

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



**ITEM
3.19
(ID # 3987)**

MEETING DATE:

Tuesday, September 11, 2018

FROM : HUMAN RESOURCES:

SUBJECT: HUMAN RESOURCES: Ratification and Approval of the Delta Dental of California Dental Plan DHMO and DPPO Contract Amendments, All Districts. [Total Cost - \$0] [Source of Funds - Employee Deductions and Retiree Dental Insurance Premiums]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Ratify and approve the First Amendment to DeltaCare USA Group Dental Service Contract, effective January 1, 2017, extending the contract term for three (3) years commencing on January 1, 2017 through December 31, 2019 (Attachment A);
2. Ratify and approve the First Amendment to the Multi-State Rider to the DeltaCare USA Group Dental Service Contract (Affiliated Dental Plans), effective January 1, 2017, extending the contract term for three (3) years commencing on January 1, 2017 through December 31, 2019 (Attachment B);
3. Ratify and approve Amendment No. 1 to the Delta Dental of California (PPO) Contract, effective January 1, 2017, extending the contract term for five (5) years commencing on January 1, 2017 and continuing through December 31, 2021 (Attachment C);
4. Ratify and approve Amendment No. 2 to the Delta Dental of California (PPO) Contract, effective January 1, 2018, extending the contract term for one (1) year commencing on January 1, 2022 and continuing through December 31, 2022 (Attachment D);
5. Authorize the Chairman of the Board to sign three (3) copies of each amendment; and
6. Direct the Clerk of the Board to retain one (1) copy of each amendment, and return two (2) copies of each amendment to Human Resources for distribution.

ACTION: Policy


Brenda Diederichs, Assistant CEO / Human Resources Director 8/20/2018

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Jeffries, seconded by Supervisor Perez and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Washington, Perez and Ashley
Nays: None
Absent: Tavaglione
Date: September 11, 2018
xc: HR

Kecia Harper-Ihem
Clerk of the Board

By 
Deputy

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 0	\$ 0	\$ 0	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: Employee Deductions and Retiree Dental Insurance Premiums			Budget Adjustment: No	
			For Fiscal Year: 16/17 – 19/20	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

On April 22, 2014, Item 3-24, the Board of Supervisors approved contracts for the Delta Dental Health Maintenance Organization (DHMO) and Preferred Provider Organization (DPPO) plans for active employees and retirees, effective January 1, 2014 through December 31, 2016.

As part of the contract renewal process and in an effort to ensure the County continues to offer the most competitive dental plans to active employees and retirees, AON, the County's benefits consultant, requested quotes to solicit offers from six (6) different carriers that offer DHMO and DPPO dental programs. The County received five (5) responses to the dental Request for Proposal (RFP). The RFP responses were evaluated on the following criteria: 1) Financial Impact, 2) Plan Design, 3) Performance Guarantees, 4) Rate Guarantees, 5) Provider Disruption, 6) Network Access, 7) Discounts Provided.

As part of the renewal, quotes were evaluated based on set criteria. Delta Dental offered the most competitive proposal with the lowest costs to the County of Riverside. In particular, Delta Dental provided a 9% rate reduction for the DHMO plan beginning plan year January 1, 2018 with a 3 year rate guarantee and 5% rate cap in years 4 and 5. For the DPPO plan, Delta Dental is offering a flat renewal on the ASO fee with a 2 year rate guarantee with a 5% rate cap in years 3, 4, and 5 for the DPPO and DHMO plans. With renewal of the DPPO plans, member benefit enhancements were added including waiver on benefit maximums for diagnostic & preventative services and coverage for dental implants.

The terms and conditions of the proposed contract were recently completed and the attached contract amendments are the official documents confirming the DHMO 3-year contract extension commencing January 1, 2017 through December 31, 2019 and the 6-year DPPO contract extension commencing January 1, 2017 through December 31, 2022 for active employees and retirees.

Prev. Agn. Ref.: 04/22/14, Item 3.24 **District:** All

Impact on Residents and Businesses

There is no direct impact to private citizens or businesses in the County of Riverside.

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

SUPPLEMENTAL:

Additional Fiscal Information

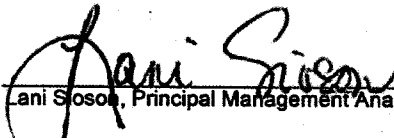
The 2018/2019 estimated annual premiums are expected to be \$3 million/year for DeltaCare HMO and \$6.7 million/year for the Delta Dental PPO plans. Currently, there are 7,497 participants enrolled in the DHMO plan, and 7,424 participants enrolled in the DPPO plan. There is no direct cost to the County for this recommended action; dental insurance premiums are paid by active employees and retirees enrolled in the plan.

Contract History and Price Reasonableness


Human Resources initially commenced an agreement with Delta Dental on January 1, 2011. Delta Dental continues to offer one of the largest national provider network with a full range of dental care programs. Delta Dental endures to provide quality service and rates aligned with the average market trend and the County's claims plan utilization. The average market trend premium renewal increase is 3.4% for DHMO and 4% increase for DPPO plans.

ATTACHMENTS:

- ATTACHMENT A.** First Amendment to DeltaCare USA Group Dental Service Contract
- ATTACHMENT B.** First Amendment to Multi-State Rider DeltaCare USA Group Dental Service Contract
- ATTACHMENT C.** Amendment No. 1 to the Delta Dental of California (PPO) Contract
- ATTACHMENT D.** Amendment No. 2 to the Delta Dental of California (PPO) Contract


Lani Sosol, Principal Management Analyst

9/5/2018


Gregory V. Priaplos, Director County Counsel

8/26/2018

DELTA DENTAL OF CALIFORNIA
17871 Park Plaza Drive, Suite 200, Cerritos, CA 90703
800-422-4234 800-801-7105

**FIRST AMENDMENT TO
DELTACARE® USA GROUP DENTAL SERVICE CONTRACT**


This First Amendment to the DeltaCare USA Group Dental Service Contract ("First Amendment"), is made by and between DELTA DENTAL OF CALIFORNIA ("Delta Dental"), a California non-profit corporation, and the COUNTY OF RIVERSIDE ("County" or "Applicant"), a political subdivision of the state of California, DeltaCare USA Group #76482, for the purpose of amending the original DeltaCare USA Group Dental Service Contract, effective January 1, 2014 and approved April 22, 2014, Agenda Item 3-24 ("Contract") as follows:

1. SCHEDULE C, GROUP VARIABLES AND PREMIUMS, is amended as attached hereto and incorporated herein.
2. APPENDIX A, is amended as attached hereto and incorporated herein.
3. All other terms and conditions of the Contract shall remain the same and in full force and effect.
4. Effective Date. This First Amendment shall be effective January 1, 2017.

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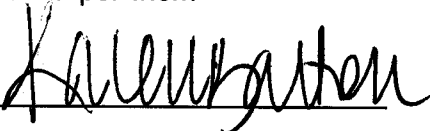
IN WITNESS WHEREOF, the parties hereto have caused their duly authorized representatives to execute this First Amendment for Services for the County of Riverside.

COUNTY OF RIVERSIDE:

By: 
Chuck Washington
Chairman, Board of Supervisors

Date: SEP 11 2018

ATTEST:
Clerk of the Board
Kecia Harper-Ihem

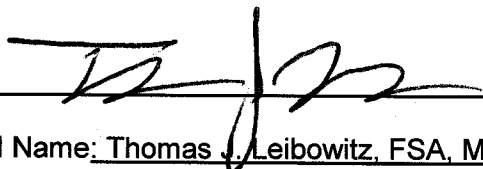
By: 
Deputy

Date: SEP 11 2018

APPROVED AS TO FORM:
Gregory P. Priamos
County Counsel

By:  8/29/18
Danielle Maland
Deputy County Counsel

CONTRACTOR: DELTA DENTAL OF CALIFORNIA

By: 
Printed Name: Thomas Leibowitz, FSA, MAAA

Title: Group Vice President and Chief Actuary

Date: 06-04-18

SCHEDULE C

GROUP VARIABLES AND PREMIUMS

- A. Client Name: County of Riverside
- B. Group Number: 76482 (See Appendix A)
- C. Effective Date: January 1, 2017
- D. Contract Term: 36 Months
- E. Eligible Present Employees: As defined by the Applicant.
Eligible New Employees: As defined by the Applicant.
- F. Premiums per Month:

Plan Type: CA10A

California Primary Enrollee:	\$21.98
California Primary Enrollee Plus One Dependent Enrollee:	\$33.54
California Primary Enrollee Plus Two or More Dependent Enrollees:	\$52.75

- G. Remit Premium Payment to: Attn: Accounts Receivable
Delta Dental Insurance Company
P.O. Box 677006
Dallas, TX 75267-7006

- H. Wash Language: Employees added on or prior to the 15th of the month are payable for that month; employees added after the 15th of the month are not payable for that month. Terminations received prior to the 16th of the month are not payable for that month; terminations received on or after the 16th of the month are payable for that month.

APPENDIX A

<u>Group #</u>	<u>Group Name</u>	<u>Plan</u>
76482-00501	County of Riverside – High CA	CA10A
76482-00505	County of Riverside - Retirees High CA	CA10A
76482-00506	County of Riverside - COBRA High CA	CA10A
76482-00507	County of Riverside – Law Library for CA only	CA10A

DELTA DENTAL OF CALIFORNIA
17871 Park Plaza Drive, Suite 200, Cerritos, CA 90703
800-422-4234 800-801-7105

FIRST AMENDMENT

↑
TO

**MULTI-STATE RIDER TO
DELTACARE® USA GROUP DENTAL SERVICE CONTRACT
(AFFILIATED DENTAL PLANS)**

This First Amendment to the Multi-State Rider DeltaCare USA Group Dental Service Contract ("First Amendment"), is made by and between Delta Dental of California ("Delta Dental"), a California non-profit corporation, and the County of Riverside ("County" or "Applicant"), a political subdivision of the state of California, Delta USA Group #76482, for the purpose of amending the original Multi-State Rider DeltaCare USA Group Dental Service Contract, effective January 1, 2014 and approved April 22, 2014, Agenda Item 3-24 ("Contract") as follows:

1. This First Amendment to the Multi-State Rider DeltaCare USA Group Dental Service Contract is hereby attached to, and shall form a part of, the Contract identified by the contract number below.

Effective Date: January 1, 2017

Contract Number: 76482

Group Number(s): See Appendix


Plan: See Appendix

State(s): Arizona, Florida, Nevada, New Mexico, Oregon, Texas, Utah, Wyoming

2. APPENDIX is amended as attached hereto and incorporated herein.
3. GROUP VARIABLES AND PREMIUMS SCHEDULE is amended as attached hereto and incorporated herein.
4. All other terms and conditions of the Multi-State Rider Delta Care USA Group Dental Service Contract shall remain the same and in full force and effect.
5. Effective Date. This First Amendment shall be effective January 1, 2017.

IN WITNESS WHEREOF, the parties hereto have caused their duly authorized representatives to execute this First Amendment for Services for the County of Riverside.

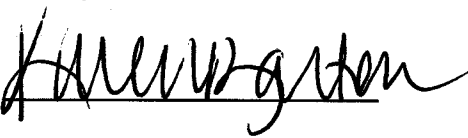
COUNTY OF RIVERSIDE:

By: 
Chuck Washington
Chairman, Board of Supervisors

Date: SEP 11 2018

ATTEST:

Clerk of the Board
Kecia Harper-Ihem

By: 
Deputy

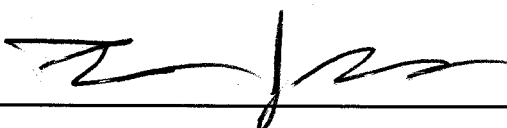
Date: SEP 11 2018

APPROVED AS TO FORM:

Gregory P. Priamos
County Counsel

By:  8/24/18
Danielle Maland
Deputy County Counsel

CONTRACTOR: DELTA DENTAL OF CALIFORNIA

By: 

Printed Name: Thomas J. Leibowitz, FSA, MAAA

Title: Group Vice President and Chief Actuary

Date: 06-04-18

MULTI-STATE RIDER to
DELTACARE USA GROUP DENTAL SERVICE CONTRACT
(AFFILIATED DENTAL PLANS)

APPENDIX

<u>Group #</u>	<u>Group Name</u>	<u>Plan</u>
76482-00404	County of Riverside – High AZ	AZ10A
76482-00405	County of Riverside – Retirees High AZ	AZ10A
76482-00406	County of Riverside – COBRA High AZ	AZ10A
76482-01004	County of Riverside – High FL	FL10A
76482-01005	County of Riverside – Retirees High FL	FL10A
76482-01006	County of Riverside – COBRA High FL	FL10A
76482-02904	County of Riverside – High NV	NV10A
76482-02905	County of Riverside – Retirees High NV	NV10A
76482-02906	County of Riverside – COBRA High NV	NV10A
76482-03204	County of Riverside – High NM	NM10A
76482-03205	County of Riverside – Retirees High NM	NM10A
76482-03206	County of Riverside – COBRA High NM	NM10A
76482-03804	County of Riverside – High OR	OR10A
76482-03805	County of Riverside – Retirees High OR	OR10A
76482-03806	County of Riverside – COBRA High OR	OR10A
76482-04404	County of Riverside – High TX	TX10A
76482-04405	County of Riverside – Retirees High TX	TX10A
76482-04406	County of Riverside – COBRA High TX	TX10A
76482-04504	County of Riverside – High UT	UT10A
76482-04505	County of Riverside – Retirees High UT	UT10A
76482-04506	County of Riverside – COBRA High UT	UT10A
76482-05104	County of Riverside – High WY	WY10A
76482-05105	County of Riverside – Retirees High WY	WY10A
76482-05106	County of Riverside – COBRA High WY	WY10A

MULTI-STATE RIDER to
DELTACARE USA GROUP DENTAL SERVICE CONTRACT
(AFFILIATED DENTAL PLANS)

GROUP VARIABLES AND PREMIUMS SCHEDULE

- A. Client Name: County of Riverside
- B. Group Number: See Appendix
- C. Effective Date: January 1, 2017
- D. Contract Term: 36 Months
- E. Eligible Present Employees: As defined by the Applicant.
Eligible New Employees: As defined by the Applicant.
- F. Premiums per Month:
- | | | |
|--|-------|---------|
| Plan Type: | CA10A | |
| Primary Enrollee: | | \$21.98 |
| Primary Enrollee Plus One Dependent Enrollee: | | \$33.54 |
| Primary Enrollee Plus Two or More Dependent Enrollees: | | \$52.75 |
- G. Remit Premium Payment to: Attn: Accounts Receivable
Delta Dental Insurance Company
P.O. Box 677006
Dallas, TX 75267-7006
- H. Wash Language: Employees added on or prior to the 15th of the month are payable for that month; employees added after the 15th of the month are not payable for that month. Terminations received prior to the 16th of the month are not payable for that month; terminations received on or after the 16th of the month are payable for that month.

**AMENDMENT NO. 1 TO THE
DELTA DENTAL OF CALIFORNIA (PPO) CONTRACT**

GROUP NUMBER 04784

That certain Delta Dental of California (PPO) Contract entered into by and between the County of Riverside, a political subdivision of the state of California, ("the Contractholder"), and Delta Dental of California, a not-for-profit corporation incorporated in California and a member of the Delta Dental Plans Association, ("Delta Dental"), approved April 22, 2014, Agenda Number 3-24, effective January 1, 2014 ("Contract"), is hereby amended, effective January 1, 2017, as follows:

1. **Contract Term.** Article 1 - DEFINITIONS, Paragraph 1.4 Contract Term is hereby amended to extend the Contract Term for five (5) years as follows:

"1.4 **Contract Term** - the period beginning on the Effective Date and ending on December 31, 2021, and each subsequent yearly period during which this Contract remains in effect."

2. **Monthly Administration Amount.** Article 3 - PAYMENTS, Paragraph 3.1 is amended to include the following:

Effective January 1, 2020:

Should the monthly administration amount require an increase for the fourth year of the contract period, Delta Dental agrees to limit such increase to a maximum of 5% over the current monthly administration amount.

Effective January 1, 2021:

Should the monthly administration amount require an increase for the fifth year of the contract period, Delta Dental agrees to limit such increase to a maximum of 5% over the fourth year monthly administration amount."

3. **Appendix B.** APPENDIX B, CODE ON DENTAL PROCEDURES AND NOMENCLATURE, is deleted and replaced in its entirety with APPENDIX B, CODE ON DENTAL PROCEDURES AND NOMENCLATURE, attached hereto and incorporated herein.
4. **Effective Date.** This Amendment No. 1 to the Contract shall become effective January 1, 2017.
5. **Miscellaneous.** All other provisions of the Contract not amended herein shall remain the same and in full force and effect.

Signature Page Follows

SEP 11 2018 3.19

**COUNTY OF RIVERSIDE
DELTA DENTAL GROUP NUMBER 04784**

IN WITNESS WHEREOF, the parties hereto have caused their duly authorized representatives to execute this Amendment No. 1.

COUNTY OF RIVERSIDE, a political
Subdivision of the State of California

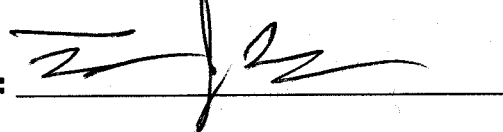
By: 

Chuck Washington
Chairman, Board of Supervisors

Date: SEP 11 2018

By: _____

DELTA DENTAL OF CALIFORNIA, a
not-for-profit California corporation

By: 

Thomas J. Leibowitz, FSA, MAAA
Group VP & Chief Actuary

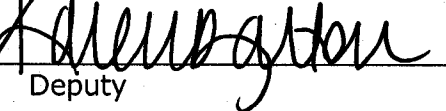
Date: March 29, 2018

By: 

Mohammadreza Navid
Group VP, Sales
March 29, 2018

ATTEST: _____

Kecia Harper-Ihem
Clerk of the Board

By: 
Deputy

APPROVED AS TO FORM:

Gregory P. Priamos
County Counsel

By: 

Danielle Maland
Deputy County Counsel

Date: 8/24/18

APPENDIX B

CODE ON DENTAL PROCEDURES AND NOMENCLATURE

NOTE: All the listed procedures may not be benefits under the terms of your contract. Refer to your contract for your specific benefits.

D0100 – D0999 DIAGNOSTIC

Clinical oral evaluations

- D0120 Periodic oral evaluation – established patient
- D0140 Limited oral evaluation – problem focused
- D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver
- D0150 Comprehensive oral evaluation – new or established patient
- D0160 Detailed and extensive oral evaluation – problem focused, by report
- D0170 Re-evaluation – limited, problem focused (established patient; not post-operative visit)
- D0180 Comprehensive periodontal evaluation – new or established patient
- D0190 Screening of a patient
- D0191 Assessment of a patient

Radiographs/diagnostic imaging (including interpretation)

- D0210 Intraoral – complete series of radiographic images
- D0220 Intraoral – periapical first radiographic image
- D0230 Intraoral – periapical each additional radiographic image
- D0240 Intraoral – occlusal radiographic image
- D0250 Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector
- D0251 Extra-oral posterior dental radiographic image
- D0270 Bitewing – single radiographic image
- D0272 Bitewings – two radiographic images
- D0273 Bitewings - three radiographic images
- D0274 Bitewings – four radiographic images
- D0277 Vertical bitewings – 7 to 8 radiographic images
- D0310 Sialography
- D0320 Temporomandibular joint arthrogram, including injection
- D0321 Other temporomandibular joint radiographic images, by report
- D0322 Tomographic survey
- D0330 Panoramic radiographic image
- D0340 2D cephalometric radiographic image – acquisition, measurement and analysis
- D0350 Oral/facial photographic images obtained intraorally or extraorally

Tests and examinations

- D0415 Collection of microorganisms for culture and sensitivity
- D0416 Viral culture
- D0422 Collection and preparation of genetic sample material for laboratory analysis and report
- D0423 Genetic test for susceptibility to diseases – specimen analysis
- D0425 Caries susceptibility tests
- D0431 Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures
- D0460 Pulp vitality tests
- D0470 Diagnostic casts

Oral pathology laboratory

- D0472 Accession of tissue, gross examination, preparation and transmission of written report
- D0473 Accession of tissue, gross and microscopic examination, preparation and transmission of written report
- D0474 Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report
- D0475 Decalcification procedure
- D0476 Special stains for microorganisms
- D0477 Special stains, not for microorganisms
- D0478 Immunohistochemical stains
- D0479 Tissue in-situ hybridization, including interpretation
- D0480 Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report
- D0481 Electron microscopy - diagnostic
- D0482 Direct immunofluorescence
- D0483 Indirect immunofluorescence
- D0484 Consultation on slides prepared elsewhere
- D0485 Consultation, including preparation of slides from biopsy material supplied by referring source
- D0486 Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report
- D0502 Other oral pathology procedures, by report
- D0601 Caries risk assessment and documentation, with a finding of low risk
- D0602 Caries risk assessment and documentation, with a finding of moderate risk
- D0603 Caries risk assessment and documentation, with a finding of high risk
- D0999 Unspecified diagnostic procedure, by report

D1000 - D1999 PREVENTIVE

Dental prophylaxis

- D1110 Prophylaxis — adult
- D1120 Prophylaxis — *child through age 13*

Topical fluoride treatment (office procedure)

- D1206 Topical application of fluoride varnish
- D1208 Topical application of fluoride - excluding varnish

Other preventive services

- D1310 Nutritional counseling for control of dental disease
- D1320 Tobacco counseling for the control and prevention of oral disease
- D1330 Oral hygiene instructions
- D1351 Sealant — per tooth
- D1352 Preventive resin restoration in a moderate to high caries risk patient — permanent tooth
- D1354 Interim caries arresting medicament application

Space maintenance (passive appliances)

- D1510 Space maintainer — fixed — unilateral
- D1515 Space maintainer — fixed — bilateral
- D1520 Space maintainer — removable — unilateral
- D1525 Space maintainer — removable — bilateral
- D1550 Re-cement or re-bond space maintainer
- D1555 Removal of fixed space maintainer
- D1575 Distal shoe space maintainer - fixed - unilateral

D2000 – D2999 RESTORATIVE

Amalgam restorations (including polishing)

- D2140 Amalgam — one surface, primary or permanent
- D2150 Amalgam — two surfaces, primary or permanent
- D2160 Amalgam — three surfaces, primary or permanent
- D2161 Amalgam — four or more surfaces, primary or permanent

Resin-based composite restorations-direct

- D2330 Resin-based composite — one surface, anterior
- D2331 Resin-based composite — two surfaces, anterior
- D2332 Resin-based composite — three surfaces, anterior
- D2335 Resin-based composite — four or more surfaces or involving incisal angle (anterior)
- D2390 Resin-based composite crown, anterior
- D2391 Resin-based composite — one surface, posterior
- D2392 Resin-based composite — two surfaces, posterior
- D2393 Resin-based composite — three surfaces, posterior
- D2394 Resin-based composite — four or more surfaces, posterior

Gold foil restorations

- D2410 Gold foil — one surface
- D2420 Gold foil — two surfaces
- D2430 Gold foil — three surfaces

Inlay/onlay restorations

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

Crowns — single restorations only

- D2710 Crown — resin-based composite (indirect)
- D2712 Crown — 3/4 resin-based composite (indirect)
- D2720 Crown — resin with high noble metal
- D2721 Crown — resin with predominantly base metal
- D2722 Crown — resin with noble metal
- D2740 Crown — porcelain/ceramic substrate
- D2750 Crown — porcelain fused to high noble metal
- D2751 Crown — porcelain fused to predominantly base metal
- D2752 Crown — porcelain fused to noble metal
- D2780 Crown — 3/4 cast high noble metal
- D2781 Crown — 3/4 cast predominantly base metal

- D2782 Crown — 3/4 cast noble metal
- D2783 Crown — 3/4 porcelain/ceramic
- D2790 Crown — full cast high noble metal
- D2791 Crown — full cast predominantly base metal
- D2792 Crown — full cast noble metal
- D2794 Crown — titanium
- D2799 Provisional crown- further treatment or completion of a diagnosis necessary prior to final impression

Other restorative services

- D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restorations
- D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core
- D2920 Re-cement or re-bond crown
- D2921 Reattachment of tooth fragment, incisal edge or cusp
- D2929 Prefabricated porcelain/ceramic crown — primary tooth
- D2930 Prefabricated stainless steel crown — primary tooth
- D2931 Prefabricated stainless steel crown — permanent tooth
- D2932 Prefabricated resin crown
- D2933 Prefabricated stainless steel crown with resin window
- D2934 Prefabricated esthetic coated stainless steel crown — primary tooth
- D2940 Sedative filling
- D2941 Interim therapeutic restoration — primary dentition
- D2950 Core buildup, including any pins when required
- D2951 Pin retention — per tooth, in addition to restoration
- D2952 Post and core in addition to crown, indirectly fabricated
- D2953 Each additional indirectly fabricated post — same tooth
- D2954 Prefabricated post and core in addition to crown
- D2955 Post removal
- D2957 Each additional prefabricated post — same tooth
- D2960 Labial veneer (resin laminate) — chairside
- D2961 Labial veneer (resin laminate) — laboratory
- D2962 Labial veneer (porcelain laminate) — laboratory
- D2971 Additional procedures to construct new crown under existing partial denture framework
- D2975 Coping
- D2980 Crown repair, necessitated by restorative material failure
- D2999 Unspecified restorative procedure, by report

D3000 – D3999 ENDODONTICS

Pulp capping

- D3110 Pulp cap — direct (excluding final restoration)
- D3120 Pulp cap — indirect (excluding final restoration)

Pulpotomy

- D3220 Therapeutic pulpotomy (excluding final restoration) — removal of pulp coronal to the dentinocemental junction and application of medicament
- D3221 Pulpal debridement, primary and permanent teeth
- D3222 Partial pulpotomy for apexogenesis-permanent tooth with incomplete root development
- D3230 Pulpal therapy (resorbable filling) — anterior, primary tooth (excluding final restoration)
- D3240 Pulpal therapy (resorbable filling) — posterior, primary tooth (excluding final restoration)

Endodontic therapy on primary teeth (including treatment plan, clinical procedures and follow-up care)

- D3310 Endodontic therapy, anterior tooth (excluding final restoration)
- D3320 Endodontic therapy, bicuspid tooth (excluding final restoration)
- D3330 Endodontic therapy, molar tooth (excluding final restoration)

- D3331 Treatment of root canal obstruction; non-surgical access
- D3332 Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth
- D3333 Internal root repair of perforation defects

Endodontic retreatment

- D3346 Retreatment of previous root canal therapy — anterior
- D3347 Retreatment of previous root canal therapy — bicuspid
- D3348 Retreatment of previous root canal therapy — molar

Apexification/recalcification procedures

- D3351 Apexification/recalcification — initial visit (apical closure/calcific repair of perforations, root resorption, etc.)
- D3352 Apexification/recalcification — interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulpal space disinfection, etc.)
- D3353 Apexification/recalcification — final visit (includes completed root canal therapy — apical closure/calcific repair of perforations, root resorption, etc.)

Apicoectomy/periradicular services

- D3410 Apicoectomy — anterior
- D3421 Apicoectomy — bicuspid (first root)
- D3425 Apicoectomy — molar (first root)
- D3426 Apicoectomy (each additional root)
- D3427 Periapical surgery without apicoectomy
- D3430 Retrograde filling — per root
- D3450 Root amputation — per root
- D3460 Endodontic endosseous implant
- D3470 Intentional reimplantation (including necessary splinting)

Other endodontic procedures

- D3910 Surgical procedure for isolation of tooth with rubber dam
- D3920 Hemisection (including any root removal), not including root canal therapy
- D3950 Canal preparation and fitting of preformed dowel or post
- D3999 Unspecified endodontic procedure, by report

D4000 – D4999 PERIODONTICS

Surgical services (including usual post-operative care)

- D4210 Gingivectomy or gingivoplasty — four or more contiguous teeth or bounded teeth spaces per quadrant
- D4211 Gingivectomy or gingivoplasty — one to three contiguous teeth or bounded teeth spaces per quadrant
- D4212 Gingivectomy or gingivoplasty – to allow access for restorative procedure, per tooth
- D4230 Anatomical crown exposure – four or more contiguous teeth per quadrant
- D4231 Anatomical crown exposure – one to three teeth per quadrant
- D4240 Gingival flap procedure, including root planing — four or more contiguous teeth or bounded teeth spaces per quadrant
- D4241 Gingival flap procedure, including root planing — one to three contiguous teeth or bounded teeth spaces per quadrant
- D4245 Apically positioned flap
- D4249 Clinical crown lengthening — hard tissue
- D4260 Osseous surgery (including elevation of a full thickness flap and closure) — four or more contiguous teeth or tooth bounded spaces per quadrant
- D4261 Osseous surgery (including elevation of a full thickness flap and closure) — one to three contiguous teeth or tooth bounded spaces per quadrant
- D4263 Bone replacement graft — retained natural tooth — first site in quadrant
- D4264 Bone replacement graft — retained natural tooth — each additional site in quadrant

- D4265 Biologic materials to aid in soft and osseous tissue regeneration
- D4266 Guided tissue regeneration — resorbable barrier, per site
- D4267 Guided tissue regeneration — nonresorbable barrier, per site (includes membrane removal)
- D4268 Surgical revision procedure, per tooth
- D4270 Pedicle soft tissue graft procedure
- D4273 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft
- D4274 Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)
- D4275 Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft
- D4276 Combined connective tissue and double pedicle graft, per tooth
- D4277 Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant, or edentulous tooth position in graft
- 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
- 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
- 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.

Non-surgical periodontal service

- D4320 Provisional splinting — intracoronal
- D4321 Provisional splinting — extracoronal
- D4341 Periodontal scaling and root planing — four or more teeth per quadrant
- D4342 Periodontal scaling and root planing, — one to three teeth, per quadrant
- D4346 Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation
- D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis
- D4381 Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth

Other periodontal services

- D4910 Periodontal maintenance
- D4920 Unscheduled dressing change (by someone other than treating dentist or their staff)
- D4999 Unspecified periodontal procedure, by report

D5000 – D5899 PROSTHODONTICS (REMOVABLE)

Complete dentures (including routine post-delivery care)

- D5110 Complete denture — maxillary
- D5120 Complete denture — mandibular
- D5130 Immediate denture — maxillary
- D5140 Immediate denture — mandibular

Partial dentures (including routine post-delivery care)

- D5211 Maxillary partial denture — resin base (including any conventional clasps, rests and teeth)
- D5212 Mandibular partial denture — resin base (including any conventional clasps, rests and teeth)
- D5213 Maxillary partial denture — cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
- D5214 Mandibular partial denture — cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
- D5221 Immediate maxillary partial denture — resin base (including any conventional clasps, rests and teeth)
- D5222 Immediate mandibular partial denture — resin base (including any conventional clasps, rests and teeth)

- D5223 Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
- D5224 Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
- D5225 Maxillary partial denture – flexible base (including any clasps, rests and teeth)
- D5226 Mandibular partial denture – flexible base (including any clasps, rests and teeth)
- D5281 Removable unilateral partial denture – one piece cast metal (including clasps and teeth)

Adjustments to dentures

- D5410 Adjust complete denture – maxillary
- D5411 Adjust complete denture – mandibular
- D5421 Adjust partial denture – maxillary
- D5422 Adjust partial denture – mandibular

Repairs to complete dentures

- D5510 Repair broken complete denture base
- D5520 Replace missing or broken teeth – complete denture (each tooth)

Repairs to partial dentures

- D5610 Repair resin denture base
- D5620 Repair cast framework
- D5630 Repair or replace broken clasp – per tooth
- D5640 Replace broken teeth – per tooth
- 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)

Denture rebase procedures

- D5710 Rebase complete maxillary denture
- D5711 Rebase complete mandibular denture
- D5720 Rebase maxillary partial denture
- D5721 Rebase mandibular partial denture

Denture reline procedures

- D5730 Reline complete maxillary denture (chairside)
- D5731 Reline complete mandibular denture (chairside)
- D5740 Reline maxillary partial denture (chairside)
- D5741 Reline mandibular partial denture (chairside)
- D5750 Reline complete maxillary denture (laboratory)
- D5751 Reline complete mandibular denture (laboratory)
- D5760 Reline maxillary partial denture (laboratory)
- D5761 Reline mandibular partial denture (laboratory)

Interim prosthesis

- D5810 Interim complete denture (maxillary)
- D5811 Interim complete denture (mandibular)
- D5820 Interim partial denture (maxillary)
- D5821 Interim partial denture (mandibular)

Other removable prosthetic services

- D5850 Tissue conditioning – maxillary
- D5851 Tissue conditioning – mandibular
- D5862 Precision attachment, by report
- D5863 Overdenture – complete maxillary

- D5864 Overdenture – partial maxillary
- D5865 Overdenture – complete mandibular
- D5866 Overdenture – partial mandibular
- D5867 Replacement of replaceable part of semi-precision or precision attachment (male or female component)
- D5875 Modification of removable prosthesis following implant surgery
- D5899 Unspecified removable prosthodontic procedure, by report

D5900 – D5999 MAXILLOFACIAL PROSTHETICS

- D5911 Facial moulage (sectional)
- D5912 Facial moulage (complete)
- D5913 Nasal prosthesis
- D5914 Auricular prosthesis
- D5915 Orbital prosthesis
- D5916 Ocular prosthesis
- D5919 Facial prosthesis
- D5922 Nasal septal prosthesis
- D5923 Ocular prosthesis, interim
- D5924 Cranial prosthesis
- D5925 Facial augmentation implant prosthesis
- D5926 Nasal prosthesis, replacement
- D5927 Auricular prosthesis, replacement
- D5928 Orbital prosthesis, replacement
- D5929 Facial prosthesis, replacement
- D5931 Obturator prosthesis, surgical
- D5932 Obturator prosthesis, definitive
- D5933 Obturator prosthesis, modification
- D5934 Mandibular resection prosthesis with guide flange
- D5935 Mandibular resection prosthesis without guide flange
- D5936 Obturator prosthesis, interim
- D5937 Trismus appliance (not for TMD treatment)
- D5951 Feeding aid
- D5952 Speech aid prosthesis, pediatric
- D5953 Speech aid prosthesis, adult
- D5954 Palatal augmentation prosthesis
- D5955 Palatal lift prosthesis, definitive
- D5958 Palatal lift prosthesis, interim
- D5959 Palatal lift prosthesis, modification
- D5960 Speech aid prosthesis, modification
- D5982 Surgical stent
- D5983 Radiation carrier
- D5984 Radiation shield
- D5985 Radiation cone locator
- D5986 Fluoride gel carrier
- D5987 Commissure splint
- D5988 Surgical splint
- D5999 Unspecified maxillofacial prosthesis, by report

D6000 – D6199 IMPLANT SERVICES

- D6010 Surgical placement of implant body: endosteal implant
- D6012 Surgical placement of interim implant body for transitional prosthesis: endosteal implant
- D6013 Surgical placement of mini implant
- D6040 Surgical placement: eposteal implant
- D6050 Surgical placement: transosteal implant

Implant supported prosthetics

- D6055 Dental implant supported connecting bar
- D6056 Prefabricated abutment — includes modification and placement
- D6057 Custom fabricated abutment — includes placement
- D6058 Abutment supported porcelain/ceramic crown
- D6059 Abutment supported porcelain fused to metal crown (high noble metal)
- D6060 Abutment supported porcelain fused to metal crown (predominantly base metal)
- D6061 Abutment supported porcelain fused to metal crown (noble metal)
- D6062 Abutment supported cast metal crown (high noble metal)
- D6063 Abutment supported cast metal crown (predominantly base metal)
- D6064 Abutment supported cast metal crown (noble metal)
- D6065 Implant supported porcelain/ceramic crown
- D6066 Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)

- D6067 Implant supported metal crown (titanium, titanium alloy, high noble metal)
- D6068 Abutment supported retainer for porcelain/ceramic FPD
- D6069 Abutment supported retainer for porcelain fused to metal FPD (high noble metal)
- D6070 Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
- D6071 Abutment supported retainer for porcelain fused to metal FPD (noble metal)
- D6072 Abutment supported retainer for cast metal FPD (high noble metal)
- D6073 Abutment supported retainer for cast metal FPD (predominantly base metal)
- D6074 Abutment supported retainer for cast metal FPD (noble metal)
- D6075 Implant supported retainer for ceramic FPD
- D6076 Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)

- D6077 Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)

Other implant services

- D6080 Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis
- D6081 Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure
- D6085 Provisional implant crown
- D6090 Repair implant supported prosthesis, by report
- D6091 Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment
- D6092 Re-cement or re-bond implant/abutment supported crown
- D6094 Abutment supported crown — (titanium)
- D6095 Repair implant abutment, by report
- D6100 Implant removal, by report
- D6101 Debridement of a periimplant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure
- D6102 Debridement and osseous contouring of a periimplant defect or defects surrounding a single implant, and surface cleaning includes surface cleaning of the exposed implant surfaces, including flap entry and closure

- D6110 Implant/abutment supported removable denture for edentulous arch- maxillary
- D6111 Implant/ abutment supported removable denture for edentulous arch- mandibular
- D6112 Implant/abutment supported removable denture for partially edentulous arch-maxillary
- D6113 Implant/abutment supported removable denture for partially edentulous arch - mandibular
- D6114 Implant/ abutment supported fixed denture for edentulous arch - maxillary
- D6115 Implant / abutment supported fixed denture for edentulous arch - mandibular
- D6116 Implant / abutment supported fixed denture for partially edentulous arch - maxillary
- D6117 Implant / abutment supported fixed denture for partially edentulous arch - mandibular
- D6190 Radiographic/surgical implant index, by Report
- D6093 Re-cement or re-bond implant/abutment supported fixed partial denture
- D6194 Abutment supported retainer crown for FPD — (titanium)

D6199 Unspecified implant procedure, by report

D6200 – D6999 PROSTHODONTICS, FIXED

(Each retainer and each pontic constitutes a unit in a fixed partial denture)

Fixed partial denture pontics

D6205 Pontic — indirect resin based composite
D6210 Pontic — cast high noble metal
D6211 Pontic — cast predominantly base metal
D6212 Pontic — cast noble metal
D6214 Pontic — titanium
D6240 Pontic — porcelain fused to high noble metal
D6241 Pontic — porcelain fused to predominantly base metal
D6242 Pontic — porcelain fused to noble metal
D6245 Pontic — porcelain/ceramic
D6250 Pontic — resin with high noble metal
D6251 Pontic — resin with predominantly base metal
D6252 Pontic — resin with noble metal
D6253 Provisional pontic – further treatment or completion of a diagnosis necessary prior to impression

Fixed partial denture retainers — inlays/ onlays

D6545 Retainer — cast metal for resin bonded fixed prosthesis
D6548 Retainer — porcelain/ceramic for resin bonded fixed prosthesis
D6549 Resin retainer - for resin bonded fixed prosthesis
D6600 Retainer inlay — porcelain/ceramic, two surfaces
D6601 Retainer inlay — porcelain/ceramic, three or more surfaces
D6602 Retainer inlay — cast high metal, two surfaces
D6603 Retainer inlay — cast high metal, three or more surfaces
D6604 Retainer inlay — cast predominantly base metal, two surfaces
D6605 Retainer inlay — cast predominantly base metal, three or more surfaces
D6606 Retainer inlay — cast noble metal, two surfaces
D6607 Retainer inlay — cast noble metal, three or more surfaces
D6608 Retainer onlay — porcelain/ceramic, two surfaces
D6609 Retainer onlay — porcelain/ceramic, three or more surfaces
D6610 Retainer onlay — cast high noble metal, two surfaces
D6611 Retainer onlay — cast high noble metal, three or more surfaces
D6612 Retainer onlay — cast predominantly base metal, two surfaces
D6613 Retainer onlay — cast predominantly base metal, three or more surfaces
D6614 Retainer onlay — cast noble metal, two surfaces
D6615 Retainer onlay — cast noble metal, three or more surfaces
D6624 Retainer inlay — titanium
D6634 Retainer onlay — titanium

Fixed partial denture retainers — crowns

D6710 Retainer crown — indirect resin based composite
D6720 Retainer crown — resin with high noble metal
D6721 Retainer crown — resin with predominantly base metal
D6722 Retainer crown — resin with noble metal
D6740 Retainer crown — porcelain/ceramic
D6750 Retainer crown — porcelain fused to high noble metal
D6751 Retainer crown — porcelain fused to predominantly base metal
D6752 Retainer crown — porcelain fused to noble metal
D6780 Retainer crown — 3/4 cast high noble metal
D6781 Retainer crown — 3/4 cast predominantly base metal
D6782 Retainer crown — 3/4 cast noble metal
D6783 Retainer crown — 3/4 porcelain/ceramic
D6790 Retainer crown — full cast high noble metal

- D6791 Retainer crown — full cast predominantly base metal
- D6792 Retainer crown — full cast noble metal
- D6793 Provisional retainer crown — further treatment of completion or a diagnosis necessary prior to final impression
- D6794 Retainer crown — titanium

Other fixed partial denture services

- D6920 Connector bar
- D6930 Re-cement or re-bond fixed partial denture
- D6940 Stress breaker
- D6950 Precision attachment
- D6980 Fixed partial denture repair necessitated by restorative material
- D6985 Pediatric partial denture, fixed
- D6999 Unspecified, fixed prosthodontic procedure, by report

D7000 – D7999 ORAL AND MAXILLOFACIAL SURGERY

Extractions (includes local anesthesia, suturing, if needed, and routine postoperative care)

- D7111 Extraction, coronal remnants — deciduous tooth
- D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)

Surgical extractions (includes local anesthesia, suturing, if needed, and routine postoperative care)

- D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
- D7220 Removal of impacted tooth — soft tissue
- D7230 Removal of impacted tooth — partially bony
- D7240 Removal of impacted tooth — completely bony
- D7241 Removal of impacted tooth — completely bony, with unusual surgical complications
- D7250 Removal of residual tooth roots (cutting procedure)

Other surgical procedures

- D7260 Oroantral fistula closure
- D7261 Primary closure of a sinus perforation
- D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
- D7272 Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)
- D7280 Exposure of an unerupted tooth
- D7282 Mobilization of erupted or malpositioned tooth to aid eruption
- D7283 Placement of device to facilitate eruption of impacted tooth
- D7285 Incisional biopsy of oral tissue — hard (bone, tooth)
- D7286 Incisional biopsy of oral tissue — soft
- D7287 Exfoliative cytological sample collection
- D7288 Brush biopsy — transepithelial sample collection
- D7290 Surgical repositioning of teeth
- D7291 Transseptal fibrotomy/supra crestal fibrotomy, by report
- D7292 Placement of temporary anchorage device [screw retained plate] requiring flap; includes device removal
- D7293 Placement of temporary anchorage device requiring flap; includes device removal
- D7294 Placement of temporary anchorage device without flap; includes device removal

Alveoplasty — surgical preparation of ridge for dentures

- D7310 Alveoplasty in conjunction with extractions — four or more teeth or tooth spaces, per quadrant
- D7311 Alveoplasty in conjunction with extractions — one to three teeth or tooth spaces, per quadrant

- D7320 Alveoloplasty not in conjunction with extractions — four or more teeth or tooth spaces, per quadrant
- D7321 Alveoloplasty not in conjunction with extractions — one to three teeth or tooth spaces, per quadrant

Vestibuloplasty

- D7340 Vestibuloplasty — ridge extension (secondary epithelialization)
- D7350 Vestibuloplasty — ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)

Surgical excision of soft tissue lesions

- D7410 Excision of benign lesion up to 1.25 cm
- D7411 Excision of benign lesion greater than 1.25 cm
- D7412 Excision of benign lesion, complicated
- D7413 Excision of malignant lesion up to 1.25 cm
- D7414 Excision of malignant lesion greater than 1.25 cm
- D7415 Excision of malignant lesion complicated
- D7465 Destruction of lesion(s) by physical or chemical method, by report

Surgical excision of intra-osseous lesions

- D7440 Excision of malignant tumor — lesion diameter up to 1.25 cm
- D7441 Excision of malignant tumor — lesion diameter greater than 1.25 cm
- D7450 Removal of benign odontogenic cyst or tumor — lesion diameter up to 1.25 cm
- D7451 Removal of benign odontogenic cyst or tumor — lesion diameter greater than 1.25 cm
- D7460 Removal of benign nonodontogenic cyst or tumor — lesion diameter up to 1.25 cm
- D7461 Removal of benign nonodontogenic cyst or tumor — lesion diameter greater than 1.25 cm

Excision of bone tissue

- D7471 Removal of lateral exostosis (maxilla or mandible)
- D7472 Removal of torus palatinus
- D7473 Removal of torus mandibularis
- D7485 Reduction of osseous tuberosity
- D7490 Radical resection of maxilla or mandible

Surgical incision

- D7510 Incision and drainage of abscess — intraoral soft tissue
- D7511 Incision and drainage of abscess — intraoral soft tissue — complicated (includes drainage of multiple fascial spaces)
- D7520 Incision and drainage of abscess — extraoral soft tissue
- D7521 Incision and drainage of abscess — extraoral soft tissue — complicated (includes drainage of multiple fascial spaces)
- D7530 Removal of foreign body from mucosa, skin or subcutaneous alveolar tissue
- D7540 Removal of reaction-producing foreign bodies, musculoskeletal system
- D7550 Partial ostectomy/sequestrectomy for removal of non-vital bone
- D7560 Maxillary sinusotomy for removal of tooth fragment or foreign body

Treatment of fractures — simple

- D7610 Maxilla — open reduction (teeth immobilized, if present)
- D7620 Maxilla — closed reduction (teeth immobilized, if present)
- D7630 Mandible — open reduction (teeth immobilized, if present)
- D7640 Mandible — closed reduction (teeth immobilized, if present)
- D7650 Malar and/or zygomatic arch — open reduction
- D7660 Malar and/or zygomatic arch — closed reduction
- D7670 Alveolus — closed reduction, may include stabilization of teeth

- D7671 Alveolus — open reduction, may include stabilization of teeth
- D7680 Facial bones — complicated reduction with fixation and multiple surgical approaches

Treatment of fractures — compound

- D7710 Maxilla — open reduction
- D7720 Maxilla — closed reduction
- D7730 Mandible — open reduction
- D7740 Mandible — closed reduction
- D7750 Malar and/or zygomatic arch — open reduction
- D7760 Malar and/or zygomatic arch — closed reduction
- D7770 Alveolus — open reduction splinting stabilization of teeth
- D7771 Alveolus — closed reduction stabilization of teeth
- D7780 Facial bones — complicated reduction with fixation and multiple approaches

Reduction of dislocation and management of other temporomandibular joint dysfunctions

- D7810 Open reduction of dislocation
- D7820 Closed reduction of dislocation
- D7830 Manipulation under anesthesia
- D7840 Condylectomy
- D7850 Surgical discectomy, with/without implant
- D7852 Disc repair
- D7854 Synovectomy
- D7856 Myotomy
- D7858 Joint reconstruction
- D7860 Arthrotomy
- D7865 Arthroplasty
- D7870 Arthrocentesis
- D7871 Non-arthroscopic lysis and lavage
- D7872 Arthroscopy — diagnosis, with or without biopsy
- D7873 Arthroscopy: lavage and lysis of adhesions
- D7874 Arthroscopy: disc repositioning and stabilization
- D7875 Arthroscopy: synovectomy
- D7876 Arthroscopy: discectomy
- D7877 Arthroscopy: debridement
- D7880 Occlusal orthotic device, by report
- D7881 Occlusal orthotic device adjustment
- D7899 Unspecified TMD therapy, by report

Repair of traumatic wounds

- D7910 Suture of recent small wounds up to 5 cm

Complicated suturing (reconstruction requiring delicate handling of tissues and wide undermining for meticulous closure)

- D7911 Complicated suture — up to 5 cm
- D7912 Complicated suture — greater than 5 cm

Other repair procedures

- D7920 Skin graft (identify defect covered, location and type of graft)
- D7940 Osteoplasty — for orthognathic deformities
- D7941 Osteotomy — mandibular rami
- D7943 Osteotomy — mandibular rami with bone graft; includes obtaining the graft
- D7944 Osteotomy — segmented or subapical
- D7945 Osteotomy — body of mandible
- D7946 LeFort I (maxilla — total)
- D7947 LeFort I (maxilla — segmented)

- D7948 LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) — without bone graft
- D7949 LeFort II or LeFort III — with bone graft
- D7950 Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report
- D7951 Sinus augmentation with bone or bone substitutes via a lateral open approach
- D7952 Sinus augmentation via a vertical approach
- D7953 Bone replacement graft for ridge preservation — per site
- D7955 Repair of maxillofacial soft and/or hard tissue defect
- D7960 Frenulectomy — also known as frenectomy or frenotomy — separate procedure not incidental to another procedure
- D7963 Frenuloplasty
- D7970 Excision of hyperplastic tissue — per arch
- D7971 Excision of pericoronal gingiva
- D7972 Surgical reduction of fibrous tuberosity
- D7980 Sialolithotomy
- D7981 Excision of salivary gland, by report
- D7982 Sialodochoplasty
- D7983 Closure of salivary fistula
- D7990 Emergency tracheotomy
- D7991 Coronoidectomy
- D7995 Synthetic graft — mandible or facial bones, by report
- D7996 Implant — mandible for augmentation purposes (excluding alveolar ridge), by report
- D7997 Appliance removal (not by dentist who placed appliance), includes removal of archbar
- D7998 Intraoral placement of a fixation device not in conjunction with a fracture
- D7999 Unspecified oral surgery procedure, by report

D8000 – D8999 ORTHODONTICS

Limited orthodontic treatment

- D8010 Limited orthodontic treatment of the primary dentition
- D8020 Limited orthodontic treatment of the transitional dentition
- D8030 Limited orthodontic treatment of the adolescent dentition
- D8040 Limited orthodontic treatment of the adult dentition

Interceptive orthodontic treatment

- D8050 Interceptive orthodontic treatment of the primary dentition
- D8060 Interceptive orthodontic treatment of the transitional dentition

Comprehensive orthodontic treatment

- D8070 Comprehensive orthodontic treatment of the transitional dentition
- D8080 Comprehensive orthodontic treatment of the adolescent dentition
- D8090 Comprehensive orthodontic treatment of the adult dentition

Minor treatment to control harmful habits

- D8210 Removable appliance therapy
- D8220 Fixed appliance therapy

Other orthodontic services

- D8660 Pre-orthodontic treatment examination to monitor growth and development
- D8670 Periodic orthodontic treatment visit
- D8680 Orthodontic retention (removal of appliances, construction and placement of retainer[s])
- D8681 Removable orthodontic retainer adjustment
- D8690 Orthodontic treatment (alternative billing to a contract fee)
- D8691 Repair of orthodontic appliance
- D8692 Replacement of lost or broken retainer

- D8693 Re-bond or re-cement fixed retainer
- D8694 Repair of fixed retainers, includes reattachment
- D8999 Unspecified orthodontic procedure, by report

D9000 – D9999 ADJUNCTIVE GENERAL SERVICES

Unclassified treatment

- D9110 Palliative (emergency) treatment of dental pain — minor procedure
- D9120 Fixed partial denture sectioning

Anesthesia

- D9210 Local anesthesia not in conjunction with operative or surgical procedures
- D9211 Regional block anesthesia
- D9212 Trigeminal division block anesthesia
- D9215 Local anesthesia
- D9223 Deep sedation/general anesthesia – each 15 minute increment
- D9230 Analgesia, anxiolysis, inhalation of nitrous oxide
- D9243 Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment
- D9248 Non-intravenous conscious sedation

Professional consultation

- D9310 Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)

Professional visits

- D9410 House/extended care facility call
- D9420 Hospital call
- D9430 Office visit for observation (during regularly scheduled hours) — no other services performed
- D9440 Office visit — after regularly scheduled hours
- D9450 Case presentation, detailed and extensive treatment planning

Drugs

- D9610 Therapeutic parenteral drug, single administration
- D9612 Therapeutic parenteral drugs, two or more administrations, different medications
- D9630 Drugs or medicaments dispensed in the office for home use

Miscellaneous services

- D9910 Application of desensitizing medicament
- D9911 Application of desensitizing resin for cervical and/or root surface, per tooth
- D9920 Behavior management, by report
- D9930 Treatment of complications (post-surgical) — unusual circumstances, by report
- D9932 Cleaning and inspection of removable complete denture, maxillary
- D9933 Cleaning and inspection of removable complete denture, mandibular
- D9934 Cleaning and inspection of removable partial denture, maxillary
- D9935 Cleaning and inspection of removable partial denture, mandibular
- D9940 Occlusal guard, by report
- D9941 Fabrication of athletic mouthguard
- D9942 Repair and/or relining of occlusal guard
- D9943 Occlusal guard adjustment
- D9950 Occlusion analysis — mounted case
- D9951 Occlusal adjustment — limited
- D9952 Occlusal adjustment — complete
- D9970 Enamel microabrasion
- D9971 Odontoplasty 1-2 teeth; includes removal of enamel projections
- D9972 External bleaching — per arch — performed in office

D9973 External bleaching — per tooth
D9974 Internal bleaching — per tooth
D9999 Unspecified adjunctive procedure, by report

Note: This Appendix represents codes and nomenclature excerpted from the version of Current Dental Terminology (CDT) in effect at the date of this printing. CDT coding and nomenclature are the copyright of the American Dental Association, and have been accepted as the standard for data transmission purposes under federal Administrative Simplification regulations. For the purposes of this Appendix, Delta Dental's administration of Benefits, Limitations and Exclusions under this Contract will at all times be based on the then-current version of CDT whether or not a revised Appendix B is provided.

**AMENDMENT NO. 2 TO THE
DELTA DENTAL OF CALIFORNIA (PPO) CONTRACT**

GROUP NUMBER 04784

That certain Delta Dental of California (PPO) Contract entered into by and between the County of Riverside, a political subdivision of the state of California, ("the Contractholder"), and Delta Dental of California, a not-for-profit corporation incorporated in California and a member of the Delta Dental Plans Association, ("Delta Dental"), approved April 22, 2014, Agenda Number 3-24, effective January 1, 2014 ("Contract"), with Amendment No. 1 extending the Contract Term for five (5) years, effective January 1, 2017, is hereby further amended, effective January 1, 2018, as follows:

1. **Contract Term.** Article 1 - DEFINITIONS, Paragraph 1.4 Contract Term is hereby amended to extend the Contract Term for one (1) year as follows:

"1.4 **Contract Term** - the period beginning on the Effective Date and ending on December 31, 2022, and each subsequent yearly period during which this Contract remains in effect."

2. **Monthly Administration Amount.** Article 3 - PAYMENTS, Paragraph 3.1 is amended to include the following:

Effective January 1, 2022:

Should the monthly administration amount require an increase for the period of January 1, 2022 through December 31, 2022, Delta Dental agrees to limit such increase to a maximum of 5% over the previous year monthly administration amount."

3. **Prosthodontic Benefits.** Article 4 - BENEFITS PROVIDED; LIMITATIONS AND EXCLUSIONS, Paragraph 4.5 is hereby amended as follows:

"4.5 PROSTHODONTIC BENEFITS. Delta Dental agrees to pay 60% of the lesser of the Delta Dental PPO Dentist's Fee or of the Fee Actually Charged for the construction or repair of fixed bridges, partial or complete dentures if provided to replace missing, natural teeth; for implant surgical placement and removal; and for implant supported prosthetics, including implant repair and recementation provided by a Delta Dental PPO Dentist. Delta Dental agrees to pay 50% of the lesser of the Delta Dental PPO Dentist's Fee or the Fee Actually Charged for Prosthodontic Benefits when provided by a Delta Dental Dentist or a non-Delta Dentist."

4. **Limitations.** Article 4 - BENEFITS PROVIDED; LIMITATIONS AND EXCLUSIONS, Paragraph 4.7 Limitations, Sub-paragraph (k) is hereby amended as follows:

"(k) Prosthodontic appliances and implants that were provided under any Delta Dental plan will be replaced only after five years have passed, except when Delta Dental determines that there is such extensive loss of remaining teeth or change in supporting tissues that the existing fixed bridge, partial denture or complete denture cannot be made satisfactory. Replacement of a prosthodontic appliance or implant supported prosthesis not provided under a Delta Dental plan will be covered if it is unsatisfactory and cannot be made satisfactory. Implant removal is limited to one for each tooth during the Enrollee's lifetime whether provided under a Delta Dental or any other dental care plan."

SEP 11 2018 3.19

5. **Limitations.** Article 4 – BENEFITS PROVIDED; LIMITATIONS AND EXCLUSIONS, Paragraph 4.7 Limitations, Sub-paragraph (m) is hereby deleted in its entirety:

“(m) Implants (materials implanted into or on bone or soft tissue), or their removal, are not Benefits under this Contract. However, if implants are provided in association with a covered prosthodontic appliance, Delta Dental will allow the cost of a standard complete or partial denture toward the cost of the implant procedures and prosthodontic appliances. If Delta Dental makes an allowance toward the cost of such procedures, Delta Dental will not pay for any replacement placed within five years thereafter.”
6. **Exclusions.** Article 4 – BENEFITS PROVIDED; LIMITATIONS AND EXCLUSIONS, Paragraph 4.8 Exclusions, Sub-paragraph (k) is hereby deleted in its entirety:

“(k) Implants (materials implanted into or on bone or soft tissue) or the repair or removal of implants or any treatment in conjunction with implants, except as provided under Limitations.”
7. **Deductibles & Maximum Amount.** Article 5 – DEDUCTIBLES & MAXIMUM AMOUNT, Paragraph 5.3 is hereby amended to include the following:

“Diagnostic and Preventive Benefits provided by a Delta Dental PPO Dentist are not counted towards the annual maximum.”
8. **Appendix B.** APPENDIX B, CODE ON DENTAL PROCEDURES AND NOMENCLATURE, is deleted and replaced in its entirety with APPENDIX B, CODE ON DENTAL PROCEDURES AND NOMENCLATURE, attached hereto and incorporated herein.
9. **Effective Date.** This Amendment No. 2 to the Contract shall become effective January 1, 2018.
10. **Miscellaneous.** All other provisions of the Contract not amended herein shall remain the same and in full force and effect.

Signature Page Follows

**COUNTY OF RIVERSIDE
DELTA DENTAL GROUP NUMBER 04784**

IN WITNESS WHEREOF, the parties hereto have caused their duly authorized representatives to execute this Amendment No. 2.

COUNTY OF RIVERSIDE, a political
Subdivision of the State of California

By: 

Chuck Washington
Chairman, Board of Supervisors

Date: SEP 11 2018

By: _____

DELTA DENTAL OF CALIFORNIA, a
not-for-profit California corporation

By: 

Thomas J. Leibowitz, FSA, MAAA
Group VP & Chief Actuary

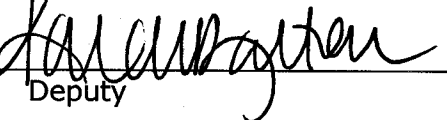
Date: March 29, 2018

By: 

Mohammadreza Navid
Group VP, Sales
March 29, 2018

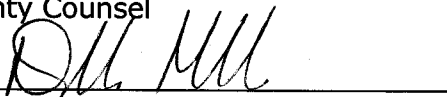
ATTEST: _____

Kecia Harper-Ihem
Clerk of the Board

By: 
Deputy

APPROVED AS TO FORM:

Gregory P. Priamos
County Counsel

By: 
Danielle Maland
Deputy County Counsel

Date: 8/24/18

APPENDIX B

CODE ON DENTAL PROCEDURES AND NOMENCLATURE

NOTE: All the listed procedures may not be benefits under the terms of your contract. Refer to your contract for your specific benefits.

D0100 – D0999 DIAGNOSTIC

Clinical oral evaluations

D0120	Periodic oral evaluation – established patient
D0140	Limited oral evaluation – problem focused
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver
D0150	Comprehensive oral evaluation – new or established patient
D0160	Detailed and extensive oral evaluation – problem focused, by report
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)
D0180	Comprehensive periodontal evaluation – new or established patient
D0190	Screening of a patient
D0191	Assessment of a patient

Radiographs/diagnostic imaging (including interpretation)

D0210	Intraoral – complete series of radiographic images
D0220	Intraoral – periapical first radiographic image
D0230	Intraoral – periapical each additional radiographic image
D0240	Intraoral – occlusal radiographic image
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector
D0251	Extra-oral posterior dental radiographic image
D0270	Bitewing – single radiographic image
D0272	Bitewings – two radiographic images
D0273	Bitewings – three radiographic images
D0274	Bitewings – four radiographic images
D0277	Vertical bitewings – 7 to 8 radiographic images
D0310	Sialography
D0320	Temporomandibular joint arthrogram, including injection
D0321	Other temporomandibular joint radiographic images, by report
D0322	Tomographic survey
D0330	Panoramic radiographic image
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis
D0350	Oral/facial photographic images obtained intraorally or extraorally

Tests and examinations

D0411	HbA1c in-office point of service testing
D0415	Collection of microorganisms for culture and sensitivity
D0416	Viral culture
D0422	Collection and preparation of genetic sample material for laboratory analysis and report
D0423	Genetic test for susceptibility to diseases – specimen analysis
D0425	Caries susceptibility tests
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures
D0460	Pulp vitality tests
D0470	Diagnostic casts

Oral pathology laboratory

- D0472 Accession of tissue, gross examination, preparation and transmission of written report
- D0473 Accession of tissue, gross and microscopic examination, preparation and transmission of written report
- D0474 Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report
- D0475 Decalcification procedure
- D0476 Special stains for microorganisms
- D0477 Special stains, not for microorganisms
- D0478 Immunohistochemical stains
- D0479 Tissue in-situ hybridization, including interpretation
- D0480 Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report
- D0481 Electron microscopy – diagnostic
- D0482 Direct immunofluorescence
- D0483 Indirect immunofluorescence
- D0484 Consultation on slides prepared elsewhere
- D0485 Consultation, including preparation of slides from biopsy material supplied by referring source
- D0486 Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report
- D0502 Other oral pathology procedures, by report
- D0601 Caries risk assessment and documentation, with a finding of low risk
- D0602 Caries risk assessment and documentation, with a finding of moderate risk
- D0603 Caries risk assessment and documentation, with a finding of high risk
- D0999 Unspecified diagnostic procedure, by report

D1000 – D1999 PREVENTIVE

Dental prophylaxis

- D1110 Prophylaxis – adult
- D1120 Prophylaxis – *child through age 13*

Topical fluoride treatment (office procedure)

- D1206 Topical application of fluoride varnish
- D1208 Topical application of fluoride – excluding varnish

Other preventive services

- D1310 Nutritional counseling for control of dental disease
- D1320 Tobacco counseling for the control and prevention of oral disease
- D1330 Oral hygiene instructions
- D1351 Sealant – per tooth
- D1352 Preventive resin restoration in a moderate to high caries risk patient – permanent tooth
- D1354 Interim caries arresting medicament application – per tooth

Space maintenance (passive appliances)

- D1510 Space maintainer – fixed – unilateral
- D1515 Space maintainer – fixed – bilateral
- D1520 Space maintainer – removable – unilateral
- D1525 Space maintainer – removable – bilateral
- D1550 Re-cement or re-bond space maintainer
- D1555 Removal of fixed space maintainer
- D1575 Distal shoe space maintainer – fixed – unilateral

D2000 – D2999 RESTORATIVE

Amalgam restorations (including polishing)

- D2140 Amalgam – one surface, primary or permanent
- D2150 Amalgam – two surfaces, primary or permanent
- D2160 Amalgam – three surfaces, primary or permanent
- D2161 Amalgam – four or more surfaces, primary or permanent

Resin-based composite restorations–direct

- D2330 Resin-based composite – one surface, anterior
- D2331 Resin-based composite – two surfaces, anterior
- D2332 Resin-based composite – three surfaces, anterior
- D2335 Resin-based composite – four or more surfaces or involving incisal angle (anterior)
- D2390 Resin-based composite crown, anterior
- D2391 Resin-based composite – one surface, posterior
- D2392 Resin-based composite – two surfaces, posterior
- D2393 Resin-based composite – three surfaces, posterior
- D2394 Resin-based composite – four or more surfaces, posterior

Gold foil restorations

- D2410 Gold foil – one surface
- D2420 Gold foil – two surfaces
- D2430 Gold foil – three surfaces

Inlay/onlay restorations

- D2510 Inlay – metallic – one surface
- D2520 Inlay – metallic – two surfaces
- D2530 Inlay – metallic – three or more surfaces
- D2542 Onlay – metallic – two surfaces
- D2543 Onlay – metallic – three surfaces
- D2544 Onlay – metallic – four or more surfaces
- D2610 Inlay – porcelain/ceramic – one surface
- D2620 Inlay – porcelain/ceramic – two surfaces
- D2630 Inlay – porcelain/ceramic – three or more surfaces
- D2642 Onlay – porcelain/ceramic – two surfaces
- D2643 Onlay – porcelain/ceramic – three surfaces
- D2644 Onlay – porcelain/ceramic – four or more surfaces
- D2650 Inlay – resin-based composite – one surface
- D2651 Inlay – resin-based composite – two surfaces
- D2652 Inlay – resin-based composite – three or more surfaces
- D2662 Onlay – resin-based composite – two surfaces
- D2663 Onlay – resin-based composite – three surfaces
- D2664 Onlay – resin-based composite – four or more surfaces

Crowns – single restorations only

- D2710 Crown – resin-based composite (indirect)
- D2712 Crown – 3/4 resin-based composite (indirect)
- D2720 Crown – resin with high noble metal
- D2721 Crown – resin with predominantly base metal
- D2722 Crown – resin with noble metal
- D2740 Crown – porcelain/ceramic
- D2750 Crown – porcelain fused to high noble metal
- D2751 Crown – porcelain fused to predominantly base metal
- D2752 Crown – porcelain fused to noble metal
- D2780 Crown – 3/4 cast high noble metal
- D2781 Crown – 3/4 cast predominantly base metal

- D2782 Crown – 3/4 cast noble metal
- D2783 Crown – 3/4 porcelain/ceramic
- D2790 Crown – full cast high noble metal
- D2791 Crown – full cast predominantly base metal
- D2792 Crown – full cast noble metal
- D2794 Crown – titanium
- D2799 Provisional crown – further treatment or completion of a diagnosis necessary prior to final impression

Other restorative services

- D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restorations
- D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core
- D2920 Re-cement or re-bond crown
- D2921 Reattachment of tooth fragment, incisal edge or cusp
- D2929 Prefabricated porcelain/ceramic crown – primary tooth
- D2930 Prefabricated stainless steel crown – primary tooth
- D2931 Prefabricated stainless steel crown – permanent tooth
- D2932 Prefabricated resin crown
- D2933 Prefabricated stainless steel crown with resin window
- D2934 Prefabricated esthetic coated stainless steel crown – primary tooth
- D2940 Sedative filling
- D2941 Interim therapeutic restoration – primary dentition
- D2950 Core buildup, including any pins when required
- D2951 Pin retention – per tooth, in addition to restoration
- D2952 Post and core in addition to crown, indirectly fabricated
- D2953 Each additional indirectly fabricated post – same tooth
- D2954 Prefabricated post and core in addition to crown
- D2955 Post removal
- D2957 Each additional prefabricated post – same tooth
- D2960 Labial veneer (resin laminate) – chairside
- D2961 Labial veneer (resin laminate) – laboratory
- D2962 Labial veneer (porcelain laminate) – laboratory
- D2971 Additional procedures to construct new crown under existing partial denture framework
- D2975 Coping
- D2980 Crown repair, necessitated by restorative material failure
- D2999 Unspecified restorative procedure, by report

D3000 – D3999 ENDODONTICS

Pulp capping

- D3110 Pulp cap – direct (excluding final restoration)
- D3120 Pulp cap – indirect (excluding final restoration)

Pulpotomy

- D3220 Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament
- D3221 Pulpal debridement, primary and permanent teeth
- D3222 Partial pulpotomy for apexogenesis–permanent tooth with incomplete root development
- D3230 Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)
- D3240 Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)

Endodontic therapy on primary teeth (including treatment plan, clinical procedures and follow-up care)

- D3310 Endodontic therapy, anterior tooth (excluding final restoration)
- D3320 Endodontic therapy, premolar tooth (excluding final restoration)
- D3330 Endodontic therapy, molar tooth (excluding final restoration)

- D3331 Treatment of root canal obstruction; non-surgical access
- D3332 Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth
- D3333 Internal root repair of perforation defects

Endodontic retreatment

- D3346 Retreatment of previous root canal therapy – anterior
- D3347 Retreatment of previous root canal therapy – premolar
- D3348 Retreatment of previous root canal therapy – molar

Apexification/recalcification procedures

- D3351 Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)
- D3352 Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulpal space disinfection, etc.)
- D3353 Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)

Apicoectomy/periradicular services

- D3410 Apicoectomy – anterior
- D3421 Apicoectomy – premolar (first root)
- D3425 Apicoectomy – molar (first root)
- D3426 Apicoectomy (each additional root)
- D3427 Periapical surgery without apicoectomy
- D3430 Retrograde filling – per root
- D3450 Root amputation – per root
- D3460 Endodontic endosseous implant
- D3470 Intentional reimplantation (including necessary splinting)

Other endodontic procedures

- D3910 Surgical procedure for isolation of tooth with rubber dam
- D3920 Hemisection (including any root removal), not including root canal therapy
- D3950 Canal preparation and fitting of preformed dowel or post
- D3999 Unspecified endodontic procedure, by report

D4000 – D4999 PERIODONTICS

Surgical services (including usual post-operative care)

- D4210 Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant
- D4211 Gingivectomy or gingivoplasty – one to three contiguous teeth or bounded teeth spaces per quadrant
- D4212 Gingivectomy or gingivoplasty – to allow access for restorative procedure, per tooth
- D4230 Anatomical crown exposure – four or more contiguous teeth or bounded tooth spaces per quadrant
- D4231 Anatomical crown exposure – one to three teeth or bounded tooth spaces per quadrant
- D4240 Gingival flap procedure, including root planing – four or more contiguous teeth or bounded teeth spaces per quadrant
- D4241 Gingival flap procedure, including root planing – one to three contiguous teeth or bounded teeth spaces per quadrant
- D4245 Apically positioned flap
- D4249 Clinical crown lengthening – hard tissue
- D4260 Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant
- D4261 Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant
- D4263 Bone replacement graft – retained natural tooth – first site in quadrant
- D4264 Bone replacement graft – retained natural tooth – each additional site in quadrant

- D4265 Biologic materials to aid in soft and osseous tissue regeneration
- D4266 Guided tissue regeneration – resorbable barrier, per site
- D4267 Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)
- D4268 Surgical revision procedure, per tooth
- D4270 Pedicle soft tissue graft procedure
- D4273 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft
- D4274 Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)
- D4275 Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft
- D4276 Combined connective tissue and double pedicle graft, per tooth
- D4277 Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant, or edentulous tooth position in graft
- 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
- 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
- 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.

Non-surgical periodontal service

- D4320 Provisional splinting – intracoronal
- D4321 Provisional splinting – extracoronal
- D4341 Periodontal scaling and root planing – four or more teeth per quadrant
- D4342 Periodontal scaling and root planing, – one to three teeth, per quadrant
- D4346 Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation
- D4355 Full mouth debridement to enable comprehensive oral evaluation and diagnosis on subsequent visit
- D4381 Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth

Other periodontal services

- D4910 Periodontal maintenance
- D4920 Unscheduled dressing change (by someone other than treating dentist or their staff)
- D4999 Unspecified periodontal procedure, by report

D5000 – D5899 PROSTHODONTICS (REMOVABLE)

Complete dentures (including routine post-delivery care)

- D5110 Complete denture – maxillary
- D5120 Complete denture – mandibular
- D5130 Immediate denture – maxillary
- D5140 Immediate denture – mandibular

Partial dentures (including routine post-delivery care)

- D5211 Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)
- D5212 Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)
- D5213 Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
- D5214 Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
- D5221 Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)
- D5222 Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)

- D5223 Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
- D5224 Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
- D5225 Maxillary partial denture – flexible base (including any clasps, rests and teeth)
- D5226 Mandibular partial denture – flexible base (including any clasps, rests and teeth)
- D5281 Removable unilateral partial denture – one piece cast metal (including clasps and teeth)

Adjustments to dentures

- D5410 Adjust complete denture – maxillary
- D5411 Adjust complete denture – mandibular
- D5421 Adjust partial denture – maxillary
- D5422 Adjust partial denture – mandibular

Repairs to complete dentures

- D5511 Repair broken complete denture base, mandibular
- D5512 Repair broken complete denture base, maxillary
- D5520 Replace missing or broken teeth – complete denture (each tooth)

Repairs to partial dentures

- D5611 Repair resin partial denture base, mandibular
- D5612 Repair resin partial denture base, maxillary
- D5621 Repair cast partial framework, mandibular
- D5622 Repair cast partial framework, maxillary
- D5630 Repair or replace broken clasp – per tooth
- D5640 Replace broken teeth – per tooth
- 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)

Denture rebase procedures

- D5710 Rebase complete maxillary denture
- D5711 Rebase complete mandibular denture
- D5720 Rebase maxillary partial denture
- D5721 Rebase mandibular partial denture

Denture reline procedures

- D5730 Reline complete maxillary denture (chairside)
- D5731 Reline complete mandibular denture (chairside)
- D5740 Reline maxillary partial denture (chairside)
- D5741 Reline mandibular partial denture (chairside)
- D5750 Reline complete maxillary denture (laboratory)
- D5751 Reline complete mandibular denture (laboratory)
- D5760 Reline maxillary partial denture (laboratory)
- D5761 Reline mandibular partial denture (laboratory)

Interim prosthesis

- D5810 Interim complete denture (maxillary)
- D5811 Interim complete denture (mandibular)
- D5820 Interim partial denture (maxillary)
- D5821 Interim partial denture (mandibular)

Other removable prosthetic services

- D5850 Tissue conditioning – maxillary
- D5851 Tissue conditioning – mandibular
- D5862 Precision attachment, by report

- D5863 Overdenture – complete maxillary
- D5864 Overdenture – partial maxillary
- D5865 Overdenture – complete mandibular
- D5866 Overdenture – partial mandibular
- D5867 Replacement of replaceable part of semi-precision or precision attachment (male or female component)
- D5875 Modification of removable prosthesis following implant surgery
- D5899 Unspecified removable prosthodontic procedure, by report

D5900 – D5999 MAXILLOFACIAL PROSTHETICS

- D5911 Facial moulage (sectional)
- D5912 Facial moulage (complete)
- D5913 Nasal prosthesis
- D5914 Auricular prosthesis
- D5915 Orbital prosthesis
- D5916 Ocular prosthesis
- D5919 Facial prosthesis
- D5922 Nasal septal prosthesis
- D5923 Ocular prosthesis, interim
- D5924 Cranial prosthesis
- D5925 Facial augmentation implant prosthesis
- D5926 Nasal prosthesis, replacement
- D5927 Auricular prosthesis, replacement
- D5928 Orbital prosthesis, replacement
- D5929 Facial prosthesis, replacement
- D5931 Obturator prosthesis, surgical
- D5932 Obturator prosthesis, definitive
- D5933 Obturator prosthesis, modification
- D5934 Mandibular resection prosthesis with guide flange
- D5935 Mandibular resection prosthesis without guide flange
- D5936 Obturator prosthesis, interim
- D5937 Trismus appliance (not for TMD treatment)
- D5951 Feeding aid
- D5952 Speech aid prosthesis, pediatric
- D5953 Speech aid prosthesis, adult
- D5954 Palatal augmentation prosthesis
- D5955 Palatal lift prosthesis, definitive
- D5958 Palatal lift prosthesis, interim
- D5959 Palatal lift prosthesis, modification
- D5960 Speech aid prosthesis, modification
- D5982 Surgical stent
- D5983 Radiation carrier
- D5984 Radiation shield
- D5985 Radiation cone locator
- D5986 Fluoride gel carrier
- D5987 Commissure splint
- D5988 Surgical splint
- D5999 Unspecified maxillofacial prosthesis, by report

D6000 – D6199 IMPLANT SERVICES

- D6010 Surgical placement of implant body: endosteal implant
- D6012 Surgical placement of interim implant body for transitional prosthesis: endosteal implant
- D6013 Surgical placement of mini implant
- D6040 Surgical placement: eposteal implant
- D6050 Surgical placement: transosteal implant

Implant supported prosthetics

- D6055 Dental implant supported connecting bar
- D6056 Prefabricated abutment – includes modification and placement
- D6057 Custom fabricated abutment – includes placement
- D6058 Abutment supported porcelain/ceramic crown
- D6059 Abutment supported porcelain fused to metal crown (high noble metal)
- D6060 Abutment supported porcelain fused to metal crown (predominantly base metal)
- D6061 Abutment supported porcelain fused to metal crown (noble metal)
- D6062 Abutment supported cast metal crown (high noble metal)
- D6063 Abutment supported cast metal crown (predominantly base metal)
- D6064 Abutment supported cast metal crown (noble metal)
- D6065 Implant supported porcelain/ceramic crown
- D6066 Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)
- D6067 Implant supported metal crown (titanium, titanium alloy, high noble metal)
- D6068 Abutment supported retainer for porcelain/ceramic FPD
- D6069 Abutment supported retainer for porcelain fused to metal FPD (high noble metal)
- D6070 Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
- D6071 Abutment supported retainer for porcelain fused to metal FPD (noble metal)
- D6072 Abutment supported retainer for cast metal FPD (high noble metal)
- D6073 Abutment supported retainer for cast metal FPD (predominantly base metal)
- D6074 Abutment supported retainer for cast metal FPD (noble metal)
- D6075 Implant supported retainer for ceramic FPD
- D6076 Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)
- D6077 Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)

Other implant services

- D6080 Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis
- D6081 Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure
- D6085 Provisional implant crown
- D6090 Repair implant supported prosthesis, by report
- D6091 Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment
- D6092 Re-cement or re-bond implant/abutment supported crown
- D6094 Abutment supported crown – (titanium)
- D6095 Repair implant abutment, by report
- D6096 Remove broken implant retaining screw
- D6100 Implant removal, by report
- D6101 Debridement of a periimplant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure
- D6102 Debridement and osseous contouring of a periimplant defect or defects surrounding a single implant, and surface cleaning includes surface cleaning of the exposed implant surfaces, including flap entry and closure
- D6110 Implant/abutment supported removable denture for edentulous arch– maxillary
- D6111 Implant/abutment supported removable denture for edentulous arch– mandibular

D6112	Implant/abutment supported removable denture for partially edentulous arch-maxillary
D6113	Implant/abutment supported removable denture for partially edentulous arch – mandibular
D6114	Implant/ abutment supported fixed denture for edentulous arch – maxillary
D6115	Implant / abutment supported fixed denture for edentulous arch – mandibular
D6116	Implant / abutment supported fixed denture for partially edentulous arch – maxillary
D6117	Implant / abutment supported fixed denture for partially edentulous arch – mandibular
D6118	Implant/abutment supported interim fixed denture for edentulous arch – mandibular
D6119	Implant/abutment supported interim fixed denture for edentulous arch – maxillary
D6190	Radiographic/surgical implant index, by Report
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture
D6194	Abutment supported retainer crown for FPD – (titanium)
D6199	Unspecified implant procedure, by report

D6200 – D6999 PROSTHODONTICS, FIXED

(Each retainer and each pontic constitutes a unit in a fixed partial denture)

Fixed partial denture pontics

D6205	Pontic – indirect resin based composite
D6210	Pontic – cast high noble metal
D6211	Pontic – cast predominantly base metal
D6212	Pontic – cast noble metal
D6214	Pontic – titanium
D6240	Pontic – porcelain fused to high noble metal
D6241	Pontic – porcelain fused to predominantly base metal
D6242	Pontic – porcelain fused to noble metal
D6245	Pontic – porcelain/ceramic
D6250	Pontic – resin with high noble metal
D6251	Pontic – resin with predominantly base metal
D6252	Pontic – resin with noble metal
D6253	Provisional pontic – further treatment or completion of a diagnosis necessary prior to impression

Fixed partial denture retainers – inlays/ onlays

D6545	Retainer – cast metal for resin bonded fixed prosthesis
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis
D6549	Resin retainer – for resin bonded fixed prosthesis
D6600	Retainer inlay – porcelain/ceramic, two surfaces
D6601	Retainer inlay – porcelain/ceramic, three or more surfaces
D6602	Retainer inlay – cast high metal, two surfaces
D6603	Retainer inlay – cast high metal, three or more surfaces
D6604	Retainer inlay – cast predominantly base metal, two surfaces
D6605	Retainer inlay – cast predominantly base metal, three or more surfaces
D6606	Retainer inlay – cast noble metal, two surfaces
D6607	Retainer inlay – cast noble metal, three or more surfaces
D6608	Retainer onlay – porcelain/ceramic, two surfaces
D6609	Retainer onlay – porcelain/ceramic, three or more surfaces
D6610	Retainer onlay – cast high noble metal, two surfaces
D6611	Retainer onlay – cast high noble metal, three or more surfaces
D6612	Retainer onlay – cast predominantly base metal, two surfaces
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces
D6614	Retainer onlay – cast noble metal, two surfaces
D6615	Retainer onlay – cast noble metal, three or more surfaces
D6624	Retainer inlay – titanium
D6634	Retainer onlay – titanium

Fixed partial denture retainers – crowns

D6710	Retainer crown – indirect resin based composite
D6720	Retainer crown – resin with high noble metal

- D6721 Retainer crown – resin with predominantly base metal
- D6722 Retainer crown – resin with noble metal
- D6740 Retainer crown – porcelain/ceramic
- D6750 Retainer crown – porcelain fused to high noble metal
- D6751 Retainer crown – porcelain fused to predominantly base metal
- D6752 Retainer crown – porcelain fused to noble metal
- D6780 Retainer crown – 3/4 cast high noble metal
- D6781 Retainer crown – 3/4 cast predominantly base metal
- D6782 Retainer crown – 3/4 cast noble metal
- D6783 Retainer crown – 3/4 porcelain/ceramic
- D6790 Retainer crown – full cast high noble metal
- D6791 Retainer crown – full cast predominantly base metal
- D6792 Retainer crown – full cast noble metal
- D6793 Provisional retainer crown – further treatment of completion or a diagnosis necessary prior to final impression
- D6794 Retainer crown – titanium

Other fixed partial denture services

- D6920 Connector bar
- D6930 Re-cement or re-bond fixed partial denture
- D6940 Stress breaker
- D6950 Precision attachment
- D6980 Fixed partial denture repair necessitated by restorative material
- D6985 Pediatric partial denture, fixed
- D6999 Unspecified, fixed prosthodontic procedure, by report

D7000 – D7999 ORAL AND MAXILLOFACIAL SURGERY

Extractions (includes local anesthesia, suturing, if needed, and routine postoperative care)

- D7111 Extraction, coronal remnants – primary tooth
- D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)

Surgical extractions (includes local anesthesia, suturing, if needed, and routine postoperative care)

- D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
- D7220 Removal of impacted tooth – soft tissue
- D7230 Removal of impacted tooth – partially bony
- D7240 Removal of impacted tooth – completely bony
- D7241 Removal of impacted tooth – completely bony, with unusual surgical complications
- D7250 Removal of residual tooth roots (cutting procedure)

Other surgical procedures

- D7260 Oroantral fistula closure
- D7261 Primary closure of a sinus perforation
- D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
- D7272 Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)
- D7280 Exposure of an unerupted tooth
- D7282 Mobilization of erupted or malpositioned tooth to aid eruption
- D7283 Placement of device to facilitate eruption of impacted tooth
- D7285 Incisional biopsy of oral tissue – hard (bone, tooth)
- D7286 Incisional biopsy of oral tissue – soft
- D7287 Exfoliative cytological sample collection
- D7288 Brush biopsy – transepithelial sample collection
- D7290 Surgical repositioning of teeth
- D7291 Transseptal fibrotomy/supra crestal fibrotomy, by report
- D7292 Placement of temporary anchorage device [screw retained plate] requiring flap;

- includes device removal
- D7293 Placement of temporary anchorage device requiring flap; includes device removal
- D7294 Placement of temporary anchorage device without flap; includes device removal
- D7296 Corticotomy – one to three teeth or tooth spaces, per quadrant
- D7297 Corticotomy – four or more teeth or tooth spaces, per quadrant

Alveoloplasty – surgical preparation of ridge for dentures

- D7310 Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant
- D7311 Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant
- D7320 Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant
- D7321 Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant

Vestibuloplasty

- D7340 Vestibuloplasty – ridge extension (secondary epithelialization)
- D7350 Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)

Surgical excision of soft tissue lesions

- D7410 Excision of benign lesion up to 1.25 cm
- D7411 Excision of benign lesion greater than 1.25 cm
- D7412 Excision of benign lesion, complicated
- D7413 Excision of malignant lesion up to 1.25 cm
- D7414 Excision of malignant lesion greater than 1.25 cm
- D7415 Excision of malignant lesion complicated
- D7465 Destruction of lesion(s) by physical or chemical method, by report

Surgical excision of intra-osseous lesions

- D7440 Excision of malignant tumor – lesion diameter up to 1.25 cm
- D7441 Excision of malignant tumor – lesion diameter greater than 1.25 cm
- D7450 Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm
- D7451 Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm
- D7460 Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm
- D7461 Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm

Excision of bone tissue

- D7471 Removal of lateral exostosis (maxilla or mandible)
- D7472 Removal of torus palatinus
- D7473 Removal of torus manibularis
- D7485 Reduction of osseous tuberosity
- D7490 Radical resection of maxilla or mandible

Surgical incision

- D7510 Incision and drainage of abscess – intraoral soft tissue
- D7511 Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)
- D7520 Incision and drainage of abscess – extraoral soft tissue
- D7521 Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)
- D7530 Removal of foreign body from mucosa, skin or subcutaneous alveolar tissue
- D7540 Removal of reaction-producing foreign bodies, musculoskeletal system
- D7550 Partial ostectomy/sequestrectomy for removal of non-vital bone
- D7560 Maxillary sinusotomy for removal of tooth fragment or foreign body

Treatment of fractures – simple

- D7610 Maxilla – open reduction (teeth immobilized, if present)
- D7620 Maxilla – closed reduction (teeth immobilized, if present)
- D7630 Mandible – open reduction (teeth immobilized, if present)
- D7640 Mandible – closed reduction (teeth immobilized, if present)
- D7650 Malar and/or zygomatic arch – open reduction
- D7660 Malar and/or zygomatic arch – closed reduction
- D7670 Alveolus – closed reduction, may include stabilization of teeth
- D7671 Alveolus – open reduction, may include stabilization of teeth
- D7680 Facial bones – complicated reduction with fixation and multiple surgical approaches

Treatment of fractures – compound

- D7710 Maxilla – open reduction
- D7720 Maxilla – closed reduction
- D7730 Mandible – open reduction
- D7740 Mandible – closed reduction
- D7750 Malar and/or zygomatic arch – open reduction
- D7760 Malar and/or zygomatic arch – closed reduction
- D7770 Alveolus – open reduction splinting stabilization of teeth
- D7771 Alveolus – closed reduction stabilization of teeth
- D7780 Facial bones – complicated reduction with fixation and multiple approaches

Reduction of dislocation and management of other temporomandibular joint dysfunctions

- D7810 Open reduction of dislocation
- D7820 Closed reduction of dislocation
- D7830 Manipulation under anesthesia
- D7840 Condylectomy
- D7850 Surgical discectomy, with/without implant
- D7852 Disc repair
- D7854 Synovectomy
- D7856 Myotomy
- D7858 Joint reconstruction
- D7860 Arthrotomy
- D7865 Arthroplasty
- D7870 Arthrocentesis
- D7871 Non-arthroscopic lysis and lavage
- D7872 Arthroscopy – diagnosis, with or without biopsy
- D7873 Arthroscopy: lavage and lysis of adhesions
- D7874 Arthroscopy: disc repositioning and stabilization
- D7875 Arthroscopy: synovectomy
- D7876 Arthroscopy: discectomy
- D7877 Arthroscopy: debridement
- D7880 Occlusal orthotic device, by report
- D7881 Occlusal orthotic device adjustment
- D7899 Unspecified TMD therapy, by report

Repair of traumatic wounds

- D7910 Suture of recent small wounds up to 5 cm

Complicated suturing (reconstruction requiring delicate handling of tissues and wide undermining for meticulous closure)

- D7911 Complicated suture – up to 5 cm
- D7912 Complicated suture – greater than 5 cm

Other repair procedures

- D7920 Skin graft (identify defect covered, location and type of graft)
- D7940 Osteoplasty – for orthognathic deformities

- D7941 Osteotomy – mandibular rami
- D7943 Osteotomy – mandibular rami with bone graft; includes obtaining the graft
- D7944 Osteotomy – segmented or subapical
- D7945 Osteotomy – body of mandible
- D7946 LeFort I (maxilla – total)
- D7947 LeFort I (maxilla – segmented)
- D7948 LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft
- D7949 LeFort II or LeFort III – with bone graft
- D7950 Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report
- D7951 Sinus augmentation with bone or bone substitutes via a lateral open approach
- D7952 Sinus augmentation via a vertical approach
- D7953 Bone replacement graft for ridge preservation – per site
- D7955 Repair of maxillofacial soft and/or hard tissue defect
- D7960 Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure
- D7963 Frenuloplasty
- D7970 Excision of hyperplastic tissue – per arch
- D7971 Excision of pericoronal gingiva
- D7972 Surgical reduction of fibrous tuberosity
- D7979 Non-surgical sialolithotomy
- D7980 Surgical sialolithotomy
- D7981 Excision of salivary gland, by report
- D7982 Sialodochoplasty
- D7983 Closure of salivary fistula
- D7990 Emergency tracheotomy
- D7991 Coronoidectomy
- D7995 Synthetic graft – mandible or facial bones, by report
- D7996 Implant – mandible for augmentation purposes (excluding alveolar ridge), by report
- D7997 Appliance removal (not by dentist who placed appliance), includes removal of archbar
- D7998 Intraoral placement of a fixation device not in conjunction with a fracture
- D7999 Unspecified oral surgery procedure, by report

D8000 – D8999 ORTHODONTICS

Limited orthodontic treatment

- D8010 Limited orthodontic treatment of the primary dentition
- D8020 Limited orthodontic treatment of the transitional dentition
- D8030 Limited orthodontic treatment of the adolescent dentition
- D8040 Limited orthodontic treatment of the adult dentition

Interceptive orthodontic treatment

- D8050 Interceptive orthodontic treatment of the primary dentition
- D8060 Interceptive orthodontic treatment of the transitional dentition

Comprehensive orthodontic treatment

- D8070 Comprehensive orthodontic treatment of the transitional dentition
- D8080 Comprehensive orthodontic treatment of the adolescent dentition
- D8090 Comprehensive orthodontic treatment of the adult dentition

Minor treatment to control harmful habits

- D8210 Removable appliance therapy
- D8220 Fixed appliance therapy

Other orthodontic services

- D8660 Pre-orthodontic treatment examination to monitor growth and development
- D8670 Periodic orthodontic treatment visit

- D8680 Orthodontic retention (removal of appliances, construction and placement of retainer[s])
- D8681 Removable orthodontic retainer adjustment
- D8690 Orthodontic treatment (alternative billing to a contract fee)
- D8691 Repair of orthodontic appliance
- D8692 Replacement of lost or broken retainer
- D8693 Re-bond or re-cement fixed retainer
- D8694 Repair of fixed retainers, includes reattachment
- D8695 Removal of fixed orthodontic appliances for reasons other than completion of treatment
- D8999 Unspecified orthodontic procedure, by report

D9000 – D9999 ADJUNCTIVE GENERAL SERVICES

Unclassified treatment

- D9110 Palliative (emergency) treatment of dental pain – minor procedure
- D9120 Fixed partial denture sectioning

Anesthesia

- D9210 Local anesthesia not in conjunction with operative or surgical procedures
- D9211 Regional block anesthesia
- D9212 Trigeminal division block anesthesia
- D9215 Local anesthesia
- D9222 Deep sedation/general anesthesia – first 15 minutes
- D9223 Deep sedation/general anesthesia – each subsequent 15 minute increment
- D9230 Analgesia, anxiolysis, inhalation of nitrous oxide
- D9239 Intravenous moderate (conscious) sedation/analgesia – first 15 minutes
- D9243 Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment
- D9248 Non-intravenous conscious sedation

Professional consultation

- D9310 Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)

Professional visits

- D9410 House/extended care facility call
- D9420 Hospital call
- D9430 Office visit for observation (during regularly scheduled hours) – no other services performed
- D9440 Office visit – after regularly scheduled hours
- D9450 Case presentation, detailed and extensive treatment planning

Drugs

- D9610 Therapeutic parenteral drug, single administration
- D9612 Therapeutic parenteral drugs, two or more administrations, different medications
- D9630 Drugs or medicaments dispensed in the office for home use

Miscellaneous services

- D9910 Application of desensitizing medicament
- D9911 Application of desensitizing resin for cervical and/or root surface, per tooth
- D9920 Behavior management, by report
- D9930 Treatment of complications (post-surgical) – unusual circumstances, by report
- D9932 Cleaning and inspection of removable complete denture, maxillary
- D9933 Cleaning and inspection of removable complete denture, mandibular
- D9934 Cleaning and inspection of removable partial denture, maxillary
- D9935 Cleaning and inspection of removable partial denture, mandibular
- D9940 Occlusal guard, by report
- D9941 Fabrication of athletic mouthguard
- D9942 Repair and/or relines of occlusal guard
- D9943 Occlusal guard adjustment

D9950	Occlusion analysis – mounted case
D9951	Occlusal adjustment – limited
D9952	Occlusal adjustment – complete
D9970	Enamel microabrasion
D9971	Odontoplasty 1–2 teeth; includes removal of enamel projections
D9972	External bleaching – per arch – performed in office
D9973	External bleaching – per tooth
D9974	Internal bleaching – per tooth
D9995	Teledentistry – synchronous; real-time encounter
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review
D9999	Unspecified adjunctive procedure, by report

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