

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



ITEM: 3.35
(ID # 24451)

MEETING DATE:
Tuesday, April 30, 2024

FROM : HUMAN RESOURCES:

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

RECOMMENDED MOTION: That the Board of Supervisors:

1. Ratify and Approve Amendment No. 6 to the Delta Dental of California (PPO) Contract, effective January 1, 2023, (Attachment A);
2. Authorize the Chairman of the Board to sign three (3) copies of each amendment; and
3. 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.

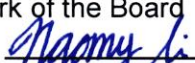
ACTION:Policy


Sarah Franco, Assistant County Executive Officer 4/18/2024

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Spiegel, Washington, Perez and Gutierrez
Nays: None
Absent: None
Date: April 30, 2024
xc: H.R.

Kimberly A. Rector
Clerk of the Board
By: 
Deputy

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

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 0	\$ 0	\$ 0	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: Employee Deductions and Retiree Dental Insurance Premiums			Budget Adjustment:	No
			For Fiscal Year:	22/23 – 25/26

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.

Since approving the initial contract in 2014 the Board has approved five contract amendments addressing plan benefits and fees and extending contract terms. The most recent amendment No. 5 was approved by the Board on September 11, 2018, Item 3.19, approving a 6-year contract extension commencing January 1, 2017 through December 31, 2022.

The attached Amendment No. 6 will further extend the contract through December 31, 2025 and increase the plan Administrative Services Only (ASO) fee from \$3.61 Per Primary Enrollee per month (Employee/Retiree) to \$3.83 Per Primary Enrollee per month. The ASO fee is the fee paid to Delta Dental as payment for Delta Dental's administrative Services and dental provider network compensation. The ASO fee for these services is guaranteed for three years at the rate of \$3.83. This was an increase of 6.1% over the previous period's fee and is in line with current industry standard. Delta Dental ASO fees are calculated as a portion of the plan premium paid by employees and retirees who elect enrollment in the plan.

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 12,957 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.

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

Contract History and Price Reasonableness

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. 6 to the Delta Dental of California (PPO) Contract



Gregg Gu, Chief of Deputy County Counsel 4/22/2024

**RATIFICATION AND AMENDMENT NO. 6 TO THE
DELTA DENTAL OF CALIFORNIA (PPO) CONTRACT**

GROUP NUMBER 04784

This Ratification and Sixth Amendment for dental insurance services is made 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").

WHEREAS, The Contractholder and Delta Dental entered into that certain Delta Dental of California (PPO) Contract, 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 thru December 1, 2021, and Amendment No. 5 extending the Contract Term for one (1) year, effective January 1, 2022 thru December 1, 2022; and,

WHEREAS, notwithstanding the December 31, 2022, expiration of the Contract, the parties acknowledge and agree that services have continued to be provided by Delta Dental to the Contractholder and accepted and paid by the Contractholder past the respective expiration without a written amendment; and,

WHEREAS, as of the Effective Date provided herein, the parties agree that the services mentioned above are hereby fully reinstated and shall be deemed to have been in effect from the original effective date through the date as hereby extended as set forth in this Amendment; and,

NOW THEREFORE, in consideration of their mutual covenants, the Contractholder and Delta Dental agree to ratify and amend the Contract according to the terms and in the manner set forth herein:

1. **Recitals.** The recitals set forth above are true and correct and incorporated herein by this reference.
2. **Ratification.** All actions taken by both the Contractholder and Delta Dental prior to the date hereof were in compliance with, and pursuant to the terms and conditions of the Contract and are hereby confirmed and ratified.
3. The Contract is hereby renewed and extended from January 1, 2023, through December 31, 2025.
4. **Monthly Administration Amount.** Article 3 – PAYMENTS, Sub-paragraph 2 of Paragraph 3.1 is amended to read:

Effective January 1, 2023:

The Contractholder agrees to pay Delta Dental an ASO fee of \$3.83 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.

5. **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.
6. **Effective Date.** This Amendment No. 6 to the Contract shall become effective January 1, 2023.
7. **Miscellaneous.** All other provisions of the Contract not amended herein shall remain the same and in full force and effect.

8. **Electronic Signatures.** This Amendment No. 6 may be executed in any number of counterparts, each of which will be an original, but all of which together will constitute one instrument. Each party to this Amendment No. 6 agrees to the use of electronic signatures, such as digital signatures that meet the requirements of the California Uniform Electronic Transactions Act ("CUETA") Cal. Civ. Code §§ 1633.1 to 1633.17), for executing this Amendment No. 6. The parties further agree that the electronic signatures of the parties included in this Amendment No. 6 are intended to authenticate this writing and to have the same force and effect as manual signatures. Electronic signature means an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record pursuant to the CUETA as amended from time to time. The CUETA authorizes use of an electronic signature for transactions and contracts among parties in California, including a government agency. Digital signature means an electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a manual signature, and shall be reasonably relied upon by the parties. For purposes of this section, a digital signature is a type of "electronic signature" as defined in subdivision (i) of Section 1633.2 of the Civil Code.

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 ratification and Amendment No. 6.

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

By: 
CHUCK WASHINGTON
Chairman, Board of Supervisors


Date: 4/30/2024

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


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

Date: December 21, 2023

ATTEST: _____
Kimberly Rector
Clerk of the Board

By: 
Deputy

APPROVED AS TO FORM:
Minh Tran
County Counsel

By: 
Katherine Wilkins
Deputy County Counsel

Date: 4/9/24

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
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images
D0373	Intraoral tomosynthesis – bitewing radiographic image
D0374	Intraoral tomosynthesis – periapical radiographic image
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only

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
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
D0801 3D dental surface scan – direct
D0802 3D dental surface scan – indirect
D0803 3D facial surface scan – direct
D0804 3D facial surface scan - indirect
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
- D1708 Pfizer-BioNTech COVID-19 vaccine administration – third dose
- D1709 Pfizer-BioNTech COVID-19 vaccine administration – booster dose
- D1710 Moderna COVID-19 vaccine administration – third dose
- D1711 Moderna COVID-19 vaccine administration – booster dose
- D1712 Janssen COVID-19 vaccine administration – booster dose
- D1713 Pfizer-BioNTech COVID-19 vaccine administration tris-sucrose pediatric - first dose
- D1714 Pfizer-BioNTech COVID-19 vaccine administration tris-sucrose pediatric - second dose
- D1781 Vaccine administration – human papillomavirus – Dose 1
- D1782 Vaccine administration – human papillomavirus – Dose 2
- D1783 Vaccine administration – human papillomavirus – Dose 3

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.
- D4286 Removal of non-resorbable barrier

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 evaluation and diagnosis on subsequent visit
- D4381 Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth

Other periodontal services

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

D5000 – D5899 PROSTHODONTICS (REMOVABLE)

Complete dentures (including routine post-delivery care)

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

Partial dentures (including routine post-delivery care)

- D5211 Maxillary partial denture – resin base (including, 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 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)
- 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
D6105	Removal of implant body not requiring bone removal or flap elevation
D6106	Guided tissue regeneration – resorbable barrier, per implant
D6107	Guided tissue regeneration – non-resorbable barrier, per implant
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
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant
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 fibrotomy/supra crestal fibrotomy, 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

Alveoplasty – surgical preparation of ridge for dentures

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

D7509 Marsupialization of odontogenic cyst
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
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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
D7956	Guided tissue regeneration, edentulous area – resorbable barrier, per site
D7957	Guided tissue regeneration, edentulous area – non-resorbable barrier, per site
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
- D9953 Reline custom sleep apnea appliance (indirect)
- 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.