

Supplemental Dental Codes List

The following list of preventive and comprehensive dental codes is effective as of 01/01/2019. Covered codes may change throughout the year. Covered codes vary by plan. The following list shows all codes covered for plans in the state of Texas. Your plan may cover some, or all of these codes.

Call Member Services at the phone number listed on your Identification (ID) Card for more information or to check which codes are covered for your specific plan.

Allwell is contracted with Medicare for HMO, HMO SNP and PPO plans, and with some state Medicaid programs. Enrollment in Allwell depends on contract renewal.

Y0020_19_9535WEB_C

| ADA Code | Procedure Description | Category Description | HPMS Filing Category | Prev | Comp |
|----------|--|----------------------|--------------------------------------|------|------|
| D0120 | periodic oral evaluation | Diagnostic | Preventive - Oral Exam | Y | |
| D0140 | limited oral evaluation - problem focused | Diagnostic | Comprehensive - Diagnostic | | Y |
| D0145 | oral evaluation for a patient under three years of age and counseling with primary caregiver | Diagnostic | Comprehensive - Diagnostic | | Y |
| D0150 | comprehensive oral evaluation - new or established patient | Diagnostic | Preventive - Oral Exam | Y | |
| D0160 | detailed and extensive oral evaluation - problem-focused, by report | Diagnostic | Comprehensive - Diagnostic | | Y |
| D0170 | re-evaluation, limited, problem focused | Diagnostic | Comprehensive - Diagnostic | | Y |
| D0180 | comprehensive periodontal evaluation - new or established patient | Diagnostic | Comprehensive - Diagnostic | | Y |
| D0270 | bitewing - single radiographic image | Diagnostic | Preventive - X-rays | Y | |
| D0272 | bitewings - two radiographic images | Diagnostic | Preventive - X-rays | Y | |
| D0273 | bitewings - three radiographic images | Diagnostic | Preventive - X-rays | Y | |
| D0274 | bitewings - four radiographic images | Diagnostic | Preventive - X-rays | Y | |
| D0330 | panoramic radiographic image | Diagnostic | Comprehensive - Diagnostic | | Y |
| D0411 | HbA1C in-office point of service testing | Diagnostic | Comprehensive - Diagnostic | | Y |
| D0415 | collection of microorganisms for culture and sensitivity | Diagnostic | Comprehensive - Diagnostic | | Y |
| D0416 | viral culture | Diagnostic | Comprehensive - Diagnostic | | Y |
| D0425 | Caries susceptibility tests | Diagnostic | Comprehensive - Diagnostic | | Y |
| D0431 | adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesi | Diagnostic | Comprehensive - Diagnostic | | Y |
| D0460 | pulp vitality tests | Diagnostic | Comprehensive - Diagnostic | | Y |
| D0470 | diagnostic casts | Diagnostic | Comprehensive - Diagnostic | | Y |
| D0472 | Accession of tissue, gross examination | Diagnostic | Comprehensive - Diagnostic | | Y |
| D0473 | Accession of tissue, gross and microscopic exam | Diagnostic | Comprehensive - Diagnostic | | Y |
| D0474 | Accession of tissue, gross and microscopic exam (surgical) | Diagnostic | Comprehensive - Diagnostic | | Y |
| D0475 | Decalcification procedure | Diagnostic | Comprehensive - Diagnostic | | Y |
| D0476 | Special stains for microorganisms | Diagnostic | Comprehensive - Diagnostic | | Y |
| D0477 | Special stains, not for microorganisms | Diagnostic | Comprehensive - Diagnostic | | Y |
| D0478 | Immunohistochemical stains | Diagnostic | Comprehensive - Diagnostic | | Y |
| D0479 | Tissue in-situ hybridization, including interpretation | Diagnostic | Comprehensive - Diagnostic | | Y |
| D0480 | Processing and interpretation of cytologic smears | Diagnostic | Comprehensive - Diagnostic | | Y |
| D0481 | Electron microscopy | Diagnostic | Comprehensive - Diagnostic | | Y |
| D0482 | Direct immunofluorescence | Diagnostic | Comprehensive - Diagnostic | | Y |
| D0483 | Indirect immunofluorescence | Diagnostic | Comprehensive - Diagnostic | | Y |
| D0484 | Consultation on slides prepared elsewhere | Diagnostic | Comprehensive - Diagnostic | | Y |
| D0485 | Consultation, including preparation of slides from biopsy material supplied by referring source | Diagnostic | Comprehensive - Diagnostic | | Y |
| D0486 | Accession of exfoliative cytological smears, microscopic examination, preparation and transmission of written report | Diagnostic | Comprehensive - Diagnostic | | Y |
| D0502 | Other oral pathology procedures, by report | Diagnostic | Comprehensive - Diagnostic | | Y |
| D0999 | Unspecified diagnostic procedure, by report | Diagnostic | Comprehensive - Diagnostic | | Y |
| D1110 | prophylaxis (cleaning) - adult | Preventive | Preventive - Prophylaxis (cleanings) | Y | |
| D1120 | prophylaxis (cleaning) - child | Preventive | Preventive - Prophylaxis (cleanings) | | Y |
| D1351 | sealant - per tooth | Preventive | Comprehensive - Restorative | | Y |
| D1352 | preventive resin restoration - permanent tooth | Preventive | Comprehensive - Restorative | | Y |
| D1510 | space maintainer - fixed - unilateral | Preventive | Comprehensive - Restorative | | Y |
| D1516 | space maintainer - fixed - bilateral, maxillary | Preventive | Comprehensive - Restorative | | Y |
| D1517 | space maintainer - fixed - bilateral, mandibular | Preventive | Comprehensive - Restorative | | Y |
| D1520 | space maintainer - removable - unilateral | Preventive | Comprehensive - Restorative | | Y |
| D1526 | space maintainer - removable - bilateral, maxillary | Preventive | Comprehensive - Restorative | | Y |
| D1527 | space maintainer - removable - bilateral, mandibular | Preventive | Comprehensive - Restorative | | Y |
| D1550 | recement or re-bond of space maintainer | Preventive | Comprehensive - Restorative | | Y |
| D1555 | removal of fixed space maintainer | Preventive | Comprehensive - Restorative | | Y |
| D2140 | amalgam - one surface, primary or permanent | Restorative | Comprehensive - Restorative | | Y |
| D2150 | amalgam - two surfaces, primary or permanent | Restorative | Comprehensive - Restorative | | Y |
| D2160 | amalgam - three surfaces, primary or permanent | Restorative | Comprehensive - Restorative | | Y |
| D2161 | amalgam - four or more surfaces, primary or permanent | Restorative | Comprehensive - Restorative | | Y |
| D2330 | resin-based composite - one surface, anterior | Restorative | Comprehensive - Restorative | | Y |
| D2331 | resin-based composite - two surfaces, anterior | Restorative | Comprehensive - Restorative | | Y |
| D2332 | resin-based composite - three surfaces, anterior | Restorative | Comprehensive - Restorative | | Y |
| D2335 | resin-based composite - four or more surfaces or involving incisal angle (anterior) | Restorative | Comprehensive - Restorative | | Y |
| D2390 | resin-based composite crown, anterior | Restorative | Comprehensive - Restorative | | Y |
| D2391 | resin-based composite - one surface, posterior | Restorative | Comprehensive - Restorative | | Y |
| D2392 | resin-based composite - two surfaces, posterior | Restorative | Comprehensive - Restorative | | Y |
| D2393 | resin-based composite - three surfaces, posterior | Restorative | Comprehensive - Restorative | | Y |
| D2394 | resin-based composite - four or more surfaces, posterior | Restorative | Comprehensive - Restorative | | Y |
| D2510 | inlay - metallic - one surface | Restorative | Comprehensive - Restorative | | Y |
| D2520 | inlay - metallic - two surfaces | Restorative | Comprehensive - Restorative | | Y |

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|-------|--|-------------|-----------------------------|---|
| D2530 | inlay - metallic - three or more surfaces | Restorative | Comprehensive - Restorative | Y |
| D2542 | onlay metallic, two surfaces | Restorative | Comprehensive - Restorative | Y |
| D2543 | onlay-metallic-three surfaces | Restorative | Comprehensive - Restorative | Y |
| D2544 | onlay-metallic-four or more surfaces | Restorative | Comprehensive - Restorative | Y |
| D2610 | inlay - porcelain/ceramic - one surface | Restorative | Comprehensive - Restorative | Y |
| D2620 | inlay - porcelain/ceramic - two surfaces | Restorative | Comprehensive - Restorative | Y |
| D2630 | inlay - porcelain/ceramic - three or more surfaces | Restorative | Comprehensive - Restorative | Y |
| D2642 | onlay - porcelain/ceramic - two surfaces | Restorative | Comprehensive - Restorative | Y |
| D2643 | onlay - porcelain/ceramic - three surfaces | Restorative | Comprehensive - Restorative | Y |
| D2644 | onlay - porcelain/ceramic - four or more surfaces | Restorative | Comprehensive - Restorative | Y |
| D2650 | inlay - composite/resin - one surface | Restorative | Comprehensive - Restorative | Y |
| D2651 | inlay - composite/resin - two surfaces | Restorative | Comprehensive - Restorative | Y |
| D2652 | inlay - composite/resin - three or more surfaces | Restorative | Comprehensive - Restorative | Y |
| D2662 | onlay - composite/resin - two surfaces | Restorative | Comprehensive - Restorative | Y |
| D2663 | onlay - composite/resin - three surfaces | Restorative | Comprehensive - Restorative | Y |
| D2664 | onlay - composite/resin - four or more surfaces | Restorative | Comprehensive - Restorative | Y |
| D2710 | crown, resin-based composite (indirect) | Restorative | Comprehensive - Restorative | Y |
| D2712 | crown - 3/4 resin-based composite (indirect) | Restorative | Comprehensive - Restorative | Y |
| D2721 | crown - resin with predominantly base metal | Restorative | Comprehensive - Restorative | Y |
| D2722 | crown - resin with noble metal | Restorative | Comprehensive - Restorative | Y |
| D2740 | crown - porcelain/ceramic substrate | Restorative | Comprehensive - Restorative | Y |
| D2751 | crown - porcelain fused to predominantly base metal | Restorative | Comprehensive - Restorative | Y |
| D2752 | crown - porcelain fused to noble metal | Restorative | Comprehensive - Restorative | Y |
| D2781 | crown, 3/4 cast predominately base metal | Restorative | Comprehensive - Restorative | Y |
| D2782 | crown, 3/4 cast noble metal | Restorative | Comprehensive - Restorative | Y |
| D2783 | crown, 3/4 porcelain/ceramic | Restorative | Comprehensive - Restorative | Y |
| D2791 | crown - full cast predominantly base metal | Restorative | Comprehensive - Restorative | Y |
| D2792 | crown - full cast noble metal | Restorative | Comprehensive - Restorative | Y |
| D2910 | re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | Restorative | Comprehensive - Restorative | Y |
| D2915 | re-cement or re-bond cast indirectly fabricated or prefabricated post and core | Restorative | Comprehensive - Restorative | Y |
| D2920 | re-cement or re-bond crown | Restorative | Comprehensive - Restorative | Y |
| D2930 | prefabricated stainless steel crown - primary tooth | Restorative | Comprehensive - Restorative | Y |
| D2931 | prefabricated stainless steel crown - permanent tooth | Restorative | Comprehensive - Restorative | Y |
| D2932 | prefabricated resin crown | Restorative | Comprehensive - Restorative | Y |
| D2933 | prefabricated stainless steel crown with resin window | Restorative | Comprehensive - Restorative | Y |
| D2934 | prefabricated esthetic coated stainless steel crown - primary tooth | Restorative | Comprehensive - Restorative | Y |
| D2940 | protective restoration | Restorative | Comprehensive - Restorative | Y |
| D2950 | Core buildup, including any pins when required | Restorative | Comprehensive - Restorative | Y |
| D2951 | pin retention - per tooth, in addition to restoration | Restorative | Comprehensive - Restorative | Y |
| D2952 | cast post and core in addition to crown | Restorative | Comprehensive - Restorative | Y |
| D2953 | each additional indirectly fabricated post, same tooth | Restorative | Comprehensive - Restorative | Y |
| D2954 | prefabricated post and core in addition to crown | Restorative | Comprehensive - Restorative | Y |
| D2955 | Post removal (not in conjunction with endodontic therapy) | Restorative | Comprehensive - Restorative | Y |
| D2957 | each additional prefabricated post, same tooth | Restorative | Comprehensive - Restorative | Y |
| D2971 | Additional procedures to construct new crown under partial denture framework | Restorative | Comprehensive - Restorative | Y |
| D2975 | coping | Restorative | Comprehensive - Restorative | Y |
| D2980 | crown repair necessitated by restorative material failure | Restorative | Comprehensive - Restorative | Y |
| D2999 | Unspecified restorative procedure, by report | Restorative | Comprehensive - Restorative | Y |
| D3110 | pulp cap - direct (excluding final restoration) | Endodontics | Comprehensive - Endodontics | Y |
| D3120 | pulp cap - indirect (excluding final restoration) | Endodontics | Comprehensive - Endodontics | Y |
| D3220 | therapeutic pulpotomy (excluding final restoration) | Endodontics | Comprehensive - Endodontics | Y |
| D3221 | pulpal debridement, primary and permanent teeth | Endodontics | Comprehensive - Endodontics | Y |
| D3230 | pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) | Endodontics | Comprehensive - Endodontics | Y |
| D3240 | pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) | Endodontics | Comprehensive - Endodontics | Y |
| D3310 | endodontic therapy, anterior tooth (excluding final restoration) | Endodontics | Comprehensive - Endodontics | Y |
| D3320 | endodontic therapy, premolar tooth (excluding final restoration) | Endodontics | Comprehensive - Endodontics | Y |
| D3330 | endodontic therapy, molar (excluding final restoration) | Endodontics | Comprehensive - Endodontics | Y |
| D3331 | treatment of root canal obstruction, non-surgical access | Endodontics | Comprehensive - Endodontics | Y |
| D3332 | incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | Endodontics | Comprehensive - Endodontics | Y |
| D3333 | internal tooth repair of perforation defects | Endodontics | Comprehensive - Endodontics | Y |
| D3346 | retreatment of previous root canal therapy - anterior | Endodontics | Comprehensive - Endodontics | Y |
| D3347 | retreatment of previous root canal therapy - premolar | Endodontics | Comprehensive - Endodontics | Y |
| D3348 | retreatment of previous root canal therapy - molar | Endodontics | Comprehensive - Endodontics | Y |
| D3351 | Apexification/recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc) | Endodontics | Comprehensive - Endodontics | Y |

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|-------|--|---------------------------|--------------------------------|---|
| D3352 | Apexification/recalcification/pulpal regeneration - interim medication replacement | Endodontics | Comprehensive - Endodontics | Y |
| D3353 | apexification/recalcification - final visit (includes completed root | Endodontics | Comprehensive - Endodontics | Y |
| D3355 | Pupal regeneration-initial visit | Endodontics | Comprehensive - Endodontics | Y |
| D3356 | Pulpal regeneration-interim medicament replacement | Endodontics | Comprehensive - Endodontics | Y |
| D3357 | Pulpal regeneration-completion of treatment | Endodontics | Comprehensive - Endodontics | Y |
| D3410 | Apicoectomy - anterior | Endodontics | Comprehensive - Endodontics | Y |
| D3421 | Apicoectomy - premolar (first root) | Endodontics | Comprehensive - Endodontics | Y |
| D3425 | Apicoectomy - molar (first root) | Endodontics | Comprehensive - Endodontics | Y |
| D3426 | Apicoectomy (each additional root) | Endodontics | Comprehensive - Endodontics | Y |
| D3430 | retrograde filling - per root | Endodontics | Comprehensive - Endodontics | Y |
| D3450 | root amputation - per root | Endodontics | Comprehensive - Endodontics | Y |
| D3460 | Endodontic endosseous implant | Endodontics | Comprehensive - Endodontics | Y |
| D3470 | intentional reimplantation (including necessary splinting) | Endodontics | Comprehensive - Endodontics | Y |
| D3910 | Surgical procedure for isolation of tooth with rubber dam | Endodontics | Comprehensive - Endodontics | Y |
| D3920 | hemisection (including any root removal), not including root canal therapy | Endodontics | Comprehensive - Endodontics | Y |
| D3950 | Canal preparation and fitting of preformed dowel or post | Endodontics | Comprehensive - Endodontics | Y |
| D3999 | Unspecified endodontic procedure, by report | Endodontics | Comprehensive - Endodontics | Y |
| D4210 | gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant | Periodontics | Comprehensive - Periodontics | Y |
| D4211 | gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | Periodontics | Comprehensive - Periodontics | Y |
| D4230 | anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant | Periodontics | Comprehensive - Periodontics | Y |
| D4231 | anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant | Periodontics | Comprehensive - Periodontics | Y |
| D4240 | gingival flap procedure, including root planning - four or more contiguous teeth or tooth bounded spaces per quadrant | Periodontics | Comprehensive - Periodontics | Y |
| D4241 | gingival flap procedure - including root planing -one to three contiguous teeth or tooth bounded spaces per quadrant | Periodontics | Comprehensive - Periodontics | Y |
| D4245 | apically positioned flap | Periodontics | Comprehensive - Periodontics | Y |
| D4249 | clinical crown lengthening - hard tissue | Periodontics | Comprehensive - Periodontics | Y |
| D4260 | osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant | Periodontics | Comprehensive - Periodontics | Y |
| D4261 | osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant | Periodontics | Comprehensive - Periodontics | Y |
| D4263 | Bone replacement graft - first site in quadrant | Periodontics | Comprehensive - Periodontics | Y |
| D4264 | Bone replacement graft - each additional site in quadrant | Periodontics | Comprehensive - Periodontics | Y |
| D4265 | biologic materials to aid in soft and osseous tissue regeneration | Periodontics | Comprehensive - Periodontics | Y |
| D4266 | guided tissue regeneration - resorbable barrier, per site | Periodontics | Comprehensive - Periodontics | Y |
| D4267 | guided tissue regeneration - nonresorbable barrier, per site (Includes membrane removal) | Periodontics | Comprehensive - Periodontics | Y |
| D4268 | surgical revision procedure, per tooth | Periodontics | Comprehensive - Periodontics | Y |
| D4270 | pedicle soft tissue graft procedure | Periodontics | Comprehensive - Periodontics | Y |
| D4273 | autogenous connective tissue graft procedure, per first tooth, implant or edentulous tooth position in graft | Periodontics | Comprehensive - Periodontics | Y |
| D4274 | distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical ar | Periodontics | Comprehensive - Periodontics | Y |
| D4275 | non-autogenous connective tissue graft (including recipient site and donor material) first tooth implant | Periodontics | Comprehensive - Periodontics | Y |
| D4276 | combined connective tissue and double pedicle graft, per tooth | Periodontics | Comprehensive - Periodontics | Y |
| D4277 | free soft tissue graft procedure each additional contiguous tooth, implant or edentulous tooth | Periodontics | Comprehensive - Periodontics | Y |
| D4320 | provisional splinting - intracoronal | Periodontics | Comprehensive - Periodontics | Y |
| D4321 | provisional splinting - extracoronal | Periodontics | Comprehensive - Periodontics | Y |
| D4341 | periodontal scaling and root planing - four or more teeth per quadrant | Periodontics | Comprehensive - Periodontics | Y |
| D4342 | periodontal scaling and root planing - one - three teeth, per quadrant | Periodontics | Comprehensive - Periodontics | Y |
| D4355 | full mouth debridement to enable comprehensive evaluation and diagnosis on a subsequent visit | Periodontics | Comprehensive - Periodontics | Y |
| D4381 | localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth | Periodontics | Comprehensive - Periodontics | Y |
| D4910 | periodontal maintenance | Periodontics | Comprehensive - Periodontics | Y |
| D4920 | unscheduled dressing change (by someone other than treating dentist or their staff) | Periodontics | Comprehensive - Periodontics | Y |
| D4999 | Unspecified periodontal procedure, by report | Periodontics | Comprehensive - Periodontics | Y |
| D5110 | complete denture - maxillary | Prosthodontics, removable | Comprehensive - Prosthodontics | Y |
| D5120 | complete denture - mandibular | Prosthodontics, removable | Comprehensive - Prosthodontics | Y |
| D5130 | immediate denture - maxillary | Prosthodontics, removable | Comprehensive - Prosthodontics | Y |
| D5140 | immediate denture - mandibular | Prosthodontics, removable | Comprehensive - Prosthodontics | Y |
| D5211 | maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth) | Prosthodontics, removable | Comprehensive - Prosthodontics | Y |
| D5212 | mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth) | Prosthodontics, removable | Comprehensive - Prosthodontics | Y |
| D5213 | maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and | Prosthodontics, removable | Comprehensive - Prosthodontics | Y |
| D5214 | mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and | Prosthodontics, removable | Comprehensive - Prosthodontics | Y |
| D5225 | maxillary partial denture - flexible base (including any clasps, rests and teeth) | Prosthodontics, removable | Comprehensive - Prosthodontics | Y |
| D5226 | mandibular partial denture - flexible base (including any clasps, rests and teeth) | Prosthodontics, removable | Comprehensive - Prosthodontics | Y |
| D5282 | removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary | Prosthodontics, removable | Comprehensive - Prosthodontics | Y |
| D5283 | removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular | Prosthodontics, removable | Comprehensive - Prosthodontics | Y |
| D5410 | adjust complete denture - maxillary | Prosthodontics, removable | Comprehensive - Prosthodontics | Y |
| D5411 | adjust complete denture - mandibular | Prosthodontics, removable | Comprehensive - Prosthodontics | Y |
| D5421 | adjust partial denture - maxillary | Prosthodontics, removable | Comprehensive - Prosthodontics | Y |
| D5422 | adjust partial denture - mandibular | Prosthodontics, removable | Comprehensive - Prosthodontics | Y |

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|-------|--|---------------------------|--------------------------------|--|---|
| D5511 | repair broken complete denture base - mandibular | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5512 | repair broken complete denture base - maxillary | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5520 | replace missing or broken teeth - complete denture (each tooth) | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5611 | repair resin partial denture base - mandibular | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5612 | repair resin partial denture base - maxillary | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5621 | repair cast partial denture base - mandibular | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5622 | repair cast partial denture base - maxillary | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5630 | repair or replace broken retentive clasping materials - per tooth | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5640 | replace broken teeth - per tooth | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5650 | add tooth to existing partial denture | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5660 | add clasp to existing partial denture - per tooth | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5670 | replace all teeth and acrylic on cast metal framework (maxillary) | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5671 | replace all teeth and acrylic on cast metal framework (mandibular) | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5710 | rebase complete maxillary denture | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5711 | rebase complete mandibular denture | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5720 | rebase maxillary partial denture | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5721 | rebase mandibular partial denture | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5730 | reline complete maxillary denture (chairside) | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5731 | reline complete mandibular denture (chairside) | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5740 | reline maxillary partial denture (chairside) | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5741 | reline mandibular partial denture (chairside) | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5750 | reline complete maxillary denture (laboratory) | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5751 | reline complete mandibular denture (laboratory) | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5760 | reline maxillary partial denture (laboratory) | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5761 | reline mandibular partial denture (laboratory) | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5810 | interim complete denture (maxillary) | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5811 | interim complete denture (mandibular) | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5820 | interim partial denture (maxillary) | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5821 | interim partial denture (mandibular) | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5850 | tissue conditioning, maxillary | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5851 | tissue conditioning, mandibular | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5862 | Precision attachment, by report | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5863 | Overdenture-complete maxillary | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5864 | Overdenture-partial maxillary | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5865 | Overdenture - complete mandibular | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5866 | Overdenture-partial mandibular | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5867 | Replacement of replaceable part of semi-precision attachment | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5875 | Modification of removable prosthesis following implant surgery | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5899 | Unspecified removable prosthodontic procedure, by report | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5992 | Adjust maxillofacial prosthetic appliance, by report | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D5993 | Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments. | Prosthodontics, removable | Comprehensive - Prosthodontics | | Y |
| D6205 | pontic - indirect resin based composite | Prosthodontics, fixed | Comprehensive - Prosthodontics | | Y |
| D6210 | pontic - cast high noble metal | Prosthodontics, fixed | Comprehensive - Prosthodontics | | Y |
| D6211 | pontic - cast predominantly base metal | Prosthodontics, fixed | Comprehensive - Prosthodontics | | Y |
| D6212 | pontic - cast noble metal | Prosthodontics, fixed | Comprehensive - Prosthodontics | | Y |
| D6241 | pontic - porcelain fused to predominantly base metal | Prosthodontics, fixed | Comprehensive - Prosthodontics | | Y |
| D6242 | pontic - porcelain fused to noble metal | Prosthodontics, fixed | Comprehensive - Prosthodontics | | Y |
| D6245 | pontic-porcelain/ceramic | Prosthodontics, fixed | Comprehensive - Prosthodontics | | Y |
| D6251 | pontic - resin with predominantly base metal | Prosthodontics, fixed | Comprehensive - Prosthodontics | | Y |
| D6252 | pontic - resin with noble metal | Prosthodontics, fixed | Comprehensive - Prosthodontics | | Y |
| D6253 | provisional pontic - further treatment or completion of diagnosis necessary prior to final impression | Prosthodontics, fixed | Comprehensive - Prosthodontics | | Y |
| D6545 | retainer - cast metal for resin bonded fixed prosthesis | Prosthodontics, fixed | Comprehensive - Prosthodontics | | Y |
| D6548 | retainer-porcelain/ceramic for resin bonded fixed prosthesis | Prosthodontics, fixed | Comprehensive - Prosthodontics | | Y |
| D6600 | retainer inlay-porcelain/ceramic, two surfaces | Prosthodontics, fixed | Comprehensive - Prosthodontics | | Y |
| D6601 | retainer inlay - porcelain/ceramic, three or more surfaces | Prosthodontics, fixed | Comprehensive - Prosthodontics | | Y |
| D6602 | retainer inlay - cast high noble metal, two surfaces | Prosthodontics, fixed | Comprehensive - Prosthodontics | | Y |
| D6603 | retainer inlay - cast high noble metal, three or more surfaces | Prosthodontics, fixed | Comprehensive - Prosthodontics | | Y |
| D6604 | retainer inlay - cast predominantly base metal, two surfaces | Prosthodontics, fixed | Comprehensive - Prosthodontics | | Y |
| D6605 | retainer inlay - cast predominantly base metal, three or more surfaces | Prosthodontics, fixed | Comprehensive - Prosthodontics | | Y |
| D6606 | retainer inlay - cast noble metal, two surfaces | Prosthodontics, fixed | Comprehensive - Prosthodontics | | Y |
| D6607 | retainer inlay - cast noble metal, three or more surfaces | Prosthodontics, fixed | Comprehensive - Prosthodontics | | Y |
| D6608 | retainer onlay - porcelain/ceramic, two surfaces | Prosthodontics, fixed | Comprehensive - Prosthodontics | | Y |
| D6609 | retainer onlay - porcelain/ceramic, three or more surfaces | Prosthodontics, fixed | Comprehensive - Prosthodontics | | Y |
| D6612 | retainer onlay - cast predominantly base metal, two surfaces | Prosthodontics, fixed | Comprehensive - Prosthodontics | | Y |

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| D6613 | retainer onlay - cast predominantly base metal, three or more surfaces | Prosthodontics, fixed | Comprehensive - Prosthodontics | Y |
| D6614 | retainer onlay - cast noble metal, two surfaces | Prosthodontics, fixed | Comprehensive - Prosthodontics | Y |
| D6615 | retainer onlay - cast noble metal, three or more surfaces | Prosthodontics, fixed | Comprehensive - Prosthodontics | Y |
| D6710 | retainer crown - indirect resin based composite (not to be used as a temporary or provisional crown) | Prosthodontics, fixed | Comprehensive - Prosthodontics | Y |
| D6721 | retainer crown - resin with predominantly base metal | Prosthodontics, fixed | Comprehensive - Prosthodontics | Y |
| D6722 | retainer crown - resin with noble metal | Prosthodontics, fixed | Comprehensive - Prosthodontics | Y |
| D6740 | retainer crown-porcelain/ceramic | Prosthodontics, fixed | Comprehensive - Prosthodontics | Y |
| D6751 | retainer crown - porcelain fused to predominantly base metal | Prosthodontics, fixed | Comprehensive - Prosthodontics | Y |
| D6752 | retainer crown - porcelain fused to noble metal | Prosthodontics, fixed | Comprehensive - Prosthodontics | Y |
| D6781 | retainer crown-3/4 cast predominately based metal | Prosthodontics, fixed | Comprehensive - Prosthodontics | Y |
| D6782 | retainer crown-3/4 cast noble metal | Prosthodontics, fixed | Comprehensive - Prosthodontics | Y |
| D6783 | retainer crown-3/4 porcelain/ceramic | Prosthodontics, fixed | Comprehensive - Prosthodontics | Y |
| D6791 | retainer crown - full cast predominantly base metal | Prosthodontics, fixed | Comprehensive - Prosthodontics | Y |
| D6792 | retainer crown - full cast noble metal | Prosthodontics, fixed | Comprehensive - Prosthodontics | Y |
| D6793 | provisional retainer crown-further treatment or completion of diagnosis necessary prior to final impression | Prosthodontics, fixed | Comprehensive - Prosthodontics | Y |
| D6920 | Connector bar | Prosthodontics, fixed | Comprehensive - Prosthodontics | Y |
| D6930 | recement or re-bond fixed partial denture | Prosthodontics, fixed | Comprehensive - Prosthodontics | Y |
| D6940 | Stress breaker | Prosthodontics, fixed | Comprehensive - Prosthodontics | Y |
| D6950 | Precision attachment | Prosthodontics, fixed | Comprehensive - Prosthodontics | Y |
| D6980 | Fixed partial denture repair | Prosthodontics, fixed | Comprehensive - Prosthodontics | Y |
| D6999 | Fixed prosthodontic procedure | Prosthodontics, fixed | Comprehensive - Prosthodontics | Y |
| D7111 | extraction, coronal remnants - primary tooth | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7140 | extraction, erupted tooth or exposed root (elevation and/or forceps removal) | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7210 | surgical removal of erupted tooth req removal of bone,sectioning of tooth and including elevation of mucoperiosteal flap | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7220 | removal of impacted tooth - soft tissue | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7230 | removal of impacted tooth - partially bony | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7240 | removal of impacted tooth - completely bony | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7241 | removal of impacted tooth - completely bony, with unusual surgical | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7250 | surgical removal of residual tooth roots (cutting procedure) | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7251 | Coronectomy-intentional partial tooth removal is performed when a neurovascular complication is likely if the entire impacted tooth | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7260 | oroantral fistula closure | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7261 | primary closure of a sinus perforation | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7270 | tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7272 | tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization) | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7280 | surgical access of an unerupted tooth | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7282 | mobilization of erupted or malpositioned tooth to aid eruption | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7283 | placement of device to facilitate eruption of impacted tooth | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7285 | incisional biopsy of oral tissue - hard (bone, tooth) | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7286 | incisional biopsy of oral tissue - soft (all others) | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7287 | exfoliative cytological sample collection | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7288 | brush biopsy - transepithelial sample collection | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7290 | Surgical repositioning of teeth | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7291 | Transseptal fiberotomy, by report | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7292 | Surgical placement of temporary anchorage device [screw retained plate] requiring flap; includes device removal | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7293 | Surgical placement of temporary anchorage device requiring flap; includes device removal | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7294 | Surgical placement of temporary anchorage device without flap; includes device removal | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7295 | Harvest of bone for use in autogenous grafting procedure | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7310 | alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7311 | alveoplasty in conjunction with extraction - one to three teeth or tooth spaces, per quadrant | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7320 | alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7321 | alveoplasty not in conjunction with extraction - one to three teeth or tooth spaces, per quadrant | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7340 | vestibuloplasty - ridge extension (secondary epithelialization) | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7350 | vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment) | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7410 | excision of benign lesion up to 1.25 cm | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7411 | excision of benign lesion greater than 1.25 cm | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7412 | excision of benign lesion, complicated | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7413 | Excision of malignant lesion up to 1.25 cm | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7414 | Excision of malignant lesion greater than 1.25 cm | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7415 | Excision of malignant lesion, complicated | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7440 | Excision of malignant tumor – lesion diameter up to 1.25 cm | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7441 | Excision of malignant tumor - lesion diameter greater than 1.25cm | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7450 | removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7451 | removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm | Oral Surgery | Comprehensive - Prosthodontics | Y |
| D7460 | removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm | Oral Surgery | Comprehensive - Prosthodontics | Y |

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| D7461 | removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm | Oral Surgery | Comprehensive - Prosthodontics | | Y |
| D7465 | Destruction of lesion(s) by physical or chemical method, by report | Oral Surgery | Comprehensive - Prosthodontics | | Y |
| D7471 | Removal of exostosis - per site | Oral Surgery | Comprehensive - Prosthodontics | | Y |
| D7472 | removal of torus palatinus | Oral Surgery | Comprehensive - Prosthodontics | | Y |
| D7473 | removal of torus mandibularis | Oral Surgery | Comprehensive - Prosthodontics | | Y |
| D7485 | Surgical reduction of osseous tuberosity | Oral Surgery | Comprehensive - Prosthodontics | | Y |
| D7490 | Radical resection of mandible with bone graft | Oral Surgery | Comprehensive - Prosthodontics | | Y |
| D7510 | incision and drainage of abscess - intraoral soft tissue | Oral Surgery | Comprehensive - Prosthodontics | | Y |
| D7511 | incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | Oral Surgery | Comprehensive - Prosthodontics | | Y |
| D7520 | incision and drainage of abscess - extraoral soft tissue | Oral Surgery | Comprehensive - Prosthodontics | | Y |
| D7521 | incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | Oral Surgery | Comprehensive - Prosthodontics | | Y |
| D7530 | removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue | Oral Surgery | Comprehensive - Prosthodontics | | Y |
| D7540 | removal of reaction-producing foreign bodies - musculoskeletal system | Oral Surgery | Comprehensive - Prosthodontics | | Y |
| D7960 | frenulectomy (frenectomy or frenotomy) - separate procedure not incidental to another procedure | Oral Surgery | Comprehensive - Prosthodontics | | Y |
| D7963 | frenuloplasty | Oral Surgery | Comprehensive - Prosthodontics | | Y |
| D7970 | excision of hyperplastic tissue - per arch | Oral Surgery | Comprehensive - Prosthodontics | | Y |
| D7971 | excision of pericoronal gingiva | Oral Surgery | Comprehensive - Prosthodontics | | Y |
| D7972 | surgical reduction of fibrous tuberosity | Oral Surgery | Comprehensive - Prosthodontics | | Y |
| D7997 | appliance removal (not by dentist who placed appliance), includes removal of archbar | Oral Surgery | Comprehensive - Prosthodontics | | Y |
| D7999 | Unspecified oral surgery procedure, by report | Oral Surgery | Comprehensive - Prosthodontics | | Y |
| D9120 | fixed partial denture sectioning | Adjunctive | Comprehensive - Non-Routine | | Y |
| D9210 | local anesthesia not in conjunction with operative or surgical procedures | Adjunctive | Comprehensive - Non-Routine | | Y |
| D9211 | Regional block anesthesia | Adjunctive | Comprehensive - Non-Routine | | Y |
| D9212 | Trigeminal division block anesthesia | Adjunctive | Comprehensive - Non-Routine | | Y |
| D9215 | local anesthesia in conjunction with operative or surgical procedures | Adjunctive | Comprehensive - Non-Routine | | Y |
| D9222 | Deep Sedation/General Anesthesia – First 15 Minutes | Adjunctive | Comprehensive - Non-Routine | | Y |
| D9223 | deep sedation/general anesthesia-each subsequent 15 minute increment | Adjunctive | Comprehensive - Non-Routine | | Y |
| D9230 | inhalation of nitrous oxide/analgesia | Adjunctive | Comprehensive - Non-Routine | | Y |
| D9239 | Intravenous Moderate (conscious) Sedation/Analgesia – First 15 Minutes | Adjunctive | Comprehensive - Non-Routine | | Y |
| D9243 | intravenous moderate (conscious) sedation/analgesia-each subsequent 15 minute increment | Adjunctive | Comprehensive - Non-Routine | | Y |
| D9248 | non-intravenous conscious sedation. This includes non-iv minimal and moderate sedation. | Adjunctive | Comprehensive - Non-Routine | | Y |
| D9310 | consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment) | Adjunctive | Comprehensive - Non-Routine | | Y |
| D9410 | House/extended care facility call | Adjunctive | Comprehensive - Non-Routine | | Y |
| D9420 | Hospital Call | Adjunctive | Comprehensive - Non-Routine | | Y |
| D9430 | Office visit for observation - no other services performed | Adjunctive | Comprehensive - Non-Routine | | Y |
| D9440 | Office visit after regularly scheduled hours | Adjunctive | Comprehensive - Non-Routine | | Y |
| D9450 | Case presentation, detailed and extensive treatment planning | Adjunctive | Comprehensive - Non-Routine | | Y |
| D9610 | therapeutic parenteral drug, single administration | Adjunctive | Comprehensive - Non-Routine | | Y |
| D9612 | therapeutic parenteral drugs, two or more administrations, different medications | Adjunctive | Comprehensive - Non-Routine | | Y |
| D9630 | other drugs and/or medicaments, by report | Adjunctive | Comprehensive - Non-Routine | | Y |
| D9910 | application of desensitizing medicament | Adjunctive | Comprehensive - Non-Routine | | Y |
| D9911 | application of desensitizing resin for cervical and/or root surface, per tooth | Adjunctive | Comprehensive - Non-Routine | | Y |
| D9920 | Behavior Management | Adjunctive | Comprehensive - Non-Routine | | Y |
| D9930 | Treatment of complications (post-surgical) - unusual circumstances, by report | Adjunctive | Comprehensive - Non-Routine | | Y |
| D9942 | repair and/or relines of occlusal guards | Adjunctive | Comprehensive - Non-Routine | | Y |
| D9944 | occlusal guard – hard appliance, full arch | Adjunctive | Comprehensive - Non-Routine | | Y |
| D9945 | occlusal guard – soft appliance, full arch | Adjunctive | Comprehensive - Non-Routine | | Y |
| D9946 | occlusal guard – hard appliance, partial arch | Adjunctive | Comprehensive - Non-Routine | | Y |
| D9950 | occlusion analysis - mounted case | Adjunctive | Comprehensive - Non-Routine | | Y |
| D9951 | occlusal adjustment - limited | Adjunctive | Comprehensive - Non-Routine | | Y |
| D9952 | occlusal adjustment - complete | Adjunctive | Comprehensive - Non-Routine | | Y |
| D9999 | Unspecified adjunctive procedure, by report | Adjunctive | Comprehensive - Non-Routine | | Y |