

2021 ADA Code List for PACCAR (PCM) Plans

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 [non-individual employer groups 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	If urgent or emergency exam, a narrative will be required. (Problem focused examination does not necessarily mean emergency exam.)	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	Yes	Chart notes or narrative recorded during the exam	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

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D0240	Intraoral – occlusal radiographic image	Yes	Narrative describing the dental necessity for an intraoral - occlusal film	Preventive
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
D0251	Extra-oral posterior dental radiographic image	Yes	Narrative or description of the type of extraoral x-ray performed.	Preventive
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/chart notes describing the need for a sialography. Medical benefits may be available for this service.	Not covered under dental
D0320	Temporomandibular joint arthrogram, including injection	Yes	Diagnosis Review medical plan for TMJ benefits.	Not covered under dental
D0321	Other temporomandibular joint radiographic images, by report	Yes	Diagnosis Review medical plan for TMJ benefits.	Not covered under dental
D0322	Tomographic survey	Yes	Diagnosis and/or narrative of condition describing the need for a tomographic survey. This procedure code is often considered medical or TMJ	Preventive
D0330	Panoramic radiographic image	N/A	Narrative if billed as part of Orthodontia records	Preventive
D0340	2D cephalometric radiographic image – acquisition, measurement, and analysis	Yes	Diagnosis and narrative or treatment plan. Narrative if billed as part of Orthodontia records	Preventive/Basic /Orthodontia
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	N/A	Not covered/FSA covered Narrative if billed as part of Orthodontia records	Not covered/ Orthodontia
D0351	3D photographic image	N/A	Not covered/FSA covered Narrative if billed as part of Orthodontia records	Not covered/ Orthodontia

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
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
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
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
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
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	Yes	Diagnosis and narrative or chart notes Review medical plan for TMJ benefits.	Not covered under dental
D0369	Maxillofacial MRI capture and interpretation	Yes	Diagnosis and narrative or chart notes Review medical plan for TMJ benefits.	Not covered under dental
D0370	Maxillofacial ultrasound capture and interpretation	Yes	Diagnosis and narrative or chart notes	Preventive
D0371	Sialo endoscopy capture and interpretation	Yes	Diagnosis and narrative describing the need for a sialo endoscopy.	Preventive
D0380	Cone beam CT image capture with limited field of view – less than one whole jaw	Yes	Pathology or operative report if applicable	Preventive
D0381	Cone beam CT image capture with field of view of one full dental arch – mandible	Yes	Pathology or operative report if applicable	Preventive
D0382	Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium	Yes	Pathology or operative report if applicable	Preventive
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium	Yes	Pathology or operative report if applicable	Preventive
D0384	Cone beam CT image capture for TMJ series including two or more exposures	Yes	Diagnosis and narrative or chart notes	Preventive
D0385	Maxillofacial MRI image capture	Yes	Pathology or operative report if applicable	Preventive

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D0386	Maxillofacial ultrasound image capture	Yes	Pathology or operative report if applicable	Preventive
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	Yes	Diagnosis and narrative or chart notes	Preventive
D0393	Treatment simulation using 3D image volume	N/A	Not covered/FSA covered	Not covered
D0394	Digital subtraction of two or more images or image volumes of the same modality	Yes	Narrative and/or chart notes.	Preventive
D0395	Fusion of two or more 3D image volumes of one or more modalities	N/A	Not covered/FSA covered	Not covered
D0411	HbA1c in-office point of service testing	N/A	Not covered/FSA covered	Not covered
D0412	blood glucose level test – in-office using a glucose meter	N/A	Not covered/FSA covered	Not covered
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation, and transmission of written report	Yes	Pathology or operative report if applicable	Preventive
D0415	Collection of microorganisms for culture and sensitivity	Yes	Pathology or operative report if applicable	Preventive
D0416	Viral culture	Yes	Pathology or operative report if applicable	Preventive
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	Yes	Pathology or operative report if applicable	Preventive
D0418	Analysis of saliva sample	Yes	Pathology or operative report if applicable	Preventive
D0419	Assessment of salivary flow by measurement	Yes	Pathology or operative report if applicable	Preventive
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	N/A	Not covered/FSA covered	Not covered
D0423	Genetic test for susceptibility to diseases – specimen analysis	N/A	Not covered/FSA covered	Not covered
D0425	Caries susceptibility tests	N/A	Not covered/FSA covered	Not covered
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant	N/A	Not covered/FSA covered	Not covered

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
	lesions, not to include cytology or biopsy procedures			
D0460	Pulp vitality tests	N/A	Tooth numbers for all teeth tested.	Preventive
D0470	Diagnostic casts	N/A	Not covered/FSA covered Narrative if billed as part of orthodontia.	Not covered/ Orthodontia
D0472	Accession of tissue, gross examination, preparation and transmission of written report	Yes	Pathology or operative report if applicable	Preventive
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	Yes	Pathology or operative report if applicable	Preventive
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation, and transmission of written report	Yes	Pathology or operative report if applicable	Preventive
D0475	Decalcification procedure	Yes	Pathology or operative report if applicable	Preventive
D0476	Special stains for microorganisms	Yes	Pathology or operative report if applicable	Preventive
D0477	Special stains, not for microorganisms	Yes	Pathology or operative report if applicable	Preventive
D0478	Immunohistochemical stains	Yes	Pathology or operative report if applicable	Preventive
D0479	Tissue in-situ hybridization, including interpretation	Yes	Pathology or operative report if applicable	Preventive
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation, and transmission of written report	Yes	Pathology or operative report if applicable	Preventive
D0481	Electron microscopy	Yes	Pathology or operative report if applicable	Preventive
D0482	Direct immunofluorescence	Yes	Pathology or operative report if applicable	Preventive
D0483	Indirect immunofluorescence	Yes	Pathology or operative report if applicable	Preventive
D0484	Consultation on slides prepared elsewhere	Yes	Pathology or operative report if applicable	Preventive
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	Yes	Pathology or operative report if applicable	Preventive

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation, and transmission of written report	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic
D0502	Other oral pathology procedures, by report	Yes	Pathology or operative report if applicable	Preventive
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	N/A	Not covered/FSA covered	Not covered
D0601	Caries risk assessment and documentation, with a finding of low risk	N/A	Not covered/FSA covered	Not covered
D0602	Caries risk assessment and documentation, with a finding of moderate risk	N/A	Not covered/FSA covered	Not covered
D0603	Caries risk assessment and documentation, with a finding of high risk	N/A	Not covered/FSA covered	Not covered
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	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

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D0707	Intraoral – periapical radiographic image – image capture only	N/A	N/A	Preventive
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	Chart notes or narrative describing the procedure performed	Preventive
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
D1310	Nutritional counseling for control of dental disease	N/A	Not covered/FSA covered	Not covered
D1320	Tobacco counseling for the control and prevention of oral disease	N/A	Not covered/FSA 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/FSA covered	Not covered
D1330	Oral hygiene instructions	N/A	Not covered/FSA covered	Not covered
D1351	Sealant - per tooth	N/A	Tooth number	Preventive
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	N/A	Tooth number	Preventive
D1353	Sealant repair – per tooth	N/A	Tooth number	Preventive
D1354	Interim caries arresting medicament application	N/A	Not covered/FSA covered	Not covered
D1355	Caries preventive medicament application – per tooth	N/A	Not covered/FSA covered	Not covered
D1510	Space Maintainer, Fixed Unilateral- Per Quadrant. Excludes a distal shoe space maintainer	N/A	N/A	Preventive

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
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
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

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D1701	PFIZER-BIONTECH COVID-19 VACCINE ADMINISTRATION – FIRST DOSE	N/A	N/A	N/A
D1702	PFIZER-BIONTECH COVID-19 VACCINE ADMINISTRATION – SECOND DOSE	N/A	N/A	N/A
D1703	MODERNA COVID-19 VACCINE ADMINISTRATION – FIRST DOSE	N/A	N/A	N/A
D1704	MODERNA COVID-19 VACCINE ADMINISTRATION – SECOND DOSE	N/A	N/A	N/A
D1705	ASTRAZENECA COVID-19 VACCINE ADMINISTRATION – FIRST DOSE	N/A	N/A	N/A
D1706	ASTRAZENECA COVID-19 VACCINE ADMINISTRATION – SECOND DOSE	N/A	N/A	N/A
D1707	JANSSEN COVID-19 VACCINE ADMINISTRATION	N/A	N/A	N/A
D1999	Unspecified preventive procedure, by report	N/A	Complete description of this service.	Preventive
D2140	Amalgam - one surface, primary or permanent	N/A	List all surfaces filled for each tooth	Basic
D2150	Amalgam - two surface, primary or permanent	N/A	List all surfaces filled for each tooth	Basic
D2160	Amalgam - three surface, primary or permanent	N/A	List all surfaces filled for each tooth	Basic
D2161	Amalgam - four or more surfaces, primary or permanent	N/A	List all surfaces filled for each tooth	Basic
D2330	Resin-Based Composite, One Surface, Anterior	N/A	List all surfaces filled for each tooth	Basic
D2331	Resin-Based Composite, Two Surfaces, Anterior	N/A	List all surfaces filled for each tooth	Basic
D2332	Resin-Based Composite, Three Surfaces, Anterior	N/A	List all surfaces filled for each tooth	Basic
D2335	Resin-Based Composite, Four or More Surfaces, or Involving Incisal Angle (Anterior)	N/A	List all surfaces filled for each tooth	Basic
D2390	Resin-based composite crown, anterior	N/A	List all surfaces filled for each tooth	Basic
D2391	Resin-based composite - one surface, posterior	N/A	List all surfaces filled for each tooth	Basic
D2392	Resin-based composite - two surfaces, posterior	N/A	List all surfaces filled for each tooth	Basic

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D2393	Resin-based composite - three surfaces, posterior	N/A	List all surfaces filled for each tooth	Basic
D2394	Resin-based composite - four or more surfaces, posterior	N/A	List all surfaces filled for each tooth	Basic
D2410	Gold foil - one surface	N/A	List all surfaces for each tooth	Major
D2420	Gold foil - two surfaces	N/A	List all surfaces for each tooth	Major
D2430	Gold foil - three surfaces	N/A	List all surfaces for each tooth	Major
D2510	-Inlay - metallic – one surface	Yes	Preoperative x-rays Narrative detailing existing restorations and areas of new decay and/or defects Prep and seat date If replacing existing inlay, onlay, crown or veneer exists, 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 Narrative detailing existing restorations and areas of new decay and/or defects Prep and seat date If replacing existing inlay, onlay, crown or veneer exists, 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 Narrative detailing existing restorations and areas of new decay and/or defects Prep and seat date If replacing existing inlay, onlay, crown or veneer exists, 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 Narrative detailing existing restorations and areas of new decay and/or defects Prep and seat date If replacing existing inlay, onlay, crown or veneer exists, need date of prior placement	Major
D2643	-Onlay - porcelain/ceramic - three surfaces			
D2644	-Onlay - porcelain/ceramic - four or more surfaces			
D2650	-Inlay - resin-based composite - one surface	Yes	Preoperative x-rays Narrative detailing existing restorations and areas of new decay and/or defects Prep and seat date	Major
D2651	-Inlay - resin-based composite - two surfaces			
D2652				

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
	-Inlay - resin-based composite - three surface		If replacing existing inlay, onlay, crown or veneer exists, need date of prior placement	
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 Narrative detailing existing restorations and areas of new decay and/or defects Prep and seat date If replacing existing inlay, onlay, crown or veneer exists, 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 Narrative detailing existing restorations and areas of new decay and/or defects Prep and seat date If replacing existing inlay, onlay, crown or veneer exists, 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 Narrative detailing existing restorations and areas of new decay and/or defects Prep and seat date If replacing existing inlay, onlay, crown or veneer exists, 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 Narrative detailing existing restorations and areas of new decay and/or defects Prep and seat date If replacing existing inlay, onlay, crown or veneer exists, 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	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
			Narrative detailing existing restorations and areas of new decay and/or defects Prep and seat date If replacing existing inlay, onlay, crown or veneer exists, need date of prior placement	
D2790 D2791 D2792	- Crown, Full Cast High Noble Metal - Crown, Full Cast Predominantly Base Metal - Crown, Full Cast Nobel Metal	Yes	Preoperative x-rays Narrative detailing existing restorations and areas of new decay and/or defects Prep and seat date If replacing existing inlay, onlay, crown or veneer exists, need date of prior placement	Major
D2794	Crown – titanium and titanium alloys	Yes	Preoperative x-rays Narrative detailing existing restorations and areas of new decay and/or defects Prep and seat date If replacing existing inlay, onlay, crown or veneer exists, need date of prior placement	Major
D2799	Provisional crown– further treatment or completion of diagnosis necessary prior to final impression	N/A	Not covered/FSA covered	Not covered
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	N/A	N/A	Basic
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	N/A	N/A	Basic
D2920	Re-cement or re-bond crown	N/A	N/A	Basic
D2921	Reattachment of tooth fragment, incisal edge, or cusp	N/A	Not covered/FSA covered	Not covered
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

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D2931	Prefabricated stainless steel crown - permanent tooth	N/A	N/A	Basic
D2932	Prefabricated resin crown	N/A	N/A	Basic
D2933	Prefabricated stainless steel crown with resin window	N/A	N/A	Basic
D2934	Prefabricated esthetic coated stainless-steel crown - primary tooth	N/A	N/A	Basic
D2940	Protective restoration	N/A	N/A	Basic
D2941	Interim therapeutic restoration - primary dentition	N/A	N/A	Basic
D2949	Restorative foundation for an indirect restoration	N/A	Not covered/FSA covered	Not covered
D2950	Core buildup, including pins	Yes	Preoperative x-rays Narrative detailing existing restorations and areas of new decay and/or defects Indicate if there was any prior inlay, onlay, veneer or crown - if so, we need the 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 detailing existing restorations and areas of new decay and/or defects Indicate if there was any prior inlay, onlay, veneer or crown - if so, we need the 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 detailing existing restorations and areas of new decay and/or defects Indicate if there was any prior inlay, onlay, veneer or crown - if so, we need the 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	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
			Narrative detailing existing restorations and areas of new decay and/or defects Indicate if there was any prior inlay, onlay, veneer or crown - if so, we need the date of prior placement	
D2961	Labial veneer (resin laminate) – indirect	Yes	Preoperative x-rays Narrative detailing existing restorations and areas of new decay and/or defects Indicate if there was any prior inlay, onlay, veneer or crown - if so, we need the 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
D2975	Coping	N/A	N/A	Major
D2980	Crown repair necessitated by restorative material failure	Yes	Narrative and/or chart notes.	Basic
D2981	Inlay repair necessitated by restorative material failure	Yes	Narrative and/or chart notes.	Basic
D2982	Onlay repair necessitated by restorative material failure	Yes	Narrative and/or chart notes.	Basic
D2983	Veneer repair necessitated by restorative material failure	Yes	Narrative and/or chart notes.	Basic
D2990	Resin infiltration of incipient smooth surface lesions	Yes	Narrative	Basic
D2999	Unspecified restorative procedure, by report	Yes	Chart notes and/or narrative describing procedure performed. Pre-operative x-ray may be required.	Major
D3110	Pulp cap – direct (excluding final restoration)	N/A	N/A	Basic/Major
D3120	Pulp cap – indirect (excluding final restoration)	N/A	Not covered/FSA covered	Not covered
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction	Yes	Chart notes or narrative	Basic

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
	and application of medicament			
D3221	Pulpal debridement, primary and permanent teeth	Yes	Chart notes or narrative	Basic
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	N/A	N/A	Basic
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	N/A	N/A	Basic
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	N/A	N/A	Basic
D3310	- Endodontic therapy, anterior tooth (excluding final restoration)	N/A	N/A	Basic
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	Preoperative x-rays, narrative, chart notes, or any history of the tooth that the provider can provide	Basic
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	Yes	Preoperative x-rays, narrative, chart notes, or any history of the tooth that the provider can provide	Basic
D3333	Internal root repair of perforation defects	Yes	Preoperative x-rays, narrative, chart notes, or any history of the tooth that the provider can provide	Basic
D3346	- Retreatment of previous root canal therapy – anterior	N/A	N/A	Basic
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.)	N/A	N/A	Basic
D3352	Apexification/recalcification – interim medication replacement	N/A	N/A	Basic

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	N/A	N/A	Basic
D3355	Pulpal regeneration – initial visit	Yes	Narrative and/or chart notes	Basic
D3356	Pulpal regeneration – interim medication replacement	Yes	Narrative and/or chart notes	Basic
D3357	Pulpal regeneration – completion of treatment	Yes	Narrative and/or chart notes	Basic
D3410	Apicoectomy – anterior	N/A	N/A	Basic
D3421	Apicoectomy – bicuspid (first root)			
D3425	Apicoectomy – molar (first root)			
D3426	Apicoectomy (each additional root)	N/A	N/A	Basic
D3427	Periradicular surgery without apicoectomy	Yes	X-ray(s), narrative and rationale for the proposed surgery.	Basic
D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site	N/A	Not covered/FSA covered	Not covered
D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	N/A	Not covered/FSA covered	Not covered
D3430	Retrograde filling – per root	N/A	N/A	Basic
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	N/A	N/A	Basic
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	N/A	Not covered/FSA covered	Not covered
D3450	Root amputation – per root	Yes	Narrative	Basic
D3460	Endodontic endosseous implant	Yes	X-ray and chart notes or narrative	Basic
D3470	Intentional re-implantation (including necessary splinting)	Yes	X-ray and chart notes or narrative	Basic
D3471	Surgical repair of root resorption – anterior	Yes	X-ray(s), narrative and rationale for the proposed surgery.	Basic

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D3472	Surgical repair of root resorption – premolar	Yes	X-ray(s), narrative and rationale for the proposed surgery.	Basic
D3473	Surgical repair of root resorption – molar	Yes	X-ray(s), narrative and rationale for the proposed surgery.	Basic
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
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
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
D3910	Surgical procedure for isolation of tooth with rubber dam	Yes	Chart notes or narrative	Basic
D3920	hemisection (including any root removal), not including root canal therapy	Yes	X-ray and chart notes or narrative	Basic
D3950	canal preparation and fitting of preformed dowel or post	Yes	X-ray and chart notes or narrative	Basic
D3999	unspecified endodontic procedure, by report	Yes	Chart notes and/or narrative describing procedure performed.	Basic
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	N/A	N/A	Basic
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.	N/A	N/A	Basic
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	N/A	N/A	Basic
D4230	Anatomical crown exposure – four or more contiguous teeth or tooth bounded spaces per quadrant	Yes	Periodontal charting and periapical x-rays	Basic
D4231	Anatomical crown exposure – one to three teeth or tooth bounded spaces per quadrant	Yes	Periodontal charting and periapical x-rays	Basic
D4240	Gingival flap procedure, including root planing – four or	N/A	Subject to review	Basic

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	N/A	Subject to review	Basic
D4245	Apically positioned flap	Yes	Periodontal charting and narrative	Basic
D4249	Clinical crown lengthening – hard tissue	N/A	Subject to review	Basic
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	N/A	Subject to review	Basic
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	N/A	Subject to review	Basic
D4263	Bone replacement graft – retained natural tooth –first site in quadrant	N/A	Subject to review	Basic
D4264	Bone replacement graft – retained natural tooth –each additional site in quadrant	Yes	Periapical x-rays and periodontal charting	Basic
D4265	Biologic materials to aid in soft and osseous tissue regeneration	Yes	Periapical x-rays and periodontal charting	Basic
D4266	Guided tissue regeneration – resorbable barrier, per site	N/A	Subject to review	Basic
D4267	Guided tissue regeneration – non-resorbable barrier, per site (includes membrane removal)	N/A	Subject to review	Basic
D4268	Surgical revision procedure, per tooth	N/A	Subject to review	Basic
D4270	Pedicle soft tissue graft procedure	N/A	Subject to review	Basic
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position	N/A	Subject to review	Basic

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)	N/A	Subject to review	Basic
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	Yes	Periodontal charting	Basic
D4276	Combined connective tissue and double pedicle graft, per tooth	N/A	Subject to review	Basic
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	N/A	Subject to review	Basic
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	N/A	Subject to review	Basic
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	Basic
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	Basic
D4320	Provisional splinting – intracoronal	N/A	Not covered/FSA covered	Not covered
D4321	Provisional splinting – extracoronal	N/A	Not covered/FSA covered	Not covered
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	N/A	N/A	Basic

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	N/A	Tooth numbers	Basic
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	N/A	N/A	Preventive
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	N/A	Subject to review	Preventive
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	Yes	* Periodontal Charting * Name of material used (Actisite, Arestin, Atridox, or PerioChip, etc.) * Tooth number * Narrative or chart notes detailing the patient's prior active periodontal treatment.	Basic
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
D4921	Gingival irrigation – per quadrant	N/A	Not covered/FSA covered	Not covered
D4999	Unspecified periodontal procedure, by report	Yes	* Chart notes or narrative describing the procedure performed. * Pre-operative x-ray may be required	Basic
D5110	Complete denture – maxillary	N/A	* Age of prior denture (if any) * Impression (prep) and delivery (seat) dates	Major
D5120	Complete denture – mandibular	N/A	* Age of prior denture (if any) * Impression (prep) and delivery (seat) dates	Major
D5130	Immediate denture – maxillary	N/A	Impression (prep) and delivery (seat) dates	Major
D5140	Immediate denture – mandibular	N/A	Impression (prep) and delivery (seat) dates	Major
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	N/A	* Age of prior denture (if any) * Impression (prep) and delivery (seat) dates	Major
D5212	Mandibular partial denture – resin base (including	N/A	* Age of prior denture (if any) * Impression (prep) and delivery (seat) dates	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
	retentive/clasping materials, rests, and teeth)			
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	N/A	* Age of prior denture (if any) * Impression (prep) and delivery (seat) dates	Major
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	N/A	* Age of prior denture (if any) * Impression (prep) and delivery (seat) dates	Major
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	N/A	* Age of prior denture (if any) * Impression (prep) and delivery (seat) dates	Major
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	N/A	* Age of prior denture (if any) * Impression (prep) and delivery (seat) dates	Major
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	N/A	* Age of prior denture (if any) * Impression (prep) and delivery (seat) dates	Major
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	N/A	* Age of prior denture (if any) * Impression (prep) and delivery (seat) dates	Major
D5225	Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)	N/A	* Age of prior denture (if any) * Impression (prep) and delivery (seat) dates	Major
D5226	Mandibular partial denture – flexible base (including retentive/clasping materials, rests, and teeth)	N/A	* Age of prior denture (if any) * Impression (prep) and delivery (seat) dates	Major
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	N/A	* Age of prior denture (if any)	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
	(including retentive/clasping materials, rests, and teeth), maxillary		* Impression (prep) and delivery (seat) dates	
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	N/A	* Age of prior denture (if any) * Impression (prep) and delivery (seat) dates	Major
D5284	Removable unilateral partial denture – one-piece flexible base (including retentive/clasping materials, rests, and teeth) – per quadrant	N/A	* Age of prior denture (if any) * Impression (prep) and delivery (seat) dates	Major
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests, and teeth) – per quadrant	N/A	* Age of prior denture (if any) * Impression (prep) and delivery (seat) dates	Major
D5410	- Adjust complete denture – maxillary.	N/A	Age of partial or complete denture	Major
D5411	- Adjust complete denture – mandibular.			
D5421	- Adjust partial denture – maxillary.			
D5422	- Adjust partial denture – mandibular			
D5511	- Repair broken complete denture base- mandibular.	N/A	N/A	Basic
D5512	- Repair broken complete denture base- maxillary.			
D5520	- Replace missing or broken teeth – complete denture (each tooth)			
D5611	- Repair resin partial denture base, mandibular	N/A	N/A	Basic
D5612	- Repair resin partial denture base, maxillary			
D5621	- Repair cast partial framework, mandibular.			
D5622	- Repair cast partial framework, maxillary.			
D5630	- Repair or replace broken retentive/clasping materials per tooth			
D5640	- Replace broken teeth - per tooth.	N/A	N/A	Basic

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
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	Basic
D5711	Rebase complete mandibular denture			
D5720	Rebase maxillary partial denture			
D5721	Rebase mandibular partial denture			
D5730	- Reline complete maxillary denture (<i>direct</i>)	N/A	N/A	Basic
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>)			
D5810	- Interim complete denture (maxillary)	N/A	N/A	Major
D5811	- Interim complete denture (mandibular)			
D5820	- Interim partial denture (including retentive/clasping materials, rests, and teeth)- maxillary	N/A	N/A	Major
D5821	- Interim partial denture (including retentive/clasping materials, rests and teeth)- mandibular			

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D5850 D5851	- Tissue conditioning, maxillary - Tissue conditioning, mandibular	Yes	Narrative	Major
D5862	Precision attachment, by report	N/A	Not covered/FSA covered	Not covered
D5863 D5864 D5865 D5866	- Overdenture – complete maxillary - Overdenture – partial maxillary - Overdenture – complete mandibular - Overdenture – partial mandibular	N/A	N/A	Major
D5867	Replacement of replaceable part of semi-precision or precision attachment (male or female component)	N/A	Not covered/FSA covered	Not covered
D5875	Modification of removable prosthesis following implant surgery	Yes	Narrative or Chart notes	Major
D5876	Add metal substructure to acrylic full denture (per arch)	N/A	N/A	Basic
D5899	Unspecified removable prosthodontic procedure, by report	Yes	Chart notes or narrative describing the procedure performed.	Major
D5911	Facial moulage (sectional)	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5912	Facial moulage (complete)	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5913	Nasal prosthesis	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5914	Auricular prosthesis	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5915	Orbital prosthesis	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5916	Ocular prosthesis	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5919	Facial prosthesis	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5922	Nasal septal prosthesis	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5923	Ocular prosthesis, interim	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5924	Cranial prosthesis	Yes	Diagnosis and narrative, or chart notes	Major/Medical

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D5925	Facial augmentation implant prosthesis	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5926	Nasal prosthesis, replacement	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5927	Auricular prosthesis, replacement	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5928	Orbital prosthesis, replacement	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5929	facial prosthesis, replacement	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5931	Obturator prosthesis, surgical	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5932	Obturator prosthesis, definitive	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5933	Obturator prosthesis, modification	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5934	Mandibular resection prosthesis with guide flange	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5935	Mandibular resection prosthesis without guide flange	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5936	Obturator prosthesis, interim	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5937	Trismus appliance (not for TMD treatment)	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5951	Feeding aid	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5952	Speech aid prosthesis, pediatric	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5953	Speech aid prosthesis, adult	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5954	Palatal augmentation prosthesis	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5955	Palatal lift prosthesis, definitive	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5958	Palatal lift prosthesis, interim	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5959	Palatal lift prosthesis, modification	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5960	Speech aid prosthesis, modification	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5982	Surgical stent	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5983	Radiation carrier	Yes	Diagnosis and narrative, or chart notes	Major/Medical

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D5984	Radiation shield	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5985	Radiation cone locator	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5986	Fluoride gel carrier	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5987	Commissure splint	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5988	Surgical splint	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5991	Vesiculobullous disease medicament carrier	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5992	Adjust maxillofacial prosthetic appliance, by report	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra- or intra-oral) other than required adjustments, by report	Yes	Diagnosis and narrative, or chart notes	Major/Medical
D5994	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 or narrative describing the procedure performed. Medical CPT code may be required.	Major/Medical
D6010	Surgical placement of implant body: endosteal implant	Yes	* Full treatment plan for patient * Preoperative X-rays * Chart notes * Periodontal Charting * 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
D6011	Surgical access to an implant body (second state implant surgery)	N/A	Not covered/FSA covered	Not covered
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	N/A	N/A	Major
D6013	Surgical placement of mini-implant	Yes	* Full treatment plan for patient * Preoperative X-rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials and dentures.	Major
D6040	Surgical placement: eposteal implant	Yes	* Full treatment plan for patient * Preoperative X-rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials and dentures.	Major
D6050	Surgical placement: transosteal implant	Yes	* Full treatment plan for patient * Preoperative X-rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials and dentures.	Major
D6051	Interim abutment	N/A	N/A	Major
D6052	Semi-precision attachment abutment	N/A	N/A	Major
D6055	Connecting bar – implant supported, or abutment supported	Yes	* Full treatment plan for patient * Preoperative X-rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials and dentures.	Major
D6056	Prefabricated abutment – includes modification and placement	Yes	* Full treatment plan for patient * Preoperative X-rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials and dentures.	Major
D6057	Custom fabricated abutment – includes placement	Yes	* Full treatment plan for patient * Preoperative X-rays	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
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			<ul style="list-style-type: none"> * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials and dentures. 	
D6058	Abutment supported porcelain/ceramic crown	Yes	<ul style="list-style-type: none"> * Preoperative X-Rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials and dentures. 	Major
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	Yes	<ul style="list-style-type: none"> * Preoperative X-Rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials and dentures. 	Major
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	Yes	<ul style="list-style-type: none"> * Preoperative X-Rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials and dentures. 	Major
D6061	Abutment supported porcelain fused to metal crown (noble metal)	Yes	<ul style="list-style-type: none"> * Preoperative X-Rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials and dentures. 	Major
D6062	Abutment supported cast metal crown (high noble metal)	Yes	<ul style="list-style-type: none"> * Preoperative X-Rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials and dentures. 	Major
D6063	Abutment supported cast metal crown (predominantly base metal)	Yes	<ul style="list-style-type: none"> * Preoperative X-Rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials and dentures. 	Major
D6064	Abutment supported cast metal crown (noble metal)	Yes	<ul style="list-style-type: none"> * Preoperative X-Rays * Chart notes * Periodontal Charting * List of all missing teeth 	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
			* List of all existing bridgework, partials and dentures.	
D6065	Implant supported porcelain/ceramic crown	Yes	* Preoperative X-Rays * Chart notes * Periodontal Charting * 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	* Preoperative X-Rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials and dentures.	Major
D6067	Implant supported crown (high noble alloys)	Yes	* Preoperative X-Rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials, and dentures.	Major
D6068	Abutment supported retainer for porcelain/ceramic FPD	Yes	* Preoperative X-Rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials, and dentures.	Major
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	Yes	* Preoperative X-Rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials, and dentures.	Major
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	Yes	* Preoperative X-Rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials, and dentures.	Major
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	Yes	* Preoperative X-Rays * Chart notes * Periodontal Charting * 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
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	Yes	* Preoperative X-Rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials, and dentures.	Major
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	Yes	* Preoperative X-Rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials, and dentures.	Major
D6074	Abutment supported retainer for cast metal FPD (noble metal)	Yes	* Preoperative X-Rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials, and dentures.	Major
D6075	Implant supported retainer for ceramic FPD	Yes	* Preoperative X-Rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials, and dentures.	Major
D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys	Yes	* Preoperative X-Rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials, and dentures.	Major
D6077	Implant supported retainer for metal FPD – high noble alloys	Yes	* Preoperative X-Rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials, and dentures.	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	Yes	* Preoperative X-Rays * Chart notes * Periodontal Charting	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
	implant surfaces, without flap entry and closure			
D6082	Implant supported crown – porcelain fused to predominantly base alloys	Yes	* Preoperative X-Rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials, and dentures.	Major
D6083	Implant supported crown – porcelain fused to noble alloys	Yes	* Preoperative X-Rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials, and dentures.	Major
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys	Yes	* Preoperative X-Rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials, and dentures.	Major
D6085	Provisional implant crown	Yes	Narrative	Major
D6086	Implant supported crown – predominantly base alloys	Yes	* Preoperative X-Rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials, and dentures.	Major
D6087	Implant supported crown – noble alloys	Yes	* Preoperative X-Rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials, and dentures.	Major
D6088	Implant supported crown – titanium and titanium alloys	Yes	* Preoperative X-Rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials, and dentures.	Major
D6090	Repair implant supported prosthesis, by report	Yes	Subject to review	Major
D6091	Replacement of replaceable part of semi-precision or precision attachment (male or female component) of	N/A	Not covered/FSA covered	Not covered

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
	implant/abutment supported prosthesis, per attachment			
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	* Preoperative X-Rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials, and dentures.	Major
D6095	Repair implant abutment, by report	N/A	Subject to review	Major
D6096	Remove broken implant retaining screw	N/A	Subject to review	Major
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys	Yes	* Preoperative X-Rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials, and dentures.	Major
D6098	Implant supported retainer – porcelain fused to predominantly base alloys	Yes	* Preoperative X-Rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials, and dentures.	Major
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	Yes	* Preoperative X-Rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials, and dentures.	Major
D6100	Implant removal, by report	N/A	Subject to review	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	Major
D6102	Debridement and osseous contouring of a peri-implant	Yes	Narrative	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
	defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure			
D6103	Bone graft for repair of peri-implant defect – does not include flap entry and closure	Yes	Periapical x-ray and detailed narrative including diagnosis if applicable.	Major
D6104	Bone graft at time of implant placement	Yes	Periapical x-ray and detailed narrative including diagnosis if applicable.	Major
D6110	Implant /abutment supported removable denture for edentulous arch – maxillary	Yes	Narrative, chart notes and Pano	Major
D6111	Implant /abutment supported removable denture for edentulous arch – mandibular	N/A	Subject to review	Major
D6112	Implant /abutment supported removable denture for partially edentulous arch – maxillary	N/A	Subject to review	Major
D6113	Implant /abutment supported removable denture for partially edentulous arch – mandibular	N/A	Subject to review	Major
D6114	Implant /abutment supported fixed denture for edentulous arch – maxillary	N/A	Subject to review	Major
D6115	Implant /abutment supported fixed denture for edentulous arch – mandibular	N/A	Subject to review	Major
D6116	Implant /abutment supported fixed denture for partially edentulous arch – maxillary	N/A	Subject to review	Major
D6117	Implant /abutment supported fixed denture for partially edentulous arch – mandibular	N/A	Subject to review	Major
D6118	Implant/abutment supported interim fixed denture for edentulous arch – mandibular	N/A	N/A	Major
D6119	Implant/abutment supported interim fixed denture for edentulous arch – maxillary	N/A	N/A	Major
D6120	Implant 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
D6121	Implant supported retainer for metal FPD – predominantly base alloys	Yes	* Preoperative X-Rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials, and dentures.	Major
D6122	Implant supported retainer for metal FPD – noble alloys	Yes	* Preoperative X-Rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials, and dentures.	Major
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys	Yes	* Preoperative X-Rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials, and dentures.	Major
D6190	Radiographic/surgical implant index, by report	N/A	Subject to review	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	* Preoperative X-Rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials, and dentures.	Major
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys	Yes	* Preoperative X-Rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials, and dentures.	Major
D6199	Unspecified implant procedure, by report	Yes	* Full treatment plan for patient * Preoperative X-rays * Chart notes * Periodontal Charting * List of all missing teeth * List of all existing bridgework, partials, and dentures.	Major
D6205	Pontic – indirect resin-based composite	Yes	* Preoperative x-rays * List of all missing teeth in both arches	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
			<ul style="list-style-type: none"> * List of all existing bridgework and/or dentures in both arches * If prior bridge or denture, need date of prior placement * Prep and seat dates 	
D6210 D6211 D6212	Pontic – cast high noble metal Pontic – cast predominantly base metal Pontic – cast noble metal	Yes	<ul style="list-style-type: none"> * Preoperative x-rays * List of all missing teeth in both arches * List of all existing bridgework and/or dentures in both arches * If prior bridge or denture, need date of prior placement * Prep and seat dates 	Major
D6214	PONTIC TITANIUM AND TITANIUM ALLOYS	Yes	<ul style="list-style-type: none"> * Preoperative x-rays * List of all missing teeth in both arches * List of all existing bridgework and/or dentures in both arches * If prior bridge or denture, 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	<ul style="list-style-type: none"> * Preoperative x-rays * List of all missing teeth in both arches * List of all existing bridgework and/or dentures in both arches * If prior bridge or denture, need date of prior placement * Prep and seat dates 	Major
D6245	Pontic – porcelain/ceramic	Yes	<ul style="list-style-type: none"> * Preoperative x-rays * List of all missing teeth in both arches * List of all existing bridgework and/or dentures in both arches * If prior bridge or denture, 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	<ul style="list-style-type: none"> * Preoperative x-rays * List of all missing teeth in both arches * List of all existing bridgework and/or dentures in both arches * If prior bridge or denture, need date of prior placement 	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
			* Prep and seat dates	
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	* Preoperative x-rays * List of all missing teeth in both arches * List of all existing bridgework and/or dentures in both arches * If prior bridge or denture, need date of prior placement * Prep and seat dates	Major
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	Yes	* Preoperative x-rays * List of all missing teeth in both arches * List of all existing bridgework and/or dentures in both arches * If prior bridge or denture, 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 * List of all missing teeth in both arches * List of all existing bridgework and/or dentures in both arches * If prior bridge or denture, need date of prior placement * Prep and seat dates	Major
D6601	Retainer inlay – porcelain/ceramic, three or more surfaces	Yes	* Preoperative x-rays * List of all missing teeth in both arches * List of all existing bridgework and/or dentures in both arches * If prior bridge or denture, need date of prior placement * Prep and seat dates	Major
D6602 D6603 D6604	Retainer inlay – cast high noble metal, two surfaces Retainer inlay – cast high noble metal, three or more surfaces Retainer inlay – cast predominantly base metal, two surfaces	Yes	* Preoperative x-rays * List of all missing teeth in both arches * List of all existing bridgework and/or dentures in both arches * If prior bridge or denture, need date of prior placement	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D6605	Retainer inlay – cast predominantly base metal, three or more surfaces		* Prep and seat dates	
D6606	Retainer inlay – cast noble metal, two surfaces			
D6607	Retainer inlay – cast noble metal, three or more surfaces			
D6608	Retainer onlay – porcelain/ceramic, two surfaces	Yes	* Preoperative x-rays * List of all missing teeth in both arches * List of all existing bridgework and/or dentures in both arches * If prior bridge or denture, need date of prior placement * Prep and seat dates	Major
D6609	Retainer onlay – porcelain/ceramic, three or more surfaces	Yes	* Preoperative x-rays * List of all missing teeth in both arches * List of all existing bridgework and/or dentures in both arches * If prior bridge or denture, need date of prior placement * Prep and seat dates	Major
D6610	Retainer onlay – cast high noble metal, two surfaces	Yes	* Preoperative x-rays * List of all missing teeth in both arches * List of all existing bridgework and/or dentures in both arches * If prior bridge or denture, need date of prior placement * Prep and seat dates	Major
D6611	Retainer onlay – cast high noble metal, three or more surfaces	Yes	* Preoperative x-rays * List of all missing teeth in both arches * List of all existing bridgework and/or dentures in both arches * If prior bridge or denture, need date of prior placement * Prep and seat dates	Major
D6612	Retainer onlay – cast predominantly base metal, two surfaces	Yes	* Preoperative x-rays * List of all missing teeth in both arches * List of all existing bridgework and/or dentures in both arches * If prior bridge or denture, need date of prior placement	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
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			* Prep and seat dates	
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces	Yes	* Preoperative x-rays * List of all missing teeth in both arches * List of all existing bridgework and/or dentures in both arches * If prior bridge or denture, need date of prior placement * Prep and seat dates	Major
D6614	Retainer onlay – cast noble metal, two surfaces	Yes	* Preoperative x-rays * List of all missing teeth in both arches * List of all existing bridgework and/or dentures in both arches * If prior bridge or denture, need date of prior placement * Prep and seat dates	Major
D6615	Retainer onlay – cast noble metal, three or more surfaces	Yes	* Preoperative x-rays * List of all missing teeth in both arches * List of all existing bridgework and/or dentures in both arches * If prior bridge or denture, need date of prior placement * Prep and seat dates	Major
D6624	Inlay– titanium	Yes	* Preoperative x-rays * List of all missing teeth in both arches * List of all existing bridgework and/or dentures in both arches * If prior bridge or denture, need date of prior placement * Prep and seat dates	Major
D6634	Retainer onlay – titanium	Yes	* Preoperative x-rays * List of all missing teeth in both arches * List of all existing bridgework and/or dentures in both arches * If prior bridge or denture, need date of prior placement * Prep and seat dates	Major
D6710	Retainer crown – indirect resin-based composite	Yes	* Preoperative x-rays * List of all missing teeth in both arches * List of all existing bridgework and/or dentures in both arches	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
			* If prior bridge or denture, need date of prior placement * Prep and seat dates	
D6720 D6721 D6722	Retainer crown – resin with high noble metal Retainer crown – resin with predominantly base metal Retainer crown – resin with noble metal	Yes	* Preoperative x-rays * List of all missing teeth in both arches * List of all existing bridgework and/or dentures in both arches * If prior bridge or denture, need date of prior placement * Prep and seat dates	Major
D6740	Retainer crown – porcelain/ceramic	Yes	* Preoperative x-rays * List of all missing teeth in both arches * List of all existing bridgework and/or dentures in both arches * If prior bridge or denture, need date of prior placement * Prep and seat dates	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	* Preoperative x-rays * List of all missing teeth in both arches * List of all existing bridgework and/or dentures in both arches * If prior bridge or denture, 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	* Preoperative x-rays * List of all missing teeth in both arches * List of all existing bridgework and/or dentures in both arches * If prior bridge or denture, need date of prior placement * Prep and seat dates	Major
D6790 D6791	Retainer crown – full cast high noble metal Retainer crown – full cast predominantly base metal	Yes	* Preoperative x-rays * List of all missing teeth in both arches * List of all existing bridgework and/or dentures in both arches	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D6792	Retainer crown – full cast noble metal		* If prior bridge or denture, need date of prior placement * Prep and seat dates	
D6793	Provisional retainer crown– further treatment or completion of diagnosis necessary prior to final impression	N/A	N/A	Major
D6794	Retainer crown – titanium and titanium alloys	Yes	* Preoperative x-rays * List of all missing teeth in both arches * List of all existing bridgework and/or dentures in both arches * If prior bridge or denture, need date of prior placement * Prep and seat dates	Major
D6920	Connector bar	Yes	Narrative and chart notes	Major
D6930	Re-cement or re-bond fixed partial denture	N/A	N/A	Basic
D6940	Stress breaker	N/A	Not covered/FSA covered	Not covered
D6950	Precision attachment	N/A	Not covered/FSA covered	Not covered
D6980	Fixed partial denture repair necessitated by restorative material failure	Yes	Chart notes or narrative	Major
D6985	Pediatric partial denture, fixed	Yes	Chart notes or narrative	Major
D6999	Unspecified fixed prosthodontic procedure, by report	Yes	Chart notes or narrative describing the procedure performed. Preoperative x-ray may be required.	Major
D7111	Extraction, coronal remnants – primary tooth	N/A	N/A	Basic
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	N/A	N/A	Basic
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
D7220	Removal of impacted tooth – soft tissue	N/A	N/A	Basic
D7230	Removal of impacted tooth – partially bony	N/A	N/A	Basic
D7240	Removal of impacted tooth – completely bony	N/A	N/A	Basic

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	N/A	N/A	Basic
D7250	Removal of residual tooth roots (cutting procedure)	N/A	N/A	Basic
D7251	Coronectomy – intentional partial tooth removal	N/A	N/A	Basic
D7260	Oroantral fistula closure	Yes	Narrative or surgical operative report	Basic/Medical
D7261	Primary closure of a sinus perforation	Yes	Narrative or surgical operative report	Basic/Medical
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	Yes	If Dental accident related will need to request the following: * 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/Medical
D7272	Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)	N/A	N/A	Basic
D7280	Exposure of an unerupted tooth	N/A	N/A	Basic
D7282	Mobilization of erupted or mal-positioned tooth to aid eruption	Yes	Narrative and chart notes	Basic
D7283	Placement of device to facilitate eruption of impacted tooth	Yes	Narrative and chart notes	Basic
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)	Yes	Diagnosis, narrative and operative report/pathology report to determine if tooth or gum related.	Basic/Medical
D7286	Incisional biopsy of oral tissue – soft	Yes	Diagnosis, narrative and operative report/pathology report to determine if tooth or gum related.	Basic/Medical
D7287	Exfoliative cytological sample collection	Yes	Diagnosis, narrative and operative report/pathology report to determine if tooth or gum related.	Basic/Medical
D7288	Brush biopsy – transepithelial sample collection	Yes	Diagnosis, narrative and operative report/pathology report to determine if tooth or gum related.	Basic/Medical
D7290	Surgical repositioning of teeth	Yes	Narrative and chart notes	Basic
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	Yes	Narrative and chart notes	Basic

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap; includes device removal	N/A	N/A	Basic
D7293	Placement of temporary anchorage device requiring flap; includes device removal	N/A	N/A	Basic
D7294	Placement of temporary anchorage device without flap; includes device removal	N/A	N/A	Basic
D7295	Harvest of bone for use in autogenous grafting procedure	N/A	N/A	Basic
D7296	Corticotomy- one to three teeth or tooth spaces, per quadrant	N/A	Not covered/FSA covered	Not covered
D7297	Corticotomy- four or more teeth or tooth spaces, per quadrant	N/A	Not covered/FSA covered	Not covered
D7310	Alveoloplasty in conjuncture with extractions – four or more teeth or tooth spaces, per quadrant	N/A	N/A	Basic
D7311	Alveoloplasty in conjuncture with extractions – one to three teeth or tooth spaces, per quadrant	N/A	N/A	Basic
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	N/A	N/A	Basic
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	N/A	N/A	Basic
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	Yes	X-rays and operative report	Basic
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

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D7410	Excision of benign lesion up to 1.25 cm	Yes	Diagnosis, narrative and operative report/pathology report to determine if tooth or gum related.	Basic/Medical
D7411	Excision of benign lesion greater than 1.25 cm	Yes	Diagnosis, narrative and operative report/pathology report to determine if tooth or gum related.	Basic/Medical
D7412	Excision of benign lesion, complicated	Yes	Diagnosis, narrative and operative report/pathology report to determine if tooth or gum related.	Basic/Medical
D7413	Excision of malignant lesion up to 1.25 cm	Yes	Diagnosis, narrative and operative report/pathology report to determine if tooth or gum related.	Basic/Medical
D7414	Excision of malignant lesion greater than 1.25 cm	Yes	Diagnosis, narrative, and operative report/pathology report to determine if tooth or gum related.	Basic/Medical
D7415	Excision of malignant lesion, complicated	Yes	Diagnosis, narrative, and operative report/pathology report to determine if tooth or gum related.	Basic/Medical
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm	Yes	Diagnosis, narrative, and operative report/pathology report to determine if tooth or gum related.	Basic/Medical
D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm	Yes	Diagnosis, narrative, and operative report/pathology report to determine if tooth or gum related.	Basic/Medical
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	N/A	N/A	Basic
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	N/A	N/A	Basic
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	Yes	Diagnosis, narrative, and operative report/pathology report to determine if tooth or gum related.	Basic/Medical
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	Yes	Diagnosis, narrative, and operative report/pathology report to determine if tooth or gum related.	Basic/Medical
D7465	Destruction of lesion(s) by physical or chemical method, by report	Yes	Diagnosis, narrative, and operative report/pathology report to determine if tooth or gum related.	Basic/Medical
D7471	Removal of lateral exostosis (maxilla or mandible)	Yes	Narrative or chart notes	Basic
D7472	Removal of torus palatinus	Yes	Panoramic film or photograph	Basic
D7473	Removal of torus mandibularis	Yes	Panoramic film or photograph	Basic

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

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
			<ul style="list-style-type: none"> * 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. 	
D7640	Mandible – closed reduction (teeth immobilized, if present)	Yes	<p>If dental accident related will need to request the following:</p> <ul style="list-style-type: none"> * 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/Medical
D7650	Malar and/or zygomatic arch – open reduction	Yes	<p>If dental accident related will need to request the following:</p> <ul style="list-style-type: none"> * 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/Medical
D7660	Malar and/or zygomatic arch – closed reduction	Yes	<p>If dental accident related will need to request the following:</p> <ul style="list-style-type: none"> * 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/Medical
D7670	Alveolus – closed reduction, may include stabilization of teeth	Yes	<p>If dental accident related will need to request the following:</p> <ul style="list-style-type: none"> * 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/Medical
D7671	Alveolus – open reduction, may include stabilization of teeth	Yes	<p>If dental accident related will need to request the following:</p> <ul style="list-style-type: none"> * Date of accident * Description of accident (include if workmen's comp or third-party liability involved) 	Basic/Medical

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
			* X-rays, photos (if available) * Chart notes/office records.	
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches	Yes	If dental accident related will need to request the following: * 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/Medical
D7710 D7720 D7730 D7740	Maxilla – open reduction Maxilla – closed reduction Mandible – open reduction Mandible – closed reduction	Yes	If dental accident related will need to request the following: * 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/Medical
D7750	Malar and/or zygomatic arch – open reduction	Yes	If dental accident related will need to request the following: * 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/Medical
D7760	Malar and/or zygomatic arch – closed reduction	Yes	If dental accident related will need to request the following: * 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/Medical
D7770	Alveolus - open reduction stabilization of teeth	Yes	If dental accident related will need to request the following: * 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/Medical
D7771	Alveolus, closed reduction stabilization of teeth	Yes	If dental accident related will need to request the following: * Date of accident	Basic/Medical

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
			* Description of accident (include if workmen's comp or third-party liability involved) * X-rays, photos (if available) * Chart notes/office records.	
D7780	Facial bones – complicated reduction with fixation and multiple approaches	Yes	If dental accident related will need to request the following: * 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/Medical
D7810	Open reduction of dislocation	Yes	Medical CPT code, Diagnosis, chart notes or narrative	Basic/Medical TMJ
D7820	Closed reduction of dislocation	Yes	Medical CPT code, Diagnosis, chart notes or narrative	Basic/Medical TMJ
D7830	Manipulation under anesthesia	Yes	Medical CPT code, Diagnosis, chart notes or narrative	Basic/Medical TMJ
D7840	Condylectomy	Yes	Medical CPT code, Diagnosis, chart notes or narrative	Basic/Medical TMJ
D7850	Surgical discectomy, with/without implant	Yes	Medical CPT code, Diagnosis, chart notes or narrative	Basic/Medical TMJ
D7852	Disc repair	Yes	Medical CPT code, Diagnosis, chart notes or narrative	Basic/Medical TMJ
D7854	Synovectomy	Yes	Medical CPT code, Diagnosis, chart notes or narrative	Basic/Medical TMJ
D7856	Myotomy	Yes	Medical CPT code, Diagnosis, chart notes or narrative	Basic/Medical TMJ
D7858	Joint reconstruction	Yes	Medical CPT code, Diagnosis, chart notes or narrative	Basic/Medical TMJ
D7860	Arthrotomy	Yes	Medical CPT code, Diagnosis, chart notes or narrative	Basic/Medical TMJ
D7865	Arthroplasty	Yes	Medical CPT code, Diagnosis, chart notes or narrative	Basic/Medical TMJ
D7870	Arthrocentesis	Yes	Medical CPT code, Diagnosis, chart notes or narrative	Basic/Medical TMJ
D7871	Non-arthroscopic lysis and lavage	Yes	Medical CPT code, Diagnosis, chart notes or narrative	Basic/Medical TMJ
D7872	Arthroscopy – diagnosis, with or without biopsy	Yes	Medical CPT code, Diagnosis, chart notes or narrative	Basic/Medical TMJ
D7873	Arthroscopy: lavage and lysis of adhesions	Yes	Medical CPT code, Diagnosis, chart notes or narrative	Basic/Medical TMJ
D7874	Arthroscopy: disc repositioning and stabilization	Yes	Medical CPT code, Diagnosis, chart notes or narrative	Basic/Medical TMJ

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D7875	Arthroscopy: synovectomy	Yes	Medical CPT code, Diagnosis, chart notes or narrative	Basic/Medical TMJ
D7876	Arthroscopy: discectomy	Yes	Medical CPT code, Diagnosis, chart notes or narrative	Basic/Medical TMJ
D7877	Arthroscopy: debridement	Yes	Medical CPT code, Diagnosis, chart notes or narrative	Basic/Medical TMJ
D7880	Occlusal orthotic device, by report	Yes	Diagnosis, chart notes or narrative describing the procedure performed	Basic/Medical TMJ
D7881	Occlusal orthotic device adjustment	Yes	Diagnosis, chart notes or narrative describing the procedure performed	Basic/Medical TMJ
D7899	Unspecified TMD therapy, by report	Yes	Diagnosis, chart notes or narrative describing the procedure performed	Basic/Medical TMJ
D7910	Suture of recent small wounds up to 5 cm	Yes	If dental accident related will need to request the following: * 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
D7911	Complicated suture – up to 5 cm	Yes	If dental accident related will need to request the following: * 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
D7912	Complicated suture – greater than 5 cm	Yes	If dental accident related will need to request the following: * 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
D7920	Skin graft (identify defect covered, location and type of graft)	Yes	Diagnosis and narrative, or chart notes	Basic/Medical Orthognathic
D7921	Collection and application of autologous blood concentrate product	Yes	Diagnosis and narrative, or chart notes	Basic/Medical Orthognathic
D7922	PLACEMENT OF INTRA-SOCKET BIOLOGICAL DRESSING TO AID IN HEMOSTASIS OR CLOT STABILIZATION, PER SITE	Yes	Diagnosis and narrative, or chart notes	Basic/Medical Orthognathic

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D7940	Osteoplasty – for orthognathic deformities	Yes	Diagnosis and narrative, or chart notes	Basic/Medical Orthognathic
D7941	Osteotomy – mandibular rami	Yes	Diagnosis and narrative, or chart notes	Basic/Medical Orthognathic
D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft	Yes	Diagnosis and narrative, or chart notes	Basic/Medical Orthognathic
D7944	Osteotomy – segmented or subapical	Yes	Diagnosis and narrative, or chart notes	Basic/Medical Orthognathic
D7945	Osteotomy – body of mandible	Yes	Diagnosis and narrative, or chart notes	Basic/Medical Orthognathic
D7946	LeFort I (maxilla – total)	Yes	Diagnosis and narrative, or chart notes	Basic/Medical Orthognathic
D7947	LeFort I (maxilla – segmented)	Yes	Diagnosis and narrative, or chart notes	Basic/Medical Orthognathic
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft	Yes	Diagnosis and narrative, or chart notes	Basic/Medical Orthognathic
D7949	LeFort II or LeFort III – with bone graft	Yes	Diagnosis and narrative, or chart notes	Basic/Medical Orthognathic
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or non-autogenous, by report	Yes	X-rays, narrative and chart notes	Basic
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	Yes	Preoperative x-ray, narrative and complete treatment plan	Basic/Medical
D7952	Sinus augmentation via a vertical approach	Yes	Preoperative x-ray, narrative and complete treatment plan	Basic/Medical
D7953	Bone replacement graft for ridge preservation – per site	Yes	Preoperative x-ray and narrative and/or chart notes	Basic
D7955	Repair of maxillofacial soft and/or hard tissue defect	Yes	Preoperative x-ray and narrative and/or chart notes	Basic
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
D7961	buccal / labial frenectomy (frenulectomy)	Yes	Diagnosis, chart notes, and/or narrative	Basic
D7962	lingual frenectomy (frenulectomy)	Yes	Diagnosis, chart notes, and/or narrative	Basic
D7963	Frenuloplasty	Yes	Diagnosis, chart notes, and/or narrative	Basic

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D7970	Excision of hyperplastic tissue - per arch	Yes	Diagnosis, chart notes, and/or narrative	Basic
D7971	Excision of pericoronal gingiva	Yes	Periodontal charting, detailed narrative and/or chart notes	Basic
D7972	Surgical reduction of fibrous tuberosity	Yes	Narrative	Basic
D7979	non-surgical sialolithotomy	Yes	Diagnosis and narrative, or chart notes	Basic/Medical
D7980	Surgical sialolithotomy	Yes	Diagnosis and narrative, or chart notes	Basic/Medical
D7981	Excision of salivary gland, by report	Yes	Diagnosis and narrative, or chart notes	Basic/Medical
D7982	Sialodochoplasty	Yes	Diagnosis and narrative, or chart notes	Basic/Medical
D7983	Closure of salivary fistula	Yes	Diagnosis and narrative, or chart notes	Basic/Medical
D7990	Emergency tracheotomy	Yes	Diagnosis and narrative, or chart notes	Basic/Medical
D7991	Coronoidectomy	Yes	Diagnosis and narrative, or chart notes	Basic/Medical
D7993	Surgical placement of craniofacial implant – extra oral	Yes	Diagnosis and narrative, or chart notes	Basic/Medical
D7994	surgical placement: zygomatic implant	Yes	Diagnosis and narrative, or chart notes	Basic/Medical
D7995	Synthetic graft – mandible or facial bones, by report	Yes	Pre-operative x-ray and chart notes	Basic
D7996	Implant-mandible for augmentation purposes (excluding alveolar ridge), by report	Yes	Pre-operative x-ray and chart notes	Basic
D7997	Appliance removal (not by dentist who placed appliance), includes removal of arch bar	Yes	Narrative and chart notes	Basic
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	Yes	Narrative and chart notes	Basic
D7999	Unspecified oral surgery procedure, by report	Yes	Chart notes or narrative describing the procedure performed. Preoperative x-ray may be required.	Basic
D8010	Limited orthodontic treatment of the primary dentition	Yes	<ul style="list-style-type: none"> * Date the orthodontia appliance was placed * Total cost of orthodontia treatment * Itemized diagnostic records * Banding fee or initial down payment 	Routine Orthodontia/ Medical Orthodontia
D8020	Limited orthodontic treatment of the transitional dentition			
D8030	Limited orthodontic treatment of the adolescent dentition			

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D8040	Limited orthodontic treatment of the adult dentition		* Monthly adjustment fee (Can bill monthly or quarterly) * Expected length of treatment in months * Diagnosis with type of orthodontic condition being treated	
D8050 D8060	Interceptive orthodontic treatment of the primary dentition Interceptive orthodontic treatment of the transitional dentition	Yes	* Date the orthodontia appliance was placed * Total cost of orthodontia treatment * Itemized diagnostic records * Banding fee or initial down payment * Monthly adjustment fee (Can bill monthly or quarterly) * Expected length of treatment in months * Diagnosis with type of orthodontic condition being treated	Routine Orthodontia/ Medical Orthodontia
D8070 D8080 D8090	Comprehensive orthodontic treatment of the transitional dentition Comprehensive orthodontic treatment of the adolescent dentition Comprehensive orthodontic treatment of the adult dentition	Yes	* Date the orthodontia appliance was placed * Total cost of orthodontia treatment * Itemized diagnostic records * Banding fee or initial down payment * Monthly adjustment fee (Can bill monthly or quarterly) * Expected length of treatment in months * Diagnosis with type of orthodontic condition being treated	Routine Orthodontia/ Medical Orthodontia
D8210	Removable appliance therapy	Yes	Narrative	Orthodontia
D8220	Fixed appliance therapy	Yes	Narrative	Orthodontia
D8660	Pre-orthodontic treatment examination to monitor growth and development	Yes	Narrative listing all services provided	Orthodontia
D8670	Periodic orthodontic treatment visit	N/A	N/A	Orthodontia
D8680	Orthodontic retention (removal of appliances, construction, and placement of retainer(s))	Yes	Narrative or chart notes	Orthodontia
D8681	Removable orthodontic retainer adjustment	Yes	Narrative or chart notes	Orthodontia
D8690	Orthodontic treatment (alternative billing to a contract fee)	Yes	Narrative or chart notes	Orthodontia

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
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
D8695	removal of fixed orthodontic appliance for reasons other than completion of treatment	Yes	Narrative or chart notes	Orthodontia
D9696	REPAIR OF ORTHODONTIC APPLIANCE MAXILLARY	Yes	Narrative or chart notes	Orthodontia
D8697	REPAIR OF ORTHODONTIC APPLIANCE MANDIBULAR	Yes	Narrative or chart notes	Orthodontia
D8698	RECEMENT OR REBOND FIXED RETAINER MAXILLARY	Yes	Narrative or chart notes	Orthodontia
D8699	RECEMENT OR REBOND FIXED RETAINER MANDIBULAR	Yes	Narrative or chart notes	Orthodontia
D8701	REPAIR OR FIXED RETAINER, INCLUDES REATTACHMENT MAXILLARY	Yes	Narrative or chart notes	Orthodontia
D8702	REPAIR OF FIXED RETAINER, INCLUDES REATTACHMENT MANDIBULAR	Yes	Narrative or chart notes	Orthodontia
D8703	REPLACEMENT OF LOST OR BROKEN RETAINER MAXILLARY	Yes	Narrative or chart notes	Orthodontia
D8704	REPLACEMENT OF LOST OR BROKEN RETAINER MANDIBULAR	Yes	Narrative or chart notes	Orthodontia
D8999	Unspecified orthodontic procedure, by report	Yes	Chart notes or narrative describing the procedure performed	Orthodontia
D9110	Palliative (emergency) treatment of dental pain - minor procedure	N/A	Narrative and/or office records required describing what services were provided	Preventive
D9120	Fixed partial denture sectioning	N/A	N/A	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D9130	Temporomandibular joint dysfunction – non-invasive physical therapies	Yes	Diagnosis, chart notes or narrative describing the procedure performed	Basic/Medical TMJ
D9210	Local anesthesia not in conjunction with operative or surgical procedures	Yes	Narrative or Chart notes; Covered only if to relieve pain, such as until another appointment can be made. (Such as to a specialist)	Basic
D9211	Regional block anesthesia	Yes	Narrative or Chart notes; Covered only if to relieve pain, such as until another appointment can be made. (Such as to a specialist)	Basic
D9212	Trigeminal division block anesthesia	Yes	Narrative or Chart notes; Covered only if to relieve pain, such as until another appointment can be made. (such as to a specialist)	Basic
D9215	Local anesthesia in conjunction with operative or surgical procedures	N/A	Not covered/FSA covered	Not covered
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	N/A	Not covered/FSA covered	Not covered
D9222	Deep sedation/general anesthesia – first 15 minutes	N/A	N/A	Basic
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	N/A	N/A	Basic
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	N/A	Not covered/FSA covered	Not covered
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	N/A	N/A	Basic
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15-minute increment	N/A	N/A	Basic
D9248	Non-intravenous conscious sedation	N/A	Not covered/FSA covered	Not covered
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/FSA covered	Not covered
D9410	House/extended care facility call	N/A	Chart notes and narrative	Preventive

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D9420	Hospital or ambulatory surgical center call	N/A	Not covered/FSA covered	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 and narrative	Preventive
D9450	Case presentation, detailed and extensive treatment planning	N/A	Not covered/FSA covered	Not covered
D9610	Therapeutic parenteral drug, single administration	Yes	Description of antibiotics, steroids, anti-inflammatory drugs, or other therapeutic medications.	Basic
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	Yes	Description of antibiotics, steroids, anti-inflammatory drugs, or other therapeutic medications.	Basic
D9613	Infiltration of sustained release therapeutic drug – single or multiple sites	Yes	Description of antibiotics, steroids, anti-inflammatory drugs, or other therapeutic medications.	Basic
D9630	Drugs or medicaments dispensed in the office for home use	N/A	Not covered/FSA covered	Not covered
D9910	Application of desensitizing medicament	N/A	Not covered/FSA covered	Not covered
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	N/A	Not covered/FSA covered	Not covered
D9920	Behavior management, by report	N/A	Not covered/FSA 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/FSA covered	Not covered
D9933	Cleaning and inspection of removable complete denture, mandibular	N/A	Not covered/FSA covered	Not covered
D9934	Cleaning and inspection of removable partial denture, maxillary	N/A	Not covered/FSA covered	Not covered
D9935	Cleaning and inspection of removable partial denture, mandibular	N/A	Not covered/FSA covered	Not covered

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D9940-deleted code as of 01/2019	Occlusal guard, by report	N/A	N/A	Basic/Major
D9941	Fabrication of athletic mouthguard	N/A	Not covered/FSA covered	Not covered
D9942	Repair and/or reline of occlusal guard	Yes	Narrative or chart notes	Basic
D9943	Occlusal guard adjustment	Yes	Narrative or chart notes	Basic
D9944	occlusal guard – hard appliance, full arch	N/A	N/A	Basic
D9945	Occlusal guard – soft appliance, full arch	N/A	N/A	Basic
D9946	Occlusal guard – hard appliance, partial arch	N/A	N/A	Basic
D9950	Occlusion analysis - mounted case	N/A	Not covered/FSA covered	Not covered
D9951	Occlusal adjustment – limited	Yes	Tooth number(s)	Basic
D9952	Occlusal adjustment – complete	Yes	Tooth number(s)	Basic
D9961	Duplicate/copy patient's records	N/A	Not covered/FSA covered	Not covered
D9970	Enamel microabrasion	N/A	Not covered/FSA covered	Not covered
D9971	Odontoplasty -per tooth	N/A	Not covered/FSA covered	Not covered
D9972	External bleaching – per arch – performed in office	N/A	Not covered/FSA covered	Not covered
D9973	External bleaching – per tooth			
D9974	Internal bleaching – per tooth			
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays			
D9985	Sales tax	N/A	N/A	Preventive/Basic/Major
D9986	Missed appointment	N/A	Not covered/FSA covered	Not covered
D9987	Cancelled appointment	N/A	Not covered/FSA covered	Not covered
D9990	Certified translation or sign-language services per visit	N/A	Not covered/FSA covered	Not covered
D9991	Dental case management - addressing appointment compliance barriers	N/A	Not covered/FSA covered	Not covered
D9992	Dental case management – care coordination	N/A	Not covered/FSA covered	Not covered
D9993	Dental case management – motivational interviewing	N/A	Not covered/FSA covered	Not covered

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D9994	Dental case management – patient education to improve oral health literacy	N/A	Not covered/FSA covered	Not covered
D9995	Teledentistry - synchronous; real-time encounter	N/A	Not covered/FSA covered	Not covered
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	N/A	Not covered/FSA covered	Not covered
D9997	Dental case management patients with special health care needs	N/A	Not covered/FSA covered	Not covered
D9999	Unspecified adjunctive procedure, by report	Yes	Chart notes and/or narrative describing procedure performed	Basic
T1015	Clinic visit/encounter, all-inclusive	N/A	Not covered	Not covered