

# HCPCS Level II

A resourceful compilation of HCPCS codes  
Supports HIPAA compliance

SAMPLE

2025

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# Introduction

## About CDT Codes

Dental codes (CDT codes) are developed and maintained by the American Dental Association (ADA). The CDT code was named as the HIPAA standard code set for reporting dental claims to third-party payors in August 2000. Optum does not change the code descriptions. Requests for coding modification to the CDT code set may be submitted at any time, however, the closing date for consideration in the next year's publication is November 1st. Requests received after that date will be considered in the next annual maintenance period. Information for coding modification submission to the CDT code set is available on the ADA website at <https://www.ada.org/en/publications/cdt/request-to-change-to-the-code>.

## How to Use CDT Codes

Coders should keep in mind that the insurance companies and government do not base payment solely on what was done for the patient. They need to know why the services were performed. In addition to using the HCPCS coding system for procedures and supplies, coders must also use the ICD-10-CM coding system to denote the diagnosis. This book will not discuss ICD-10-CM codes, which can be found in a current ICD-10-CM code book for diagnosis codes. To locate a HCPCS Level II code, follow these steps:

1. Identify the services or procedures that the patient received.

Example:

Dental prophylaxis, child.

2. Look up the appropriate term in the index.

Example:

Screening

prostate specific antigen test (PSA)

**Coding Tip:** Coders who are unable to find the procedure or service in the index can look in the table of contents for the type of procedure or device to narrow the code choices. Also, coders should remember to check the unlisted procedure guidelines for additional choices.

3. Assign a tentative code.

Example:

Codes D1110, D1120

**Coding Tip:** To the right of the terminology, there may be a single code or multiple codes. Tentatively assign all codes listed.

4. Locate the code or codes in the appropriate section. When multiple codes are listed in the index, be sure to read the narrative of all codes listed to find the appropriate code based on the service performed.

Example:

**D1110 prophylaxis – adult**

Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.

**D1120 prophylaxis – child**

Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.

5. Review the dental code descriptors for additional information that may clarify the intended use of the code(s).
6. Review icons, symbols, and other guidelines for coverage issues that may apply.

**D1120 prophylaxis – child**

EI

7. Determine whether any modifiers should be appended.

8. Assign the code.

Example:

The code assigned is D1120.

## Dental Code Index

Dental codes appear in a separately maintained index enabling the coder to locate any code without looking through individual ranges of codes. Just look up the dental or surgical supply, service, or prosthetic in question to find the appropriate codes.

## Resequencing of CDT Codes

The American Dental Association (ADA) employs a numbering methodology of resequencing, which is the practice of displaying codes outside of their numerical order according to the description relationship. According to the ADA, there are instances in which a new code is needed within an existing grouping of codes, but an unused code number is not available. In these situations, the ADA will resequence the codes. In other words, it will assign a code that is not in numeric sequence with the related codes. Dental codes within the Optum's 2024 HCPCS Level II Expert DENTAL display in their resequenced order.

An example of resequencing from 2024 HCPCS Level II Expert DENTAL follows:

**D2929 prefabricated porcelain/ceramic crown – primary tooth**

# **D2928 prefabricated porcelain/ceramic crown – permanent tooth**

**D2930 prefabricated stainless steel crown – primary tooth**

In 2024 HCPCS Level II Expert DENTAL the resequenced codes are listed twice. They appear in their resequenced position as shown above as well as in their original numeric position with a note indicating that the code is out of numerical sequenced and where it can be found. (See example below.)

**D2928 Resequenced code. See code following D2929.**

This differs from the ADA CDT book, which utilizes alphabetic and numeric indices to direct the coder to a page number that contains the resequenced code and description, rather than to a specific location.

## Appendix

### Appendix A: Resequenced Dental Codes

This appendix contains a list of dental codes that are not in numeric order in the book. ADA resequenced some of the code numbers to relocate codes in the same category but not in numeric sequence. In addition to the list of codes, this appendix provides the page number where the resequenced code may be found.

## A

**Abscess, incision and drainage**, D7510-D7521

**Abutments**  
for implants, D6051, D6056-D6057  
retainers for resin bonded “Maryland bridge”, D6545, D6548-D6549

**Accession of brush biopsy sample**, D0486

**Accession of tissue**, D0472-D0474

**Adjunctive services**, D0431, D9110-D9999

**Adjustment**  
complete denture  
mandibular, D5411  
maxillary, D5410  
maxillofacial prosthetic, D5992  
occlusal, D9951-D9952  
retainer, D8681  
partial denture  
mandibular, D5422  
maxillary, D5421

**Administration**  
home sleep apnea test, D9956

**Aesthetic**  
temporary appliance  
custom removable clear plastic, D9938-D9939

**Allograft**  
maxillofacial, D7955  
soft dental tissue, D4275

**Alveoloplasty**  
with extraction(s), D7310-D7311  
without extractions, D7320-D7321

**Alveolus, fracture**, D7670-D7671, D7770-D7771

**Amalgam, restoration**, D2140-D2161

**Ambulatory surgical center call**, D9420

**Analgesia**, D9210-D9248  
*See also*, Anesthesia

**Anchorage device**  
temporary, D7292-D7294

**Anesthesia**, D9210-D9248  
block  
regional, D9211  
trigeminal, D9212  
deep or general, each 15 minutes, D9223  
evaluation, deep or general, D9219  
intravenous moderate sedation, each 15 minutes, D9243  
local  
in conjunction with surgical procedures, D9215  
not in conjunction with surgical procedures, D9210  
nitrous oxide inhalation, D9230  
nonintravenous moderate sedation, D9248

**Antibody testing**, D0605

**Antigen testing**, D0604

**Antimicrobial delivery device**  
crevicular tissue, D4381

**Apexification, dental**, D3351-D3353

**Apexogenesis**, D3222

**Apicoectomy, dental**, D3410-D3426

**Appliance**  
distal shoe space maintainer, D1575  
orthodontic  
fixed, D8220  
removable, D8210  
removal, D7997

**Appliance** — *continued*  
removal, by different provider, D7997  
sleep apnea, custom, D9947-D9949

**Application**  
fluoride, D1206-D1208  
hydroxyapatite regeneration medicament, per tooth, D2989

**Appointment**  
canceled, D9987  
missed, D9986

**Arthrocentesis, dental**, D7870

**Arthroplasty, dental**, D7865

**Arthroscopy**, D7872-D7877  
biopsy, D7872  
debridement, D7877  
diagnostic, D7872  
disc reposition, stabilization, D7874  
discectomy, D7876  
lavage and lysis, D7873  
synovectomy, D7875

**Arthrotomy, dental**, D7860

**Assessment**  
patient, D0191  
saliva, D0419

**Augmentation**  
sinus, D7951-D7952

**Auricular prosthesis**, D5914, D5927

**Autologous blood concentrate**, D7921

**Band stabilization**, D2976

**Barrier, intraorifice**, D3911

**Behavior management, dental care**, D9942-D9946

**Biologic dressing, intra-socket**, D7922

**Biologic materials, dental**, D4265  
with periradicular surgery, D3431

**Biopsy**  
hard tissue, dental, D7285  
minor salivary glands, D7284  
soft tissue, dental, D7286  
transepithelial brush, D7288

**Bitewings**, D0270-D0277

**Bleaching, dental**  
external, home application, D9975  
external, per arch, D9972  
external, per tooth, D9973  
internal, per tooth, D9974

**Blood glucose testing**, D0412  
HbA1c, D0411

**Bone**  
autogenous harvest, D7295  
replacement graft, D7953  
tissue excision, D7471-D7490

**Bridge**  
crowns, D6710-D6794  
implant/abutment supported, D6068-D6071, D6072-D6074, D6075-D6076, D6077, D6098-D6099, D6120, D6121-D6123, D6194, D6195  
inlay/onlay, D6600-D6634  
pediatric, D6985  
pontics, D6205-D6253  
recementation, D6930  
repair, D6980

**Bridge** — *continued*  
resin bonded, D6545, D6548-D6549  
sectioning, D9120

**Bruxism appliance**, D9942-D9946

## C

**Caries**  
application of inhibiting medication, D1354, D1355  
assessment, risk, D0601-D0603  
test, susceptibility, D0425

**Carrier**  
fluoride gel, D5986  
medicament, periodontal, D5995-D5996  
pharmaceutical  
periodontal, D1355, D5994  
vesiculobolus, D5991  
radiation, D5983

**Case**  
management, D9991-D9994, D9997  
special needs, D9997  
presentation, D9450

**Cast**  
diagnostic, D0470  
post and core, D2952-D2953

**Change in tooth structure, diagnostic**, D0600

**Cleaning, removable denture**  
full, D9932-D9933  
partial, D9934-D9935

**Closure**  
oroantral fistula, D7260  
sinus perforation, D7261

**Collection**  
autologous blood, D7921  
for culture and sensitivity  
microorganisms, D0415  
viral, D0416  
genetic sample, D0422  
saliva samples, D0417

**Combined connective tissue and pedicle graft, dental**, D4276

**Complications, postoperative**, D9930

**Composite, resin based**, D2330-D2394

**Condylectomy**, D7840

**Cone Beam CT capture**  
*See* CT scan, cone beam

**Connector bar**  
dental implant, supported, D6055  
fixed partial denture, D6920

**Conscious sedation, dental**, D9230-D9248

**Consultation**  
with prep of slides, D0485  
slides prepared elsewhere, D0484

**Coping**, D2975

**Core buildup, including pins**, D2950

**Coronavirus testing**, D0604-D0606

**Coronectomy, intentional**, D7251

**Coronoidectomy**, D7991

**Corticotomy**, D7296-D7297

**Counseling**  
disease prevention, D1310-D1320  
immunization, D1301

**Crevicular tissue**  
antimicrobial delivery device, D4381

# Tabular

## Diagnostic (D0120–D0999)

### Clinical Oral Evaluation (D0120–D0180)

The codes in this section recognize the cognitive skills necessary for patient evaluation. The collection and recording of some data and components of the dental examination may be delegated; however, the evaluation, which includes diagnosis and treatment planning, is the responsibility of the dentist. As with all ADA procedure codes, there is no distinction made between the evaluations provided by general practitioners and specialists. Report additional diagnostic and/or definitive procedures separately.

#### D0120 periodic oral evaluation—established patient E

An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation, periodontal screening where indicated, and may require interpretation of information acquired through additional diagnostic procedures. The findings are discussed with the patient. Report additional diagnostic procedures separately.

#### D0140 limited oral evaluation—problem focused E

An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation.

Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.

#### D0145 oral evaluation for a patient under three years of age and counseling with primary caregiver E

Diagnostic services performed for a child under the age of three, preferably within the first six months of the eruption of the first primary tooth, including recording the oral and physical health history, evaluation of caries susceptibility, development of an appropriate preventive oral health regimen and communication with and counseling of the child's parent, legal guardian and/or primary caregiver.

#### D0150 comprehensive oral evaluation—new or established patient S

Used by a general dentist and/or a specialist when evaluating a patient comprehensively. This applies to new patients; established patients who have had a significant change in health conditions or other unusual circumstances, by report, or established patients who have been absent from active treatment for three or more years. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately.

This includes an evaluation for oral cancer, the evaluation and recording of the patient's dental and medical history and a general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, existing prostheses, occlusal relationships, periodontal conditions (including periodontal screening and/or charting), hard and soft tissue anomalies, etc.

#### D0160 detailed and extensive oral evaluation—problem focused, by report E

A detailed and extensive problem focused evaluation entails extensive diagnostic and cognitive modalities based on the findings of a comprehensive oral evaluation. Integration of more extensive diagnostic modalities to develop a treatment plan for a specific problem is required. The condition requiring this type of evaluation should be described and documented. Examples of conditions requiring this type of evaluation may include dentofacial anomalies, complicated perio-prosthetic conditions, complex temporomandibular dysfunction, facial pain of unknown origin, conditions requiring multi-disciplinary consultation, etc.

#### D0170 re-evaluation—limited, problem focused (established patient; not post-operative visit) E

Assessing the status of a previously existing condition. For example:

- a traumatic injury where no treatment was rendered but patient needs follow-up monitoring;
- evaluation for undiagnosed continuing pain;
- soft tissue lesion requiring follow-up evaluation.

#### D0171 re-evaluation—post-operative office visit E

#### D0180 comprehensive periodontal evaluation—new or established patient E

This procedure is indicated for patients showing signs or symptoms of periodontal disease and for patients with risk factors such as smoking or diabetes. It includes evaluation of periodontal conditions, probing and charting, an evaluation for oral cancer, the evaluation and recording of the patient's dental and medical history, and general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, and occlusal relationships.

### Pre-diagnostic Services (D0190–D0191)

#### D0190 screening of a patient E

A screening, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis.

#### D0191 assessment of a patient E

A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment.

### Diagnostic Imaging (D0210–D0396)

Should be taken only for clinical reasons as determined by the patient's dentist. Should be of diagnostic quality and properly identified and dated. Is a part of the patient's clinical record and the original images should be retained by the dentist. Originals should not be used to fulfill requests made by patients or third-parties for copies of records.

#### D0210 intraoral—comprehensive series of radiographic images E

A radiographic survey of the whole mouth intended to display the crowns and roots of all teeth, periapical areas, interproximal areas and alveolar bone including edentulous areas.

#### D0220 intraoral—periapical first radiographic image E

#### D0230 intraoral—periapical each additional radiographic image E

#### D0240 intraoral—occlusal radiographic image S

## Restorative (D2140–D2999)

Local anesthesia is usually considered to be part of Restorative procedures.

### Explanation of Restorations

#### Anterior

- 1-Surface - Placed on one of the following five surface classifications – Mesial, Distal, Incisal, Lingual, or Labial;
- 2-Surfaces - Placed, without interruption, on two of the five surface classifications – e.g., Mesial-Lingual;
- 3-Surfaces - Placed, without interruption, on three of the five surface classifications – e.g., Lingual-Mesial-Labial;
- 4 or more-Surfaces - Placed, without interruption, on four or more of the five surface classifications – e.g., Mesial-Incisor-Lingual-Labial.

#### Posterior

- 1-Surface - Placed on one of the following five surface classifications – Mesial, Distal, Occlusal, Lingual, or Buccal;
- 2-Surfaces - Placed, without interruption, on two of the five surface classifications – e.g., Mesial-Occlusal;
- 3-Surfaces - Placed, without interruption, on three of the five surface classifications – e.g., Lingual-Occlusal-Distal;
- 4 or more-Surfaces - Placed, without interruption, on four or more of the five surface classifications – e.g., Mesial-Occlusal-Lingual-Distal.

**Note:** Tooth surfaces are reported on the HIPAA standard electronic dental transaction and the ADA Dental Claim Form using the letters in the following table.

Surface	Code
Buccal	B
Distal	D
Facial (or Labial)	F
Incisal	I
Lingual	L
Mesial	M
Occlusal	O

### Occlusal Amalgam Restorations (including polishing) (D2140–D2161)

Tooth preparation, all adhesives (including amalgam bonding agents), liners and bases are included as part of the restoration. If pins are used, they should be reported separately (see D2951).

- D2140 amalgam—**one surface, primary or permanent** [E]
- D2150 amalgam—**two surfaces, primary or permanent** [E]
- D2160 amalgam—**three surfaces, primary or permanent** [E]
- D2161 amalgam—**four or more surfaces, primary or permanent** [E]

### Resin-Based Restorations-Direct (D2330–D2394)

Resin-based composite refers to a broad category of materials including but not limited to composites. May include bonded composite, light-cured composite, etc. Tooth preparation, acid etching, adhesives (including resin bonding agents), liners and bases and curing are included as part of the restoration. Glass ionomers, when used as restorations, should be reported with these codes. If pins are used, they should be reported separately (see D2951).

- D2330 resin-based composite—**one surface, anterior** [E]
- D2331 resin-based composite—**two surfaces, anterior** [E]
- D2332 resin-based composite—**three surfaces, anterior** [E]
- ▲ D2335 resin-based composite—**four or more surfaces** [E]
- D2390 resin-based composite crown, anterior [E]  
Full resin-based composite coverage of tooth.
- D2391 resin-based composite—**one surface, posterior** [E]  
Used to restore a carious lesion into the dentin or a deeply eroded area into the dentin. Not a preventive procedure.
- D2392 resin-based composite—**two surfaces, posterior** [E]
- D2393 resin-based composite—**three surfaces, posterior** [E]

- D2394 resin-based composite—**four or more surfaces, posterior** [E]

### Gold Foil Restorations (D2410–D2430)

- D2410 gold foil—**one surface** [E]
- D2420 gold foil—**two surfaces** [E]
- D2430 gold foil—**three surfaces** [E]

### Inlay/Onlay Restorations (D2510–D2664)

**Inlay:** An intra-coronal dental restoration, made outside the oral cavity to conform to the prepared cavity, which does not restore any cusps tips.

**Onlay:** A dental restoration made outside the oral cavity that covers one or more cusps tips and adjoining occlusal surfaces, but not the entire external surface.

- D2510 inlay—**metallic—one surface** [E]
- D2520 inlay—**metallic—two surfaces** [E]
- D2530 inlay—**metallic—three or more surfaces** [E]
- D2542 onlay—**metallic—two surfaces** [E]
- D2543 onlay—**metallic—three surfaces** [E]
- D2544 onlay—**metallic—four or more surfaces** [E]
- D2610 inlay—**porcelain/ceramic—one surface** [E]
- D2620 inlay—**porcelain/ceramic—two surfaces** [E]
- D2630 inlay—**porcelain/ceramic—three or more surfaces** [E]
- D2642 onlay—**porcelain/ceramic—two surfaces** [E]
- D2643 onlay—**porcelain/ceramic—three surfaces** [E]
- D2644 onlay—**porcelain/ceramic—four or more surfaces** [E]
- D2650 inlay—**resin-based composite—one surface** [E]
- D2651 inlay—**resin-based composite—two surfaces** [E]
- D2652 inlay—**resin-based composite—three or more surfaces** [E]
- D2662 onlay—**resin-based composite—two surfaces** [E]
- D2663 onlay—**resin-based composite—three surfaces** [E]
- D2664 onlay—**resin-based composite—four or more surfaces** [E]

### Crowns—Single Restoration Only (D2710–D2799)

- D2710 crown—**resin-based composite (indirect)** [E]
- D2712 crown—**3/4 resin-based composite (indirect)** [E]  
This procedure does not include facial veneers.
- D2720 crown—**resin with high noble metal** [E]
- D2721 crown—**resin with predominantly base metal** [E]
- D2722 crown—**resin with noble metal** [E]
- D2740 crown—**porcelain/ceramic** [E]
- D2750 crown—**porcelain fused to high noble metal** [E]
- D2751 crown—**porcelain fused to predominantly base metal** [E]
- D2752 crown—**porcelain fused to noble metal** [E]
- D2753 crown—**porcelain fused to titanium and titanium alloys** [E]
- D2780 crown—**3/4 cast high noble metal** [E]
- D2781 crown—**3/4 cast predominantly base metal** [E]
- D2782 crown—**3/4 cast noble metal** [E]
- D2783 crown—**3/4 porcelain/ceramic** [E]  
This procedure does not include facial veneers.
- D2790 crown—**full cast high noble metal** [E]
- D2791 crown—**full cast predominantly base metal** [E]
- D2792 crown—**full cast noble metal** [E]
- D2794 crown—**titanium and titanium alloys** [E]

**Adjunctive General Services (D9110–D9999)****Unclassified Treatment (D9110–D9130)**

- D9110 palliative treatment of dental pain—per visit** [N]  
Treatment that relieves pain but is not curative; services provided do not have distinct procedure codes.
- D9120 fixed partial denture sectioning** [E]  
Separation of one or more connections between abutments and/or pontics when some portion of a fixed prosthesis is to remain intact and serviceable following sectioning and extraction or other treatment. Includes all recontouring and polishing of retained portions.
- D9130 temporomandibular joint dysfunction—non-invasive physical therapies** [E]  
Therapy including but not limited to massage, diathermy, ultrasound, or cold application to provide relief from muscle spasms, inflammation or pain, intending to improve freedom of motion and joint function. This should be reported on a per session basis.

**Anesthesia (D9210–D9248)**

- D9210 local anesthesia not in conjunction with operative or surgical procedures** [E]
- D9211 regional block anesthesia** [E]
- D9212 trigeminal division block anesthesia** [E]
- D9215 local anesthesia in conjunction with operative or surgical procedures** [E]
- D9219 evaluation for moderate sedation, deep sedation or general anesthesia** [E]
- D9222 deep sedation/general anesthesia—first 15 minutes** [E]  
Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties.
- D9223 deep sedation/general anesthesia—each subsequent 15 minute increment** [E]
- D9230 inhalation of nitrous oxide/analgesia, anxiolysis** [N]
- D9239 intravenous moderate (conscious) sedation/analgesia—first 15 minutes** [E]  
Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties.
- D9243 intravenous moderate (conscious) sedation/analgesia—each subsequent 15 minute increment** [E]
- D9248 non-intravenous conscious sedation** [N]  
This includes non-IV minimal and moderate sedation. A medically controlled state of depressed consciousness while maintaining the patient's airway, protective reflexes and the ability to respond to stimulation or verbal commands. It includes non-intravenous administration of sedative and/or analgesic agent(s) and appropriate monitoring.  
The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic's effects upon the central nervous system and not dependent upon the route of administration.

**Professional Consultation (D9310–D9311)**

- D9310 consultation—diagnostic service provided by dentist or physician other than requesting dentist or physician** [E]  
A patient encounter with a practitioner whose opinion or advice regarding evaluation and/or management of a specific problem; may be requested by another practitioner or appropriate source. The consultation includes an oral evaluation. The consulted practitioner may initiate diagnostic and/or therapeutic services.
- D9311 consultation with a medical health care professional** [E]  
Treating dentist consults with a medical health care professional concerning medical issues that may affect patient's planned dental treatment.

**Professional Visits (D9410–D9450)**

- D9410 house/extended care facility call** [E]  
Includes visits to nursing homes, long-term care facilities, hospice sites, institutions, etc. Report in addition to reporting appropriate code numbers for actual services performed.
- D9420 hospital or ambulatory surgical center call** [E]  
Care provided outside the dentist's office to a patient who is in a hospital or ambulatory surgical center. Services delivered to the patient on the date of service are documented separately using the applicable procedure codes.
- D9430 office visit for observation (during regularly scheduled hours)—no other services performed** [E]
- D9440 office visit—after regularly scheduled hours** [E]
- D9450 case presentation, subsequent to detailed and extensive treatment planning** [E]

**Drugs (D9610–D9630)**

- D9610 therapeutic parenteral drug, single administration** [E]  
Includes single administration of antibiotics, steroids, anti-inflammatory drugs, or other therapeutic medications. This code should not be used to report administration of sedative, anesthetic or reversal agents.
- D9612 therapeutic parenteral drugs, two or more administrations, different medications** [E]  
Includes multiple administrations of antibiotics, steroids, anti-inflammatory drugs or other therapeutic medications. This code should not be used to report administration of sedatives, anesthetic or reversal agents. This code should be reported when two or more different medications are necessary and should not be reported in addition to code D9610 on the same date.
- D9613 infiltration of sustained release therapeutic drug, per quadrant** [E]  
Infiltration of a sustained release pharmacologic agent for long acting surgical site pain control. Not for local anesthesia purposes.
- D9630 drugs or medicaments dispensed in the office for home use** [B]  
Includes, but is not limited to oral antibiotics, oral analgesics, and topical fluoride; does not include writing prescriptions.

**Miscellaneous Services (D9910–D9975)**

- D9910 application of desensitizing medicament** [E]  
Includes in-office treatment for root sensitivity. Typically reported on a "per visit" basis for application of topical fluoride. This code is not to be used for bases, liners or adhesives used under restorations.