

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



ITEM: 3.17
(ID # 20569)

MEETING DATE:

Tuesday, December 13, 2022

FROM : HUMAN RESOURCES:

SUBJECT: HUMAN RESOURCES: Approval of the Delta Dental of California PPO Contract Amendments, All Districts. [\$0]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve Amendment No. 4 to the Delta Dental of California (PPO) Contract, effective January 1, 2021, (Attachment A);
2. Approve Amendment No. 5 to the Delta Dental of California (PPO) Contract, effective January 1, 2022, (Attachment B);
3. Authorize the Chairman of the Board to sign three (3) copies of each amendment; and
4. 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

Michael Bowers

Michael Bowers, Assistant HR Director

11/21/2022

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Spiegel, Washington, and Hewitt
Nays: None
Absent: Perez
Date: December 13, 2022
xc: HR

Kecia R. Harper
Clerk of the Board

By: *Cindy Lundy*
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:	20/21 – 22/23

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.

On September 11, 2018, Item 3.19, the Board of Supervisors approved the 6-year DPPO contract extension commencing January 1, 2017 through December 31, 2022 for active employees and retirees.

The attached amendments confirm the Administrative Services Only (ASO) fees and benefit descriptions for active employees and retirees for 2021 and 2022.

Amendment No. 4

Effective January 1, 2021, ASO fee is \$3.44 per Primary Enrollee per month

Amendment No. 5

Effective January 1, 2022, ASO fee is \$3.61 per Primary Enrollee per month

Prev. Agn. Ref.: 09/11/18, Item 3.19 **District:** All

Impact on Residents and Businesses

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

SUPPLEMENTAL:

Additional Fiscal Information

Currently, there are 11,515 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

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

Delta Dental continues to offer one of the largest national provider networks with a full range of dental care programs. Delta Dental is committed to providing quality service and rates aligned with the average market trend, and the County's claims utilization.

ATTACHMENTS:

ATTACHMENT A. Amendment No. 4 to the Delta Dental of California (PPO) Contract

ATTACHMENT B. Amendment No. 5 to the Delta Dental of California (PPO) Contract



Meghan Hahn, Principal Management Analyst 12/1/2022

**AMENDMENT NO. 5 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, 2022, as follows:

1. **Monthly Administration Amount.** Article 3 – PAYMENTS, Sub-paragraph 2 of Paragraph 3.1 is amended to read:

Effective January 1, 2022:

The Contractholder agrees to pay Delta Dental an ASO fee of \$3.61 per Primary Enrollee per month to compensate Delta Dental for its administration of the dental plan. Contractholder will self bill at the end of each month and submit an electronic fund transfer to Delta Dental's designated account.

2. **Crowns, Inlays, Onlays and Cast Restorations Restoration Benefits.** ARTICLE 4 - BENEFITS PROVIDED; LIMITATIONS AND EXCLUSIONS. Paragraph 4.4 is amended to include:

Occlusal guards - Intraoral removable appliances provided for treatment of harmful oral habits associated with periodontal disease

3. **Limitations.** ARTICLE 4 - BENEFITS PROVIDED; LIMITATIONS AND EXCLUSIONS, Paragraph 4.3, sub-paragraph 1 is amended to read:

4.3 BASIC BENEFITS. Delta Dental agrees to pay 90% of the lesser of the Delta Dental PPO Dentist's Fee or of the Fee Actually Charged for the following Basic Benefits 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 of the Fee Actually Charged for Basic Benefits provided by a Delta Dental Dentist or a non-Delta Dentist:

4. **Limitations.** ARTICLE 4 - BENEFITS PROVIDED; LIMITATIONS AND EXCLUSIONS, Paragraph 4.7, sub-paragraph (e) is amended to read:

(e) A prophylaxis (cleaning) or Single Procedure that includes a prophylaxis is a Benefit four times each calendar year under any Delta Dental plan. See Note on additional Benefits during pregnancy.

Routine prophylaxes are covered as a Diagnostic and Preventive Benefit and periodontal prophylaxes are covered as a Basic Benefit.

5. **Limitations.** ARTICLE 4 - BENEFITS PROVIDED; LIMITATIONS AND EXCLUSIONS, Paragraph 4.7 is amended to include:

(o) Occlusal Guard Benefits are payable for an Enrollee once every five years.

6. **Exclusions.** ARTICLE 4 - BENEFITS PROVIDED; LIMITATIONS AND EXCLUSIONS, Paragraph 4.8, sub-paragraph (n) is amended to read:

(n) Complete occlusal adjustment.

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7. Paragraph 5.3 of ARTICLE 5 - DEDUCTIBLES & MAXIMUM AMOUNT is amended to read:

5.3 If services are provided by a Delta Dental PPO Dentist:

The maximum amount Delta Dental will pay for Diagnostic and Preventive, Basic, Crowns, Inlays, Onlays and Cast Restorations, Prosthodontic, and Occlusal Guards Benefits provided to any Enrollee in a calendar year is \$2,000

If services are provided by a non-Delta Dental PPO Dentist:

The maximum amount Delta Dental will pay for Diagnostic and Preventive, Basic, Crowns, Inlays, Onlays and Cast Restorations, Prosthodontic and Occlusal Guards Benefits provided to any Enrollee in a calendar year is \$1,500.

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. **Appendix C.** APPENDIX C, ORTHODONTIC BENEFIT RIDER, Paragraph 3. is amended to read:

3. The lifetime maximum amount payable by Delta Dental for all Orthodontics whether paid for under the provisions of this Contract or under any prior dental care plan rendered to each Enrollee shall be \$2,000 for services provided by a Delta Dental PPO Dentist or \$1,500 for services provided by a non-Delta Dental PPO Dentist and the limitations on maximum amounts payable during a calendar year, if any, specified in the attached Contract, shall not apply to Orthodontics.

10. **Effective Date.** This Amendment No. 5 to the Contract shall become effective January 1, 2022.

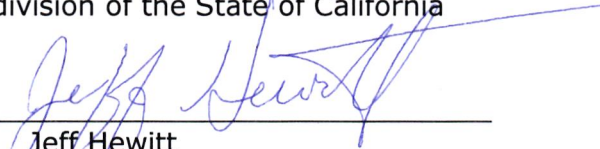
11. **Miscellaneous.** All other provisions of the Contract not amended herein shall remain the same and in full force and effect.

Signature Page Follows

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

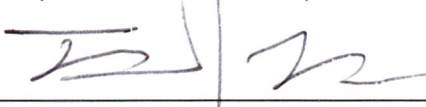
IN WITNESS WHEREOF, the parties hereto have caused their duly authorized representatives to execute this Amendment No. 5.

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

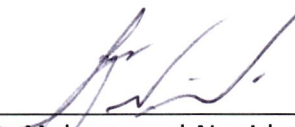
By: 
Jeff Hewitt
Chairman, Board of Supervisors

Date: 12/13/2022

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

By: 
Thomas J. Leibowitz, FSA, MAAA
SVP & Chief Actuary

Date: September 12, 2022

By: 
Mohammad Navid
Senior Vice President, Chief Relationship &
Business Development Officer

Date: September 12, 2022

ATTEST: 
Kecia Harper
Clerk of the Board

By: 12/13/2022
Deputy

APPROVED AS TO FORM:
County Counsel

By: 
Deputy County Counsel

Date: 11/28/22

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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
- D0412 Blood glucose level test - in office using a glucose meter
- D0415 Collection of microorganisms for culture and sensitivity
- D0416 Viral culture
- D0419 Assessment of salivary flow by measurement
- 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
- D0604 Antigen testing for a public health related pathogen, including coronavirus
- D0605 Antibody testing for a public health related pathogen, including coronavirus
- D0606 Molecular testing for a public health related pathogen, including coronavirus
- D0701 Panoramic radiographic image – image capture only
- D0702 2-D cephalometric radiographic image – image capture only
- D0703 2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only
- D0704 3-D photographic image – image capture only
- D0705 Extra-oral posterior dental radiographic image – image capture only
- D0706 Intraoral – occlusal radiographic image – image capture only
- D0707 Intraoral – periapical radiographic image – image capture only
- D0708 Intraoral – bitewing radiographic image – image capture only
- D0709 Intraoral – complete series of radiographic images – image capture only
- 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
- D1321 Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use
- D1330 Oral hygiene instructions
- D1351 Sealant – per tooth
- D1352 Preventive resin restoration in a moderate to high caries risk patient – permanent tooth

- D1354 Application of caries arresting medicament – per tooth
- D1355 Caries preventive medicament application – per tooth
- D1701 Pfizer-BioNTech Covid-19 vaccine administration – first dose
- D1702 Pfizer-BioNTech Covid-19 vaccine administration – second dose
- D1703 Moderna Covid-19 vaccine administration – first dose
- D1704 Moderna Covid-19 vaccine administration – second dose
- D1705 AstraZeneca Covid-19 vaccine administration – first dose
- D1706 AstraZeneca Covid-19 vaccine administration – second dose
- D1707 Janssen Covid-19 vaccine administration

Space maintenance (passive appliances)

- D1510 Space maintainer – fixed – unilateral – per quadrant
- D1516 Space maintainer – fixed – bilateral, maxillary
- D1517 Space maintainer – fixed – bilateral, mandibular
- D1520 Space maintainer – removable – unilateral – per quadrant
- D1526 Space maintainer – removable – bilateral, maxillary
- D1527 Space maintainer – removable – bilateral, mandibular
- D1551 Re-cement or re-bond bilateral space maintainer – maxillary
- D1552 Re-cement or re-bond bilateral space maintainer – mandibular
- D1553 Re-cement or re-bond unilateral space maintainer – per quadrant
- D1556 Removal of fixed unilateral space maintainer – per quadrant
- D1557 Removal of fixed bilateral space maintainer – maxillary
- D1558 Removal of fixed bilateral space maintainer - mandibular
- D1575 Distal shoe space maintainer – fixed – unilateral - per quadrant

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
- D2753 Crown – porcelain fused to titanium or titanium alloy
- 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 and titanium alloy
- D2799 Interim 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
- D2928 Prefabricated porcelain/ceramic crown – permanent tooth
- 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) – direct
- D2961 Labial veneer (resin laminate) – indirect
- D2962 Labial veneer (porcelain laminate) – indirect

- D2971 Additional procedures to customize a crown to fit under an 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)
- D3430 Retrograde filling – per root
- D3450 Root amputation – per root
- D3460 Endodontic endosseous implant
- D3470 Intentional reimplantation (including necessary splinting)
- D3471 Surgical repair of root resorption – anterior
- D3472 Surgical repair of root resorption – premolar
- D3473 Surgical repair of root resorption – molar
- D3501 Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior
- D3502 Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar
- D3503 Surgical exposure of root surface without apicoectomy or repair of root resorption – molar

Other endodontic procedures

- D3910 Surgical procedure for isolation of tooth with rubber dam
- D3911 Intraorifice barrier
- D3920 Hemisection (including any root removal), not including root canal therapy
- D3921 Decoronation or submergence of an erupted tooth
- 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 tooth bounded spaces per quadrant
- D4231 Anatomical crown exposure – one to three teeth or tooth bounded 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, per site
- 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 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

- D4322 Splint – intra-coronal; natural teeth or prosthetic crowns
- D4323 Splint – extra-coronal; natural teeth or prosthetic crowns
- 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 a comprehensive oral evaluation and diagnosis on a 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, retentive/clasping materials, rests and teeth)
- D5212 Mandibular partial denture – resin base (including, retentive/clasping materials, rests and teeth)
- D5213 Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)
- D5214 Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)
- D5221 Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)
- D5222 Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)
- D5223 Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)
- D5224 Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)
- D5225 Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)
- D5226 Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)
- D5227 Immediate maxillary partial denture – flexible base (including any clasps, rests and teeth)
- D5228 Immediate mandibular partial denture – flexible base (including any clasps, rests and teeth)
- D5282 Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary
- D5283 Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular
- D5284 Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests and teeth) – per quadrant
- D5286 Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth) – per quadrant

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 retentive clasping materials – 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
- D5725 Rebase hybrid prosthesis

Denture relining 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)
- D5765 Soft liner for complete or partial removable denture - indirect

Interim prosthesis

- D5810 Interim complete denture (maxillary)
- D5811 Interim complete denture (mandibular)
- D5820 Interim partial denture (including retentive/clasping materials, rests and teeth), maxillary
- D5821 Interim partial denture (including retentive/clasping materials, rests and teeth), 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, per attachment
- D5875 Modification of removable prosthesis following implant surgery
- D5876 Add metal substructure to acrylic full denture (per arch)
- 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
- D5995 Periodontal medicament carrier with peripheral seal – laboratory processed – maxillary
- D5996 Periodontal medicament carrier with peripheral seal – laboratory processed - mandibular
- D5999 Unspecified maxillofacial prosthesis, by report

D6000 – D6199 IMPLANT SERVICES

- D6010 Surgical placement of implant body: endosteal implant
- D6011 Surgical access to an implant body (second stage implant surgery)
- 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
- D6051 Interim implant abutment placement

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 (high noble alloys)
D6067	Implant supported cast metal crown (high noble alloys)
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 (high noble alloys)
D6077	Implant supported retainer for cast metal FPD (high noble alloys)

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
D6082	Implant supported crown – porcelain fused to predominantly base alloys
D6083	Implant supported crown – porcelain fused to noble alloys
D6084	Implant supported crown – porcelain fused to titanium and titanium alloy
D6085	Interim implant crown
D6086	Implant supported crown – predominantly base alloys
D6087	Implant supported crown – noble alloys
D6088	Implant supported crown – titanium/titanium alloys
D6090	Repair implant supported prosthesis, by report
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment
D6092	Re-cement or re-bond implant/abutment supported crown
D6094	Abutment supported crown – (titanium or titanium alloys)
D6095	Repair implant abutment, by report
D6096	Remove broken implant retaining screw
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys
D6098	Implant supported retainer for metal FPD – porcelain fused to predominantly base alloys
D6099	Implant supported retainer for FPD – porcelain fused to noble
D6100	Surgical removal of implant body
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
- D6120 Implant supported retainer – porcelain fused to titanium and titanium alloys
- D6121 Implant supported retainer for metal FPD – predominantly base alloys
- D6122 Implant supported retainer for metal FPD – noble alloys
- D6123 Implant supported retainer for metal FPD – titanium or titanium alloys
- D6190 Radiographic/surgical implant index, by Report
- D6093 Re-cement or re-bond implant/abutment supported fixed partial denture
- D6191 Semi-precision abutment – placement
- D6192 Semi-precision attachment - placement
- D6194 Abutment supported retainer crown for FPD – (titanium and titanium alloys)
- D6195 Abutment supported retainer – porcelain fused to titanium or titanium alloys
- D6198 Remove interim implant component
- 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 and titanium alloys
- D6240 Pontic – porcelain fused to high noble metal
- D6241 Pontic – porcelain fused to predominantly base metal
- D6242 Pontic – porcelain fused to noble metal
- D6243 Pontic – porcelain fused to titanium or titanium alloys
- 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 Interim pontic – further treatment or completion of diagnosis necessary prior to final 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
- D6753 Retainer crown – porcelain fused to titanium or titanium alloys
- 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
- D6784 Retainer crown – 3/4 titanium and titanium alloys
- D6790 Retainer crown – full cast high noble metal
- D6791 Retainer crown – full cast predominantly base metal
- D6792 Retainer crown – full cast noble metal
- D6793 Interim retainer crown – further treatment or completion of diagnosis necessary prior to final impression
- D6794 Retainer crown – titanium and titanium alloys

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 fiberotomy/supra crestal fiberotomy, by report
- D7292 Placement of temporary anchorage device [screw retained plate] requiring flap
- D7293 Placement of temporary anchorage device requiring flap
- D7294 Placement of temporary anchorage device without flap
- D7296 Corticotomy – one to three teeth or tooth spaces, per quadrant
- D7297 Corticotomy – four or more teeth or tooth spaces, per quadrant
- D7298 Removal of temporary anchorage device [screw retained plate], requiring flap
- D7299 Removal of temporary anchorage device, requiring flap
- D7300 Removal of temporary anchorage device without flap

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)
D7922 Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site
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
D7961 Buccal/labial frenectomy (frenulectomy)
D7962 Lingual frenectomy (frenulectomy)
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
D7993 Surgical placement of craniofacial implant – extra oral
D7994 Surgical placement zygomatic implant
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

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
D8695 Removal of fixed orthodontic appliances for reasons other than completion of treatment
D8696 Repair of orthodontic appliance – maxillary
D8697 Repair of orthodontic appliance – mandibular
D8698 Re-cement or re-bond fixed retainer – maxillary
D8699 Re-cement or re-bond fixed retainer – mandibular
D8701 Repair of fixed retainer, includes reattachment – maxillary
D8702 Repair of fixed retainer, includes reattachment – mandibular
D8703 Replacement of lost or broken retainer – maxillary
D8704 Replacement of lost or broken retainer – mandibular
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
D9130 Temporomandibular joint dysfunction – non-invasive physical therapies

Anesthesia

D9210 Local anesthesia not in conjunction with operative or surgical procedures
D9211 Regional block anesthesia
D9212 Trigeminal division block anesthesia
D9215 Local anesthesia
D9219 Evaluation for moderate sedation, deep sedation or general 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
- D9613 Infiltration of sustained release therapeutic drug, per quadrant
- 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
- D9912 Pre-visit patient screening
- 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
- D9941 Fabrication of athletic mouthguard
- D9942 Repair and/or reline of occlusal guard
- D9943 Occlusal guard adjustment
- D9944 Occlusal guard – hard appliance, full arch
- D9945 Occlusal guard – soft appliance, full arch
- D9946 Occlusal guard – hard appliance, partial arch
- D9947 Custom sleep apnea appliance fabrication and placement
- D9948 Adjustment of custom sleep apnea appliance
- D9949 Repair of a custom sleep apnea appliance
- D9950 Occlusion analysis – mounted case
- D9951 Occlusal adjustment – limited
- D9952 Occlusal adjustment – complete
- D9961 Duplicate/copy patient's records
- D9970 Enamel microabrasion
- D9971 Odontoplasty – per tooth
- D9972 External bleaching – per arch – performed in office
- D9973 External bleaching – per tooth
- D9974 Internal bleaching – per tooth
- D9990 Certified translation or sign language services - per visit
- D9995 Teledentistry – synchronous; real-time encounter
- D9996 Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review
- D9997 Dental case management – Patients with special Health Care Needs
- 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. 4 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, 2021, as follows:

1. **Monthly Administration Amount.** Article 3 – PAYMENTS, Sub-paragraph 2 of Paragraph 3.1 is amended to read:

Effective January 1, 2021:

The Contractholder agrees to pay Delta Dental an ASO fee of \$3.44 per Primary Enrollee per month to compensate Delta Dental for its administration of the dental plan. Contractholder will self bill at the end of each month and submit an electronic fund transfer to Delta Dental's designated account.

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."

2. **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.
3. **Effective Date.** This Amendment No. 4 to the Contract shall become effective January 1, 2021.
4. **Miscellaneous.** All other provisions of the Contract not amended herein shall remain the same and in full force and effect.

Signature Page Follows

DEC 13 2022 3:17

**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. 4.

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

By: Jeff Hewitt
Jeff Hewitt
Chairman, Board of Supervisors

Date: 12/13/2022

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

By: Mohammad Navid
Mohammad Navid
Senior Vice President, Chief Relationship &
Business Development Officer

Date: September 12, 2022

ATTEST: Cindya Jaramila
Kecia Harper
Clerk of the Board

By: 12/13/2022
Deputy

APPROVED AS TO FORM:
County Counsel

By: [Signature]
Deputy County Counsel

Date: 11/28/22

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
- D0412 Blood glucose level test - in office using a glucose meter
- D0415 Collection of microorganisms for culture and sensitivity
- D0416 Viral culture
- D0419 Assessment of salivary flow by measurement
- 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
- D0604 Antigen testing for a public health related pathogen, including coronavirus
- D0605 Antibody testing for a public health related pathogen, including coronavirus
- D0701 Panoramic radiographic image – image capture only
- D0702 2-D cephalometric radiographic image – image capture only
- D0703 2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only
- D0704 3-D photographic image – image capture only
- D0705 Extra-oral posterior dental radiographic image – image capture only
- D0706 Intraoral – occlusal radiographic image – image capture only
- D0707 Intraoral – periapical radiographic image – image capture only
- D0708 Intraoral – bitewing radiographic image – image capture only
- D0709 Intraoral – complete series of radiographic images – image capture only
- 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
- D1321 Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high risk substance useD1330 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
- D1355 Caries preventive medicament application – per tooth

Space maintenance (passive appliances)

- D1510 Space maintainer – fixed – unilateral – per quadrant
- D1516 Space maintainer – fixed – bilateral, maxillary
- D1517 Space maintainer – fixed – bilateral, mandibular
- D1520 Space maintainer – removable – unilateral – per quadrant
- D1526 Space maintainer – removable – bilateral, maxillary
- D1527 Space maintainer – removable – bilateral, mandibular
- D1551 Re-cement or re-bond bilateral space maintainer – maxillary
- D1552 Re-cement or re-bond bilateral space maintainer – mandibular
- D1553 Re-cement or rebond unilateral space maintainer – per quadrant
- D1556 Removal of fixed unilateral space maintainer – per quadrant
- D1557 Removal of fixed bilateral space maintainer – maxillary
- D1558 Removal of fixed bilateral space maintainer – mandibular
- D1575 Distal shoe space maintainer – fixed – unilateral – per quadrant

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
- D2753 Crown – porcelain fused to titanium or titanium alloy
- 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 and titanium alloy
- 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
- D2928 Prefabricated porcelain/ceramic crown – permanent tooth
- 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) – direct
- D2961 Labial veneer (resin laminate) – indirect
- D2962 Labial veneer (porcelain laminate) – indirect
- 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)
- D3430 Retrograde filling – per root
- D3450 Root amputation – per root
- D3460 Endodontic endosseous implant
- D3470 Intentional reimplantation (including necessary splinting)
- D3471 Surgical repair of root resorption – anterior
- D3472 Surgical repair of root resorption – premolar
- D3473 Surgical repair of root resorption – molar
- D3501 Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior
- D3502 Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar
- D3503 Surgical exposure of root surface without apicoectomy or repair of root resorption – molar

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 tooth bounded spaces per quadrant
- D4231 Anatomical crown exposure – one to three teeth or tooth bounded 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 a comprehensive oral evaluation and diagnosis on a 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, retentive/clasping materials, rests and teeth)
- D5212 Mandibular partial denture – resin base (including, retentive/clasping materials, rests and teeth)
- D5213 Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)
- D5214 Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)
- D5221 Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)
- D5222 Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)
- D5223 Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)
- D5224 Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)
- D5225 Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)
- D5226 Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)
- D5282 Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary
- D5283 Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular
- D5284 Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests and teeth) – per quadrant
- D5286 Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth) – per quadrant

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 retentive clasping materials – 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 (including retentive/clasping materials, rests and teeth), maxillary
- D5821 Interim partial denture (including tentative/clasping materials, rests and teeth), 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
- D5876 Add metal substructure to acrylic full denture (per arch)
- 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
- D5995 Periodontal medicament carrier with peripheral seal – laboratory processed – maxillary
- D5996 Periodontal medicament carrier with peripheral seal – laboratory processed - mandibular
- D5999 Unspecified maxillofacial prosthesis, by report

D6000 – D6199 IMPLANT SERVICES

- D6010 Surgical placement of implant body: endosteal implant
- D6011 Surgical access to an implant body (second stage implant surgery)
- D6012 Surgical placement of interim implant body for transitional prosthesis: endosteal implant
- D6013 Surgical placement of mini implant
- D6040 Surgical placement: eosteal 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 (high noble alloys)
- D6067 Implant supported cast metal crown (high noble alloys)
- 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 (high noble alloys)
- D6077 Implant supported retainer for cast metal FPD (high noble alloys)

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
- D6082 Implant supported crown – porcelain fused to predominantly base alloys
- D6083 Implant supported crown – porcelain fused to noble alloys
- D6084 Implant supported crown – porcelain fused to titanium and titanium alloy
- D6085 Provisional implant crown
- D6086 Implant supported crown – predominantly base alloys
- D6087 Implant supported crown – noble alloys
- D6088 Implant supported crown – titanium/titanium alloys
- D6090 Repair implant supported prosthesis, by report
- D6091 Replacement of replaceable part 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 or titanium alloys)
- D6095 Repair implant abutment, by report
- D6096 Remove broken implant retaining screw
- D6097 Abutment supported crown – porcelain fused to titanium and titanium alloys
- D6098 Implant supported retainer for metal FPD – porcelain fused to predominantly base alloys
- D6099 Implant supported retainer for FPD – porcelain fused to noble
- 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
- D6120 Implant supported retainer – porcelain fused to titanium and titanium alloys
- D6121 Implant supported retainer for metal FPD – predominantly base alloys
- D6122 Implant supported retainer for metal FPD – noble alloys
- D6123 Implant supported retainer for metal FPD – titanium or titanium alloys
- D6190 Radiographic/surgical implant index, by Report
- D6093 Re-cement or re-bond implant/abutment supported fixed partial denture
- D6191 Semi-precision abutment – placement
- D6192 Semi-precision attachment - placement
- D6194 Abutment supported retainer crown for FPD – (titanium and titanium alloys)
- D6195 Abutment supported retainer – porcelain fused to titanium or titanium alloys
- 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 and titanium alloys
- D6240 Pontic – porcelain fused to high noble metal
- D6241 Pontic – porcelain fused to predominantly base metal
- D6242 Pontic – porcelain fused to noble metal
- D6243 Pontic – porcelain fused to titanium or titanium alloys
- 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
- D6753 Retainer crown – porcelain fused to titanium or titanium alloys
- 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
- D6784 Retainer crown – 3/4 titanium and titanium alloys
- 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 or completion of a diagnosis necessary prior to final impression
- D6794 Retainer crown – titanium and titanium alloys

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 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)
- D7922 Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site
- 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
- D7961 Buccal/labial frenectomy (frenulectomy)
- D7962 Lingual frenectomy (frenulectomy)
- 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
- D7993 Surgical placement of craniofacial implant – extra oral
- D7994 Surgical placement zygomatic implant
- 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)
- D8695 Removal of fixed orthodontic appliances for reasons other than completion of treatment
- D8696 Repair of orthodontic appliance – maxillary
- D8697 Repair of orthodontic appliance – mandibular
- D8698 Re-cement or re-bond fixed retainer – maxillary
- D8699 Re-cement or re-bond fixed retainer – mandibular
- D8701 Repair of fixed retainer, includes reattachment – maxillary
- D8702 Repair of fixed retainer, includes reattachment – mandibular
- D8703 Replacement of lost or broken retainer – maxillary
- D8704 Replacement of lost or broken retainer – mandibular
- 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
- D9130 Temporomandibular joint dysfunction – non-invasive physical therapies

Anesthesia

- D9210 Local anesthesia not in conjunction with operative or surgical procedures
- D9211 Regional block anesthesia
- D9212 Trigeminal division block anesthesia
- D9215 Local anesthesia
- D9219 Evaluation for moderate sedation, deep sedation or general 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
- D9613 Infiltration of sustained release therapeutic drug – single or multiple sites
- 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
- D9941 Fabrication of athletic mouthguard
- D9942 Repair and/or relines of occlusal guard
- D9943 Occlusal guard adjustment
- D9944 Occlusal guard – hard appliance, full arch
- D9945 Occlusal guard – soft appliance, full arch
- D9946 Occlusal guard – hard appliance, partial arch
- D9950 Occlusion analysis – mounted case
- D9951 Occlusal adjustment – limited
- D9952 Occlusal adjustment – complete
- D9961 Duplicate/copy patient's records
- D9970 Enamel microabrasion

- D9971 Odontoplasty – per tooth
- D9972 External bleaching – per arch – performed in office
- D9973 External bleaching – per tooth
- D9974 Internal bleaching – per tooth
- D9990 Certified translation or sign language services - per visit
- D9995 Teledentistry – synchronous; real-time encounter
- D9996 Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review
- D9997 Dental case management – Patients with special Health Care Needs
- D9999 Unspecified adjunctive procedure, by report

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