
D2975	coping	Y	—	—	—	—	—	—	Y	Y	—	—	—	—
D2976	band stabilization – per tooth	—	—	—	—	—	—	—	—	—	—	—	—	—
D2980	crown repair; by report	—	—	—	—	—	Y	Y	Y	Y	—	Y*	Y	Y
D2981	Inlay Repair Necessitated By Restorative Material Failure	—	—	—	—	—	Y*	Y*	Y	—	—	—	Y	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D2982	Onlay Repair Necessitated By Restorative Material Failure	—	—	—	—	—	Y*	Y*	Y	—	—	—	Y	—
D2983	Veneer Repair Necessitated By Restorative Material Failure	—	—	—	—	—	—	—	Y	—	—	—	Y	—
D2989	excavation of a tooth resulting in the determination of non-restorability	—	—	—	—	—	—	—	Y	—	—	—	—	—
D2990	Resin Infiltration Of Incipient Smooth Surface Lesions	—	—	—	—	Y	—	—	—	—	—	—	—	—
D2991	application of hydroxyapatite regeneration medicament – per tooth	—	—	—	—	—	—	—	Y	—	—	—	Y	—
D2999	unspecified restorative procedure; by report	—	—	—	—	—	Y*	Y	Y	—	—	Y*	—	Y

Endodontics

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D3110	pulp cap - direct (excluding final restoration)	—	—	Y	—	Y	Y	Y	—	Y	—	—	Y	Y
D3120	pulp cap - indirect (excluding final restoration)	—	—	—	—	Y	Y	Y	—	Y	—	—	Y	Y
D3220	therapeutic pulpotomy (excluding final restoration)	Y	Y	Y	—	Y	Y	Y	Y	Y	—	Y	Y	Y
D3221	pulpal debridement; primary and permanent teeth	Y	Y	—	—	—	Y	Y	Y	Y	—	—	Y	—
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	Y	—	—	—	—	Y	Y	Y	Y	—	—	Y	—
D3230	pulpal therapy (resorbable filling) - anterior; primary tooth	—	—	—	—	—	Y	Y	Y	Y	—	—	Y	Y
D3240	pulpal therapy (resorbable filling) - posterior; primary tooth	Y	—	—	—	—	Y	Y	Y	Y	—	—	Y	Y
D3310	anterior (excluding final restoration)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y*	Y	Y	Y
D3320	endodontic therapy; premolar tooth (excluding final restoration)	Y	Y	Y	Y	Y	Y	Y	Y	—	Y*	Y	Y	Y
D3330	endodontic therapy; molar tooth (excluding final restoration)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y*	Y	Y	Y
D3331	treatment of root canal obstruction; non-surgical access	Y	—	—	Y	—	Y	Y	Y	—	—	—	Y	—
D3332	incomplete endodontic therapy; inoperable; unrestorable or fractured tooth	Y	—	—	—	—	Y	Y	Y	—	—	—	Y	—
D3333	internal root repair of perforation defects	Y	—	—	—	—	Y	Y	Y	—	—	—	Y	—
D3346	retreatment of previous root canal therapy - anterior	Y*	—	Y	—	Y	Y	Y	Y	—	—	—	Y	Y
D3347	retreatment of previous root canal therapy - premolar	Y*	—	Y	—	Y	Y	Y	Y	—	—	—	Y	Y
D3348	retreatment of previous root canal therapy - molar	Y*	—	Y	—	Y	Y	Y	Y	—	—	—	Y	Y

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D3351	apexification/recalcification - initial visit (apical closure / calcific repair of perforations; root resorption; etc.)	Y	—	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D3352	apexification/recalcification - interim medication	Y	—	—	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D3353	apexification/recalcification - final visit	Y	—	—	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D3355	Pulpal Regeneration - Initial Visit	—	—	—	—	—	—	—	Y	—	—	—	Y	—
D3356	Pulpal Regeneration - Interim Medication Replacement	—	—	—	—	—	—	—	Y	—	—	—	Y	—
D3357	Pulpal Regeneration - Completion Of Treatment	—	—	—	—	—	—	—	Y	—	—	—	Y	—
D3410	apicoectomy - anterior	Y	Y	Y	Y	Y	Y	Y	Y	Y	—	—	Y	Y
D3421	apicoectomy premolar (first root)	Y	—	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D3425	apicoectomy - molar (first root)	Y	—	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D3426	apicoectomy - (each additional root)	Y	—	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D3428	Bone Graft In Conjunction With Periradicular Surgery – Per Tooth; Single Site	—	—	Y	—	—	Y	Y	Y	—	—	—	—	—
D3429	Bone Graft In Conjunction With Periradicular Surgery – Each Additional Contiguous Tooth In The Same Surgical Site	—	—	Y	—	—	Y	Y	Y	—	—	—	—	—
D3430	retrograde filling - per root	Y	—	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D3431	biologic materials used to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	—	—	—	—	—	Y	Y	—	—	—	—	—	—
D3432	Guided Tissue Regeneration; Resorbable Barrier; Per Site; In Conjunction With Periradicular Surgery	—	—	Y	—	—	Y	Y	—	—	—	—	—	—
D3450	root amputation - per root	—	—	Y	—	—	Y	Y	Y	—	—	Y	Y	Y
D3460	endodontic endosseous implant	—	—	—	—	—	—	—	—	Y	—	—	Y	Y
D3470	intentional reimplantation (including necessary splinting)	—	—	—	—	—	—	—	—	—	—	—	Y	Y
D3471	surgical repair of root resorption - anterior	—	—	Y	Y	—	Y	Y	Y	Y	—	—	Y	—
D3472	surgical repair of root resorption - premolar	—	—	Y	Y	—	Y	Y	Y	Y	—	—	Y	—
D3473	surgical repair of root resorption - molar	—	—	Y	Y	—	Y	Y	Y	Y	—	—	Y	—
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	—	—	—	Y	—	Y	Y	Y	Y	—	—	—	—
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	—	—	—	Y	—	Y	Y	Y	Y	—	—	—	—
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption - molar	—	—	—	Y	—	Y	Y	Y	Y	—	—	—	—
D3910	surgical procedure for isolation of tooth with rubber dam	—	—	—	—	—	Y	Y	Y	—	—	—	Y	Y
D3911	intraorifice barrier	—	—	—	—	—	—	—	—	—	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D3920	hemisection (including any root removal); not including root canal therapy	Y	—	—	—	—	—	—	Y	Y	—	Y	Y	Y
D3921	decoronation or submergence of an erupted tooth	—	—	Y	—	—	—	—	—	Y	—	—	Y	—
D3950	canal preparation and fitting of preformed dowel or post	—	—	—	—	—	—	—	Y	Y	—	—	—	Y
D3999	unspecified endodontic procedure; by report	—	—	—	—	—	Y*	Y*	Y	—	—	Y*	—	Y

Periodontics

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	Y	—	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	Y	—	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D4212	Gingivectomy Or Gingivoplasty To Allow Access For Restorative Procedure; Per Tooth	Y	—	Y	—	Y	Y*	Y*	Y	Y	—	—	—	—
D4230	anatomical crown exposure - four or more contiguous teeth or bounded tooth spaces per quadrant	Y	—	—	Y	—	Y	Y	—	Y	—	—	—	Y
D4231	anatomical crown exposure - one to three teeth or bounded tooth spaces per quadrant	Y	—	—	Y	—	Y	Y	—	Y	—	—	—	Y
D4240	gingival flap procedure; including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	Y	—	Y	—	Y	Y	Y	Y	Y	—	—	Y	Y
D4241	gingival flap procedure; including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	—	—	Y	—	Y	Y	Y	Y	Y	—	—	Y	Y
D4245	apically positioned flap	Y	—	—	—	—	Y	Y	Y	—	—	—	Y	Y
D4249	clinical crown lengthening - hard tissue	—	—	Y	—	Y	Y	Y	Y	Y	—	Y	Y	Y
D4260	osseous surgery (including elevation of full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	Y	—	Y	—	—	Y	Y	Y	Y	—	—	Y	Y
D4261	osseous surgery (including elevation of full thickness flap and closure) - one to three contiguous teeth or tooth bonded spaces per quadrant	—	—	Y	—	—	Y	Y	Y	Y	—	—	Y	Y
D4263	bone replacement graft - retained natural tooth - first site in quadrant	Y*	—	Y	—	Y	Y*	Y*	Y	Y	—	—	Y	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D4264	bone replacement graft - retained natural tooth - each additional site in quadrant	Y*	—	Y	—	—	Y*	Y*	Y	Y	—	—	Y	—
D4265	biologic materials to aid in soft and osseous tissue regeneration; per site	—	—	Y	—	—	Y*	Y*	Y	Y	—	—	Y	—
D4266	guided tissue regeneration; natural teeth - resorbable barrier; per site	Y*	—	Y	—	Y	Y	Y	Y	Y	—	—	Y	Y
D4267	guided tissue regeneration; natural teeth - non-resorbable barrier; per site	Y	—	Y	—	Y	Y	Y	Y	Y	—	—	Y	Y
D4268	surgical revision procedure; per tooth	—	—	—	Y	—	Y	Y	Y	—	—	—	Y	—
D4270	pedicle soft tissue graft procedure	—	—	—	—	Y	Y	Y	Y	Y	—	—	Y	Y
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth; implant; or edentulous tooth position in graft	Y*	—	—	—	Y	Y	Y	Y	Y	—	—	Y	Y
D4274	mesial/distal wedge procedure; single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	—	—	—	—	Y	Y	Y	Y	Y	—	—	Y	Y
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth; implant or edentulous tooth position in graft	Y	—	—	—	—	Y*	Y*	Y	—	—	—	Y	Y
D4276	combined connective tissue and pedicle graft; per tooth	Y	—	—	—	—	Y*	Y*	Y	—	—	—	Y	Y
D4277	Free Soft Tissue Graft Procedure (including recipient and donor surgical sites); first tooth; implant; or edentulous tooth position in graft	Y	—	—	—	Y	Y	Y	Y	Y	—	—	Y	Y
D4278	Free Soft Tissue Graft Procedure (Including recipient and donor surgical sites); each additional contiguous tooth; implant; or edentulous tooth position in same graft site	Y	—	—	—	—	Y	Y	Y	Y	—	—	Y	Y
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	—	—	—	—	—	Y*	Y	Y	Y	—	—	Y	Y
D4285	non-autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth; implant or edentulous tooth position in same graft site	—	—	—	—	—	Y*	Y	Y	—	—	—	Y	Y
D4286	removal of non-resorbable barrier	—	—	—	—	—	Y	Y	Y	—	—	—	Y	—
D4322	splint – intra-coronal; natural teeth or prosthetic crowns	Y	—	—	—	Y	Y	Y	Y	Y	—	—	Y	—
D4323	splint – extra-coronal; natural teeth or prosthetic crowns	Y	—	—	—	Y	Y	Y	Y	Y	—	—	Y	—
D4341	periodontal scaling and root planing - four or more teeth per quadrant	Y*	Y	Y	Y	Y	Y	Y	Y	Y	Y*	Y*	Y	Y*

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D4342	periodontal scaling and root planing - one to three teeth per quadrant	Y*	—	Y	Y	Y	Y	Y	Y	Y	Y*	Y*	Y	Y*
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation - full mouth; after oral evaluation	Y*	Y	Y	Y	Y*	Y	Y	Y	Y	Y*	Y*	Y	—
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	Y	Y	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue; per tooth	—	—	—	—	Y*	Y	Y	Y	Y	—	Y*	Y	Y
D4910	periodontal maintenance	Y	Y	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D4920	unscheduled dressing change (by someone other than treating dentist)	—	—	—	—	Y	Y	Y	—	—	—	—	Y	—
D4921	Gingival Irrigation with a medicinal agent – Per Quadrant	—	—	—	—	—	Y	Y	—	—	—	—	—	—

Prosthodontics, Removable

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D5110	complete denture - maxillary	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y*	Y	Y	Y
D5120	complete denture - mandibular	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y*	Y	Y	Y
D5130	immediate denture - maxillary	—	—	—	—	Y	Y	Y	Y	Y	Y*	Y	Y	Y
D5140	immediate denture - mandibular	—	—	—	—	Y	Y	Y	Y	Y	Y*	Y	Y	Y
D5211	maxillary partial denture - resin base (including any conventional clasps; rests and teeth)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y*	Y	Y	Y
D5212	mandibular partial denture - resin base (including any conventional clasps; rests and teeth)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y*	Y	Y	Y
D5213	maxillary partial denture - cast metal framework (including any conventional clasps; rests and teeth)	Y	—	Y	Y	Y	Y	Y	Y	Y	Y*	Y	Y	Y
D5214	mandibular partial denture - cast metal framework (including any conventional clasps; rests and teeth)	Y	—	Y	Y	Y	Y	Y	Y	Y	Y*	Y	Y	Y
D5221	immediate maxillary partial denture - resin base (including any conventional clasps; rests and teeth)	—	—	Y	—	Y	—	—	—	Y	—	Y	Y	—
D5222	immediate mandibular partial denture - resin base (including any conventional clasps; rests and teeth)	—	—	Y	—	Y	—	—	—	Y	—	Y	Y	—
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps; rests and teeth)	—	—	Y	—	—	—	—	—	Y	—	—	Y	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps; rests and teeth)	—	—	Y	—	—	—	—	—	Y	—	—	Y	—
D5225	maxillary partial denture - flexible base (including any conventional clasps; rests and teeth)	Y	—	Y	Y	Y	Y	Y	Y	—	Y*	—	Y	—
D5226	mandibular partial denture - flexible base (including any conventional clasps; rests and teeth)	Y	—	Y	Y	Y	Y	Y	Y	—	Y*	—	Y	—
D5227	immediate maxillary partial denture - flexible base (including any clasps; rests and teeth)	—	—	Y	—	—	Y	Y	—	Y	—	—	Y	—
D5228	immediate mandibular partial denture - flexible base (including any clasps; rests and teeth)	—	—	Y	—	—	Y	Y	—	Y	—	—	Y	—
D5282	removable unilateral partial denture - one piece cast metal (including clasps and teeth); maxillary	—	—	—	Y	Y	Y	Y	—	Y	—	—	Y	—
D5283	removable unilateral partial denture - one piece cast metal (including clasps and teeth); mandibular	Y	—	—	Y	Y	Y	Y	—	—	—	—	Y	—
D5284	removable unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant	—	—	—	Y	Y	Y	Y	—	—	—	—	Y	—
D5286	removable unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant	—	—	—	Y	Y	Y	Y	—	—	—	—	Y	—
D5410	adjust complete denture - maxillary	Y	—	—	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D5411	adjust complete denture - mandibular	Y	—	—	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D5421	adjust partial denture - maxillary	Y	—	—	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D5422	adjust partial denture - mandibular	Y	—	—	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D5511	repair broken complete denture base; mandibular	Y	Y	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D5512	repair broken complete denture base; maxillary	Y	Y	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D5520	replace missing or broken teeth – complete denture – per tooth	—	Y	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D5611	repair resin partial denture base; mandibular	—	Y	Y	Y	—	Y	Y	Y	Y	—	Y	Y	Y
D5612	repair resin partial denture base; maxillary	—	Y	Y	Y	—	Y	Y	Y	Y	—	Y	Y	Y
D5621	repair cast partial framework; mandibular	Y	Y	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	—
D5622	repair cast partial framework; maxillary	Y	Y	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	—
D5630	repair or replace broken clasp - per tooth	Y	—	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D5640	replace missing or broken teeth – partial denture - per tooth	Y	Y	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D5650	add tooth to existing partial denture – per tooth	Y	Y	Y	Y	—	Y	Y	Y	Y	—	Y	Y	Y
D5660	add clasp to existing partial denture - per tooth	Y	—	Y	Y	—	Y	Y	Y	Y	—	Y	Y	Y
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	Y	—	—	Y	—	—	—	—	Y*	—	—	Y	Y

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	Y	—	—	Y	—	—	—	—	Y*	—	—	Y	Y
D5710	rebase complete maxillary denture	Y	—	Y	—	—	Y	Y	Y	—	—	Y	Y	Y
D5711	rebase complete mandibular denture	Y	—	Y	—	—	Y	Y	Y	—	—	Y	Y	Y
D5720	rebase maxillary partial denture	Y	—	Y	—	—	Y	Y	Y	—	—	Y	Y	Y
D5721	rebase mandibular partial denture	Y	—	Y	—	—	Y	Y	Y	—	—	Y	Y	Y
D5725	rebase hybrid prosthesis	—	—	Y	—	—	Y	Y	Y	—	—	—	Y	—
D5730	reline complete maxillary denture (chairside)	Y	—	Y	—	Y	Y	Y	Y	—	—	Y	Y	Y
D5731	reline complete mandibular denture (chairside)	Y	—	Y	—	Y	Y	Y	Y	Y	—	Y	Y	Y
D5740	reline maxillary partial denture (chairside)	Y	—	Y	—	Y	Y	Y	Y	Y	—	Y	Y	Y
D5741	reline mandibular partial denture (chairside)	Y	—	Y	—	Y	Y	Y	Y	Y	—	Y	Y	Y
D5750	reline complete maxillary denture (laboratory)	Y	Y	—	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D5751	reline complete mandibular denture (laboratory)	Y	—	—	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D5760	reline maxillary partial denture (laboratory)	Y	—	—	Y	—	Y	Y	Y	Y	—	Y	Y	Y
D5761	reline mandibular partial denture (laboratory)	Y	—	—	Y	—	Y	Y	Y	Y	—	Y	Y	Y
D5765	soft liner for complete or partial removable denture – indirect	—	—	Y	—	—	—	Y	—	—	—	—	Y	—
D5810	interim complete denture (maxillary)	—	—	—	—	Y	—	—	—	—	—	Y*	Y	Y
D5811	interim complete denture (mandibular)	—	—	—	—	Y	—	—	—	—	—	Y*	Y	Y
D5820	interim partial denture (maxillary)	—	—	—	—	Y	Y	Y	—	Y	Y*	Y*	Y	Y
D5821	interim partial denture (mandibular)	—	—	—	—	Y	Y	Y	—	Y	Y*	Y*	Y	Y
D5850	tissue conditioning; maxillary	Y	—	—	Y	—	Y	Y	Y	Y	—	—	Y	Y
D5851	tissue conditioning; mandibular	—	—	—	Y	—	Y	Y	Y	Y	—	—	Y	Y
D5862	precision attachment; by report	—	—	—	—	—	Y	Y	Y	Y*	—	Y*	Y	Y
D5863	overdenture - complete maxillary - natural tooth borne	—	—	—	—	—	Y	Y*	Y	—	—	—	Y	Y
D5864	overdenture - partial maxillary - natural tooth borne	—	—	—	—	—	Y	Y*	Y	—	—	—	Y	Y
D5865	overdenture - complete mandibular - natural tooth borne	—	—	—	—	—	Y	Y*	Y	—	—	—	Y	Y
D5866	overdenture - partial mandibular - natural tooth borne	—	—	—	—	—	Y	Y*	Y	—	—	—	Y	Y
D5867	replacement of replaceable part of semi-precision or precision attachment of natural tooth borne prosthesis; per attachment	—	—	—	—	—	Y	Y	Y	—	—	—	Y	—
D5875	modification of removable prosthesis following implant surgery	Y	—	—	—	—	—	—	Y	—	—	—	Y	—
D5876	add metal substructure to acrylic complete denture - per arch	—	—	—	—	—	Y	Y	—	—	—	—	Y	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D5877	duplication of complete denture - maxillary	—	—	—	—	—	—	—	—	—	—	—	—	—
D5878	duplication of complete denture - mandibular	—	—	—	—	—	—	—	—	—	—	—	—	—
D5899	unspecified removable prosthodontic procedure; by report	—	—	—	—	—	Y	—	Y	Y	—	Y*	—	Y
D5909	maxillary guidance prosthesis with guide flange	—	—	—	—	—	—	—	—	—	—	—	—	—
D5911	facial moulage (sectional)	Y	—	—	—	—	—	—	Y	—	—	—	—	Y
D5922	nasal septal prosthesis	Y	—	—	—	—	Y	—	Y*	—	—	—	Y	Y
D5930	maxillary guidance prosthesis without guide flange	—	—	—	—	—	—	Y	—	—	—	—	—	—
D5931	obturator prosthesis; surgical	Y	—	—	—	Y	—	—	Y*	Y	—	—	—	Y
D5932	obturator prosthesis; definitive	Y	—	—	—	Y	Y	Y	Y*	Y	—	—	—	Y
D5933	obturator prosthesis; modification	Y	—	—	—	—	—	—	Y*	Y	—	—	—	Y
D5934	mandibular guidance prosthesis with guide flange	Y	—	—	—	Y	Y	Y	Y*	—	—	—	—	Y
D5935	mandibular guidance prosthesis without guide flange	Y	—	—	—	—	Y	Y	Y*	—	—	—	—	Y
D5936	obturator prosthesis; interim	—	—	—	—	—	Y	Y	Y*	Y	—	—	—	Y
D5937	trismus appliance (not for TMD treatment)	Y	—	—	—	—	—	—	Y*	—	—	—	—	Y
D5938	resection prosthesis; maxillary complete removable	—	—	—	—	—	—	—	—	—	—	—	—	—
D5939	resection prosthesis; mandibular complete removable	—	—	—	—	—	—	—	—	—	—	—	—	—
D5940	resection prosthesis; maxillary partial removable	—	—	—	—	—	—	—	—	—	—	—	—	—
D5941	resection prosthesis; mandibular partial removable	—	—	—	—	—	—	—	—	—	—	—	—	—
D5942	resection prosthesis; maxillary implant/abutment supported removable prosthesis or edentulous arch	—	—	—	—	—	—	—	—	—	—	—	—	—
D5943	resection prosthesis; mandibular implant/abutment supported removable prosthesis for edentulous arch	—	—	—	—	—	—	—	—	—	—	—	—	—
D5944	resection prosthesis; maxillary implant/abutment supported removable prosthesis for the partial edentulous arch	—	—	—	—	—	—	—	—	—	—	—	—	—
D5945	resection prosthesis; mandibular implant/abutment supported removable prosthesis for the 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	—	—	—	—	—	—	—	—	—	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D5949	resection prosthesis; mandibular implant/abutment supported fixed prosthesis for partial edentulous arch	—	—	—	—	—	—	—	—	—	—	—	—	—
D5952	speech aid prosthesis; pediatric	Y	—	—	—	Y	—	—	Y*	—	—	—	—	Y
D5954	palatal augmentation prosthesis	Y	—	—	—	Y	—	—	Y*	—	—	—	—	Y
D5960	speech aid prosthesis; modification	—	—	—	—	—	—	—	Y*	—	—	—	—	Y
D5982	surgical stent for soft tissue healing	Y	—	—	—	—	—	—	Y*	—	—	—	—	Y
D5983	radiation carrier	Y	—	—	—	—	—	—	Y	Y	—	—	—	Y
D5984	radiation shield	—	—	—	—	—	—	—	Y	Y*	—	—	—	Y
D5986	fluoride gel carrier	—	—	—	—	—	—	—	Y	—	—	—	—	Y
D5987	commissure splint	—	—	—	—	—	—	—	Y	—	—	—	—	Y
D5988	surgical splint	—	—	—	—	Y	—	—	Y	Y*	—	—	—	Y
D5991	vesiculobullous disease medicament carrier	—	—	—	—	—	—	—	Y	—	—	—	—	—
D5992	adjust maxillofacial prosthetic appliance; by report	—	—	—	—	—	—	—	Y*	Y*	—	—	—	Y
D5993	maintenance and cleaning of a maxillofacial prosthesis (extra Or intra-oral) other than required adjustments; by report	—	—	—	—	—	—	—	Y*	Y*	—	—	—	Y
D5995	periodontal medicament carrier with peripheral seal - laboratory processed; maxillary	—	—	—	—	—	—	—	—	Y*	—	—	—	—
D5996	periodontal medicament carrier with peripheral seal - laboratory processed; mandibular	—	—	—	—	—	—	—	—	Y*	—	—	—	—
D5999	unspecified maxillofacial prosthesis; by report	—	—	—	—	Y*	—	—	Y	—	—	—	—	Y

Implant Services

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D6010	surgical placement of implant body: endosteal implant	—	—	Y	—	Y	Y*	Y*	Y	—	—	—	Y	—
D6011	Second Stage Implant Surgery	—	—	—	—	—	Y	Y	Y	—	—	—	—	—
D6012	surgical placement of interim implant body for transitional prosthesis: endosteal implant	—	—	—	—	—	—	—	—	—	—	—	—	—
D6013	Surgical Placement Of Mini Implant	—	—	—	—	—	—	—	—	—	—	—	Y	—
D6040	surgical placement: eposteal implant	—	—	—	—	—	Y	Y	Y	—	—	—	Y	—
D6049	scaling and debridement of a single implant in the presence of peri-implantitis inflammation; bleeding upon probing and increased pocket depths; including cleaning of the implant surfaces; without flap entry and closure	—	—	Y	—	Y	—	—	—	—	—	—	Y	—
D6050	surgical placement: transosteal implant	—	—	—	—	—	Y	Y	—	—	—	—	Y	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D6051	placement of interim implant abutment	—	—	—	—	—	—	—	—	—	—	—	—	—
D6055	connecting bar - implant supported or abutment supported	—	—	—	—	—	—	—	Y	—	—	—	Y	—
D6056	prefabricated abutment - includes modification and placement	—	—	Y	—	Y*	Y	Y	—	—	—	—	Y	—
D6057	custom fabricated abutment - includes placement	—	—	—	—	Y*	Y	Y	—	—	—	—	Y	—
D6058	abutment supported porcelain/ceramic crown	—	—	Y	—	Y*	—	—	—	—	—	—	Y	—
D6059	abutment supported porcelain fused to metal crown (high noble metal)	—	—	—	—	Y*	—	—	—	—	—	—	Y	—
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	—	—	—	—	—	—	—	—	—	—	—	Y	—
D6061	abutment supported porcelain fused to metal crown (noble metal)	—	—	—	—	—	—	—	—	—	—	—	Y	—
D6062	abutment supported cast metal crown (high noble metal)	—	—	—	—	—	—	—	—	—	—	—	Y	—
D6063	abutment supported cast metal crown (predominantly base metal)	—	—	—	—	—	—	—	—	—	—	—	Y	—
D6064	abutment supported cast metal crown (noble metal)	—	—	—	—	—	—	—	—	—	—	—	Y	—
D6065	implant supported porcelain/ceramic crown	—	—	—	—	Y*	—	—	—	—	—	—	Y	—
D6066	implant supported porcelain fused to metal crown (titanium; titanium alloy; high noble metal)	—	—	—	—	Y*	—	—	—	—	—	—	Y	—
D6067	implant supported metal crown (titanium; titanium alloy; high noble metal)	—	—	—	—	—	—	—	—	—	—	—	Y	—
D6068	abutment supported retainer for porcelain/ceramic FPD	—	—	—	—	—	—	—	—	—	—	—	Y	—
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	—	—	—	—	—	—	—	—	—	—	—	Y	—
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	—	—	—	—	—	—	—	—	—	—	—	Y	—
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	—	—	—	—	—	—	—	—	—	—	—	Y	—
D6072	abutment supported retainer for cast metal FPD (high noble metal)	—	—	—	—	—	—	—	—	—	—	—	Y	—
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	—	—	—	—	—	—	—	—	—	—	—	Y	—
D6074	abutment supported retainer for cast metal FPD (noble metal)	—	—	—	—	—	—	—	—	—	—	—	Y	—
D6075	implant supported retainer for ceramic FPD	—	—	—	—	—	—	—	—	—	—	—	Y	—
D6076	implant supported retainer for porcelain fused to metal FPD (titanium; titanium alloy; or high noble metal)	—	—	—	—	—	—	—	—	—	—	—	Y	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D6077	implant supported retainer for cast metal FPD (titanium; titanium alloy; or high noble metal)	—	—	—	—	—	—	—	—	—	—	—	Y	—
D6080	implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted; including cleansing of prosthesis and abutments	—	—	—	—	—	—	—	Y	—	—	—	Y	—
D6081	Scaling and debridement of a single implant in the presence of mucositis; including inflammation; bleeding upon probing; and increased pocket depths; includes cleaning of the implant surfaces; without flap entry and closure	—	—	Y	Y	Y*	—	—	Y	—	—	—	—	—
D6082	implant supported crown - porcelain fused to predominantly base alloys	—	—	Y	—	—	—	—	—	—	—	—	—	—
D6083	implant supported crown - porcelain fused to noble alloys	—	—	Y	—	—	—	—	—	—	—	—	—	—
D6084	implant supported crown - porcelain fused to titanium and titanium alloys	—	—	Y	—	—	—	—	—	—	—	—	—	—
D6085	interim implant crown	—	—	Y	—	—	—	—	—	—	—	—	—	—
D6086	implant supported crown - predominantly base alloys	—	—	—	—	—	—	—	—	—	—	—	—	—
D6087	implant supported crown - noble alloys	—	—	—	—	—	—	—	—	—	—	—	Y	—
D6088	implant supported crown - titanium and titanium alloys	—	—	—	—	—	—	—	—	—	—	—	Y	—
D6089	accessing and retorquing loose implant screw – per screw	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D6090	repair of implant/abutment supported prosthesis	—	—	—	—	—	—	—	Y	—	—	—	Y	—
D6091	replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis; per attachment	—	—	—	—	Y*	—	—	Y	—	—	—	Y	—
D6092	recement or re-bond implant/abutment supported crown	—	—	—	—	Y*	—	—	Y	—	—	—	Y	—
D6093	recement or re-bond implant/abutment supported fixed partial denture	—	—	—	—	—	—	—	—	—	—	—	Y	—
D6094	abutment supported crown - (titanium)	—	—	—	—	—	—	—	—	—	—	—	Y	—
D6096	remove broken implant retaining screw	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D6097	abutment supported crown - porcelain fused to titanium and titanium	—	—	Y	—	—	—	—	—	—	—	—	—	—
D6098	implant supported retainer - porcelain fused to predominantly base alloys	—	—	—	—	—	—	—	—	—	—	—	—	—
D6099	implant supported retainer for FPD - porcelain fused to noble alloys	—	—	—	—	—	—	—	—	—	—	—	Y	—
D6100	surgical removal of implant body	—	—	Y	Y	—	—	—	Y	—	—	—	Y	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D6101	debridement of a peri-implant defect or defects surrounding a single implant; and surface cleaning of the exposed implant surfaces; including flap entry and closure	—	—	Y	—	—	—	—	Y	—	—	—	Y	—
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	—	—	Y	—	—	—	—	Y	—	—	—	Y	—
D6103	bone graft for repair of peri-implant defect – does not include flap entry and closure	—	—	Y	—	Y*	—	—	Y	—	—	—	Y	—
D6104	Bone Graft At Time Of Implant Placement	—	—	Y	—	Y*	—	—	—	—	—	—	Y	—
D6105	removal of implant body not requiring bone removal nor flap elevation	—	—	Y	Y	—	—	—	Y	—	—	—	Y	—
D6106	guided tissue regeneration – resorbable barrier; per implant	—	—	Y	—	—	Y	Y	Y	—	—	—	Y	—
D6107	guided tissue regeneration – non-resorbable barrier; per implant	—	—	Y	—	—	Y	Y	Y	—	—	—	Y	—
D6110	implant / abutment supported removable denture for edentulous arch - maxillary	—	—	Y	—	Y*	—	—	Y	—	—	—	Y	—
D6111	implant / abutment supported removable denture for edentulous arch - mandibular	—	—	Y	—	Y*	—	—	Y	—	—	—	Y	—
D6112	implant / abutment supported removable denture for partially edentulous arch - maxillary	—	—	Y	—	—	—	—	—	—	—	—	Y	—
D6113	implant / abutment supported removable denture for partially edentulous arch - mandibular	—	—	Y	—	—	—	—	—	—	—	—	Y	—
D6114	implant / abutment supported fixed denture for edentulous arch - maxillary	—	—	—	—	—	—	—	—	—	—	—	Y	—
D6115	implant / abutment supported fixed denture for edentulous arch - mandibular	—	—	—	—	—	—	—	—	—	—	—	Y	—
D6116	implant / abutment supported fixed denture for partially edentulous arch - maxillary	—	—	—	—	—	—	—	—	—	—	—	Y	—
D6117	implant / abutment supported fixed denture for partially edentulous arch - mandibular	—	—	—	—	—	—	—	—	—	—	—	Y	—
D6118	implant/abutment supported interim fixed denture for edentulous arch – mandibular	—	—	—	—	—	—	—	—	—	—	—	—	—
D6119	implant/abutment supported interim fixed denture for edentulous arch – maxillary	—	—	—	—	—	—	—	—	—	—	—	—	—
D6120	implant supported retainer - porcelain fused to titanium and titanium alloys	—	—	—	—	—	Y*	Y*	—	—	—	—	Y	—
D6121	implant supported retainer for metal FPD - predominantly base alloys	—	—	—	—	—	Y*	Y*	—	—	—	—	Y	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D6122	implant supported retainer for metal FPD - noble alloys	—	—	—	—	—	Y*	Y*	—	—	—	—	Y	—
D6123	implant supported retainer for metal FPD - titanium and titanium alloys	—	—	—	—	—	Y*	Y*	—	—	—	—	Y	—
D6180	implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed; including cleansing of prosthesis and abutments	—	—	—	—	—	—	—	—	—	—	—	Y	—
D6190	radiographic/surgical implant index; by report	—	—	Y	—	Y*	—	—	—	—	—	—	—	—
D6191	semi-precision abutment - placement	—	—	Y	—	Y	—	Y	Y	—	—	—	Y	—
D6192	semi-precision attachment - placement	—	—	Y	—	Y	Y	Y	Y	—	—	—	Y	—
D6193	replacement of an implant screw	—	—	Y	—	—	—	—	—	—	—	—	—	—
D6194	abutment supported retainer crown for FPD - (titanium)	—	—	—	—	—	—	—	—	—	—	—	Y	—
D6195	abutment supported retainer - porcelain fused to titanium and titanium alloys	—	—	—	—	—	—	Y*	—	—	—	—	Y	—
D6197	replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis; per implant	—	—	—	Y	—	—	—	—	—	—	—	Y	—
D6198	remove interim implant component	—	—	—	—	—	—	—	—	—	—	—	—	—
D6199	unspecified implant procedure; by report	—	—	—	—	Y*	—	—	Y	—	—	—	—	—
D6205	pontic - indirect resin based composite	Y*	—	—	—	—	—	—	—	—	—	—	Y	—
D6210	pontic - cast high noble metal	—	—	—	—	—	Y*	Y*	Y	—	—	—	Y	Y*
D6211	pontic - cast predominantly base metal	Y	—	—	—	Y	Y*	Y*	Y	—	—	Y	Y	Y*
D6212	pontic - cast noble metal	Y*	—	—	—	—	Y*	Y*	Y	—	—	Y	Y	Y*
D6214	pontic - titanium	—	—	—	—	—	—	—	—	—	—	—	Y	—
D6240	pontic - porcelain fused to high noble metal	—	—	—	—	Y	Y*	Y*	Y	—	—	Y	Y	Y*
D6241	pontic - porcelain fused to predominantly base metal	Y*	—	—	—	Y	Y*	Y*	Y	—	—	Y	Y	Y*
D6242	pontic - porcelain fused to noble metal	Y*	—	—	—	Y	Y*	Y*	Y	—	—	Y	Y	Y*
D6243	pontic - porcelain fused to titanium and titanium alloys	—	—	—	—	—	Y*	Y*	—	—	—	—	Y	—
D6245	pontic - porcelain/ceramic	Y*	—	—	—	—	Y*	Y*	—	—	—	—	Y	Y*
D6250	pontic - resin with high noble metal	—	—	—	—	Y	Y*	Y*	Y	—	—	Y	—	Y*
D6251	pontic - resin with predominantly base metal	—	—	—	—	Y	Y*	Y*	Y	—	—	Y	—	Y*
D6252	pontic - resin with noble metal	—	—	—	—	Y	Y*	Y*	Y	—	—	Y	—	Y*
D6253	interim pontic - further treatment or completion of diagnosis necessary prior to final impression	Y*	—	—	—	—	—	—	—	—	—	—	—	—
D6280	implant maintenance procedures when a full arch removable implant/abutment supported denture is	—	—	—	—	—	—	—	—	—	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
	removed and reinserted; including cleansing of prosthesis and abutments – per arch													
D6545	retainer - cast metal for resin bonded fixed prosthesis	—	—	—	—	—	Y*	Y*	Y	—	—	—	—	Y*
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	Y	—	—	—	—	Y*	Y*	—	—	—	—	—	Y*
D6549	retainer – for resin bonded fixed prosthesis	—	—	—	—	—	Y*	Y*	—	—	—	—	—	Y*
D6600	retainer inlay - porcelain/ceramic; two surfaces	—	—	—	—	—	Y*	Y*	—	—	—	—	Y	—
D6601	retainer inlay - porcelain/ceramic; three or more surfaces	—	—	—	—	—	Y*	Y*	—	—	—	—	Y	—
D6602	retainer inlay - cast high noble metal; two surfaces	—	—	—	—	—	Y*	Y*	—	—	—	—	Y	—
D6603	retainer inlay - cast high noble metal; three or more surfaces	—	—	—	—	—	Y*	Y*	—	—	—	—	Y	—
D6604	retainer inlay - cast predominantly base metal; two surfaces	—	—	—	—	—	Y*	Y*	—	—	—	—	Y	—
D6605	retainer inlay - cast predominantly base metal; three or more surfaces	—	—	—	—	—	Y*	Y*	—	—	—	—	Y	—
D6606	retainer inlay - cast noble metal; two surfaces	—	—	—	—	—	Y*	Y*	—	—	—	—	Y	—
D6607	retainer inlay - cast noble metal; three or more surfaces	—	—	—	—	—	Y*	Y*	—	—	—	—	Y	—
D6608	retainer onlay -porcelain/ceramic; two surfaces	—	—	—	—	—	Y*	Y*	—	—	—	—	Y	—
D6609	retainer onlay - porcelain/ceramic; three or more surfaces	—	—	—	—	—	Y*	Y*	—	—	—	—	Y	—
D6610	retainer onlay - cast high noble metal; two surfaces	—	—	—	—	—	Y*	Y*	—	—	—	—	Y	—
D6611	retainer onlay - cast high noble metal; three or more surfaces	—	—	—	—	—	Y*	Y*	—	—	—	—	Y	—
D6612	retainer onlay - cast predominantly base metal; two surfaces	—	—	—	—	—	Y*	Y*	—	—	—	—	Y	—
D6613	retainer onlay - cast predominantly base metal; three or more surfaces	—	—	—	—	—	Y*	Y*	—	—	—	—	Y	—
D6614	retainer onlay - cast noble metal; two surfaces	—	—	—	—	—	Y*	Y*	—	—	—	—	Y	—
D6615	retainer onlay - cast noble metal; three or more surfaces	—	—	—	—	—	Y*	Y*	—	—	—	—	Y	—
D6624	retainer inlay - titanium	Y	—	—	—	—	—	—	—	—	—	—	Y	—
D6634	retainer onlay - titanium	Y	—	—	—	—	—	—	—	—	—	—	Y	—
D6710	retainer crown - indirect resin based composite	Y	—	—	—	—	—	—	—	—	—	—	Y	—
D6720	retainer crown - resin with high noble metal	—	—	—	—	—	Y*	Y*	Y	—	—	Y	Y	Y*
D6721	retainer crown - resin with predominantly base metal	—	—	—	—	—	Y*	Y*	Y	—	—	Y	Y	Y*
D6722	retainer crown - resin with noble metal	—	—	—	—	—	Y*	Y*	Y	—	—	Y	Y	Y*

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D6740	retainer crown - porcelain/ceramic	Y*	—	—	—	—	Y*	Y*	—	—	—	—	Y	Y*
D6750	retainer crown - porcelain fused to high noble metal	—	—	—	—	—	Y*	Y*	Y	—	—	Y	Y	Y*
D6751	retainer crown - porcelain fused to predominantly base metal	Y	—	—	—	—	Y*	Y*	Y	—	—	Y	Y	Y*
D6752	retainer crown - porcelain fused to noble metal	Y	—	—	—	—	Y*	Y*	Y	—	—	Y	Y	Y*
D6753	retainer crown - porcelain fused to titanium and titanium alloys	—	—	—	—	—	Y*	Y*	—	—	—	—	Y	—
D6780	retainer crown - 3/4 cast high noble metal	—	—	—	—	—	Y*	Y*	—	—	—	Y	Y	Y*
D6781	retainer crown - 3/4 cast predominantly base metal	—	—	—	—	—	Y*	Y*	—	—	—	—	Y	Y*
D6782	retainer crown - 3/4 cast noble metal	—	—	—	—	—	Y*	Y*	—	—	—	—	Y	Y*
D6783	retainer crown - 3/4 porcelain/ceramic	—	—	—	—	—	Y*	Y*	—	—	—	—	Y	Y*
D6784	retainer crown 3/4 - titanium and titanium alloys	—	—	—	—	—	—	—	—	—	—	—	Y	—
D6790	retainer crown - full cast high noble metal	—	—	—	—	—	Y*	Y*	Y	—	—	Y	Y	Y*
D6791	retainer crown - full cast predominantly base metal	Y	—	—	—	—	Y*	Y*	Y	—	—	Y	Y	Y*
D6792	retainer crown - full cast noble metal	Y	—	—	—	—	Y*	Y*	Y	—	—	Y	Y	Y*
D6793	interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	Y	—	—	—	—	—	—	—	—	—	—	—	—
D6794	retainer crown - titanium	—	—	—	—	—	—	—	—	—	—	—	Y	—
D6920	connector bar	—	—	—	—	—	Y	Y	Y	—	—	—	Y	Y*
D6930	re-cement or re-bond fixed partial denture	Y	Y	—	Y	Y	Y	Y	Y	—	—	—	Y	Y*
D6940	stress breaker	—	—	—	—	—	Y*	Y*	Y	—	—	—	Y	Y*
D6950	precision attachment	—	—	—	—	—	Y*	Y*	Y	—	—	—	Y	Y*
D6980	fixed partial denture repair necessitated by restorative material failure	Y	—	—	—	—	Y	Y	Y	—	—	—	Y	Y*
D6985	pediatric partial denture; fixed	Y	—	—	—	—	—	—	Y	—	—	—	Y	—
D6999	unspecified fixed prosthodontic procedure; by report	—	—	—	—	—	Y*	Y*	Y	—	—	Y*	—	Y*

Oral and Maxillofacial Surgery

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D7111	extraction; coronal remnants - primary tooth	Y	Y	Y	—	Y	Y	Y	Y	Y	Y	Y	—	Y
D7140	extraction; erupted tooth or exposed root (elevation and/or forceps removal)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
D7210	extraction; erupted tooth requiring removal of bone and/or sectioning of tooth; and including elevation of mucoperiosteal flap if indicated	Y*	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D7220	removal of impacted tooth - soft tissue	Y	Y	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D7230	removal of impacted tooth - partially bony	Y	Y	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D7240	removal of impacted tooth - completely bony	Y	Y	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D7241	removal of impacted tooth - completely bony; with unusual surgical complications	Y	Y	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D7250	surgical removal of residual tooth roots (cutting procedure)	Y*	Y	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D7251	Coronectomy – Intentional Partial Tooth Removal; impacted teeth only	—	—	Y	—	Y	Y	Y*	Y	Y*	—	—	Y	—
D7252	partial extraction for immediate implant replacement	—	—	—	—	—	—	—	—	—	—	—	Y	—
D7259	nerve dissection	—	—	—	—	—	—	Y	Y	—	—	—	Y	—
D7260	oroantral fistula closure	Y	—	—	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D7261	primary closure of a sinus perforation	Y	—	—	—	—	Y	Y	Y	Y	—	Y	Y	Y
D7270	tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	—	Y	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D7272	tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)	—	—	—	—	—	—	—	—	—	—	—	Y	Y
D7280	surgical access of an unerupted tooth	Y	Y	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D7282	mobilization of erupted or malpositioned tooth to aid eruption	Y	—	Y	—	—	—	—	Y	—	—	—	Y	Y
D7283	placement of device to facilitate eruption of impacted tooth	Y	—	—	—	Y	Y	Y	Y	Y	—	—	Y	Y
D7284	excisional biopsy of minor salivary glands	—	—	Y	—	—	Y	Y	Y	—	—	—	Y	—
D7285	incisional biopsy of oral tissue - hard (bone; tooth)	Y	Y	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D7286	incisional biopsy of oral tissue - soft	Y	Y	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D7287	exfoliative cytological sample collection	Y	—	—	—	—	Y	Y	Y	Y	—	—	Y	—
D7288	brush biopsy - transepithelial sample collection	Y	—	—	—	—	—	—	Y	Y	—	—	—	—
D7290	surgical repositioning of teeth	Y	—	—	—	—	Y	Y	Y	Y	—	—	Y	Y
D7291	transseptal fiberotomy/supra crestal fiberotomy; by report	—	—	—	—	—	Y*	Y	Y	Y	—	—	Y	Y
D7292	placement of temporary anchorage device [screw retained plate] requiring surgical flap;	—	—	—	—	—	—	—	Y	Y	—	—	—	—
D7293	placement of temporary anchorage device requiring surgical flap;	—	—	—	—	—	—	—	Y	Y	—	—	—	—
D7294	placement of temporary anchorage device without flap;	—	—	—	—	—	—	—	Y	Y	—	—	—	—
D7295	Harvest Of Bone For Use In Autogenous Grafting Procedure	—	—	—	—	—	Y*	Y*	Y	Y	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D7296	corticotomy – one to three teeth or tooth spaces; per quadrant	—	—	—	—	—	Y	Y	—	—	—	—	—	—
D7297	corticotomy – four or more teeth or tooth spaces; per quadrant	—	—	—	—	—	Y	Y	—	—	—	—	—	—
D7298	removal of temporary anchorage device [screw retained plate]; requiring flap	—	—	—	—	—	—	—	Y	Y	—	—	—	—
D7299	removal of temporary anchorage device requiring flap	—	—	—	—	—	—	—	Y	Y	—	—	—	—
D7300	removal of temporary anchorage device without flap	—	—	—	—	—	—	—	Y	Y	—	—	—	—
D7310	alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces; per quadrant	Y*	—	Y	—	Y	Y	Y	Y	Y	—	—	Y	Y
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces; per quadrant	—	—	—	—	—	Y	Y	Y	Y	—	—	Y	—
D7320	alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces; per quadrant	—	—	Y	Y	—	Y	Y	Y	Y	—	Y	Y	Y
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces; per quadrant	—	—	—	—	—	Y	Y	Y	Y	—	—	Y	—
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	Y	—	Y	—	—	Y	Y	Y	—	—	Y*	Y	Y
D7350	vestibuloplasty - ridge extension (including soft tissue grafts; muscle reattachment; revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	Y	—	Y	Y	—	Y	Y	Y	—	—	Y*	Y	Y
D7410	excision of benign lesion up to 1.25 cm	Y	—	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D7411	excision of benign lesion greater than 1.25 cm	Y	—	Y	Y	Y	Y	Y	Y	Y	—	Y	—	Y
D7412	excision of benign lesion; complicated	—	—	Y	Y	—	Y	Y	Y	Y	—	—	—	Y
D7413	excision of malignant lesion up to 1.25 cm	Y	—	Y	Y	—	Y	Y	Y	—	—	—	Y	Y
D7414	excision of malignant lesion greater than 1.25 cm	Y	—	Y	Y	—	Y	Y	Y	—	—	—	—	Y
D7415	excision of malignant lesion; complicated	Y	—	Y	Y	—	Y	Y	Y	—	—	—	—	—
D7440	excision of malignant tumor - lesion diameter up to 1.25 cm	—	—	—	Y	—	Y	Y	Y	Y	—	—	Y	Y
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	—	—	—	Y	—	Y	Y	Y	Y	—	—	—	Y
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	—	—	—	Y	—	Y	Y	Y	Y	—	—	Y	Y
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	Y	—	Y	Y	—	Y	Y	Y	Y	—	—	—	Y
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	Y	—	Y	Y	—	Y	Y	Y	Y	—	—	Y	Y
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	Y	—	—	Y	—	Y	Y	Y	Y	—	—	—	Y

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D7465	destruction of lesion(s) by physical or chemical method; by report	Y	—	—	—	—	Y	Y	Y	Y	—	—	Y	Y
D7471	removal of lateral exostosis (maxilla or mandible)	Y	—	Y	Y	Y	Y	Y	Y	—	—	Y	Y	—
D7472	removal of torus palatinus	Y	—	Y	Y	Y	Y	Y	Y	Y	—	—	Y	Y
D7473	removal of torus mandibularis	Y	—	Y	Y	—	Y	Y	Y	Y	—	—	Y	—
D7485	surgical reduction of osseous tuberosity	Y	—	—	—	—	Y	Y	Y	—	—	—	Y	—
D7490	radical resection of maxilla or mandible	Y	—	—	Y	—	Y	Y	Y	Y	—	—	—	—
D7509	marsupialization of odontogenic cyst	—	—	Y	—	—	Y	Y	Y	Y	—	—	—	—
D7510	incision and drainage of abscess - intraoral soft tissue	Y	Y	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Y	—	—	Y	—	Y	Y	Y	Y	—	—	Y	—
D7520	incision and drainage of abscess - extraoral soft tissue	Y	—	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Y	—	—	Y	—	Y	Y	Y	Y	—	—	—	—
D7530	removal of foreign body from mucosa; skin; or subcutaneous alveolar tissue	Y	—	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D7540	removal of reaction producing foreign bodies; musculoskeletal system	Y	—	—	Y	—	Y	Y	Y	Y	—	Y	Y	Y
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone	Y	—	—	Y	Y	Y	Y	Y	Y	—	Y	—	Y
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	—	—	—	Y	—	Y	Y	Y	Y	—	Y	—	Y
D7610	maxilla - open reduction (teeth immobilized; if present)	Y	—	Y	Y	—	Y	Y	Y	Y	—	—	—	—
D7620	maxilla - closed reduction (teeth immobilized; if present)	Y	—	Y	Y	—	Y	Y	Y	Y	—	—	—	—
D7630	mandible - open reduction (teeth immobilized; if present)	Y	Y	Y	Y	—	Y	Y	Y	Y	—	—	—	—
D7640	mandible - closed reduction (teeth immobilized; if present)	Y	Y	Y	Y	—	Y	Y	Y	Y	—	—	—	—
D7650	malar and/or zygomatic arch - open reduction	Y	—	Y	Y	—	Y	Y	Y	Y	—	—	—	—
D7670	alveolus closed reduction may include stabilization of teeth	Y	—	Y	Y	—	Y	Y	Y	Y	—	Y	—	Y
D7671	alveolus; open reduction may include stabilization of teeth	Y	—	—	—	—	Y	Y	Y	Y	—	—	—	—
D7680	facial bones - complicated reduction with fixation and multiple surgical approaches	Y	—	—	Y	—	Y	Y	Y	Y	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D7710	maxilla open reduction	Y	—	—	Y	—	Y	Y	Y	Y	—	—	—	—
D7720	maxilla - closed reduction	Y	—	—	Y	—	Y	Y	Y	Y	—	—	—	—
D7730	mandible - open reduction	Y	—	—	Y	—	Y	Y	Y	Y	—	—	—	—
D7740	mandible - closed reduction	Y	Y	—	Y	—	Y	Y	Y	Y	—	—	—	—
D7750	malar and/or zygomatic arch - open reduction	Y	—	—	Y	—	Y	Y	Y	Y	—	—	—	—
D7770	alveolus - open reduction stabilization of teeth	Y	—	—	Y	—	Y	Y	Y	Y	—	—	—	—
D7771	alveolus; closed reduction stabilization of teeth	Y	—	—	—	—	Y	Y	Y	Y	—	—	—	—
D7780	facial bones - complicated reduction with fixation and multiple approaches	Y	—	—	Y	Y*	Y	Y	Y	Y	—	—	—	—
D7810	open reduction of dislocation	Y	—	—	—	—	Y	Y	Y	Y*	—	—	—	—
D7820	closed reduction of dislocation	Y	—	—	Y	—	Y	Y	Y	Y	—	—	—	Y
D7830	manipulation under anesthesia	Y	—	Y	—	—	Y	Y	Y	—	—	—	—	—
D7850	surgical discectomy; with/without implant	Y	—	Y	—	—	Y	Y	Y	Y	—	—	—	—
D7852	disc repair	—	—	—	—	—	Y	—	Y	Y	—	—	—	—
D7870	arthrocentesis	Y	—	Y	—	—	Y	Y	Y	Y	—	—	—	—
D7871	non-arthroscopic lysis and lavage	Y	—	—	—	—	Y	Y	Y	—	—	—	—	—
D7873	arthroscopy - surgical: lavage and lysis of adhesions	—	—	—	—	—	Y	—	Y	Y	—	—	—	—
D7880	occlusal orthotic device; by report	—	—	—	—	—	Y	Y	Y	Y	—	Y	Y	Y
D7881	occlusal orthotic device adjustment	—	—	—	—	—	—	—	Y	—	—	—	Y	—
D7899	unspecified TMD therapy; by report	Y	—	—	—	—	—	—	Y	—	—	Y	—	Y
D7910	suture of recent small wounds up to 5 cm	Y	—	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D7911	complicated suture - up to 5 cm	Y	—	Y	Y	—	Y	Y	Y	Y	—	Y	—	Y
D7912	complicated suture - greater than 5 cm	Y	—	—	Y	—	Y	Y	Y	Y	—	Y	—	Y
D7920	skin graft (identify defect covered; location and type of graft)	Y	—	—	Y	—	Y	Y	—	—	—	—	—	—
D7921	Collection And Application Of Autologous Blood Concentrate Product	—	—	—	—	—	—	—	—	Y	—	—	—	—
D7922	placement of intra-socket biological dressing to aid in hemostasis or clot stabilization; per site	—	—	—	—	—	Y	Y	—	—	—	—	—	—
D7939	indexing for osteotomy using dynamic robotic assisted or dynamic navigation	—	—	—	—	—	Y	Y	—	—	—	—	—	—
D7940	osteoplasty - for orthognathic deformities	Y	—	Y	—	—	Y	Y	Y	Y*	—	—	—	—
D7941	osteotomy - mandibular rami	—	—	—	—	—	Y	Y	Y	Y*	—	—	—	—
D7943	osteotomy - mandibular rami with bone graft; includes obtaining the graft	Y	—	—	—	—	Y	Y	Y	Y*	—	—	—	—
D7944	osteotomy - segmented or subapical	Y	—	—	—	—	Y	Y	Y	Y*	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D7945	osteotomy - body of mandible	Y	—	—	—	—	Y	Y	Y	Y*	—	—	—	—
D7946	LeFort I (maxilla - total)	Y	—	—	—	—	Y	Y	Y	Y*	—	—	—	—
D7949	LeFort II or LeFort III - with bone graft	Y	—	—	—	—	Y	—	Y	Y*	—	—	—	—
D7950	osseous; osteoperiosteal; or cartilage graft of the mandible or maxilla - autogenous or nonautogenous; by report	Y	—	Y	—	—	Y	Y	Y	—	—	—	—	—
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach	Y	—	—	—	—	—	—	Y	Y	—	—	—	—
D7952	Sinus Augmentation Via A Vertical Approach	—	—	—	—	—	—	—	Y	—	—	—	—	—
D7953	bone replacement graft for ridge preservation – per site	—	—	Y	—	—	Y	Y	—	Y	—	—	Y	—
D7955	repair of maxillofacial soft and/or hard tissue defect	Y	—	—	Y	—	Y	Y	Y	Y*	—	—	—	Y
D7956	guided tissue regeneration; edentulous area – resorbable barrier; per site	—	—	Y	—	—	Y	Y	Y	—	—	—	Y	—
D7957	guided tissue regeneration; edentulous area – non-resorbable barrier; per site	—	—	Y	—	—	Y	—	Y	—	—	—	Y	—
D7961	buccal / labial frenectomy (frenulectomy)	Y	Y	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D7962	lingual frenectomy (frenulectomy)	Y	Y	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D7963	frenuloplasty	Y	—	—	Y	—	—	—	Y	Y	—	—	Y	—
D7970	excision of hyperplastic tissue - per arch	Y	—	Y	—	—	Y	Y	Y	Y	—	Y	Y	Y
D7971	excision of pericoronal gingiva	Y	—	—	Y	—	Y	Y	Y	Y	—	Y	Y	Y
D7972	surgical reduction of fibrous tuberosity	Y	—	Y	—	—	Y	Y	Y	—	—	—	Y	Y
D7980	sialolithotomy	Y	—	—	Y	—	Y	Y	Y	Y	—	Y	—	Y
D7981	excision of salivary gland; by report	Y	—	—	Y	—	Y	Y	Y	Y	—	Y	—	—
D7982	sialodochoplasty	Y	—	Y	Y	—	Y	Y	Y	Y	—	Y*	—	—
D7983	closure of salivary fistula	Y	—	—	Y	—	Y	Y	Y	Y	—	Y*	—	Y
D7990	emergency tracheotomy	Y	—	—	Y	—	Y	Y	Y	Y	—	Y	—	—
D7991	coronoidectomy	Y	—	—	—	—	Y	Y	Y	Y	—	—	—	—
D7993	surgical placement of craniofacial implant - extra oral	—	—	—	—	—	Y	Y	Y	Y	—	—	—	—
D7994	surgical placement: zygomatic implant	—	—	—	—	—	Y	Y	Y	Y	—	—	—	—
D7995	synthetic graft - mandible or facial bones; by report	Y*	—	—	—	—	Y	Y	Y	—	—	—	—	—
D7996	implant-mandible for augmentation purposes (excluding alveolar ridge); by report	—	—	—	—	—	Y	Y	Y	Y*	—	—	—	—
D7997	appliance removal (not by dentist who placed appliance); includes removal of archbar	Y	—	—	—	—	Y	Y	Y	—	—	—	Y	Y*
D7998	intraoral placement of a fixation device not in conjunction with a fracture	Y	—	—	—	—	Y	Y	—	Y	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D7999	unspecified oral surgery procedure; by report	Y*	—	—	—	—	Y	Y	Y	—	—	—	—	Y

Orthodontics

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D8010	limited orthodontic treatment of the primary dentition	Y*	—	—	Y*	—	—	Y*	Y*	Y*	—	Y*	Y*	Y*
D8020	limited orthodontic treatment of the transitional dentition	Y*	—	—	Y*	Y*	—	Y*	Y*	Y*	—	Y*	Y*	Y*
D8030	limited orthodontic treatment of the adolescent dentition	Y*	—	—	—	Y*	—	Y*	Y	—	—	Y*	Y*	—
D8040	limited orthodontic treatment of the adult dentition	—	—	—	—	—	—	Y*	Y*	Y*	—	Y*	Y*	—
D8070	comprehensive orthodontic treatment of the transitional dentition	Y	Y	—	Y*	Y*	—	Y*	—	—	—	Y*	Y*	Y*
D8080	comprehensive orthodontic treatment of the adolescent dentition	Y*	Y	Y*	Y*	Y*	—	Y*	Y*	Y*	—	Y*	Y*	Y*
D8090	comprehensive orthodontic treatment of the adult dentition	—	Y	—	—	—	—	Y*	—	Y*	—	Y	Y*	—
D8091	comprehensive orthodontic treatment with orthognathic surgery	—	—	Y*	—	—	—	—	Y*	—	—	—	—	—
D8210	removable appliance therapy	Y*	Y	Y*	Y*	Y*	—	Y*	Y*	Y*	—	Y*	Y*	Y*
D8220	fixed appliance therapy	Y*	Y	Y*	Y*	Y*	—	Y*	Y*	Y*	—	Y*	Y*	Y*
D8660	pre-orthodontic treatment examination to monitor growth and development	—	—	—	—	Y*	—	—	Y*	Y*	—	Y*	Y*	Y*
D8670	periodic orthodontic treatment visit	Y*	—	—	—	Y*	—	Y*	Y*	Y*	—	Y*	Y*	Y*
D8671	periodic orthodontic treatment visit associated with orthognathic surgery	—	—	—	—	—	—	—	Y	—	—	—	—	—
D8680	orthodontic retention (removal of appliances; construction and placement of retainer(s))	—	—	Y*	—	Y*	—	Y*	Y*	Y*	—	—	Y*	Y*
D8681	removable orthodontic retainer adjustment	—	—	—	—	—	—	—	Y*	—	—	—	—	—
D8695	removal of fixed orthodontic appliances for reasons other than completion of treatment	—	—	Y*	—	—	—	Y*	Y	—	—	Y*	Y*	—
D8696	repair of orthodontic appliance - maxillary	Y*	—	—	—	—	—	Y*	Y*	Y*	—	—	—	—
D8697	repair of orthodontic appliance - mandibular	Y*	—	—	—	—	—	Y*	Y*	Y*	—	—	—	—
D8698	re-cement or re-bond fixed retainer - maxillary	Y*	—	—	—	Y*	—	Y*	Y*	Y*	—	—	Y*	—
D8699	re-cement or re-bond fixed retainer - mandibular	Y*	—	—	—	Y*	—	Y*	Y*	—	—	Y*	Y*	—
D8701	repair of fixed retainer; includes reattachment - maxillary	—	—	—	—	Y*	—	Y*	Y*	—	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D8702	repair of fixed retainer; includes reattachment - mandibular	—	—	—	—	—	—	Y*	Y*	—	—	—	—	—
D8703	replacement of lost or broken retainer - maxillary	—	—	Y*	—	—	—	Y*	Y*	Y*	—	—	Y*	—
D8704	replacement of lost or broken retainer - mandibular	—	—	Y*	—	Y*	—	Y*	Y*	Y*	—	—	Y*	—
D8999	unspecified orthodontic procedure; by report	—	Y	Y*	Y*	Y*	—	Y*	Y*	—	—	—	—	Y*

Adjunctive General Services

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D9110	palliative treatment of dental pain - per visit	Y	Y	Y	—	Y	Y	Y	Y	Y	—	Y	Y	Y
D9120	fixed partial denture sectioning	Y	—	—	—	—	Y	Y	—	Y	—	—	Y	Y
D9128	photobiomodulation therapy - first 15 minute increment; or any portion thereof	—	—	—	—	—	—	—	—	—	—	—	—	—
D9129	photobiomodulation therapy - each subsequent 15 minute increment; or any portion thereof	—	—	—	—	—	—	—	—	—	—	—	—	—
D9130	temporomandibular joint dysfunction - non-invasive physical therapies	—	—	—	Y	—	—	—	—	—	—	—	—	—
D9219	evaluation for deep sedation or general anesthesia	—	—	—	Y	—	Y	Y	—	—	—	—	—	—
D9222	administration of deep sedation/general anesthesia – first 15 minute increment; or any portion thereof	Y*	Y	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D9223	administration of deep sedation/general anesthesia - each subsequent 15 minute increment; or any portion thereof	Y*	Y	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D9224	administration of general anesthesia with advanced airway – first 15 minute increment; or any portion thereof	—	—	Y	—	—	—	—	—	—	—	—	Y	Y
D9225	administration of general anesthesia with advanced airway – each subsequent 15 minute increment; or any portion thereof	—	—	Y	—	—	—	—	—	—	—	—	Y	Y
D9230	administration of nitrous oxide	Y*	Y	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D9239	administration of moderate sedation - intravenous - first 15 minute increment; or any portion thereof	Y*	—	—	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D9243	administration of moderate sedation - intravenous - each subsequent 15 minute increment; or any portion thereof	Y*	—	—	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D9244	in-office administration of minimal sedation – single drug – enteral	Y	—	Y	Y	—	—	—	—	—	—	—	Y	Y
D9245	administration of moderate sedation – enteral	Y	Y	Y	Y	Y	—	—	—	—	—	—	Y	Y
D9246	administration of moderate sedation – non-intravenous parenteral – first 15 minute increment; or any portion thereof	—	—	Y	—	Y	—	—	—	—	—	—	Y	Y

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D9247	administration of moderate sedation – non-intravenous parenteral – each subsequent 15 minute increment; or any portion thereof	—	—	Y	—	Y	—	—	—	—	—	—	Y	Y
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	Y	Y	Y	Y	—	Y	Y	Y	Y	—	Y	Y	Y
D9311	Consultation with medical health care professional	—	—	—	Y	—	—	—	Y	Y	—	—	—	—
D9410	house/extended care facility call	Y	—	—	Y	Y	Y	Y	Y	Y	—	Y	—	Y
D9420	hospital or ambulatory surgical center call	Y	—	Y	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	—	—	Y	—	—	Y	Y	Y	—	—	—	—	Y
D9440	office visit - after regularly scheduled hours	Y	—	—	—	—	Y	Y	—	Y	—	—	—	Y
D9450	case presentation; subsequent to detailed and extensive treatment planning	—	—	—	—	—	—	—	—	—	—	—	—	—
D9610	therapeutic parenteral drug; single administration	Y	—	—	Y	Y	Y	Y	Y	Y	—	Y	Y	Y
D9612	therapeutic parenteral drugs; two or more administrations; different medications	—	—	—	—	—	Y	Y	Y	Y	—	—	Y	Y
D9613	infiltration of sustained release therapeutic drug; per quadrant	—	—	—	Y	—	—	—	Y	—	—	—	—	—
D9630	drugs or medicaments dispensed in the office for home use	—	—	—	—	—	—	—	Y	Y	—	Y	Y	Y
D9910	application of desensitizing medicament	—	—	—	—	—	Y	Y	Y	—	—	Y*	Y	Y
D9911	application of desensitizing resin for cervical and/or root surface; per tooth	—	—	—	—	—	Y	Y	Y	—	—	—	Y	—
D9913	administration of neuromodulators	—	—	—	—	—	—	—	—	—	—	—	—	—
D9914	administration of dermal fillers	—	—	—	—	—	—	—	—	—	—	—	—	—
D9920	behavior management; by report	Y	Y	—	Y	—	—	—	Y	—	—	Y	—	Y
D9930	treatment of complications (post-surgical) - unusual circumstances; by report	Y	—	—	—	—	Y	Y	Y	Y	—	Y*	Y	Y*
D9932	cleaning and inspection or removable complete denture; maxillary	—	—	—	—	—	—	—	—	—	—	—	—	—
D9933	cleaning and inspection of removable complete denture; mandibular	—	—	—	—	—	—	—	—	—	—	—	—	—
D9934	cleaning and inspection of removable partial denture; maxillary	—	—	—	—	—	—	—	—	—	—	—	—	—
D9935	cleaning and inspection of removable partial denture; mandibular	—	—	—	—	—	—	—	—	—	—	—	—	—
D9936	cleaning and inspection of occlusal guard – per appliance	—	—	—	—	—	—	—	—	—	—	—	—	—
D9938	fabrication of a custom removable clear plastic temporary aesthetic appliance	—	—	—	—	—	—	—	—	—	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D9939	placement of a custom removable clear plastic temporary aesthetic appliance	—	—	—	—	—	—	—	—	—	—	—	Y	—
D9941	fabrication of athletic mouthguard	—	—	—	—	—	—	—	Y	—	—	—	Y	—
D9942	repair and/or reline of occlusal guard	—	—	—	—	—	Y	Y	—	Y	—	—	—	—
D9943	occlusal guard adjustment	—	—	—	—	—	—	—	Y	—	—	—	Y	—
D9944	occlusal guard - hard appliance; full arch	—	—	Y	—	Y	Y	Y	Y	Y	—	Y*	Y	Y
D9945	occlusal guard - soft appliance; full arch	Y	—	Y	—	Y	Y	Y	Y	Y	—	Y*	Y	—
D9946	occlusal guard - hard appliance; partial arch	Y	—	Y	—	Y	Y	Y	—	Y	—	Y*	Y	—
D9947	custom sleep apnea appliance fabrication and placement	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D9948	adjustment of custom sleep apnea appliance	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D9949	repair of custom sleep apnea appliance	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D9950	occlusion analysis - mounted case	—	—	—	—	—	—	—	—	Y	—	—	Y	Y
D9951	occlusal adjustment - limited	—	—	Y	—	—	—	—	Y	Y	—	—	Y	Y
D9952	occlusal adjustment - complete	—	—	Y	—	—	—	—	Y	Y	—	—	—	Y
D9953	reline custom sleep apnea appliance (indirect)	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D9954	fabrication and delivery of oral appliance therapy (OAT) morning repositioning device	—	—	—	—	—	—	—	—	—	—	—	—	—
D9955	oral appliance therapy (OAT) titration visit	—	—	Y	—	—	Y	—	—	—	—	—	—	—
D9956	administration of home sleep apnea test	—	—	—	—	—	—	—	—	—	—	—	—	—
D9957	screening for sleep related breathing disorders	—	—	—	—	—	—	—	—	—	—	—	—	—
D9959	unspecified sleep apnea services procedure; by report	—	—	Y	—	—	—	—	Y	—	—	—	—	—
D9961	duplicate/copy patient's records	—	—	—	—	—	—	—	—	—	—	—	—	—
D9970	enamel microabrasion	—	—	—	—	—	—	—	—	—	—	—	—	Y
D9971	odontoplasty 1 - 2 teeth; includes removal of enamel projections	—	—	—	—	—	—	—	Y	—	—	—	Y	—
D9972	external bleaching - per arch - performed in office	—	—	—	—	—	—	—	—	—	—	—	—	—
D9973	external bleaching - per tooth	—	—	—	—	—	—	—	—	—	—	—	—	—
D9974	internal bleaching - per tooth	—	—	—	—	—	—	—	Y	—	—	—	—	Y
D9975	External Bleaching For Home Application; Per Arch; Includes Materials And Fabrication Of Custom Trays	—	—	—	—	—	—	—	—	—	—	—	—	—
D9986	missed appointment	—	—	—	—	Y	—	—	—	—	—	—	—	—
D9987	cancelled appointment	—	—	—	—	Y	—	—	—	—	—	—	—	—
D9990	certified translation or sign-language services - per visit	—	—	—	—	—	—	—	—	—	—	—	—	—

CDT	Description	AK	AR	DC	KS	KY	ME	MO	NJ	NV	OK	RI	TN	TX
D9991	Dental case management - addressing appointment compliance barriers	—	—	—	—	—	—	—	—	Y	—	—	—	—
D9992	Dental case management - care coordination	—	—	—	—	—	—	—	—	—	—	—	—	—
D9993	Dental case management - motivational interviewing	—	—	—	—	—	—	—	—	Y	—	—	—	—
D9994	Dental case management - patient education to improve oral health literacy	—	—	—	—	Y	—	—	—	Y	—	—	—	Y
D9995	teledentistry – synchronous; real-time encounter	—	—	—	—	—	Y	Y	Y	—	—	—	—	—
D9996	teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	—	—	—	—	—	Y	Y	—	—	—	—	—	—
D9997	dental case management - patients with special health care needs	—	—	Y	—	—	Y	Y	—	—	—	—	—	—

URM Dental Services — CDT Code Coverage by State

The Unaccompanied Refugee Minors (URM) under the ORR-Funded Medical Assistance (OFMA) program provides foster care and support services - including dental care — to refugee and other eligible youth who arrive in the U.S. without a parent or legal guardian. Participants can generally remain in the program through age 21, with some services continuing past that age. PCU administers the URM dental benefit separately from the standard Adult and Children's RMA benefit shown in Sections 4 and 5.

The table below covers all CDT codes in the source file, grouped into the 10 standard categories of service, across the three states in the URM program: North Dakota (ND), Arizona (AZ), and Texas (TX). Because URM eligibility and coverage can change at a specific age, AZ and TX are each split into two coverage columns by age bracket; ND has a single coverage column, with any age-related restriction called out in the "ND Notes" column. Cells marked Y* (red) require prior authorization before treatment — see Section 2.

Diagnostic (104 codes)

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D0120	periodic oral evaluation - established patient	Y		Y	Y	Y	—
D0140	limited oral evaluation - problem focused	Y		Y	—	Y	Y
D0145	oral evaluation for a patient under three years of age	—		Y	—	Y	—
D0150	comprehensive oral evaluation - new or established patient	Y		Y	—	Y	—
D0160	detailed and extensive oral evaluation - problem focused	Y		Y	—	Y	—
D0170	re-evaluation - limited; problem focused (established patient; not post-operative visit)	Y		Y	—	Y	—
D0171	Re-evaluation - post operative office visit	Y		Y	—	—	—
D0180	comprehensive periodontal evaluation - new or established patient	Y		Y*	—	Y	—
D0190	Screening Of A Patient	Y		—	—	—	—
D0191	Assessment Of A Patient	Y		Y	—	—	—
D0210	intraoral - comprehensive series of radiographic images	Y		Y	—	Y	—
D0220	intraoral - periapical first film	Y		Y	—	Y	Y
D0230	intraoral - periapical each additional film	Y		Y	—	Y	Y
D0240	intraoral - occlusal film	Y		Y	—	Y	—
D0250	extraoral - 2D projection radiographic image created using a stationary radiation source; and detector	—		Y*	—	Y	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D0251	extra-oral posterior dental radiographic image	—		Y	—	—	—
D0270	bitewing - single film	Y		Y	Y	Y	—
D0272	bitewings - two films	Y		Y	Y	Y	—
D0273	bitewings - three films	Y		Y	Y	Y	—
D0274	bitewings - four films	Y		Y	Y	Y	—
D0277	vertical bitewings - 7 to 8 films	—		Y	—	Y	—
D0310	sialography	—		Y*	—	Y	—
D0320	temporomandibular joint arthrogram; including injection	—		—	—	Y	—
D0321	other temporomandibular joint films; by report	—		Y*	—	Y	—
D0322	tomographic survey	Y		—	—	Y	—
D0330	panoramic film	Y		Y	—	Y	—
D0340	2D cephalometric radiographic image	Y	Covered through age 20 only	Y*	—	Y	—
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	Y		Y*	—	Y	—
D0364	Cone Beam Ct Capture And Interpretation With Limited Field Of View – Less Than One Whole Jaw	Y		Y*	—	—	—
D0365	Cone Beam Ct Capture And Interpretation With Field Of View Of One Full Dental Arch – Mandible	Y		—	—	—	—
D0366	Cone Beam Ct Capture And Interpretation With Field Of View Of One Full Dental Arch – Maxilla; With Or Without Cranium	Y		—	—	—	—
D0367	Cone Beam Ct Capture And Interpretation With Field Of View Of Both Jaws; With Or Without Cranium	Y		Y*	—	Y	—
D0368	Cone Beam Ct Capture And Interpretation For Tmj Series Including Two Or More Exposures	Y		—	—	—	—
D0369	Maxillofacial Mri Capture And Interpretation	Y*		—	—	—	—
D0370	Maxillofacial Ultrasound Capture And Interpretation	—		—	—	—	—
D0372	intraoral tomosynthesis – comprehensive series of radiographic images	—		Y	—	—	—
D0373	intraoral tomosynthesis – bitewing radiographic image	—		Y	—	—	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D0374	intraoral tomosynthesis – periapical radiographic image	—		Y	—	—	—
D0380	Cone Beam Ct Image Capture With Limited Field Of View – Less Than One Whole Jaw	—		—	—	—	—
D0381	Cone Beam Ct Image Capture With Field Of View Of One Full Dental Arch – Mandible	—		—	—	—	—
D0382	Cone Beam Ct Image Capture With Field Of View Of One Full Dental Arch – Maxilla; With Or Without Cranium	—		—	—	—	—
D0383	Cone Beam Ct Image Capture With Field Of View Of Both Jaws; With Or Without Cranium	Y*	Covered through age 20 only	—	—	—	—
D0384	Cone Beam Ct Image Capture For Tmj Series Including Two Or More Exposures	—		—	—	—	—
D0385	Maxillofacial Mri Image Capture	—		—	—	—	—
D0386	Maxillofacial Ultrasound Image Capture	—		—	—	—	—
D0387	intraoral tomosynthesis - comprehensive series of radiographic images - image capture only	—		—	—	—	—
D0388	intraoral tomosynthesis – bitewing radiographic image - image capture only	—		Y	—	—	—
D0389	intraoral tomosynthesis – periapical radiographic image - image capture only	—		Y	—	—	—
D0391	Interpretation Of Diagnostic Image By A Practitioner Not Associated With Capture Of The Image; Including Report	Y		—	—	—	—
D0393	virtual treatment simulation using 3D Image Volume or surface scan	—		Y	—	—	—
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 Or More Modalities	—		—	—	—	—
D0411	HbA1c in-office point of service testing	—		—	—	—	—
D0412	blood glucose level test - in-office using a glucose meter	—		—	—	—	—
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies; preparation and transmission of written report	—		—	—	—	—
D0415	collection of microorganisms for culture and sensitivity	—		—	—	—	—
D0416	viral culture	—		—	—	—	—
D0417	collection and preparation of saliva sample for laboratory analysis	—		—	—	—	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D0418	analysis of saliva sample - laboratory	—		—	—	—	—
D0419	assessment of salivary flow by measurement	—		—	—	—	—
D0422	collection and preparation of genetic sample material for laboratory analysis and report	—		—	—	—	—
D0423	genetic test for susceptibility to diseases - specimen analysis	—		—	—	—	—
D0425	caries susceptibility tests	—		—	—	—	—
D0426	collection; preparation; and analysis of saliva sample - point-of-care	—		—	—	—	—
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions; not to include cytology or biopsy procedures	—		—	—	—	—
D0460	pulp vitality tests	Y*		—	—	—	—
D0461	testing for cracked tooth	Y		Y	—	—	—
D0470	diagnostic casts	Y*		Y*	—	—	—
D0472	accession of tissue; gross examination; preparation and transmission of written report	—		—	—	Y	—
D0473	accession of tissue; gross and microscopic examination; preparation and transmission of written report	—		—	—	Y	—
D0474	accession of tissue; gross and microscopic examination; including assessment of surgical margins for presence of disease; preparation and transmission of written report	—		—	—	Y	—
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	—		—	—	Y	—
D0481	electron microscopy	—		—	—	—	—
D0482	direct immunofluorescence	—		—	—	—	—
D0483	indirect immunofluorescence	—		—	—	—	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D0484	consultation on slides prepared elsewhere	—		—	—	—	—
D0485	consultation; including preparation of slides from biopsy material supplied by referring source	—		—	—	—	—
D0486	accession of brush biopsy sample; microscopic examination; preparation and transmission of written report	—		—	—	—	—
D0502	other oral pathology procedures; by report	—		Y	—	Y	—
D0600	Non-ionizing diagnostic procedure capable of quantifying; monitoring and recording changes in structure of enamel; dentin and cementum	—		—	—	—	—
D0601	Caries Risk Assessment And Documentation; With A Finding Of Low 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	Y		Y	—	—	—
D0605	antibody testing for a public health related pathogen including coronavirus	Y		Y	—	—	—
D0606	molecular testing for a public health related pathogen; including coronavirus	—		Y	—	—	—
D0701	panoramic radiographic image - image capture only	—		Y	—	—	—
D0702	2-D cephalometric radiographic image - image capture only	—		Y*	—	—	—
D0703	2D oral/facial photographic image obtained intra-orally or extra-orally - image capture	—		Y*	—	—	—
D0705	extra-oral posterior dental radiographic image - image capture only	—		Y	—	—	—
D0706	intraoral - occlusal radiographic image - image capture only	—		Y	—	—	—
D0707	intraoral - periapical radiographic image - image capture only	—		Y	—	—	—
D0708	intraoral - bitewing radiographic image - image capture only	—		Y	—	—	—
D0709	intraoral - comprehensive series of radiographic images - image capture only	—		—	—	—	—
D0801	3D intraoral surface scan – direct	—		—	—	—	—
D0802	3D dental surface scan – indirect	—		—	—	—	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D0803	3D facial surface scan – direct	—		—	—	—	—
D0804	3D facial surface scan – indirect	—		—	—	—	—
D0999	unspecified diagnostic procedure; by report	Y		Y*	—	Y	—

Preventive

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D1110	prophylaxis - adult	Y		Y	Y	Y	—
D1120	prophylaxis - child	Y	Covered through age 20 only	Y	Y	Y	—
D1206	topical fluoride varnish; therapeutic application for moderate to high caries risk patients	Y		Y	Y	Y	—
D1208	topical application of fluoride - excluding varnish	Y		Y	—	Y	—
D1351	sealant - per tooth	Y		Y	—	Y	—
D1353	sealant repair - per tooth	Y	Covered through age 20 only	Y	—	—	—
D1354	application of caries arresting medicament - per tooth	Y	Covered through age 20 only	Y	—	Y	—
D1355	caries preventive medicament application - per tooth	Y	Covered through age 20 only	Y	—	—	—
D1510	space maintainer - fixed - unilateral	Y	Covered through age 20 only	Y*	—	Y	—
D1516	space maintainer - fixed - bilateral; maxillary	Y	Covered through age 20 only	Y*	—	Y	—
D1517	space maintainer - fixed - bilateral; mandibular	Y	Covered through age 20 only	Y*	—	Y	—
D1520	space maintainer - removable - unilateral	Y	Covered through age 20 only	Y*	—	Y	—
D1526	space maintainer - removable - bilateral; maxillary	Y	Covered through age 20 only	Y*	—	Y	—
D1527	space maintainer - removable - bilateral; mandibular	Y	Covered through age 20 only	Y*	—	Y	—
D1551	re-cement or re-bond bilateral space maintainer - maxillary	Y	Covered through age 20 only	Y	—	Y	—
D1552	re-cement or re-bond bilateral space maintainer - mandibular	Y	Covered through age 20 only	Y	—	Y	—
D1553	re-cement or re-bond unilateral space maintainer - per quadrant	Y	Covered through age 20 only	Y	—	Y	—
D1556	removal of fixed unilateral space maintainer - per quadrant	Y	Covered through age 20 only	—	—	Y	—
D1557	removal of fixed bilateral space maintainer - maxillary	Y	Covered through age 20 only	Y	—	Y	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D1558	removal of fixed bilateral space maintainer - mandibular	Y	Covered through age 20 only	Y	—	Y	—
D1575	Distal shoe space maintainer - fixed - unilateral	Y	Covered through age 20 only	Y*	—	Y	—
D1701	Pfizer-BioNTech Covid-19 vaccine administration – first dose	—		—	—	—	—
D1702	Pfizer-BioNTech Covid-19 vaccine administration – second dose	—		—	—	—	—
D1703	Moderna Covid-19 vaccine administration – first dose	—		—	—	—	—
D1704	Moderna Covid-19 vaccine administration – second dose	—		—	—	—	—
D1708	Pfizer-BioNTech Covid-19 vaccine administration – third dose	—		—	—	—	—
D1709	Pfizer-BioNTech Covid-19 vaccine administration – booster dose	—		—	—	—	—
D1710	Moderna Covid-19 vaccine administration – third dose	—		—	—	—	—
D1711	Moderna Covid-19 vaccine administration – booster dose	—		—	—	—	—
D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – first dose	—		—	—	—	—
D1714	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – second dose	—		—	—	—	—
D1720	influenza vaccine administration	—		—	—	—	—
D1781	vaccine administration – human papillomavirus – Dose 1	—		—	—	—	—
D1782	vaccine administration – human papillomavirus – Dose 2	—		—	—	—	—
D1783	vaccine administration – human papillomavirus – Dose 3	—		—	—	—	—
D1999	Unspecified Preventive Procedure; By Report	—		Y*	—	—	—

Restorative

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D2140	amalgam - one surface; primary or permanent	Y		Y	—	Y	—
D2150	amalgam - two surfaces; primary or permanent	Y		Y	—	Y	—
D2160	amalgam - three surfaces; primary or permanent	Y		Y	—	Y	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D2161	amalgam - four or more surfaces; primary or permanent	Y		Y	—	Y	—
D2330	resin-based composite - one surface; anterior	Y		Y	—	Y	—
D2331	resin-based composite - two surfaces; anterior	Y		Y	—	Y	—
D2332	resin-based composite - three surfaces; anterior	Y		Y	—	Y	—
D2335	resin-based composite - four or more surfaces (anterior)	Y		Y	—	Y	—
D2390	resin-based composite crown; anterior	Y	Covered through age 20 only	Y*	—	Y	—
D2391	resin-based composite - one surface; posterior	Y		Y	—	Y	—
D2392	resin-based composite - two surfaces; posterior	Y		Y	—	Y	—
D2393	resin-based composite - three surfaces; posterior	Y		Y	—	Y	—
D2394	resin-based composite - four or more surfaces; posterior	Y		Y	—	Y	—
D2410	gold foil - one surface	—		—	—	—	—
D2420	gold foil - two surfaces	—		—	—	—	—
D2430	gold foil - three surfaces	—		—	—	—	—
D2510	inlay - metallic - one surface	—		—	—	Y	—
D2520	inlay - metallic - two surfaces	—		—	—	Y	—
D2530	inlay - metallic - three or more surfaces	—		—	—	Y	—
D2542	onlay - metallic-two surfaces	—		—	—	Y	—
D2543	onlay - metallic-three surfaces	—		—	—	Y	—
D2544	onlay - metallic-four or more surfaces	—		—	—	Y	—
D2610	inlay - porcelain/ceramic - one surface	—		—	—	—	—
D2620	inlay - porcelain/ceramic - two surfaces	—		—	—	—	—
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	—		—	—	Y	—
D2651	inlay - resin-based composite - two surfaces	—		—	—	Y	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D2652	inlay - resin-based composite - three or more surfaces	—		—	—	Y	—
D2662	onlay - resin-based composite - two surfaces	—		—	—	Y	—
D2663	onlay - resin-based composite - three surfaces	—		—	—	Y	—
D2664	onlay - resin-based composite - four or more surfaces	—		—	—	Y	—
D2710	crown - resin-based composite (indirect)	Y*		—	—	Y*	—
D2712	crown - ¾ resin-based composite (indirect)	—		—	—	—	—
D2720	crown - resin with high noble metal	Y*		—	—	Y*	—
D2721	crown - resin with predominantly base metal	Y*		—	—	Y*	—
D2722	crown - resin with noble metal	Y*		—	—	Y*	—
D2740	crown - porcelain/ceramic	Y*		Y*	—	Y*	—
D2750	crown - porcelain fused to high noble metal	Y*		Y*	—	Y*	—
D2751	crown - porcelain fused to predominantly base metal	Y*		Y*	—	Y*	—
D2752	crown - porcelain fused to noble metal	Y*		Y*	—	Y*	—
D2753	crown - porcelain fused to titanium and titanium alloys	—		Y*	—	—	—
D2780	crown - 3/4 cast high noble metal	Y*		—	—	Y*	—
D2781	crown - 3/4 cast predominantly base metal	—		—	—	Y*	—
D2782	crown - 3/4 cast noble metal	—		—	—	Y*	—
D2783	crown - 3/4 porcelain/ceramic	—		—	—	Y*	—
D2790	crown - full cast high noble metal	Y*		Y*	—	Y*	—
D2791	crown - full cast predominantly base metal	Y*		Y*	—	Y*	—
D2792	crown - full cast noble metal	Y*		Y*	—	Y*	—
D2794	crown - titanium	—		Y*	—	Y*	—
D2799	interim crown - further treatment or completion of diagnosis necessary prior to final impression	—		—	—	—	—
D2910	re-cement or re-bond inlay; onlay; veneer or partial coverage restoration	Y		Y	—	Y	—
D2915	re-cement or re-bond indirectly fabricated prefabricated post and core	—		Y	—	Y	—
D2920	re-cement or re-bond crown	Y		Y	—	Y	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D2921	Reattachment Of Tooth Fragment; Incisal Edge Or Cusp	Y	Covered through age 20 only	Y	—	—	—
D2928	prefabricated porcelain / ceramic crown - permanent tooth	Y*		Y*	—	—	—
D2929	Prefabricated Porcelain/Ceramic Crown – Primary Tooth	—		Y*	—	—	—
D2930	prefabricated stainless steel crown - primary tooth	Y		Y*	Y	Y	—
D2931	prefabricated stainless steel crown - permanent tooth	Y		Y*	Y	Y	—
D2932	prefabricated resin crown	Y*		Y*	—	Y	—
D2933	prefabricated stainless steel crown with resin window	Y		Y*	—	Y	—
D2934	prefabricated esthetic coated stainless steel crown	Y	Covered through age 20 only	Y*	—	Y	—
D2940	placement of interim direct restoration	Y		Y*	—	Y	—
D2949	Restorative Foundation For An Indirect Restoration	—		—	—	—	—
D2950	core buildup; including any pins	Y		Y*	—	Y	—
D2951	pin retention - per tooth; in addition to restoration	Y		Y*	—	Y	—
D2952	post and core in addition to crown; indirectly fabricated	Y		Y*	—	Y	—
D2953	each additional indirectly fabricated post - same tooth	—		—	—	Y	—
D2954	prefabricated post and core in addition to crown	Y		Y*	—	Y	—
D2955	post removal (not in conjunction with endodontic therapy)	Y		—	—	Y	—
D2957	each additional prefabricated post - same tooth	—		—	—	Y	—
D2960	labial veneer (resin laminate) - chairside	Y*		—	—	Y	—
D2961	labial veneer (resin laminate) - laboratory	Y*		—	—	Y	—
D2962	labial veneer (porcelain laminate) - laboratory	Y*		—	—	Y	—
D2971	additional procedures to customize a crown to fit under an existing partial denture framework	—		—	—	Y	—
D2975	coping	—		—	—	—	—
D2976	band stabilization – per tooth	—		Y*	—	—	—
D2980	crown repair; by report	—		—	—	Y	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
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	—		—	—	—	—
D2990	Resin Infiltration Of Incipient Smooth Surface Lesions	—		—	—	—	—
D2991	application of hydroxyapatite regeneration medicament – per tooth	Y		—	—	—	—
D2999	unspecified restorative procedure; by report	Y*		Y*	—	Y	—

Endodontics (46 codes)

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D3110	pulp cap - direct (excluding final restoration)	Y	Covered through age 20 only	Y	—	Y	—
D3120	pulp cap - indirect (excluding final restoration)	—		Y	—	Y	—
D3220	therapeutic pulpotomy (excluding final restoration)	—	Covered through age 20 only	Y*	Y*	Y	—
D3221	pulpal debridement; primary and permanent teeth	Y	Covered through age 20 only	Y	—	—	—
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	—		Y*	—	—	—
D3230	pulpal therapy (resorbable filling) - anterior; primary tooth	Y	Covered through age 20 only	Y*	Y*	Y	—
D3240	pulpal therapy (resorbable filling) - posterior; primary tooth	Y	Covered through age 20 only	Y*	Y*	Y	—
D3310	anterior (excluding final restoration)	Y		Y*	Y*	Y	—
D3320	endodontic therapy; premolar tooth (excluding final restoration)	Y	Covered through age 20 only	Y*	Y*	Y	—
D3330	endodontic therapy; molar tooth (excluding final restoration)	Y	Covered through age 20 only	Y*	Y*	Y	—
D3331	treatment of root canal obstruction; non-surgical access	Y*	Covered through age 20 only	Y*	—	—	—
D3332	incomplete endodontic therapy; inoperable; unrestorable or fractured tooth	Y*		Y	—	—	—
D3333	internal root repair of perforation defects	—		Y*	—	—	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D3346	retreatment of previous root canal therapy - anterior	Y		Y*	—	Y	—
D3347	retreatment of previous root canal therapy - premolar	Y	Covered through age 20 only	Y*	—	Y	—
D3348	retreatment of previous root canal therapy - molar	Y	Covered through age 20 only	Y*	—	Y	—
D3351	apexification/recalcification - initial visit (apical closure / calcific repair of perforations; root resorption; etc.)	Y	Covered through age 20 only	Y*	—	Y	—
D3352	apexification/recalcification - interim medication	Y	Covered through age 20 only	Y*	—	Y	—
D3353	apexification/recalcification - final visit	Y	Covered through age 20 only	Y*	—	Y	—
D3355	Pulpal Regeneration - Initial Visit	—		—	—	—	—
D3356	Pulpal Regeneration - Interim Medication Replacement	—		—	—	—	—
D3357	Pulpal Regeneration - Completion Of Treatment	—		—	—	—	—
D3410	apicoectomy - anterior	Y*	Covered through age 20 only	Y*	—	Y	—
D3421	apicoectomy premolar (first root)	Y*		Y*	—	Y	—
D3425	apicoectomy - molar (first root)	Y*		Y*	—	Y	—
D3426	apicoectomy - (each additional root)	Y*		Y*	—	Y	—
D3428	Bone Graft In Conjunction With Periradicular Surgery – Per Tooth; Single Site	—		—	—	—	—
D3429	Bone Graft In Conjunction With Periradicular Surgery – Each Additional Contiguous Tooth In The Same Surgical Site	—		—	—	—	—
D3430	retrograde filling - per root	Y*	Covered through age 20 only	Y*	—	Y	—
D3431	biologic materials used to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	—		—	—	—	—
D3432	Guided Tissue Regeneration; Resorbable Barrier; Per Site; In Conjunction With Periradicular Surgery	—		—	—	—	—
D3450	root amputation - per root	Y*		Y*	—	Y	—
D3460	endodontic endosseous implant	Y*		—	—	Y	—
D3470	intentional reimplantation (including necessary splinting)	Y*		—	—	Y	—
D3471	surgical repair of root resorption - anterior	—		Y*	—	—	—
D3472	surgical repair of root resorption - premolar	—		Y*	—	—	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D3473	surgical repair of root resorption - molar	—		Y*	—	—	—
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	—		Y*	—	—	—
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	—		Y*	—	—	—
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption - molar	—		Y*	—	—	—
D3910	surgical procedure for isolation of tooth with rubber dam	—		—	—	Y	—
D3911	intraorifice barrier	—		—	—	—	—
D3920	hemisection (including any root removal); not including root canal therapy	—		Y*	—	Y	—
D3921	decoration or submergence of an erupted tooth	—		Y*	—	—	—
D3950	canal preparation and fitting of preformed dowel or post	—		—	—	Y	—
D3999	unspecified endodontic procedure; by report	—		Y*	—	Y	—

Periodontics

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	Y*		Y*	—	Y	—
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	Y*		Y*	—	Y	—
D4212	Gingivectomy Or Gingivoplasty To Allow Access For Restorative Procedure; Per Tooth	Y*	Covered through age 20 only	—	—	—	—
D4230	anatomical crown exposure - four or more contiguous teeth or bounded tooth spaces per quadrant	—		—	—	Y	—
D4231	anatomical crown exposure - one to three teeth or bounded tooth spaces per quadrant	—		—	—	Y	—
D4240	gingival flap procedure; including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	—		Y*	—	Y	—
D4241	gingival flap procedure; including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	—		Y*	—	Y	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D4245	apically positioned flap	—		—	—	Y	—
D4249	clinical crown lengthening - hard tissue	Y*	Covered through age 20 only	Y*	—	Y	—
D4260	osseous surgery (including elevation of full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	—		Y*	—	Y	—
D4261	osseous surgery (including elevation of full thickness flap and closure) - one to three contiguous teeth or tooth bonded spaces per quadrant	—		Y*	—	Y	—
D4263	bone replacement graft - retained natural tooth - first site in quadrant	—		Y*	—	—	—
D4264	bone replacement graft - retained natural tooth - each additional site in quadrant	—		Y*	—	—	—
D4265	biologic materials to aid in soft and osseous tissue regeneration; per site	—		Y*	—	—	—
D4266	guided tissue regeneration; natural teeth - resorbable barrier; per site	—		Y*	—	Y	—
D4267	guided tissue regeneration; natural teeth - non-resorbable barrier; per site	—		Y*	—	Y	—
D4268	surgical revision procedure; per tooth	—		—	—	—	—
D4270	pedicle soft tissue graft procedure	—		Y*	—	Y	—
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth; implant; or edentulous tooth position in graft	—		Y*	—	Y	—
D4274	mesial/distal wedge procedure; single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	—		Y*	—	Y	—
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth; implant or edentulous tooth position in graft	—		Y*	—	Y	—
D4276	combined connective tissue and pedicle graft; per tooth	—		Y*	—	Y	—
D4277	Free Soft Tissue Graft Procedure (including recipient and donor surgical sites); first tooth; implant; or edentulous tooth position in graft	—		—	—	Y	—
D4278	Free Soft Tissue Graft Procedure (Including recipient and donor surgical sites); each additional contiguous tooth; implant; or edentulous tooth position in same graft site	—		—	—	Y	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
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	—		—	—	Y	—
D4285	non-autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth; implant or edentulous tooth position in same graft site	—		—	—	Y	—
D4286	removal of non-resorbable barrier	—		Y*	—	—	—
D4322	splint – intra-coronal; natural teeth or prosthetic crowns	Y*		Y*	—	—	—
D4323	splint – extra-coronal; natural teeth or prosthetic crowns	Y*		Y*	—	—	—
D4341	periodontal scaling and root planing - four or more teeth per quadrant	Y		Y*	—	Y*	—
D4342	periodontal scaling and root planing - one to three teeth per quadrant	Y		Y*	—	Y*	—
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation - full mouth; after oral evaluation	Y		Y*	—	—	—
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	Y		Y*	—	Y	—
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue; per tooth	—		—	—	Y	—
D4910	periodontal maintenance	Y		Y	—	Y	—
D4920	unscheduled dressing change (by someone other than treating dentist)	—		Y*	—	—	—
D4921	Gingival Irrigation with a medicinal agent – Per Quadrant	—		—	—	—	—

Prosthodontics, Removable

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D5110	complete denture - maxillary	Y		Y*	—	Y	—
D5120	complete denture - mandibular	Y		Y*	—	Y	—
D5130	immediate denture - maxillary	Y		Y*	—	Y	—
D5140	immediate denture - mandibular	Y		Y*	—	Y	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D5211	maxillary partial denture - resin base (including any conventional clasps; rests and teeth)	Y*		Y*	—	Y	—
D5212	mandibular partial denture - resin base (including any conventional clasps; rests and teeth)	Y*		Y*	—	Y	—
D5213	maxillary partial denture - cast metal framework (including any conventional clasps; rests and teeth)	Y*		Y*	—	Y	—
D5214	mandibular partial denture - cast metal framework (including any conventional clasps; rests and teeth)	Y*		Y*	—	Y	—
D5221	immediate maxillary partial denture - resin base (including any conventional clasps; rests and teeth)	Y*		Y*	—	—	—
D5222	immediate mandibular partial denture - resin base (including any conventional clasps; rests and teeth)	Y*		Y*	—	—	—
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps; rests and teeth)	Y*		Y*	—	—	—
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps; rests and teeth)	Y*		Y*	—	—	—
D5225	maxillary partial denture - flexible base (including any conventional clasps; rests and teeth)	Y*		—	—	—	—
D5226	mandibular partial denture - flexible base (including any conventional clasps; rests and teeth)	Y*		—	—	—	—
D5227	immediate maxillary partial denture - flexible base (including any clasps; rests and teeth)	Y*		Y*	—	—	—
D5228	immediate mandibular partial denture - flexible base (including any clasps; rests and teeth)	Y*		Y*	—	—	—
D5282	removable unilateral partial denture - one piece cast metal (including clasps and teeth); maxillary	Y*		Y*	—	—	—
D5283	removable unilateral partial denture - one piece cast metal (including clasps and teeth); mandibular	Y*		Y*	—	—	—
D5284	removable unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant	Y*		Y*	—	—	—
D5286	removable unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant	Y*		Y*	—	—	—
D5410	adjust complete denture - maxillary	Y		Y	—	Y	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D5411	adjust complete denture - mandibular	Y		Y	—	Y	—
D5421	adjust partial denture - maxillary	Y		Y	—	Y	—
D5422	adjust partial denture - mandibular	Y		Y	—	Y	—
D5511	repair broken complete denture base; mandibular	Y*		Y	—	Y	—
D5512	repair broken complete denture base; maxillary	Y*		Y	—	Y	—
D5520	replace missing or broken teeth – complete denture – per tooth	Y*		Y	—	Y	—
D5611	repair resin partial denture base; mandibular	Y		Y	—	Y	—
D5612	repair resin partial denture base; maxillary	Y		Y	—	Y	—
D5621	repair cast partial framework; mandibular	Y		Y	—	—	—
D5622	repair cast partial framework; maxillary	Y		Y	—	—	—
D5630	repair or replace broken clasp - per tooth	Y*		Y	—	Y	—
D5640	replace missing or broken teeth – partial denture - per tooth	Y*		Y	—	Y	—
D5650	add tooth to existing partial denture – per tooth	Y*		Y*	—	Y	—
D5660	add clasp to existing partial denture - per tooth	Y*		Y*	—	Y	—
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	—		—	—	Y	—
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	—		—	—	Y	—
D5710	rebase complete maxillary denture	Y*		Y*	—	Y	—
D5711	rebase complete mandibular denture	Y*		Y*	—	Y	—
D5720	rebase maxillary partial denture	Y*		Y*	—	Y	—
D5721	rebase mandibular partial denture	Y*		Y*	—	Y	—
D5725	rebase hybrid prosthesis	—		—	—	—	—
D5730	reline complete maxillary denture (chairside)	Y		Y*	—	Y	—
D5731	reline complete mandibular denture (chairside)	Y		Y*	—	Y	—
D5740	reline maxillary partial denture (chairside)	Y		Y*	—	Y	—
D5741	reline mandibular partial denture (chairside)	Y		Y*	—	Y	—
D5750	reline complete maxillary denture (laboratory)	Y		Y*	—	Y	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D5751	reline complete mandibular denture (laboratory)	Y		Y*	—	Y	—
D5760	reline maxillary partial denture (laboratory)	Y		Y*	—	Y	—
D5761	reline mandibular partial denture (laboratory)	Y		Y*	—	Y	—
D5765	soft liner for complete or partial removable denture – indirect	Y		Y*	—	—	—
D5810	interim complete denture (maxillary)	—		—	—	Y	—
D5811	interim complete denture (mandibular)	—		—	—	Y	—
D5820	interim partial denture (maxillary)	Y*		Y*	—	Y	—
D5821	interim partial denture (mandibular)	Y*		Y*	—	Y	—
D5850	tissue conditioning; maxillary	Y		Y*	—	Y	—
D5851	tissue conditioning; mandibular	Y		Y*	—	Y	—
D5862	precision attachment; by report	Y		—	—	Y	—
D5863	overdenture - complete maxillary - natural tooth borne	—		—	—	Y	—
D5864	overdenture - partial maxillary - natural tooth borne	—		—	—	Y	—
D5865	overdenture - complete mandibular - natural tooth borne	—		—	—	Y	—
D5866	overdenture - partial mandibular - natural tooth borne	—		—	—	Y	—
D5867	replacement of replaceable part of semi-precision or precision attachment of natural tooth borne prosthesis; per attachment	—		—	—	—	—
D5875	modification of removable prosthesis following implant surgery	—		—	—	—	—
D5876	add metal substructure to acrylic complete denture - per arch	Y*		Y*	—	—	—
D5877	duplication of complete denture - maxillary	—		—	—	—	—
D5878	duplication of complete denture - mandibular	—		—	—	—	—
D5899	unspecified removable prosthodontic procedure; by report	—		Y*	—	Y	—
D5909	maxillary guidance prosthesis with guide flange	—		Y*	—	—	—
D5911	facial moulage (sectional)	Y*		Y*	—	Y	—
D5922	nasal septal prosthesis	Y*		Y*	—	Y	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D5930	maxillary guidance prosthesis without guide flange	—		Y*	—	—	—
D5931	obturator prosthesis; surgical	Y*		Y*	—	Y	—
D5932	obturator prosthesis; definitive	Y*		Y*	—	Y	—
D5933	obturator prosthesis; modification	Y*		Y*	—	Y	—
D5934	mandibular guidance prosthesis with guide flange	Y*		Y*	—	Y	—
D5935	mandibular guidance prosthesis without guide flange	Y*		Y*	—	Y	—
D5936	obturator prosthesis; interim	Y*		Y*	—	Y	—
D5937	trismus appliance (not for TMD treatment)	Y*		Y*	—	Y	—
D5938	resection prosthesis; maxillary complete removable	—		Y*	—	—	—
D5939	resection prosthesis; mandibular complete removable	—		Y*	—	—	—
D5940	resection prosthesis; maxillary partial removable	—		Y*	—	—	—
D5941	resection prosthesis; mandibular partial removable	—		Y*	—	—	—
D5942	resection prosthesis; maxillary implant/abutment supported removable prosthesis or edentulous arch	—		—	—	—	—
D5943	resection prosthesis; mandibular implant/abutment supported removable prosthesis for edentulous arch	—		—	—	—	—
D5944	resection prosthesis; maxillary implant/abutment supported removable prosthesis for the partial edentulous arch	—		—	—	—	—
D5945	resection prosthesis; mandibular implant/abutment supported removable prosthesis for the 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	—		—	—	—	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D5952	speech aid prosthesis; pediatric	Y*		Y*	—	Y	—
D5954	palatal augmentation prosthesis	Y*		Y*	—	Y	—
D5960	speech aid prosthesis; modification	Y*		Y*	—	Y	—
D5982	surgical stent for soft tissue healing	Y*		Y*	—	Y	—
D5983	radiation carrier	Y*		Y*	—	Y	—
D5984	radiation shield	Y*		Y*	—	Y	—
D5986	fluoride gel carrier	Y*		Y*	—	Y	—
D5987	commissure splint	Y*		Y*	—	Y	—
D5988	surgical splint	Y*		Y*	—	Y	—
D5991	vesiculobullous disease medicament carrier	—		Y*	—	—	—
D5992	adjust maxillofacial prosthetic appliance; by report	—		—	—	Y	—
D5993	maintenance and cleaning of a maxillofacial prosthesis (extra Or intra-oral) other than required adjustments; by report	—		—	—	Y	—
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	Y*		Y*	—	Y	—

Implant Services

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D6010	surgical placement of implant body: endosteal implant	—		—	—	—	—
D6011	Second Stage Implant Surgery	—		—	—	—	—
D6012	surgical placement of interim implant body for transitional prosthesis: endosteal implant	—		—	—	—	—
D6013	Surgical Placement Of Mini Implant	—		—	—	—	—
D6040	surgical placement: eposteal implant	—		—	—	—	—
D6049	scaling and debridement of a single implant in the presence of peri-implantitis inflammation; bleeding upon probing and increased pocket	Y*		Y*	—	—	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
	depths; including cleaning of the implant surfaces; without flap entry and closure						
D6050	surgical placement: transosteal implant	—		—	—	—	—
D6051	placement of interim implant abutment	—		—	—	—	—
D6055	connecting bar - implant supported or abutment supported	—		—	—	—	—
D6056	prefabricated abutment - includes modification and placement	—		—	—	—	—
D6057	custom fabricated abutment - includes placement	—		—	—	—	—
D6058	abutment supported porcelain/ceramic crown	—		—	—	—	—
D6059	abutment supported porcelain fused to metal crown (high noble metal)	—		—	—	—	—
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	—		—	—	—	—
D6061	abutment supported porcelain fused to metal crown (noble metal)	—		—	—	—	—
D6062	abutment supported cast metal crown (high noble metal)	—		—	—	—	—
D6063	abutment supported cast metal crown (predominantly base metal)	—		—	—	—	—
D6064	abutment supported cast metal crown (noble metal)	—		—	—	—	—
D6065	implant supported porcelain/ceramic crown	—		—	—	—	—
D6066	implant supported porcelain fused to metal crown (titanium; titanium alloy; high noble metal)	—		—	—	—	—
D6067	implant supported metal crown (titanium; titanium alloy; high noble metal)	—		—	—	—	—
D6068	abutment supported retainer for porcelain/ceramic FPD	—		—	—	—	—
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	—		—	—	—	—
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	—		—	—	—	—
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)	—		—	—	—	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D6074	abutment supported retainer for cast metal FPD (noble metal)	—		—	—	—	—
D6075	implant supported retainer for ceramic FPD	—		—	—	—	—
D6076	implant supported retainer for porcelain fused to metal FPD (titanium; titanium alloy; or high noble metal)	—		—	—	—	—
D6077	implant supported retainer for cast metal FPD (titanium; titanium alloy; or high noble metal)	—		—	—	—	—
D6080	implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted; including cleansing of prosthesis and abutments	—		—	—	—	—
D6081	Scaling and debridement of a single implant in the presence of mucositis; including inflammation; bleeding upon probing; and increased pocket depths; includes cleaning of the implant surfaces; without flap entry and closure	—		Y*	—	—	—
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 and titanium alloys	—		—	—	—	—
D6085	interim implant crown	—		—	—	—	—
D6086	implant supported crown - predominantly base alloys	—		—	—	—	—
D6087	implant supported crown - noble alloys	—		—	—	—	—
D6088	implant supported crown - titanium and titanium alloys	—		—	—	—	—
D6089	accessing and retorquing loose implant screw – per screw	—		Y	—	—	—
D6090	repair of implant/abutment supported prosthesis	—		—	—	—	—
D6091	replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis; per attachment	—		—	—	—	—
D6092	recement or re-bond implant/abutment supported crown	—		—	—	—	—
D6093	recement or re-bond implant/abutment supported fixed partial denture	—		—	—	—	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D6094	abutment supported crown - (titanium)	—		—	—	—	—
D6096	remove broken implant retaining screw	—		—	—	—	—
D6097	abutment supported crown - porcelain fused to titanium and titanium	—		—	—	—	—
D6098	implant supported retainer - porcelain fused to predominantly base alloys	—		—	—	—	—
D6099	implant supported retainer for FPD - porcelain fused to noble alloys	—		—	—	—	—
D6100	surgical removal of implant body	Y*		—	—	—	—
D6101	debridement of a peri-implant defect or defects surrounding a single implant; and surface cleaning of the exposed implant surfaces; including flap entry and closure	—		—	—	—	—
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	—		—	—	—	—
D6103	bone graft for repair of peri-implant defect – does not include flap entry and closure	—		—	—	—	—
D6104	Bone Graft At Time Of Implant Placement	—		—	—	—	—
D6105	removal of implant body not requiring bone removal nor flap elevation	—		Y*	—	—	—
D6106	guided tissue regeneration – resorbable barrier; per implant	—		—	—	—	—
D6107	guided tissue regeneration – non-resorbable barrier; per implant	—		—	—	—	—
D6110	implant / abutment supported removable denture for edentulous arch - maxillary	—		—	—	—	—
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	—		—	—	—	—
D6114	implant / abutment supported fixed denture for edentulous arch - maxillary	—		—	—	—	—
D6115	implant / abutment supported fixed denture for edentulous arch - mandibular	—		—	—	—	—
D6116	implant / abutment supported fixed denture for partially edentulous arch - maxillary	—		—	—	—	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D6117	implant / abutment supported fixed denture for partially edentulous arch - mandibular	—		—	—	—	—
D6118	implant/abutment supported interim fixed denture for edentulous arch – mandibular	—		—	—	—	—
D6119	implant/abutment supported interim fixed denture for edentulous arch – maxillary	—		—	—	—	—
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	—		—	—	—	—
D6180	implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed; including cleansing of prosthesis and abutments	—		—	—	—	—
D6190	radiographic/surgical implant index; by report	—		—	—	—	—
D6191	semi-precision abutment - placement	—		—	—	—	—
D6192	semi-precision attachment - placement	—		—	—	—	—
D6193	replacement of an implant screw	—		Y	—	—	—
D6194	abutment supported retainer crown for FPD - (titanium)	—		—	—	—	—
D6195	abutment supported retainer - porcelain fused to titanium and titanium alloys	—		—	—	—	—
D6197	replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis; per implant	—		Y*	—	—	—
D6198	remove interim implant component	—		—	—	—	—
D6199	unspecified implant procedure; by report	—		—	—	—	—
D6205	pontic - indirect resin based composite	—		—	—	—	—
D6210	pontic - cast high noble metal	Y*	Covered through age 20 only	—	—	Y*	—
D6211	pontic - cast predominantly base metal	Y*	Covered through age 20 only	—	—	Y*	—
D6212	pontic - cast noble metal	Y*	Covered through age 20 only	—	—	Y*	—
D6214	pontic - titanium	—		—	—	—	—
D6240	pontic - porcelain fused to high noble metal	Y*	Covered through age 20 only	—	—	Y*	—
D6241	pontic - porcelain fused to predominantly base metal	Y*	Covered through age 20 only	—	—	Y*	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D6242	pontic - porcelain fused to noble metal	Y*	Covered through age 20 only	—	—	Y*	—
D6243	pontic - porcelain fused to titanium and titanium alloys	—		—	—	—	—
D6245	pontic - porcelain/ceramic	Y*	Covered through age 20 only	—	—	Y*	—
D6250	pontic - resin with high noble metal	Y*	Covered through age 20 only	—	—	Y*	—
D6251	pontic - resin with predominantly base metal	Y*	Covered through age 20 only	—	—	Y*	—
D6252	pontic - resin with noble metal	Y*	Covered through age 20 only	—	—	Y*	—
D6253	interim pontic - further treatment or completion of diagnosis necessary prior to final impression	—		—	—	—	—
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	Y*		—	—	—	—
D6545	retainer - cast metal for resin bonded fixed prosthesis	Y*	Covered through age 20 only	—	—	Y*	—
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	Y*	Covered through age 20 only	—	—	Y*	—
D6549	retainer – for resin bonded fixed prosthesis	—		—	—	Y*	—
D6600	retainer inlay - porcelain/ceramic; two surfaces	—		—	—	—	—
D6601	retainer inlay - porcelain/ceramic; three or more surfaces	—		—	—	—	—
D6602	retainer inlay - cast high noble metal; two surfaces	—		—	—	—	—
D6603	retainer inlay - cast high noble metal; three or more surfaces	—		—	—	—	—
D6604	retainer inlay - cast predominantly base metal; two surfaces	—		—	—	—	—
D6605	retainer inlay - cast predominantly base metal; three or more surfaces	—		—	—	—	—
D6606	retainer inlay - cast noble metal; two surfaces	—		—	—	—	—
D6607	retainer inlay - cast noble metal; three or more surfaces	—		—	—	—	—
D6608	retainer onlay -porcelain/ceramic; two surfaces	—		—	—	—	—
D6609	retainer onlay - porcelain/ceramic; three or more surfaces	—		—	—	—	—
D6610	retainer onlay - cast high noble metal; two surfaces	—		—	—	—	—
D6611	retainer onlay - cast high noble metal; three or more surfaces	—		—	—	—	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
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	—		—	—	—	—
D6710	retainer crown - indirect resin based composite	—		—	—	—	—
D6720	retainer crown - resin with high noble metal	Y*	Covered through age 20 only	—	—	Y*	—
D6721	retainer crown - resin with predominantly base metal	Y*	Covered through age 20 only	—	—	Y*	—
D6722	retainer crown - resin with noble metal	Y*	Covered through age 20 only	—	—	Y*	—
D6740	retainer crown - porcelain/ceramic	Y*	Covered through age 20 only	—	—	Y*	—
D6750	retainer crown - porcelain fused to high noble metal	Y		—	—	Y*	—
D6751	retainer crown - porcelain fused to predominantly base metal	Y*	Covered through age 20 only	—	—	Y*	—
D6752	retainer crown - porcelain fused to noble metal	Y*	Covered through age 20 only	—	—	Y*	—
D6753	retainer crown - porcelain fused to titanium and titanium alloys	—		—	—	—	—
D6780	retainer crown - 3/4 cast high noble metal	Y*	Covered through age 20 only	—	—	Y*	—
D6781	retainer crown - 3/4 cast predominantly base metal	—		—	—	Y*	—
D6782	retainer crown - 3/4 cast noble metal	—		—	—	Y*	—
D6783	retainer crown - 3/4 porcelain/ceramic	—		—	—	Y*	—
D6784	retainer crown 3/4 - titanium and titanium alloys	—		—	—	—	—
D6790	retainer crown - full cast high noble metal	Y*	Covered through age 20 only	—	—	Y*	—
D6791	retainer crown - full cast predominantly base metal	Y*	Covered through age 20 only	—	—	Y*	—
D6792	retainer crown - full cast noble metal	Y*	Covered through age 20 only	—	—	Y*	—
D6793	interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	—		—	—	—	—
D6794	retainer crown - titanium	—		—	—	—	—
D6920	connector bar	—		—	—	Y*	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D6930	re-cement or re-bond fixed partial denture	Y		—	—	Y*	—
D6940	stress breaker	—		—	—	Y*	—
D6950	precision attachment	—		—	—	Y*	—
D6980	fixed partial denture repair necessitated by restorative material failure	—		—	—	Y*	—
D6985	pediatric partial denture; fixed	—		—	—	—	—
D6999	unspecified fixed prosthodontic procedure; by report	—		Y*	—	Y*	—

Oral and Maxillofacial Surgery

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D7111	extraction; coronal remnants - primary tooth	Y		Y*	Y*	Y	—
D7140	extraction; erupted tooth or exposed root (elevation and/or forceps removal)	Y		Y*	Y*	Y	Y
D7210	extraction; erupted tooth requiring removal of bone and/or sectioning of tooth; and including elevation of mucoperiosteal flap if indicated	Y		Y*	Y*	Y	Y
D7220	removal of impacted tooth - soft tissue	Y		Y*	Y*	Y	Y
D7230	removal of impacted tooth - partially bony	Y		Y*	Y*	Y	Y
D7240	removal of impacted tooth - completely bony	Y		Y*	Y*	Y	Y
D7241	removal of impacted tooth - completely bony; with unusual surgical complications	Y		Y*	Y*	Y	Y
D7250	surgical removal of residual tooth roots (cutting procedure)	Y		Y*	Y*	Y	Y
D7251	Coronectomy – Intentional Partial Tooth Removal; impacted teeth only	Y*		Y*	Y*	—	—
D7252	partial extraction for immediate implant replacement	—		—	—	—	—
D7259	nerve dissection	—		Y	—	—	—
D7260	oroantral fistula closure	Y		Y*	Y*	Y	—
D7261	primary closure of a sinus perforation	Y		Y*	Y*	Y	—
D7270	tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	Y		Y	Y*	Y	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D7272	tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)	—		—	—	Y	—
D7280	surgical access of an unerupted tooth	Y		Y*	—	Y	—
D7282	mobilization of erupted or malpositioned tooth to aid eruption	—		Y*	—	Y	—
D7283	placement of device to facilitate eruption of impacted tooth	Y		Y*	—	Y	—
D7284	excisional biopsy of minor salivary glands	—		Y*	—	—	—
D7285	incisional biopsy of oral tissue - hard (bone; tooth)	Y		Y*	—	Y	—
D7286	incisional biopsy of oral tissue - soft	—		Y*	—	Y	—
D7287	exfoliative cytological sample collection	Y		—	—	—	—
D7288	brush biopsy - transepithelial sample collection	—		—	—	—	—
D7290	surgical repositioning of teeth	Y		—	—	Y	—
D7291	transseptal fiberotomy/supra crestal fiberotomy; by report	Y		—	—	Y	—
D7292	placement of temporary anchorage device [screw retained plate] requiring surgical flap;	—		Y*	—	—	—
D7293	placement of temporary anchorage device requiring surgical flap;	—		Y*	—	—	—
D7294	placement of temporary anchorage device without flap;	—		Y*	—	—	—
D7295	Harvest Of Bone For Use In Autogenous Grafting Procedure	—		—	—	—	—
D7296	corticotomy – one to three teeth or tooth spaces; per quadrant	Y		Y*	—	—	—
D7297	corticotomy – four or more teeth or tooth spaces; per quadrant	Y		Y*	—	—	—
D7298	removal of temporary anchorage device [screw retained plate]; requiring flap	Y*	Covered through age 20 only	Y*	—	—	—
D7299	removal of temporary anchorage device requiring flap	Y*	Covered through age 20 only	Y*	—	—	—
D7300	removal of temporary anchorage device without flap	Y*	Covered through age 20 only	Y*	—	—	—
D7310	alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces; per quadrant	Y		Y*	—	Y	—
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces; per quadrant	Y		Y*	—	—	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D7320	alveoloplasty not in conjunction with extractions –four or more teeth or tooth spaces; per quadrant	Y		Y*	—	Y	—
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces; per quadrant	Y		Y*	—	—	—
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	Y		—	—	Y	—
D7350	vestibuloplasty - ridge extension (including soft tissue grafts; muscle reattachment; revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	Y		—	—	Y	—
D7410	excision of benign lesion up to 1.25 cm	Y		Y*	—	Y	—
D7411	excision of benign lesion greater than 1.25 cm	Y		Y*	—	Y	—
D7412	excision of benign lesion; complicated	Y*		Y*	—	Y	—
D7413	excision of malignant lesion up to 1.25 cm	Y*		Y*	—	Y	—
D7414	excision of malignant lesion greater than 1.25 cm	Y*		Y*	—	Y	—
D7415	excision of malignant lesion; complicated	Y*		Y*	—	—	—
D7440	excision of malignant tumor - lesion diameter up to 1.25 cm	Y		Y*	—	Y	—
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	Y		Y*	—	Y	—
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	Y		Y*	—	Y	—
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	Y		Y*	—	Y	—
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	Y		Y*	—	Y	—
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	Y		Y*	—	Y	—
D7465	destruction of lesion(s) by physical or chemical method; by report	Y*		Y*	—	Y	—
D7471	removal of lateral exostosis (maxilla or mandible)	Y		Y*	—	—	—
D7472	removal of torus palatinus	Y		Y*	—	Y	—
D7473	removal of torus mandibularis	Y		Y*	—	—	—
D7485	surgical reduction of osseous tuberosity	Y*		Y*	—	—	—
D7490	radical resection of maxilla or mandible	Y*		Y*	—	—	—
D7509	marsupialization of odontogenic cyst	—		Y*	—	—	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D7510	incision and drainage of abscess - intraoral soft tissue	Y		Y	—	Y	Y
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Y		Y	—	—	—
D7520	incision and drainage of abscess - extraoral soft tissue	Y		Y	—	Y	Y
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Y		Y	—	—	—
D7530	removal of foreign body from mucosa; skin; or subcutaneous alveolar tissue	Y		Y	—	Y	—
D7540	removal of reaction producing foreign bodies; musculoskeletal system	Y*		Y	—	Y	—
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone	Y*		Y*	—	Y	—
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	Y*		Y*	—	Y	—
D7610	maxilla - open reduction (teeth immobilized; if present)	Y*		Y*	—	—	—
D7620	maxilla - closed reduction (teeth immobilized; if present)	Y*		Y*	—	—	—
D7630	mandible - open reduction (teeth immobilized; if present)	Y*		Y*	—	—	—
D7640	mandible - closed reduction (teeth immobilized; if present)	Y*		Y*	—	—	—
D7650	malar and/or zygomatic arch - open reduction	Y*		Y*	—	—	—
D7670	alveolus closed reduction may include stabilization of teeth	Y*		Y*	—	Y	—
D7671	alveolus; open reduction may include stabilization of teeth	Y*		Y*	—	—	—
D7680	facial bones - complicated reduction with fixation and multiple surgical approaches	Y*		Y*	—	—	—
D7710	maxilla open reduction	Y*		Y*	—	—	—
D7720	maxilla - closed reduction	Y*		Y*	—	—	—
D7730	mandible - open reduction	Y*		Y*	—	—	—
D7740	mandible - closed reduction	Y*		Y*	—	—	—
D7750	malar and/or zygomatic arch - open reduction	Y*		Y*	—	—	—
D7770	alveolus - open reduction stabilization of teeth	Y*		Y*	—	—	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D7771	alveolus; closed reduction stabilization of teeth	Y*		Y*	—	—	—
D7780	facial bones - complicated reduction with fixation and multiple approaches	Y*		Y*	—	—	—
D7810	open reduction of dislocation	Y*		Y*	—	—	—
D7820	closed reduction of dislocation	Y*		Y*	—	Y	—
D7830	manipulation under anesthesia	Y*		Y*	—	—	—
D7850	surgical discectomy; with/without implant	Y*		Y*	—	—	—
D7852	disc repair	Y*		Y*	—	—	—
D7870	arthrocentesis	Y*		Y*	—	—	—
D7871	non-arthroscopic lysis and lavage	Y*		Y*	—	—	—
D7873	arthroscopy - surgical: lavage and lysis of adhesions	Y*		Y*	—	—	—
D7880	occlusal orthotic device; by report	Y		Y*	—	Y	—
D7881	occlusal orthotic device adjustment	—		Y	—	—	—
D7899	unspecified TMD therapy; by report	Y*		Y*	—	Y	—
D7910	suture of recent small wounds up to 5 cm	Y		Y*	—	Y	—
D7911	complicated suture - up to 5 cm	Y		Y*	—	Y	—
D7912	complicated suture - greater than 5 cm	Y		Y*	—	Y	—
D7920	skin graft (identify defect covered; location and type of graft)	Y*		Y*	—	—	—
D7921	Collection And Application Of Autologous Blood Concentrate Product	—		—	—	—	—
D7922	placement of intra-socket biological dressing to aid in hemostasis or clot stabilization; per site	Y		—	—	—	—
D7939	indexing for osteotomy using dynamic robotic assisted or dynamic navigation	—		Y*	—	—	—
D7940	osteoplasty - for orthognathic deformities	Y*		Y*	—	—	—
D7941	osteotomy - mandibular rami	Y*		Y*	—	—	—
D7943	osteotomy - mandibular rami with bone graft; includes obtaining the graft	Y*		Y*	—	—	—
D7944	osteotomy - segmented or subapical	Y*		Y*	—	—	—
D7945	osteotomy - body of mandible	Y*		Y*	—	—	—
D7946	LeFort I (maxilla - total)	Y*		Y*	—	—	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D7949	LeFort II or LeFort III - with bone graft	Y*		Y*	—	—	—
D7950	osseous; osteoperiosteal; or cartilage graft of the mandible or maxilla - autogenous or nonautogenous; by report	Y*		Y*	—	—	—
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach	—		Y*	—	—	—
D7952	Sinus Augmentation Via A Vertical Approach	—		—	—	—	—
D7953	bone replacement graft for ridge preservation – per site	Y*	Covered for ages 21 and over	Y*	—	—	—
D7955	repair of maxillofacial soft and/or hard tissue defect	Y*		Y*	—	Y	—
D7956	guided tissue regeneration; edentulous area – resorbable barrier; per site	—		Y*	—	—	—
D7957	guided tissue regeneration; edentulous area – non-resorbable barrier; per site	—		Y*	—	—	—
D7961	buccal / labial frenectomy (frenulectomy)	Y*		Y*	—	Y	—
D7962	lingual frenectomy (frenulectomy)	Y*		Y*	—	Y	—
D7963	frenuloplasty	Y*		Y*	—	—	—
D7970	excision of hyperplastic tissue - per arch	Y*		Y*	—	Y	—
D7971	excision of pericoronal gingiva	Y*		Y*	—	Y	—
D7972	surgical reduction of fibrous tuberosity	Y*		Y*	—	Y	—
D7980	sialolithotomy	Y*		Y*	—	Y	—
D7981	excision of salivary gland; by report	Y*		Y*	—	—	—
D7982	sialodochoplasty	Y*		Y*	—	—	—
D7983	closure of salivary fistula	Y*		Y	—	Y	—
D7990	emergency tracheotomy	Y*		Y	—	—	—
D7991	coronoidectomy	Y*		Y*	—	—	—
D7993	surgical placement of craniofacial implant - extra oral	—		—	—	—	—
D7994	surgical placement: zygomatic implant	—		—	—	—	—
D7995	synthetic graft - mandible or facial bones; by report	—		Y*	—	—	—
D7996	implant-mandible for augmentation purposes (excluding alveolar ridge); by report	Y*		Y*	—	—	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D7997	appliance removal (not by dentist who placed appliance); includes removal of archbar	Y*		Y*	—	Y*	—
D7998	intraoral placement of a fixation device not in conjunction with a fracture	—		Y*	—	—	—
D7999	unspecified oral surgery procedure; by report	Y		Y*	—	Y	—

Orthodontics (25 codes)

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D8010	limited orthodontic treatment of the primary dentition	—		Y*	—	Y*	—
D8020	limited orthodontic treatment of the transitional dentition	Y*	Covered through age 20 only	Y*	—	Y*	—
D8030	limited orthodontic treatment of the adolescent dentition	Y*	Covered through age 20 only	Y*	—	—	—
D8040	limited orthodontic treatment of the adult dentition	Y*		Y*	—	—	—
D8070	comprehensive orthodontic treatment of the transitional dentition	Y*	Covered through age 20 only	Y*	—	Y*	—
D8080	comprehensive orthodontic treatment of the adolescent dentition	Y*	Covered through age 20 only	Y*	—	Y*	—
D8090	comprehensive orthodontic treatment of the adult dentition	Y*	Covered through age 20 only	Y*	—	—	—
D8091	comprehensive orthodontic treatment with orthognathic surgery	—		Y*	—	—	—
D8210	removable appliance therapy	Y*	Covered through age 20 only	Y*	—	Y*	—
D8220	fixed appliance therapy	Y*	Covered through age 20 only	Y*	—	Y*	—
D8660	pre-orthodontic treatment examination to monitor growth and development	Y*	Covered through age 20 only	Y*	—	Y*	—
D8670	periodic orthodontic treatment visit	—		Y*	—	Y*	—
D8671	periodic orthodontic treatment visit associated with orthognathic surgery	—		Y*	—	—	—
D8680	orthodontic retention (removal of appliances; construction and placement of retainer(s))	Y*	Covered through age 20 only	Y*	—	Y*	—
D8681	removable orthodontic retainer adjustment	Y*	Covered through age 20 only	—	—	—	—
D8695	removal of fixed orthodontic appliances for reasons other than completion of treatment	Y*	Covered through age 20 only	Y*	—	—	—
D8696	repair of orthodontic appliance - maxillary	Y*	Covered through age 20 only	Y*	—	—	—
D8697	repair of orthodontic appliance - mandibular	Y*	Covered through age 20 only	Y*	—	—	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D8698	re-cement or re-bond fixed retainer - maxillary	Y*	Covered through age 20 only	Y*	—	—	—
D8699	re-cement or re-bond fixed retainer - mandibular	Y*	Covered through age 20 only	Y*	—	—	—
D8701	repair of fixed retainer; includes reattachment - maxillary	Y*	Covered through age 20 only	Y*	—	—	—
D8702	repair of fixed retainer; includes reattachment - mandibular	Y*	Covered through age 20 only	Y*	—	—	—
D8703	replacement of lost or broken retainer - maxillary	Y*	Covered through age 20 only	Y*	—	—	—
D8704	replacement of lost or broken retainer - mandibular	Y*	Covered through age 20 only	Y*	—	—	—
D8999	unspecified orthodontic procedure; by report	Y*		Y*	—	Y*	—

Adjunctive General Services

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D9110	palliative treatment of dental pain - per visit	Y		Y	—	Y	Y
D9120	fixed partial denture sectioning	Y*		Y*	—	Y	—
D9128	photobiomodulation therapy - first 15 minute increment; or any portion thereof	—		—	—	—	—
D9129	photobiomodulation therapy - each subsequent 15 minute increment; or any portion thereof	—		—	—	—	—
D9130	temporomandibular joint dysfunction - non-invasive physical therapies	—		—	—	—	—
D9219	evaluation for deep sedation or general anesthesia	—		—	—	—	—
D9222	administration of deep sedation/general anesthesia – first 15 minute increment; or any portion thereof	Y		Y*	—	Y	Y
D9223	administration of deep sedation/general anesthesia - each subsequent 15 minute increment; or any portion thereof	Y		Y*	—	Y	Y
D9224	administration of general anesthesia with advanced airway – first 15 minute increment; or any portion thereof	Y		Y*	—	Y	—
D9225	administration of general anesthesia with advanced airway – each subsequent 15 minute increment; or any portion thereof	Y		Y*	—	Y	—
D9230	administration of nitrous oxide	Y		Y*	—	Y	—
D9239	administration of moderate sedation - intravenous - first 15 minute increment; or any portion thereof	Y		Y*	—	Y	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D9243	administration of moderate sedation - intravenous - each subsequent 15-minute increment; or any portion thereof	Y		Y*	—	Y	—
D9244	in-office administration of minimal sedation – single drug – enteral	—		Y*	—	Y	—
D9245	administration of moderate sedation – enteral	—		Y*	—	Y	—
D9246	administration of moderate sedation – non-intravenous parenteral – first 15 minute increment; or any portion thereof	—		Y*	—	Y	—
D9247	administration of moderate sedation – non-intravenous parenteral – each subsequent 15 minute increment; or any portion thereof	—		Y*	—	Y	—
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	Y		Y	—	Y	—
D9311	Consultation with medical health care professional	—		—	—	—	—
D9410	house/extended care facility call	Y*		Y*	—	Y	—
D9420	hospital or ambulatory surgical center call	Y*		Y*	—	Y	—
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	—		Y	—	Y	—
D9440	office visit - after regularly scheduled hours	Y		Y	—	Y	—
D9450	case presentation; subsequent to detailed and extensive treatment planning	—		—	—	—	—
D9610	therapeutic parenteral drug; single administration	Y		Y*	—	Y	—
D9612	therapeutic parenteral drugs; two or more administrations; different medications	Y		Y*	—	Y	—
D9613	infiltration of sustained release therapeutic drug; per quadrant	Y		—	—	—	—
D9630	drugs or medicaments dispensed in the office for home use	—		—	—	Y	—
D9910	application of desensitizing medicament	Y		—	—	Y	—
D9911	application of desensitizing resin for cervical and/or root surface; per tooth	—		—	—	—	—
D9913	administration of neuromodulators	—		—	—	—	—
D9914	administration of dermal fillers	—		—	—	—	—
D9920	behavior management; by report	Y		Y	—	Y	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D9930	treatment of complications (post-surgical) - unusual circumstances; by report	Y		Y	—	Y*	—
D9932	cleaning and inspection of removable complete denture; maxillary	—		Y	—	—	—
D9933	cleaning and inspection of removable complete denture; mandibular	—		—	—	—	—
D9934	cleaning and inspection of removable partial denture; maxillary	—		Y	—	—	—
D9935	cleaning and inspection of removable partial denture; mandibular	—		Y	—	—	—
D9936	cleaning and inspection of occlusal guard – per appliance	Y		Y	—	—	—
D9938	fabrication of a custom removable clear plastic temporary aesthetic appliance	—		Y*	—	—	—
D9939	placement of a custom removable clear plastic temporary aesthetic appliance	—		—	—	—	—
D9941	fabrication of athletic mouthguard	Y		—	—	—	—
D9942	repair and/or relines of occlusal guard	—		—	—	—	—
D9943	occlusal guard adjustment	Y		—	—	—	—
D9944	occlusal guard - hard appliance; full arch	Y		Y*	—	Y	—
D9945	occlusal guard - soft appliance; full arch	Y		Y*	—	—	—
D9946	occlusal guard - hard appliance; partial arch	Y		Y*	—	—	—
D9947	custom sleep apnea appliance fabrication and placement	—		—	—	—	—
D9948	adjustment of custom sleep apnea appliance	—		—	—	—	—
D9949	repair of custom sleep apnea appliance	—		—	—	—	—
D9950	occlusion analysis - mounted case	Y		—	—	Y	—
D9951	occlusal adjustment - limited	Y*		Y*	—	Y	—
D9952	occlusal adjustment - complete	Y*		—	—	Y	—
D9953	reline custom sleep apnea appliance (indirect)	—		—	—	—	—
D9954	fabrication and delivery of oral appliance therapy (OAT) morning repositioning device	—		—	—	—	—
D9955	oral appliance therapy (OAT) titration visit	—		—	—	—	—
D9956	administration of home sleep apnea test	—		—	—	—	—
D9957	screening for sleep related breathing disorders	—		—	—	—	—

CDT	Description	ND	ND Notes	AZ (20 & Under)	AZ (21+)	TX (Under 20)	TX (21+)
D9959	unspecified sleep apnea services procedure; by report	—		—	—	—	—
D9961	duplicate/copy patient's records	—		—	—	—	—
D9970	enamel microabrasion	—		—	—	Y	—
D9971	odontoplasty 1 - 2 teeth; includes removal of enamel projections	—		—	—	—	—
D9972	external bleaching - per arch - performed in office	—		—	—	—	—
D9973	external bleaching - per tooth	—		—	—	—	—
D9974	internal bleaching - per tooth	—		—	—	Y	—
D9975	External Bleaching For Home Application; Per Arch; Includes Materials And Fabrication Of Custom Trays	—		—	—	—	—
D9986	missed appointment	—		—	—	—	—
D9987	cancelled appointment	—		—	—	—	—
D9990	certified translation or sign-language services - per visit	Y		—	—	—	—
D9991	Dental case management - addressing appointment compliance barriers	Y		—	—	—	—
D9992	Dental case management - care coordination	Y		—	—	—	—
D9993	Dental case management - motivational interviewing	—		—	—	—	—
D9994	Dental case management - patient education to improve oral health literacy	Y		—	—	Y	—
D9995	teledentistry – synchronous; real-time encounter	Y		—	—	—	—
D9996	teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	Y		—	—	—	—
D9997	dental case management - patients with special health care needs	—		—	—	—	—