

2024 ADA Code List for (non-Individual Plan) Employer Groups for Washington, Alaska



Use this list or our [code check tool](#) to confirm if pre-determination (pre-D) or dental review is required. If more than one class is listed, refer to benefit details for the correct class or submit a pre-D. See [Microsoft \(MSJ\) ADA code list](#) or [PACCAR \(PCM\) ADA code list](#) for all other Premera prefixes.

KEY: **Red:** Authorization/documentation requirements **Blue:** Not covered services **Grey:** Deleted codes

ADA Procedure Code	Description	Dental Review or Pre-D	Documentation Required	Class
D0120	Periodic oral evaluation – established patient	N/A	N/A	Preventive
D0140	Limited oral evaluation – problem focused	N/A	N/A	Preventive
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	N/A	N/A	Preventive
D0150	Comprehensive oral evaluation – new or established patient	N/A	N/A	Preventive
D0160	Detailed and extensive oral evaluation – problem focused, by report	N/A	N/A	Preventive
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	N/A	N/A	Preventive
D0171	Re-evaluation – post-operative office visit	N/A	N/A	Preventive
D0180	Comprehensive periodontal evaluation – new or established patient	N/A	N/A	Preventive
D0190	Screening of a patient	N/A	Narrative	Preventive
D0191	Assessment of a patient	N/A	Narrative	Preventive
D0210	Intraoral – complete series of radiographic images	N/A	N/A	Preventive
D0220	Intraoral – periapical first radiographic image	N/A	N/A	Preventive
D0230	Intraoral – periapical each additional radiographic image	N/A	N/A	Preventive
D0240	Intraoral – occlusal radiographic image	Yes	Narrative describing the dental necessity for an intraoral - occlusal film	Preventive/Basic
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	Yes	Narrative or description of the type of extraoral x-ray performed.	Preventive/Basic

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D0251	Extra-oral posterior dental radiographic image	N/A	Narrative or description of the type of extraoral x-ray performed.	Preventive/Basic
D0270	Bitewing – single radiographic image	N/A	N/A	Preventive
D0272	Bitewings – two radiographic images	N/A	N/A	Preventive
D0273	Bitewings – three radiographic images	N/A	N/A	Preventive
D0274	Bitewings – four radiographic images	N/A	N/A	Preventive
D0277	Vertical bitewings – 7 to 8 radiographic images	N/A	N/A	Preventive
D0310	Sialography	Yes	Diagnosis or narrative describing the need for a sialography.	Preventive/Basic
D0320	Temporomandibular joint arthrogram, including injection	Yes	Diagnosis or narrative describing the need for a temporomandibular joint arthrogram, including injection.	Preventive/Basic
D0321	Other temporomandibular joint radiographic images, by report	Yes	Diagnosis or narrative describing the need for Other temporomandibular joint radiographic images.	Preventive/Basic
D0322	Tomographic survey	Yes	Diagnosis and/or narrative of condition describing the need for a tomographic survey.	Preventive/Basic
D0330	Panoramic radiographic image	N/A	N/A	Preventive
D0340	2D cephalometric radiographic image – acquisition, measurement, and analysis	Yes	Diagnosis and narrative or treatment plan.	Preventive/Basic /Orthodontia
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	N/A	N/A	Not covered/ Orthodontia
D0351	3D photographic image	N/A	N/A	Not covered/ Orthodontia
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	Yes	Diagnosis or narrative describing the need for a cone beam CT capture and interpretation for TMJ series including two or more exposures.	Preventive/Basic
D0369	Maxillofacial MRI capture and interpretation	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic
D0370	Maxillofacial ultrasound capture and interpretation	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic
D0371	Sialo endoscopy capture and interpretation	yes	Diagnosis or narrative describing the need for a sialo endoscopy.	Preventive/Basic
D0380	Cone beam CT image capture with limited field of view – less than one whole jaw	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic
D0381	Cone beam CT image capture with field of view of one full dental arch – mandible	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic
D0382	Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic
D0384	Cone beam CT image capture for TMJ series including two or more exposures	yes	Diagnosis or narrative describing the need for a cone beam CT capture and interpretation for TMJ series including two or more exposures	Preventive/Basic
D0385	Maxillofacial MRI image capture	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic
D0386	Maxillofacial ultrasound image capture	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	Yes	Narrative and rationale for the proposed treatment.	Preventive/Basic
D0393	Treatment simulation using 3D image volume	N/A	N/A	Part of Primary Procedure
D0394	Digital subtraction of two or more images or image volumes of the same modality	Yes	Narrative and/or chart notes.	Preventive/Basic

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D0395	Fusion of two or more 3D image volumes of one or more modalities	Yes	N/A	Part of Primary Procedure
D0396	3D printing of a 3D dental surface scan	N/A	N/A	Part of Primary Procedure
D0411	HbA1c in-office point of service testing	N/A	Not covered	Not covered
D0412	blood glucose level test – in-office using a glucose meter	N/A	Not covered	Not covered
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation, and transmission of written report	N/A	N/A	Preventive/Basic
D0415	Collection of microorganisms for culture and sensitivity	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic
D0416	Viral culture	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic
D0418	Analysis of saliva sample	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic
D0419	Assessment of salivary flow by measurement	N/A	N/A	Part of Primary Procedure
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	N/A	Not covered	Not covered
D0423	Genetic test for susceptibility to diseases – specimen analysis	N/A	Not covered	Not covered
D0425	Caries susceptibility tests	N/A	Not covered	Not covered
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	N/A	N/A	Part of Primary Procedure
D0460	Pulp vitality tests	N/A	Tooth numbers for all teeth tested.	Preventive
D0470	Diagnostic casts	Yes	Diagnosis or narrative describing the need for the diagnostic cast.	Preventive/Basic /Orthodontia
D0472	Accession of tissue, gross examination, preparation and transmission of written report	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation, and transmission of written report	yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic
D0475	Decalcification procedure	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic
D0476	Special stains for microorganisms	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic
D0477	Special stains, not for microorganisms	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic
D0478	Immunohistochemical stains	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic
D0479	Tissue in-situ hybridization, including interpretation	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation, and transmission of written report	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic
D0481	Electron microscopy	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic
D0482	Direct immunofluorescence	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic
D0483	Indirect immunofluorescence	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic
D0484	Consultation on slides prepared elsewhere	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic
D0486	Laboratory accession of transepithelial cytologic sample, microscopic	yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
	examination, preparation, and transmission of written report			
D0502	Other oral pathology procedures, by report	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	N/A	Not covered	Not covered
D0601	Caries risk assessment and documentation, with a finding of low risk	N/A	N/A	Part of Primary Procedure
D0602	Caries risk assessment and documentation, with a finding of moderate risk	N/A	N/A	Part of Primary Procedure
D0603	Caries risk assessment and documentation, with a finding of high risk	N/A	N/A	Part of Primary Procedure
D0604	Antigen testing for a public health related pathogen, including coronavirus	N/A	N/A	Preventive
D0605	Antibody testing for a public health related pathogen, including coronavirus	N/A	N/A	Preventive
D0701	Panoramic radiographic image – image capture only	N/A	N/A	Preventive
D0702	2-D cephalometric radiographic image – image capture only	N/A	N/A	Preventive
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	N/A	N/A	Preventive
D0704 Deleted	3-D photographic image – image capture only	N/A	N/A	Preventive
D0705	Extra-oral posterior dental radiographic image – image capture only	N/A	N/A	Preventive
D0706	Intraoral – occlusal radiographic image – image capture only	N/A	N/A	Preventive
D0707	Intraoral – periapical radiographic image – image capture only	N/A	N/A	Preventive

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D0708	Intraoral – bitewing radiographic image – image capture only Image	N/A	N/A	Preventive
D0709	Intraoral – complete series of radiographic images – image capture only	N/A	N/A	Preventive
D0999	Unspecified diagnostic procedure, by report	N/A	Complete description of this service	Preventive/Basic
D1110	Prophylaxis – adult	N/A	N/A	Preventive
D1120	Prophylaxis – child	N/A	N/A	Preventive
D1206	Topical application of fluoride varnish	N/A	N/A	Preventive
D1208	Topical application of fluoride – excluding varnish	N/A	N/A	Preventive
D1301	Immunization counseling	N/A	Not covered	Not covered
D1310	Nutritional counseling for control of dental disease	N/A	Not covered	Not covered
D1320	Tobacco counseling for the control and prevention of oral disease	N/A	Not covered	Not covered
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	N/A	Not covered	Not covered
D1330	Oral hygiene instructions	N/A	Not covered	Not covered
D1351	Sealant - per tooth	N/A	N/A	Preventive
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	N/A	N/A	Preventive
D1353	Sealant repair – per tooth	N/A	N/A	Preventive
D1354	Interim caries arresting medicament application	N/A	Not covered	Not covered
D1355	Caries preventive medicament application – per tooth	N/A	Not covered	Not covered
D1510	Space Maintainer, Fixed Unilateral- Per Quadrant. Excludes a distal shoe space maintainer	N/A	N/A	Preventive
D1515-deleted code as of 1/2019	Space maintainer – fixed – bilateral	N/A	N/A	Preventive
D1516	Space maintainer – fixed – bilateral, maxillary	N/A	N/A	Preventive
D1517	Space maintainer – fixed – bilateral, mandibular	N/A	N/A	Preventive

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D1520	Space maintainer – removable, unilateral – per quadrant	N/A	N/A	Preventive
D1525-deleted code as of 1/2019	Space maintainer – removable – bilateral	N/A	N/A	Preventive
D1526	Space maintainer – removable – bilateral, maxillary	N/A	N/A	Preventive
D1527	Space maintainer – removable – bilateral, mandibular	N/A	N/A	Preventive
D1550-deleted code as of 1/2020	Re-cement or re-bond space maintainer	N/A	N/A	Preventive
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	N/A	N/A	Preventive
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	N/A	N/A	Preventive
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	N/A	N/A	Preventive
D1555-deleted code as of 1/2020	Removal of fixed space maintainer	N/A	N/A	Preventive
D1556	Removal of fixed unilateral space maintainer – per quadrant	N/A	N/A	Preventive
D1557	Removal of fixed bilateral space maintainer – maxillary	N/A	N/A	Preventive
D1558	Removal of fixed bilateral space maintainer – mandibular	N/A	N/A	Preventive
D1575	Distal shoe space maintainer – fixed, – unilateral – per quadrant	N/A	N/A	Preventive
D1999	Unspecified preventive procedure, by report	N/A	Complete description of this service.	Preventive
D2140	Amalgam - one surface, primary or permanent	N/A	Tooth Surface	Basic
D2150	Amalgam - two surface, primary or permanent	N/A	Tooth Surface	Basic
D2160	Amalgam - three surface, primary or permanent	N/A	Tooth Surface	Basic
D2161	Amalgam - four or more surfaces, primary or permanent	N/A	Tooth Surface	Basic
D2330	Resin-Based Composite, One Surface, Anterior	N/A	Tooth Surface	Basic

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D2331	Resin-Based Composite, Two Surfaces, Anterior	N/A	Tooth Surface	Basic
D2332	Resin-Based Composite, Three Surfaces, Anterior	N/A	Tooth Surface	Basic
D2335	Resin-Based Composite, Four or More Surfaces, or Involving Incisal Angle (Anterior)	N/A	Tooth Surface	Basic
D2390	Resin-based composite crown, anterior	N/A	N/A	Basic
D2391	Resin-based composite - one surface, posterior	N/A	Tooth Surface	Basic
D2392	Resin-based composite - two surfaces, posterior	N/A	Tooth Surface	Basic
D2393	Resin-based composite - three surfaces, posterior	N/A	Tooth Surface	Basic
D2394	Resin-based composite - four or more surfaces, posterior	N/A	Tooth Surface	Basic
D2410	Gold foil - one surface	N/A	Tooth Surface	Basic
D2420	Gold foil - two surfaces	N/A	Tooth Surface	Basic
D2430	Gold foil - three surfaces	N/A	Tooth Surface	Basic
D2510	-Inlay - metallic – one surface	Yes	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, tooth surface, prep, and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).	Major
D2520	-Inlay - metallic - two surfaces			
D2530	-Inlay - metallic - three surface			
D2542	-Onlay - metallic - two surface	yes	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, tooth surface, prep, and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).	Major
D2543	-Onlay - metallic - three surfaces			
D2544	-Onlay - metallic - four or more surfaces			
D2610	-Inlay - porcelain/ceramic - one surface	Yes	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, tooth surface, prep, and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).	Major
D2620	-Inlay - porcelain/ceramic - two surfaces			
D2630	-Inlay - porcelain/ceramic - three surfaces			
D2642	-Onlay - porcelain/ceramic - two surface	Yes	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, tooth surface, prep, and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).	Major
D2643	-Onlay - porcelain/ceramic - three surfaces			
D2644	-Onlay - porcelain/ceramic - four or more surfaces			

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D2650 D2651 D2652	-Inlay - resin-based composite - one surface -Inlay - resin-based composite - two surfaces -Inlay - resin-based composite - three surface	Yes	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, tooth surface, prep, and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).	Major
D2662 D2663 D2664	-Onlay, resin-based composite, two surfaces -Onlay, resin-based composite, three surfaces -Onlay, resin-based composite, four or more surfaces	yes	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, tooth surface, prep, and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).	Major
D2710 D2712 D2720 D2721 D2722	- Crown – resin-based composite (indirect) - Crown – 3/4 resin-based composite (indirect) <i>* This procedure does not include facial veneers.</i> - Crown, Resin with High Noble Metal - Crown, Resin, Predominantly Base Metal - Crown, Resin with Noble Metal	yes	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, prep, and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).	Major
D2740 D2750 D2751 D2752 D2753	- Porcelain/Ceramic substrate - Porcelain Fused to High noble Metal - Porcelain Fused to predominantly Base Metal - Porcelain Fused to Noble Metal - Crown - Porcelain Fused to Titanium and Titanium Alloys	Yes	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, prep, and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).	Major
D2780 D2781 D2782	- Crown, 3/4 Cast High Noble Metal - Crown, 3/4 Cast Predominantly Base Metal - Crown, 3/4 Cast Noble Metal	Yes	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, prep, and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).	Major
D2783	Crown 3/4 Porcelain/Ceramic <i>* This procedure does not include facial veneers.</i>	Yes	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, prep, and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D2790 D2791 D2792	- Crown, Full Cast High Noble Metal - Crown, Full Cast Predominantly Base Metal - Crown, Full Cast Nobel Metal	Yes	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, prep, and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).	Major
D2794	Crown – titanium and titanium alloys	Yes	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, prep, and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).	Major
D2799	Provisional crown– further treatment or completion of diagnosis necessary prior to final impression	N/A	X-rays, chart notes and a narrative.	Part of Primary Procedure/ Major
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	N/A	Narrative may be required.	Basic
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	N/A	Narrative may be required.	Basic
D2920	Re-cement or re-bond crown	N/A	Narrative may be required.	Basic
D2921	Reattachment of tooth fragment, incisal edge, or cusp	N/A	N/A	Part of Primary Procedure
D2928	Prefabricated porcelain/ceramic crown – permanent tooth	N/A	N/A	Basic
D2929	Prefabricated porcelain/ceramic crown - primary tooth	N/A	N/A	Basic
D2930	Prefabricated stainless steel crown - primary tooth	N/A	N/A	Basic
D2931	Prefabricated stainless steel crown - permanent tooth	N/A	N/A	Basic
D2932	Prefabricated resin crown	N/A	N/A	Basic/Major
D2933	Prefabricated stainless steel crown with resin window	N/A	N/A	Basic/Major
D2934	Prefabricated esthetic coated stainless-steel crown - primary tooth	N/A	N/A	Basic/Major
D2940	Protective restoration	N/A	N/A	Basic
D2941	Interim therapeutic restoration - primary dentition	N/A	N/A	Part of Primary Procedure
D2949	Restorative foundation for an indirect restoration	N/A	N/A	Part of Primary Procedure

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D2950	Core buildup, including pins	Yes	Preoperative x-rays, narrative describing existing restorations and areas of decay or defect. Indicate if there was any prior inlay, onlay, crown, or veneer - if so, need date of prior placement.	Major
D2951	Pin retention - per tooth, in addition to restoration	N/A	N/A	Basic
D2952	Post and core in addition to crown, indirectly fabricated	Yes	Preoperative x-rays, narrative describing existing restorations and areas of decay or defect. Indicate if there was any prior inlay, onlay, crown, or veneer - if so, need date of prior placement.	Major
D2953	Each additional indirectly fabricated post - same tooth	N/A	N/A	Major
D2954	Prefabricated post and core in addition to crown	Yes	Preoperative x-rays, narrative describing existing restorations and areas of decay or defect. Indicate if there was any prior inlay, onlay, crown, or veneer - if so, need date of prior placement.	Major
D2955	Post removal	N/A	Preoperative x-ray and narrative	Basic
D2957	Each additional prefabricated post - same tooth <i>* to be used with D2954</i>	N/A	N/A	Major
D2960	Labial Veneer (resin laminate), direct	Yes	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, prep, and seat dates, and indicate if there was a prior veneer (if so, need date of prior placement).	Major
D2961	Labial veneer (resin laminate) – indirect	Yes	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, prep, and seat dates, and indicate if there was a prior veneer (if so, need date of prior placement).	Major
D2962	Labial veneer (porcelain laminate) – indirect	Yes	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, prep, and seat dates, and indicate if there was a prior veneer (if so, need date of prior placement).	Major
D2971	Additional procedures to construct new crown under existing partial denture framework	Yes	Narrative and/or chart notes.	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D2975	Coping	N/A	N/A	Major
D2976	Band stabilization - per tooth	N/A	N/A	Basic
D2980	Crown repair necessitated by restorative material failure	Yes	Chart notes or narrative (including when crown was cemented) specifically describing the procedure or procedures done to repair the crown.	Basic/Major
D2981	Inlay repair necessitated by restorative material failure	Yes	Chart notes or narrative (including when inlay was cemented) specifically describing the procedure or procedures done to repair the inlay.	Basic/Major
D2982	Onlay repair necessitated by restorative material failure	Yes	Chart notes or narrative (including when onlay was cemented) specifically describing the procedure or procedures done to repair the onlay.	Basic/Major
D2983	Veneer repair necessitated by restorative material failure	Yes	Chart notes or narrative (including when veneer was cemented) specifically describing the procedure or procedures done to repair the veneer.	Basic/Major
D2989	Excavation of a tooth resulting in the determination of non-restorability	N/A	N/A	Basic
D2990	Resin infiltration of incipient smooth surface lesions	N/A	N/A	Basic
D2991	Application of hydroxyapatite regeneration medicament - per tooth	N/A	N/A	Not covered
D2999	Unspecified restorative procedure, by report	Yes	Chart notes and/or narrative describing procedure performed.	Major
D3110	Pulp cap – direct (excluding final restoration)	N/A	N/A	Basic/Major
D3120	Pulp cap – indirect (excluding final restoration)	N/A	N/A	Not covered
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	N/A	N/A	Basic/Major
D3221	Pulpal debridement, primary and permanent teeth	N/A	N/A	Basic/Major
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	N/A	N/A	Basic/Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	N/A	N/A	Basic/Major
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	N/A	N/A	Basic/Major
D3310	- Endodontic therapy, anterior tooth (excluding final restoration)	Yes	X-rays; Narrative	Basic/Major
D3320	- Endodontic therapy, bicuspid tooth (excluding final restoration)			
D3330	- Endodontic therapy, molar (excluding final restoration)			
D3331	Treatment of root canal obstruction; non-surgical access	Yes	Narrative and/or chart notes	Basic/Major
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	Yes	Narrative and/or chart notes	Basic/Major
D3333	Internal root repair of perforation defects	Yes	Narrative and/or chart notes	Basic/Major
D3346	- Retreatment of previous root canal therapy – anterior	Yes	Date of initial root canal. If retreatment done less than 12 months from the initial root canal, need chart notes, x-rays, and a narrative for review.	Basic/Major
D3347	- Retreatment of previous root canal therapy – bicuspid			
D3348	- Retreatment of previous root canal therapy – molar			
D3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	Yes	Narrative	Basic/Major
D3352	Apexification/recalcification – interim medication replacement	Yes	Narrative	Basic/Major
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	Yes	Narrative	Basic/Major
D3355	Pulpal regeneration – initial visit	Yes	Narrative and/or chart notes	Basic/Major
D3356	Pulpal regeneration – interim medication replacement	Yes	Narrative and/or chart notes	Basic/Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D3357	Pulpal regeneration – completion of treatment	Yes	Narrative and/or chart notes	Basic/Major
D3410	Apicoectomy – anterior	yes	Narrative	Basic/Major
D3421	Apicoectomy – bicuspid (first root)			
D3425	Apicoectomy – molar (first root)			
D3426	Apicoectomy (each additional root)	Yes	Narrative	Basic/Major
D3427- deleted code as of 01/2021	Periradicular surgery without apicoectomy	Yes	X-ray(s), narrative and rationale for the proposed surgery.	Basic/Major
D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site	N/A	N/A	Part of Primary Procedure
D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	N/A	N/A	Part of Primary Procedure
D3430	Retrograde filling – per root	Yes	Narrative	Basic/Major
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Yes	Narrative	Basic/Major
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	N/A	N/A	Part of Primary Procedure
D3450	Root amputation – per root	N/A	N/A	Basic/Major
D3460	Endodontic endosseous implant	Yes	Narrative	Basic/Major
D3470	Intentional re-implantation (including necessary splinting)	Yes	X-rays and chart notes	Basic/Major
D3471	Surgical repair of root resorption – anterior	Yes	X-ray(s), narrative and rationale for the proposed surgery.	Basic/Major
D3472	Surgical repair of root resorption – premolar	yes	X-ray(s), narrative and rationale for the proposed surgery.	Basic/Major
D3473	Surgical repair of root resorption – molar	Yes	X-ray(s), narrative and rationale for the proposed surgery.	Basic/Major
D3501	Surgical repair of root surface without apicoectomy or repair of root resorption – anterior	Yes	X-ray(s), narrative and rationale for the proposed surgery.	Basic/Major
D3502	Surgical repair of root surface without apicoectomy or repair of root resorption – premolar	Yes	X-ray(s), narrative and rationale for the proposed surgery.	Basic/Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D3503	Surgical repair of root surface without apicoectomy or repair of root resorption – molar	Yes	X-ray(s), narrative and rationale for the proposed surgery.	Basic/Major
D3910	Surgical procedure for isolation of tooth with rubber dam	Yes	Narrative and pre-operative x-ray (that shows lack of tooth structure that would justify surgical procedure to allow rubber dam)	Basic/Major
D3911	Intraorifice barrier	Yes	Narrative and pre-operative x-ray (that shows lack of tooth structure that would justify surgical procedure to allow rubber dam)	Basic/Major
D3920	Hemisection (including any root removal), not including root canal therapy	Yes	Narrative	Basic/Major
D3921	Decoronation or submergence of an erupted tooth	Yes	Narrative	Basic/Major
D3950	canal preparation and fitting of preformed dowel or post	Yes	X-ray and chart notes required if billed in conjunction with D2952, D2953, D2954 or D2957 on the same tooth, by the same provider, on the same day.	Basic/Major
D3999	unspecified endodontic procedure, by report	Yes	Chart notes and/or narrative describing procedure performed.	Basic/Major
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	Yes	Periodontal charting, Narrative, and photo (if available)	Basic/Major
D4211	It is performed to eliminate suprabony pockets or to restore normal architecture when gingival enlargements or asymmetrical or unaesthetic topography is evident with normal bony configuration.	yes	Periodontal charting Preoperative x-ray - only if billed in conjunction with impacted wisdom teeth.	Basic/Major
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	yes	Periapical x-ray Periodontal charting Photo (if available)	Basic/Major
D4230	Anatomical crown exposure – four or more contiguous teeth or tooth bounded spaces per quadrant	Yes	Periodontal charting and periapical x-rays	Basic/Major
D4231	Anatomical crown exposure – one to three teeth or tooth bounded spaces per quadrant	Yes	Periodontal charting and periapical x-rays	Basic/Major
D4240	Gingival flap procedure, including root planing – four or	Yes	Periodontal charting, Narrative, and photo (if available)	Basic/Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
	more contiguous teeth or tooth bounded spaces per quadrant			
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	Yes	Periodontal charting, Narrative, and photo (if available)	Basic/Major
D4245	Apically positioned flap	Yes	Periodontal charting, Narrative, and photo (if available)	Basic/Major
D4249	Clinical crown lengthening – hard tissue	Yes	Periapical x-ray Periodontal charting Photo (if available)	Basic/Major
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	Yes	Periodontal charting, Narrative, and photo (if available)	Basic/Major
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	Yes	Periodontal charting, Narrative, and photo (if available)	Basic/Major
D4263	Bone replacement graft – retained natural tooth –first site in quadrant	Yes	Periapical x-ray, periodontal charting and/or narrative including pocket depth and osseous defects	Basic/Major
D4264	Bone replacement graft – retained natural tooth –each additional site in quadrant	Yes	Periapical x-ray, periodontal charting and/or narrative including pocket depth and osseous defects	Basic/Major
D4265	Biologic materials to aid in soft and osseous tissue regeneration	Yes	Name and type of biologic material used.	Basic/Major
D4266	Guided tissue regeneration – Natural teeth resorbable barrier, per site	Yes	Periapical x-ray, periodontal charting and/or narrative including pocket depth and osseous defects	Basic/Major
D4267	Guided tissue regeneration – Natural teeth resorbable barrier, per site	Yes	Periapical x-ray, periodontal charting and/or narrative including pocket depth and osseous defects	Basic/Major
D4268	Surgical revision procedure, per tooth	Yes	Perio charting, PA x-rays, and a narrative detailing the previously provided surgical procedure and the need for additional procedure(s).	Basic/Major
D4270	Pedicle soft tissue graft procedure	Yes	Periodontal charting and/or, Narrative and/or, Photograph	Basic/Major
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position	Yes	Periodontal charting and/or, Narrative and/or, Photograph	Basic/Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	Yes	Narrative and rational for service. Chart notes or op report detailing procedure performed.	Basic/Major
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	Yes	Periodontal charting and/or, Narrative and/or, Photograph	Basic/Major
D4276	Combined connective tissue and double pedicle graft, per tooth	Yes	Periodontal charting and/or, Narrative and/or, Photograph	Basic/Major
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	Yes	Periodontal charting and/or, Narrative and/or, Photograph	Basic/Major
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	Yes	Periodontal charting and/or, Narrative and/or, Photograph	Basic/Major
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	Yes	Periodontal charting and/or, Narrative and/or, Photograph	Basic/Major
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant, or edentulous tooth position in same graft site	Yes	Periodontal charting and/or, Narrative and/or, Photograph	Basic/Major
D4286	Removal of non-resorbable barrier	Yes	Periodontal charting and/or, Narrative and/or, Photograph	Basic/Major
D4320 Deleted	Provisional splinting – intracoronal	Yes	Periodontal charting, x-ray, and chart notes or narrative	Basic/Major
D4321 Deleted	Provisional splinting – extracoronal	Yes	Periodontal charting, x-ray, and chart notes or narrative	Basic/Major
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns	Yes	Periodontal charting and/or, Narrative and/or,	Basic/Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
			Photograph	
D4223	Provisional splinting - extracoronal	Yes	Periodontal charting and/or, Narrative and/or, Photograph	Basic/Major
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	N/A	Tooth numbers	Basic/Major
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	N/A	Tooth numbers	Basic/Major
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	N/A	N/A	Preventive; accumulates towards prophyl/cleaning
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis on a subsequent visit	N/A	N/A	Basic/Major
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	Yes	Periodontal charting Name of material used (Arestin, Atridox, or PerioChip, etc.) Tooth numbers	Basic/Major
D4910	Periodontal maintenance	N/A	N/A	Basic
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	N/A	N/A	Basic/Major
D4921	Gingival irrigation – per quadrant	N/A	N/A	Part of primary procedure
D4999	Unspecified periodontal procedure, by report	Yes	Chart notes, narrative, periodontal charting, pre-operative x-ray, or photo may be required.	Basic/Major
D5110	Complete denture – maxillary	N/A	Preparation and seat date may be required if a claim is appealed due to frequency denial.	Major
D5120	Complete denture – mandibular	N/A	Preparation and seat date may be required if a claim is appealed due to frequency denial.	Major
D5130	Immediate denture – maxillary	N/A	N/A	Major
D5140	Immediate denture – mandibular	N/A	N/A	Major
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	N/A	Preparation and seat date may be required if a claim is appealed due to frequency denial.	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	N/A	Preparation and seat date may be required if a claim is appealed due to frequency denial.	Major
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	N/A	Preparation and seat date may be required if a claim is appealed due to frequency denial.	Major
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	N/A	Preparation and seat date may be required if a claim is appealed due to frequency denial.	Major
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	N/A	N/A	Major
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	N/A	N/A	Major
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	N/A	N/A	Major
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/ clasping materials, rests, and teeth)	N/A	N/A	Major
D5225	Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)	N/A	Preparation and seat date may be required if a claim is appealed due to frequency denial	Major
D5226	Mandibular partial denture – flexible base (including retentive/clasping materials, rests, and teeth)	N/A	Preparation and seat date may be required if a claim is appealed due to frequency denial	Major
D5227	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	N/A	N/A	Major
D5228	Immediate maxillary partial denture - flexible base	N/A	N/A	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
	(including any clasps, rests and teeth)			
D5281- deleted code as of 01/2019	Removable unilateral partial denture – one piece cast metal (including clasps and teeth)	N/A	Preparation and seat date may be required if a claim is appealed due to frequency denial	Major
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	N/A	Preparation and seat date may be required if a claim is appealed due to frequency denial	Major
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	N/A	Preparation and seat date may be required if a claim is appealed due to frequency denial	Major
D5284	Removable unilateral partial denture – one-piece flexible base (including retentive/clasping materials, rests, and teeth) – per quadrant	N/A	Preparation and seat date may be required if a claim is appealed due to frequency denial	Major
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests, and teeth) – per quadrant	N/A	Preparation and seat date may be required if a claim is appealed due to frequency denial	Major
D5410 D5411 D5421 D5422	- Adjust complete denture – maxillary. - Adjust complete denture – mandibular. - Adjust partial denture – maxillary. - Adjust partial denture – mandibular	N/A	Age of partial or complete denture	Basic/Major
D5511 D5512 D5520	- Repair broken complete denture base- mandibular. - Repair broken complete denture base- maxillary. - Replace missing or broken teeth – complete denture (each tooth)	N/A	Narrative including the date when the denture was originally placed.	Basic/Major
D5611 D5612 D5621	- Repair resin partial denture base, mandibular - Repair resin partial denture base, maxillary - Repair cast partial framework, mandibular.	N/A	Narrative including the date when the denture was originally placed.	Basic/Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D5622	- Repair cast partial framework, maxillary.			
D5630	- Repair or replace broken retentive/clasping materials per tooth			
D5640	- Replace broken teeth - per tooth.	N/A	Narrative including the date when the denture was originally placed.	Basic/Major
D5650	- Add tooth to existing partial denture.			
D5660	- Add clasp to existing partial denture - per tooth.			
D5670	- Replace all teeth and acrylic on cast metal framework (maxillary)			
D5671	- Replace all teeth and acrylic on cast metal framework (mandibular)			
D5710	Rebase complete maxillary denture	N/A	N/A	Major
D5711	Rebase complete mandibular denture			
D5720	Rebase maxillary partial denture			
D5721	Rebase mandibular partial denture			
D5725	Rebase hybrid prosthesis			
D5730	- Reline complete maxillary denture (<i>direct</i>)	N/A	N/A	Major
D5731	- Reline complete mandibular denture (<i>direct</i>)			
D5740	- Reline maxillary partial denture (<i>direct</i>)			
D5741	- Reline mandibular partial denture (<i>direct</i>)			
D5750	- Reline complete maxillary denture (<i>indirect</i>)			
D5751	- Reline complete mandibular denture (<i>indirect</i>)			
D5760	- Reline maxillary partial denture (<i>indirect</i>)			
D5761	- Reline mandibular partial denture (<i>indirect</i>)			
D5765	Soft liner for complete or partial removable denture – indirect	N/A	N/A	Major
D5810	- Interim complete denture (maxillary)	N/A	Narrative	Part of Primary procedure

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D5811	- Interim complete denture (mandibular)			
D5820	- Interim partial denture (including retentive/clasping materials, rests, and teeth)- maxillary	N/A	Narrative	Part of Primary procedure
D5821	- Interim partial denture (including retentive/clasping materials, rests and teeth)- mandibular			
D5850 D5851	- Tissue conditioning, maxillary - Tissue conditioning, mandibular	Yes	Narrative	Major
D5862	Precision attachment, by report	N/A	N/A	Major
D5863	- Overdenture – complete maxillary	N/A	Preparation and Seat date may be required if a claim is appealed due to frequency denial	Major
D5864	- Overdenture – partial maxillary			
D5865	- Overdenture – complete mandibular			
D5866	- Overdenture – partial mandibular			
D5867	Replacement of replaceable part of semi-precision or precision attachment (male or female component)	N/A	N/A	Not covered/ Major
D5875	Modification of removable prosthesis following implant surgery	N/A	Narrative and rationale for the proposed treatment	Major
D5876	Add metal substructure to denture, (Use of metal substructure in removable complete dentures without framework)	N/A	Narrative including the date when the denture was originally placed.	Basic/Major
D5899	Unspecified removable prosthodontic procedure, by report	Yes	Chart notes and a narrative	Major
D5911	Facial moulage (sectional)	Yes	Narrative	Major/Medical
D5912	Facial moulage (complete)	Yes	Narrative	Major/Medical
D5913	Nasal prosthesis	Yes	Narrative	Major/Medical
D5914	Auricular prosthesis	Yes	Narrative	Major/Medical
D5915	Orbital prosthesis	Yes	Narrative	Major/Medical
D5916	Ocular prosthesis	Yes	Narrative	Major/Medical
D5919	Facial prosthesis	Yes	Narrative	Major/Medical
D5922	Nasal septal prosthesis	Yes	Narrative	Major/Medical
D5923	Ocular prosthesis, interim	Yes	Narrative	Major/Medical

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D5924	Cranial prosthesis	Yes	Narrative	Major/Medical
D5925	Facial augmentation implant prosthesis	Yes	Narrative	Major/Medical
D5926	Nasal prosthesis, replacement	Yes	Narrative	Major/Medical
D5927	Auricular prosthesis, replacement	Yes	Narrative	Major/Medical
D5928	Orbital prosthesis, replacement	Yes	Narrative	Major/Medical
D5929	facial prosthesis, replacement	Yes	Narrative	Major/Medical
D5931	Obturator prosthesis, surgical	Yes	Narrative	Major/Medical
D5932	Obturator prosthesis, definitive	Yes	Narrative	Major/Medical
D5933	Obturator prosthesis, modification	Yes	Narrative	Major/Medical
D5934	Mandibular resection prosthesis with guide flange	Yes	Narrative	Major/Medical
D5935	Mandibular resection prosthesis without guide flange	Yes	Narrative	Major/Medical
D5936	Obturator prosthesis, interim	Yes	Narrative	Major/Medical
D5937	Trismus appliance (not for TMD treatment)	Yes	Narrative	Major/Medical
D5951	Feeding aid	Yes	Narrative	Major/Medical
D5952	Speech aid prosthesis, pediatric	Yes	Narrative	Major/Medical
D5953	Speech aid prosthesis, adult	Yes	Narrative	Major/Medical
D5954	Palatal augmentation prosthesis	Yes	Narrative	Major/Medical
D5955	Palatal lift prosthesis, definitive	Yes	Narrative	Major/Medical
D5958	Palatal lift prosthesis, interim	Yes	Narrative	Major/Medical
D5959	Palatal lift prosthesis, modification	Yes	Narrative	Major/Medical
D5960	Speech aid prosthesis, modification	Yes	Narrative	Major/Medical
D5982	Surgical stent	N/A	Diagnosis or narrative of condition (pathology or operative report if applicable)	Major/Medical
D5983	Radiation carrier	Yes	Narrative	Major/Medical
D5984	Radiation shield	Yes	Narrative	Major/Medical
D5985	Radiation cone locator	Yes	Narrative	Major/Medical
D5986	Fluoride gel carrier	Yes	Narrative or chart notes if related to cancer or other medical necessary treatment.	Major/Medical
D5987	Commissure splint	Yes	Narrative	Major/Medical
D5988	Surgical splint	Yes	Narrative and chart notes/office records	Major/Medical
D5991	Vesiculobullous disease medicament carrier	Yes	Narrative	Major/Medical
D5992	Adjust maxillofacial prosthetic appliance, by report	Yes	Narrative and rationale for the proposed treatment	Major/Medical

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra- or intra-oral) other than required adjustments, by report	Yes	Narrative	Major/Medical
D5994-deleted code as of 01/2021	Periodontal medicament carrier with peripheral seal – laboratory processed	yes	Periodontal charting, narrative, and/or photographs showing recession and status of attached gingiva to demonstrate the necessity of this service.	Major/Medical
D5995	Periodontal medicament carrier with peripheral seal – laboratory processed - maxillary	Yes	Periodontal charting, narrative, and/or photographs showing recession and status of attached gingiva to demonstrate the necessity of this service.	Major/Medical
D5996	Periodontal medicament carrier with peripheral seal – laboratory processed - mandibular	Yes	Periodontal charting, narrative, and/or photographs showing recession and status of attached gingiva to demonstrate the necessity of this service.	Major/Medical
D5999	Unspecified maxillofacial prosthesis, by report	Yes	Chart notes and a narrative	Major/Medical
D6010	Surgical placement of implant body: endosteal implant	Yes	Preoperative x-rays, all missing teeth, periodontal charting, chart notes, prognosis of implant, full treatment plan for patient	Major
D6011	Surgical access to an implant body (second state implant surgery)	N/A	N/A	Part of Primary Procedure
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	N/A	Narrative and chart notes	Part of Primary Procedure
D6013	Surgical placement of mini-implant	Yes	Periodontal charting, 5-year prognosis, preoperative x-rays, all missing teeth	Major
D6040	Surgical placement: eosteal implant	Yes	Preoperative x-rays, perio charting, chart notes, prognosis of implant, full treatment plan for patient	Major
D6050	Surgical placement: transosteal implant	Yes	Preoperative x-rays, perio charting, chart notes, prognosis of implant, full treatment plan for patient	Major
D6051	Interim abutment	N/A	N/A	Part of Primary Procedure
D6052-deleted code as of 01/2021	Semi-precision attachment abutment	N/A	N/A	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D6055	Connecting bar – implant supported, or abutment supported	Yes	Narrative	Major
D6056	Prefabricated abutment – includes modification and placement	N/A	N/A	Major
D6057	Custom fabricated abutment – includes placement	N/A	N/A	Major
D6058	Abutment supported porcelain/ceramic crown	Yes	X-ray(s), narrative, all missing teeth, and indicate if initial placement or provide the date of the prior placement.	Major
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	yes	X-ray(s), narrative, all missing teeth, and indicate if initial placement or provide the date of the prior placement.	Major
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	Yes	X-ray(s), narrative, all missing teeth, and indicate if initial placement or provide the date of the prior placement.	Major
D6061	Abutment supported porcelain fused to metal crown (noble metal)	Yes	X-ray(s), narrative, all missing teeth, and indicate if initial placement or provide the date of the prior placement.	Major
D6062	Abutment supported cast metal crown (high noble metal)	Yes	X-rays, chart notes, periodontal status, list of all missing teeth, list of all existing bridgework, partials, and dentures.	Major
D6063	Abutment supported cast metal crown (predominantly base metal)	Yes	X-rays, chart notes, periodontal status, list of all missing teeth, list of all existing bridgework, partials, and dentures.	Major
D6064	Abutment supported cast metal crown (noble metal)	Yes	X-rays, chart notes, periodontal status, list of all missing teeth, list of all existing bridgework, partials, and dentures.	Major
D6065	Implant supported porcelain/ceramic crown	Yes	X-rays, chart notes, periodontal status, list of all missing teeth, list of all existing bridgework, partials, and dentures.	Major
D6066	Implant supported crown – porcelain fused to high noble alloys)	Yes	X-rays, chart notes, periodontal status, list of all missing teeth, list of all existing bridgework, partials, and dentures.	Major
D6067	Implant supported crown – (high noble alloys)	Yes	X-rays, chart notes, periodontal status, list of all missing teeth, list of all existing bridgework, partials, and dentures.	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D6068	Abutment supported retainer for porcelain/ceramic FPD	N/A	N/A	Major
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	N/A	N/A	Major
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	N/A	N/A	Major
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	N/A	N/A	Major
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	N/A	N/A	Major
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	N/A	N/A	Major
D6074	Abutment supported retainer for cast metal FPD (noble metal)	N/A	N/A	Major
D6075	Implant supported retainer for ceramic FPD	N/A	N/A	Major
D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys	N/A	N/A	Major
D6077	Implant supported retainer for metal FPD – high noble alloys	N/A	N/A	Major
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses, and abutments	N/A	N/A	Major
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	Yes	Periodontal charting and/or narrative and/or photograph	Major
D6082	Implant supported crown – porcelain fused to predominantly base alloys	Yes	X-rays, chart notes, periodontal status, list of all missing teeth, list of all existing bridgework, partials, and dentures.	Major
D6083	Implant supported crown – porcelain fused to noble alloys	Yes	X-rays, chart notes, periodontal status, list of all missing teeth, list of all existing bridgework, partials, and dentures.	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys	Yes	X-rays, chart notes, periodontal status, list of all missing teeth, list of all existing bridgework, partials, and dentures.	Major
D6085	Provisional implant crown	Yes	Narrative	Part of Primary Procedure /Major
D6086	Implant supported crown – predominantly base alloys	Yes	X-rays, chart notes, periodontal status, list of all missing teeth, list of all existing bridgework, partials, and dentures.	Major
D6087	Implant supported crown – noble alloys	Yes	X-rays, chart notes, periodontal status, list of all missing teeth, list of all existing bridgework, partials, and dentures.	Major
D6088	Implant supported crown – titanium and titanium alloys	Yes	X-rays, chart notes, periodontal status, list of all missing teeth, list of all existing bridgework, partials, and dentures.	Major
D6089	Accessing and retorquing loose implant screw - per screw	Yes	Narrative	Major
D6090	Repair implant supported prosthesis, by report	Yes	Chart notes or narrative specifically describing the repair or replacement of any part of the implant supported prosthesis.	Major
D6091	Replacement of replaceable part of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	Yes	N/A	Major
D6092	Re-cement or re-bond implant/abutment supported crown	N/A	N/A	Major
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	N/A	N/A	Major
D6094	Abutment supported crown – titanium and titanium alloys	Yes	X-rays, chart notes, periodontal status, list of all missing teeth, list of all existing bridgework, partials, and dentures.	Major
D6095	Repair implant abutment, by report	Yes	Narrative	Major
D6096	Remove broken implant retaining screw	Yes	Narrative	Major
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys	yes	X-ray(s), narrative, all missing teeth, and indicate if initial placement or	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
			provide the date of the prior placement.	
D6098	Implant supported retainer – porcelain fused to predominantly base alloys	N/A	N/A	Major
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	N/A	N/A	Major
D6100	Implant removal, by report	Yes	Narrative (A panoramic x-ray or periapical x-ray may be required if dental consultant review is required.)	Major
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	Yes	Narrative and/or chart notes describing the necessity for this service	Major
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	Yes	Narrative and/or chart notes describing the necessity for this service	Major
D6103	Bone graft for repair of peri-implant defect – does not include flap entry and closure	Yes	Periapical x-rays and periodontal charting	Major
D6104	Bone graft at time of implant placement	Yes	Periapical x-ray and detailed narrative including diagnosis if applicable	Major
D6105	Removal of implant body not requiring bone removal or flap evaluation	Yes	Narrative and/or chart notes describing the necessity for this service	Major
D6106	Guided tissue regeneration - resorbable barrier, per implant	Yes	Narrative and/or chart notes describing the necessity for this service	Major
D6107	Guided tissue regeneration - non- resorbable barrier, per implant	Yes	Narrative and/or chart notes describing the necessity for this service	Major
D6110	Implant /abutment supported removable denture for edentulous arch – maxillary	N/A	N/A	Major
D6111	Implant /abutment supported removable denture for edentulous arch – mandibular	N/A	N/A	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D6112	Implant /abutment supported removable denture for partially edentulous arch – maxillary	N/A	N/A	Major
D6113	Implant /abutment supported removable denture for partially edentulous arch – mandibular	N/A	N/A	Major
D6114	Implant /abutment supported fixed denture for edentulous arch – maxillary	N/A	N/A	Major
D6115	Implant /abutment supported fixed denture for edentulous arch – mandibular	N/A	N/A	Major
D6116	Implant /abutment supported fixed denture for partially edentulous arch – maxillary	N/A	N/A	Major
D6117	Implant /abutment supported fixed denture for partially edentulous arch – mandibular	N/A	N/A	Major
D6118	Implant/abutment supported interim fixed denture for edentulous arch – mandibular	Yes	Narrative	Part of Primary Procedure/ Major
D6119	Implant/abutment supported interim fixed denture for edentulous arch – maxillary	Yes	Narrative	Part of Primary Procedure/ Major
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys	N/A	N/A	Major
D6121	Implant supported retainer for metal FPD – predominantly base alloys	N/A	N/A	Major
D6122	Implant supported retainer for metal FPD – noble alloys	N/A	N/A	Major
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys	Yes	Narrative	Major
D6190	Radiographic/surgical implant index, by report	Yes	Narrative	Major
D6191	Semi-precision abutment – placement	N/A	N/A	Major
D6192	Semi-precision abutment – placement	N/A	N/A	Major
D6194	Abutment supported retainer crown for FPD –titanium and titanium alloys	Yes	Narrative	Major
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys	N/A	N/A	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D6197	Replacement of restorative material used to close an access opening of a screw - retained implant supported prosthesis, per implant	Yes	Narrative	Major
D6198	remove interim implant component	N/A	Not Covered	Not Covered
D6199	Unspecified implant procedure, by report	Yes	Chart notes and a narrative	Major
D6205	Pontic – indirect resin-based composite	Yes	Narrative	Major
D6210 D6211 D6212	- Pontic – cast high noble metal - Pontic – cast predominantly base metal - Pontic – cast noble metal	Yes	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates	Major
D6214	Pontic titanium and titanium alloys	Yes	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates	Major
D6240 D6241 D6242 D6243	- Pontic – porcelain fused to high noble metal - Pontic – porcelain fused to predominantly base metal - Pontic – porcelain fused to noble metal - Pontic - Porcelain Fused to Titanium and Titanium Alloys	Yes	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates	Major
D6245	Pontic – porcelain/ceramic	Yes	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates	Major
D6250 D6251 D6252	- Pontic – resin with high noble metal - Pontic – resin with predominantly base metal - Pontic – resin with noble metal	Yes	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D6253	Provisional pontic– further treatment or completion of diagnosis necessary prior to final impression	N/A	N/A	Major
D6545	Retainer – cast metal for resin bonded fixed prosthesis	Yes	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates	Major
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	Yes	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates	Major
D6549	Resin retainer – for resin bonded fixed prosthesis	N/A	N/A	Major
D6600	Retainer inlay – porcelain/ceramic, two surfaces	Yes	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, surfaces, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement)	Major
D6601	Retainer inlay – porcelain/ceramic, three or more surfaces	Yes	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, surfaces, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement)	Major
D6602	Retainer inlay – cast high noble metal, two surfaces	Yes	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, surfaces, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement)	Major
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			

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D6608	Retainer onlay – porcelain/ceramic, two surfaces	Yes	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, surfaces, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement)	Major
D6609	Retainer onlay – porcelain/ceramic, three or more surfaces	Yes	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, surfaces, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement)	Major
D6610	Retainer onlay – cast high noble metal, two surfaces	Yes	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, surfaces, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement)	Major
D6611	Retainer onlay – cast high noble metal, three or more surfaces	Yes	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, surfaces, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement)	Major
D6612	Retainer onlay – cast predominantly base metal, two surfaces	Yes	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, surfaces, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement)	Major
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces	Yes	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, surfaces, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement)	Major
D6614	Retainer onlay – cast noble metal, two surfaces	Yes	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, surfaces, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement)	Major
D6615	Retainer onlay – cast noble metal, three or more surfaces	Yes	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, surfaces, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement)	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D6634	Retainer onlay – titanium	Yes	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, surfaces, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement)	Major
D6710	Retainer crown – indirect resin based composite	N/A	N/A	Major
D6720 D6721 D6722	Retainer crown – resin with high noble metal Retainer crown – resin with predominantly base metal Retainer crown – resin with noble metal	Yes	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates	Major
D6740	Retainer crown – porcelain/ceramic	Yes	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).	Major
D6750 D6751 D6752 D6753	Retainer crown – porcelain fused to high noble metal Retainer crown – porcelain fused to predominantly base metal Retainer crown – porcelain fused to noble metal Retainer crown – porcelain fused to Titanium and Titanium Alloys	Yes	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates	Major
D6780 D6781 D6782 D6783 D6784	Retainer crown – ¾ cast high noble metal Retainer crown – ¾ cast predominantly base metal Retainer crown – ¾ cast noble metal Retainer crown – ¾ porcelain/ceramic Retainer crown ¾ – titanium and titanium alloys	Yes	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates	Major
D6790 D6791 D6792	Retainer crown – full cast high noble metal Retainer crown – full cast predominantly base metal Retainer crown – full cast noble metal	Yes	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D6793	Provisional retainer crown— further treatment or completion of diagnosis necessary prior to final impression	N/A	N/A	Part of Primary procedure
D6794	Retainer crown – titanium and titanium alloys	Yes	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates	Major
D6920	Connector bar	N/A	N/A	Major
D6930	Re-cement or re-bond fixed partial denture	N/A	N/A	Basic
D6940	Stress breaker	N/A	N/A	Not covered
D6950	Precision attachment	N/A	N/A	Major
D6980	Fixed partial denture repair necessitated by restorative material failure	Yes	Chart notes or narrative (including when crown was cemented).	Major
D6985	Pediatric partial denture, fixed	Yes	Narrative	Major
D6999	Unspecified fixed prosthodontic procedure, by report	Yes	Chart notes and a narrative	Major
D7111	Extraction, coronal remnants – primary tooth	N/A	N/A	Basic/Major
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	N/A	N/A	Basic/Major
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	N/A	N/A	Basic/Major
D7220	Removal of impacted tooth – soft tissue	N/A	N/A	Basic/Major
D7230	Removal of impacted tooth – partially bony	N/A	N/A	Basic/Major
D7240	Removal of impacted tooth – completely bony	N/A	N/A	Basic/Major
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	N/A	N/A	Basic/Major
D7250	Removal of residual tooth roots (cutting procedure)	N/A	N/A	Basic/Major
D7251	Coronectomy – intentional partial tooth removal	Yes	Narrative	Basic/Major
D7260	Oroantral fistula closure	Yes	Narrative or surgical operative report	Basic/Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D7261	Primary closure of a sinus perforation	Yes	Preoperative periapical x-ray or panoramic x-ray and chart notes, narrative, or surgical operative report	Basic/Major
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	Yes	If dental accident related for review: Date of accident Description of accident (include if workmen's comp or third-party liability involved) X-rays Photos (if available) Chart notes/office records	Basic/Major
D7272	Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)	Yes	Detailed narrative and/or chart notes	Basic/Major
D7280	Exposure of an unerupted tooth	N/A	N/A	Basic/Major
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	N/A	N/A	Basic/Major
D7283	Placement of device to facilitate eruption of impacted tooth	Yes	Narrative	Basic/Major
D7284	Excisional biopsy of minor salivary glands	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Basic/Major
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Basic/Major
D7286	Incisional biopsy of oral tissue – soft	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Basic/Major
D7287	Exfoliative cytological sample collection	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Basic/Major
D7288	Brush biopsy – transepithelial sample collection	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Basic/Major
D7290	Surgical repositioning of teeth	N/A	N/A	Basic/Major
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	Yes	Narrative	Basic/Major
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap; includes device removal	Yes	Narrative	Part of Primary procedure

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D7293	Placement of temporary anchorage device requiring flap; includes device removal	Yes	Narrative	Part of Primary procedure
D7294	Placement of temporary anchorage device without flap; includes device removal	Yes	Narrative	Part of Primary procedure
D7295	Harvest of bone for use in autogenous grafting procedure	Yes	Narrative and/or chart notes	Basic/Major
D7296	Corticotomy- one to three teeth or tooth spaces, per quadrant	N/A	N/A	Not covered
D7297	Corticotomy- four or more teeth or tooth spaces, per quadrant	N/A	N/A	Not covered
D7310	Alveoloplasty in conjuncture with extractions – four or more teeth or tooth spaces, per quadrant	N/A	N/A	Basic/Major
D7311	Alveoloplasty in conjuncture with extractions – one to three teeth or tooth spaces, per quadrant	N/A	N/A	Basic/Major
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	N/A	N/A	Basic/Major
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	N/A	N/A	Basic/Major
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	Yes	X-rays and operative report	Basic/Major
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	Yes	X-rays and operative report	Basic/Major
D7410	Excision of benign lesion up to 1.25 cm	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Basic/Major
D7411	Excision of benign lesion greater than 1.25 cm	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Basic/Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D7412	Excision of benign lesion, complicated	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Basic/Major
D7413	Excision of malignant lesion up to 1.25 cm	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Basic/Major
D7414	Excision of malignant lesion greater than 1.25 cm	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Basic/Major
D7415	Excision of malignant lesion, complicated	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Basic/Major
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm	N/A	N/A	Basic/Major
D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm	N/A	N/A	Basic/Major
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	N/A	N/A	Basic/Major
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	N/A	N/A	Basic/Major
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	Yes	Pathology report	Basic/Major
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	yes	Pathology report	Basic/Major
D7465	Destruction of lesion(s) by physical or chemical method, by report	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Basic/Major
D7471	Removal of lateral exostosis (maxilla or mandible)	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Basic/Major
D7472	Removal of torus palatinus	Yes	Panoramic film or photograph only required if there are multiple oral surgery procedures billed on the same claim such as removal of torus, removal of lateral exostosis, surgical reduction of osseous tuberosity, etc.	Basic/Major
D7473	Removal of torus mandibularis	Yes	Panoramic film or photograph only required if there are multiple oral surgery procedures billed on the same claim such as removal of torus, removal of lateral exostosis, surgical reduction of osseous tuberosity, etc.	Basic/Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D7485	Reduction of osseous tuberosity	N/A	N/A	Basic/Major
D7490	Radical resection of maxilla or mandible	Yes	Diagnosis and pre-operative x-ray	Basic/Major
D7510	Incision and drainage of abscess – intraoral soft tissue	N/A	N/A	Basic/Major
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	N/A	N/A	Basic/Major
D7520	Incision and drainage of abscess – extraoral soft tissue	N/A	N/A	Basic/Major
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	N/A	N/A	Basic/Major
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	Yes	Narrative	Basic/ Major /Medical
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	Yes	Narrative	Basic/ Major /Medical
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	Yes	Narrative	Basic/ Major /Medical
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	Yes	Narrative	Basic/ Major /Medical
D7610	Maxilla – open reduction (teeth immobilized, if present)	Yes	Pre-post op x-rays of teeth involved in the accident, Office records/chart notes, Any third party information, Condition of teeth prior to the accident	Basic/Major
D7620	Maxilla – closed reduction (teeth immobilized, if present)	Yes	Pre-post op x-rays of teeth involved in the accident, Office records/chart notes, Any third-party information, Condition of teeth prior to the accident	Basic/Major
D7630	Mandible – open reduction (teeth immobilized, if present)	Yes	Pre-post op x-rays of teeth involved in the accident, Office records/chart notes, Any third-party information, Condition of teeth prior to the accident	Basic/Major
D7640	Mandible – closed reduction (teeth immobilized, if present)	Yes	Pre-post op x-rays of teeth involved in the accident, Office records/chart notes, Any third-party information, Condition of teeth prior to the accident	Basic/Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D7650	Malar and/or zygomatic arch – open reduction	Yes	Pre-post op x-rays of teeth involved in the accident, Office records/chart notes, Any third-party information, Condition of teeth prior to the accident	Basic/Major
D7660	Malar and/or zygomatic arch – closed reduction	Yes	Pre-post op x-rays of teeth involved in the accident, Office records/chart notes, Any third-party information, Condition of teeth prior to the accident	Basic/Major
D7670	Alveolus – closed reduction, may include stabilization of teeth	Yes	Pre-post op x-rays of teeth involved in the accident, Office records/chart notes, Any third-party information, Condition of teeth prior to the accident	Basic/Major
D7671	Alveolus – open reduction, may include stabilization of teeth	Yes	Pre-post op x-rays of teeth involved in the accident, Office records/chart notes, Any third-party information, Condition of teeth prior to the accident	Basic/Major
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches	Yes	Pre-post op x-rays of teeth involved in the accident, Office records/chart notes, Any third-party information, Condition of teeth prior to the accident	Basic/Major
D7710 D7720 D7730 D7740	Maxilla – open reduction Maxilla – closed reduction Mandible – open reduction Mandible – closed reduction	Yes	Narrative	Basic /Major /Medical
D7750	Malar and/or zygomatic arch – open reduction	Yes	Narrative	Basic /Major /Medical
D7760	Malar and/or zygomatic arch – closed reduction	Yes	Narrative	Basic /Major /Medical
D7770	Alveolus - open reduction stabilization of teeth	Yes	Narrative	Basic /Major /Medical
D7771	Alveolus, closed reduction stabilization of teeth	Yes	Narrative	Basic /Major /Medical
D7780	Facial bones – complicated reduction with fixation and multiple approaches	Yes	Narrative	Basic /Major /Medical
D7810	Open reduction of dislocation	Yes	CPT code, description of service, and diagnosis	Basic/Major
D7820	Closed reduction of dislocation	Yes	CPT code, description of service, and diagnosis	Basic/Major
D7830	Manipulation under anesthesia	Yes	CPT code, description of service, and diagnosis	Basic/Major
D7840	Condylectomy	Yes	CPT code, description of service, and diagnosis	Basic/Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D7850	Surgical discectomy, with/without implant	Yes	CPT code, description of service, and diagnosis	Basic/Major
D7852	Disc repair	Yes	CPT code, description of service, and diagnosis	Basic/Major
D7854	Synovectomy	Yes	CPT code, description of service, and diagnosis	Basic/Major
D7856	Myotomy	Yes	CPT code, description of service, and diagnosis	Basic/Major
D7858	Joint reconstruction	Yes	CPT code, description of service, and diagnosis	Basic/Major
D7860	Arthrotomy	Yes	CPT code, description of service, and diagnosis	Basic/Major
D7865	Arthroplasty	Yes	CPT code, description of service, and diagnosis	Basic/Major
D7870	Arthrocentesis	Yes	CPT code, description of service, and diagnosis	Basic/Major
D7871	Non-arthroscopic lysis and lavage	Yes	CPT code, description of service, and diagnosis	Basic/Major
D7872	Arthroscopy – diagnosis, with or without biopsy	Yes	CPT code, description of service, and diagnosis	Basic/Major
D7873	Arthroscopy: lavage and lysis of adhesions	Yes	CPT code, description of service, and diagnosis	Basic/Major
D7874	Arthroscopy: disc repositioning and stabilization	Yes	CPT code, description of service, and diagnosis	Basic/Major
D7875	Arthroscopy: synovectomy	Yes	CPT code, description of service, and diagnosis	Basic/Major
D7876	Arthroscopy: discectomy	Yes	CPT code, description of service, and diagnosis	Basic/Major
D7877	Arthroscopy: debridement	Yes	CPT code, description of service, and diagnosis	Basic/Major
D7880	Occlusal orthotic device, by report	Yes	Name and type of appliance including materials used in lab processing (Needed to determine if hard or soft appliance and full arch/coverage or partial-arch appliance) Diagnosis, including a narrative of the patient's signs or symptoms Treatment plan	Basic/Major
D7881	Occlusal orthotic device adjustment	Yes	Name and type of appliance including materials used in lab processing (Needed to determine if hard or soft appliance and full arch/coverage or partial-arch appliance) Diagnosis, including a narrative of the patient's signs or symptoms Treatment plan	Basic/Major
D7899	Unspecified TMD therapy, by report	Yes	CPT code, diagnosis and description of service	Basic/Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D7910	Suture of recent small wounds up to 5 cm	Yes	Narrative If related to a dental accident: Pre-post op x-rays of teeth involved in the accident Office records/chart notes Any third-party information Condition of teeth prior to the accident	Basic/Major
D7911	Complicated suture – up to 5 cm	Yes	Narrative	Basic/Major /Medical
D7912	Complicated suture – greater than 5 cm	Yes	Narrative	Basic/Major /Medical
D7920	Skin graft (identify defect covered, location and type of graft)	Yes	Diagnosis or narrative of condition and/or pathology or operative report if applicable	Basic/Major
D7921	Collection and application of autologous blood concentrate product	Yes	Diagnosis or narrative of condition and/or pathology or operative report if applicable	Basic/Major
D7922	PLACEMENT OF INTRA-SOCKET BIOLOGICAL DRESSING TO AID IN HEMOSTASIS OR CLOT STABILIZATION, PER SITE	Yes	Diagnosis or narrative of condition and/or pathology or operative report if applicable	Part of Primary procedure
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation	N/A	Not Covered	Not Covered
D7940	Osteoplasty – for orthognathic deformities	Yes	Diagnosis or narrative of condition and/or pathology or operative report if applicable	Basic/Major
D7941	Osteotomy – mandibular rami	yes	Diagnosis or narrative of condition and/or pathology or operative report if applicable	Basic/Major
D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft	Yes	Diagnosis or narrative of condition and/or pathology or operative report if applicable	Basic/Major
D7944	Osteotomy – segmented or subapical	Yes	Diagnosis or narrative of condition and/or pathology or operative report if applicable	Basic/Major
D7945	Osteotomy – body of mandible	Yes	Diagnosis or narrative of condition and/or pathology or operative report if applicable	Basic/Major
D7946	LeFort I (maxilla – total)	Yes	Diagnosis or narrative of condition and/or pathology or operative report if applicable	Basic/Major
D7947	LeFort I (maxilla – segmented)	Yes	Diagnosis or narrative of condition and/or pathology or operative report if applicable	Basic/Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft	Yes	Diagnosis or narrative of condition and/or pathology or operative report if applicable	Basic/Major
D7949	LeFort II or LeFort III – with bone graft	Yes	Diagnosis or narrative of condition and/or pathology or operative report if applicable	Basic/Major
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or non-autogenous, by report	Yes	X-rays, narrative and/or chart notes	Basic/Major
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	Yes	X-ray(s), narrative and rationale for surgery. A complete treatment plan is recommended	Basic/Major
D7952	Sinus augmentation via a vertical approach	Yes	X-ray(s), narrative and rationale for surgery. A complete treatment plan is recommended	Basic/Major
D7953	Bone replacement graft for ridge preservation – per site	Yes	Periapical x-ray and detailed narrative including diagnosis if applicable	Basic/Major
D7955	Repair of maxillofacial soft and/or hard tissue defect	Yes	X-rays and chart notes and/or narrative detailing defect	Basic/Major
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	Yes	Periapical x-ray, periodontal charting and/or narrative including pocket depth and osseous defects	Basic/Major
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	Yes	Periapical x-ray, periodontal charting and/or narrative including pocket depth and osseous defects	Basic/Major
D7960-deleted code as of 01/2021	Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	Yes	Diagnosis, chart notes, and/or narrative	Basic/Major
D7961	Buccal / labial frenectomy (frenulectomy)	Yes	Diagnosis, chart notes, and/or narrative	Basic/Major
D7962	Lingual frenectomy (frenulectomy)	Yes	Diagnosis, chart notes, and/or narrative	Basic/Major
D7963	Frenuloplasty	N/A	N/A	Basic/Major
D7970	Excision of hyperplastic tissue - per arch	Yes	Detailed narrative and/or chart notes	Basic/Major
D7971	Excision of pericoronal gingiva	Yes	Perio charting, detailed narrative and/or chart notes	Basic/Major
D7972	Surgical reduction of fibrous tuberosity	Yes	Narrative	Basic/Major
D7979	non-surgical sialolithotomy	N/A	N/A	Basic/Major
D7980	Surgical sialolithotomy	N/A	N/A	Basic/Major
D7981	Excision of salivary gland, by report	Yes	Narrative	Basic/Major /Medical

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D7982	Sialodochoplasty	Yes	Narrative	Basic/Major /Medical
D7983	Closure of salivary fistula	Yes	Narrative	Basic/Major /Medical
D7990	Emergency tracheotomy	Yes	Narrative	Basic/Major /Medical
D7991	Coronoidectomy	Yes	Narrative	Basic/Major /Medical
D7993	Surgical placement of craniofacial implant – extra oral	Yes	Narrative	Basic/Major /Medical
D7994	Surgical placement: zygomatic implant	Yes	X-rays and chart notes	Basic/Major
D7995	Synthetic graft – mandible or facial bones, by report	Yes	X-rays and chart notes	Basic/Major
D7996	Implant-mandible for augmentation purposes (excluding alveolar ridge), by report	Yes	X-rays and chart notes	Basic/Major
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	Yes	Detailed narrative and/or chart notes	Basic/Major
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	Yes	Narrative and chart notes. Pre-operative x-rays may be required	Basic/Major
D7999	Unspecified oral surgery procedure, by report	Yes	Chart notes and a narrative	Basic/Major
D8010 D8020 D8030 D8040	Limited orthodontic treatment of the primary dentition Limited orthodontic treatment of the transitional dentition Limited orthodontic treatment of the adolescent dentition Limited orthodontic treatment of the adult dentition	Yes	Routine Orthodontia treatment plan that includes a breakdown of charges that would include initial banding, monthly adjustments, and retention care. Medically necessary orthodontia may require diagnosis, history & physical documenting the congenital anomaly, treatment plan including duration of treatment, and any diagnostic studies such as x-rays, images, or study models	Routine Orthodontia/ Medical Orthodontia
D8050 Deleted D8060 Deleted	Interceptive orthodontic treatment of the primary dentition Interceptive orthodontic treatment of the transitional dentition	Yes	Routine Orthodontia treatment plan that includes a breakdown of charges that would include initial banding, monthly adjustments, and retention care. Medically necessary orthodontia may require diagnosis, history & physical documenting the congenital anomaly, treatment plan including duration of treatment, and any	Routine Orthodontia/ Medical Orthodontia

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
			diagnostic studies such as x-rays, images, or study models	
D8070 D8080 D8090- Deleted Code	Comprehensive orthodontic treatment of the transitional dentition Comprehensive orthodontic treatment of the adolescent dentition Comprehensive orthodontic treatment of the adult dentition	Yes	Routine Orthodontia treatment plan that includes a breakdown of charges that would include initial banding, monthly adjustments, and retention care. Medically necessary orthodontia may require diagnosis, history & physical documenting the congenital anomaly, treatment plan including duration of treatment, and any diagnostic studies such as x-rays, images, or study models	Routine Orthodontia/ Medical Orthodontia
D8210	Removable appliance therapy	Yes	Narrative	Orthodontia
D8220	Fixed appliance therapy	Yes	Narrative	Basic/Orthodontia
D8660	Pre-orthodontic treatment examination to monitor growth and development	N/A	N/A	Orthodontia
D8670	Periodic orthodontic treatment visit	N/A	N/A	Orthodontia
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	N/A	N/A	Orthodontia
D8681	Removable orthodontic retainer adjustment	N/A	N/A	Orthodontia
D8690	Orthodontic treatment (alternative billing to a contract fee)	N/A	N/A	Orthodontia
D8691 – deleted code as of 01/2020	Repair of orthodontic appliance	N/A	Not covered	Not covered
D8692 – deleted code as of 01/2020	Replacement of lost or broken retainer	N/A	Not covered	Not covered
D8693 – deleted code as of 01/2020	Re-cement or re-bond fixed retainer	N/A	N/A	Orthodontia
D8694 – deleted code as of 01/2020	Repair of fixed retainers, includes reattachment	N/A	N/A	Orthodontia

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D8695	removal of fixed orthodontic appliance for reasons other than completion of treatment	N/A	N/A	Orthodontia
D9696	REPAIR OF ORTHODONTIC APPLIANCE MAXILLARY	N/A	N/A	Covered as long as member has orthodontia
D8697	REPAIR OF ORTHODONTIC APPLIANCE MANDIBULAR	N/A	N/A	Covered as long as member has orthodontia
D8698	RECEMENT OR REBOND FIXED RETAINER MAXILLARY	N/A	N/A	Orthodontia
D8699	RECEMENT OR REBOND FIXED RETAINER MANDIBULAR	N/A	N/A	Orthodontia
D8701	REPAIR OR FIXED RETAINER, INCLUDES REATTACHMENT MAXILLARY	N/A	N/A	Orthodontia
D8702	REPAIR OF FIXED RETAINER, INCLUDES REATTACHMENT MANDIBULAR	N/A	N/A	Orthodontia
D8703	REPLACEMENT OF LOST OR BROKEN RETAINER MAXILLARY	N/A	N/A	Covered as long as member has orthodontia
D8704	REPLACEMENT OF LOST OR BROKEN RETAINER MANDIBULAR	N/A	N/A	Covered as long as member has orthodontia
D8999	Unspecified orthodontic procedure, by report	Yes	Chart notes and a narrative	Orthodontia
D9110	Palliative treatment of dental pain - per visit	N/A	Chart notes or detailed narrative describing procedure(s) performed	Basic
D9120	Fixed partial denture sectioning	Yes	Narrative and/or chart notes describing the necessity for this service	Basic
D9130	Temporomandibular joint dysfunction – non-invasive physical therapies	Yes	CPT code, diagnosis and description of service	Basic/Major
D9210	Local anesthesia not in conjunction with operative or surgical procedures	Yes	Chart notes and/or narrative will be required to review to allow	Basic/Major
D9211	Regional block anesthesia	Yes	Narrative	Basic/Major
D9212	Trigeminal division block anesthesia	Yes	Narrative	Basic/Major
D9215	Local anesthesia in conjunction with operative or surgical procedures	Yes	Narrative	Basic/Major
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	N/A	N/A	Part of Primary procedure

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D9222	Deep sedation/general anesthesia – first 15 minutes	N/A	N/A	Basic/Major
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	N/A	N/A	Basic/Major
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	N/A	Not covered	Not covered
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	N/A	N/A	Basic/Major
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15-minute increment	N/A	N/A	Basic/Major
D9248	Non-intravenous conscious sedation	N/A	N/A	Basic/Major
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	N/A	N/A	Preventive
D9311	Consultation with a medical health care professional	N/A	Not covered	Not covered
D9410	House/extended care facility call	N/A	Not covered	Not covered
D9420	Hospital or ambulatory surgical center call	N/A	Chart notes/office records and travel time	Not covered
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	N/A	N/A	Preventive
D9440	Office visit – after regularly scheduled hours	N/A	Chart notes/office records and travel time	Preventive/Basic
D9450	Case presentation, subsequent to detailed and extensive treatment planning	N/A	Not covered	Not covered
D9610	Therapeutic parenteral drug, single administration	N/A	A narrative explaining what drug was administered. (Dosage, and what administered for	Basic
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	N/A	A narrative explaining what drug was administered. (Dosage, and what administered for	Basic
D9613	Infiltration of sustained release therapeutic drug – single or multiple sites	N/A	A narrative explaining what drug was administered. (Dosage, and what administered for	Basic
D9630	Drugs or medicaments dispensed in the office for home use	N/A	Description or narrative of drugs and/or medicaments.	Not covered

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D9910	Application of desensitizing medicament	N/A	Narrative or detailed description of drug or medicament provided	Basic
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	N/A	Narrative or detailed description of drug or medicament provided	Basic
D9912	Pre-visit patient screening	N/A	Not covered	Not covered
D9920	Behavior management, by report	N/A	Not covered	Not covered
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	Yes	Chart notes and/or narrative	Basic
D9932	Cleaning and inspection of removable complete denture, maxillary	N/A	Not covered	Not covered
D9933	Cleaning and inspection of removable complete denture, mandibular	N/A	Not covered	Not covered
D9934	Cleaning and inspection of removable partial denture, maxillary	N/A	Not covered	Not covered
D9935	Cleaning and inspection of removable partial denture, mandibular	N/A	Not covered	Not covered
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance	N/A	Not covered	Not covered
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance	N/A	Not covered	Not covered
D9940-deleted 01/2019	Occlusal guard, by report	N/A	N/A	Basic/Major
D9941	Fabrication of athletic mouthguard	N/A	Not covered	Not covered
D9942	Repair and/or relines of occlusal guard	N/A	N/A	Basic
D9943	Occlusal guard adjustment	N/A	N/A	Basic
D9944	occlusal guard – hard appliance, full arch	N/A	N/A	Basic/Major
D9945	Occlusal guard – soft appliance, full arch	N/A	N/A	Basic/Major
D9946	Occlusal guard – hard appliance, partial arch	N/A	N/A	Basic/Major
D9947	custom sleep apnea appliance fabrication and placement	Yes	Diagnosis, including a narrative of the patient's signs or symptoms Treatment plan/sleep study	Basic/Major Review Under Medical

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D9948	adjustment of custom sleep apnea appliance	Yes	Diagnosis, including a narrative of the patient's signs or symptoms Treatment plan/sleep study	Basic/Major Review Under Medical
D9949	repair of custom sleep apnea appliance	Yes	Diagnosis, including a narrative of the patient's signs or symptoms Treatment plan/sleep study	Basic/Major Review Under Medical
D9950	Occlusion analysis - mounted case	N/A	N/A	Basic
D9951	Occlusal adjustment – limited	Yes	Tooth number(s)	Basic
D9952	Occlusal adjustment – complete	Yes	Narrative stating treatment rationale, full mouth radiographic series if bony defects present, periodontal charting showing the mobilities and occlusal findings (if applicable)	Basic
D9953	Reline custom sleep apnea appliance (Indirect)	Yes	Diagnosis, including a narrative of the patient's signs or symptoms Treatment plan/sleep study	Basic/Major Review under Medical
D9954	Fabrication and delivery of oral appliance therapy (oat) morning repositioning device	Yes	Diagnosis, including a narrative of the patient's signs or symptoms Treatment plan/sleep study	Basic/Major Review under Medical
D9955	Oral appliance therapy (oat) titration visit	Yes	Diagnosis, including a narrative of the patient's signs or symptoms Treatment plan/sleep study	Basic/Major Review under Medical
D9956	Administration of home sleep apnea test	Yes	Diagnosis, including a narrative of the patient's signs or symptoms Treatment plan/sleep study	Basic/Major Review under Medical
D9957	Screening for sleep related breathing disorders	Yes	Diagnosis, including a narrative of the patient's signs or symptoms Treatment plan/sleep study	Basic/Major Review under Medical
D9961	Duplicate/copy patient's records	N/A	Not covered	Not covered
D9970	Enamel micro-abrasion	N/A	Not covered	Not covered
D9971	Odontoplasty -per tooth	N/A	Not covered	Not covered
D9972 D9973 D9974 D9975	External bleaching – per arch – performed in office External bleaching – per tooth Internal bleaching – per tooth External bleaching for home application, per arch; includes materials and fabrication of custom trays	N/A	Not covered	Not covered
D9985	Sales tax	N/A	N/A	Preventive/ Basic/Major
D9986	Missed appointment	N/A	Not covered	Not covered
D9987	Cancelled appointment	N/A	Not covered	Not covered
D9990	Certified translation or sign-language services per visit	N/A	Not covered	Not covered

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D9991	Dental case management - addressing appointment compliance barriers	N/A	Not covered	Not covered
D9992	Dental case management – care coordination	N/A	Not covered	Not covered
D9993	Dental case management – motivational interviewing	N/A	Not covered	Not covered
D9994	Dental case management – patient education to improve oral health literacy	N/A	Not covered	Not covered
D9995	Teledentistry - synchronous; real-time encounter	N/A	Not covered	Not covered
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	N/A	Not covered	Not covered
D9997	Dental case management patients with special health care needs	N/A	N/A	Considered Part of the Primary Procedure / Not covered
D9999	Unspecified adjunctive procedure, by report	Yes	Chart notes and/or narrative describing procedure performed	Basic