

2023 ADA Code List for Microsoft Plans



Use this list or our [code check tool](#) to confirm if pre-determination (pre-D) or dental review is required. If more than one class is listed, refer to benefit details for the correct class or submit a pre-D. See [PACAAR \(PCM\) ADA code list](#) or [non-individual employer groups ADA code list](#) for all other Premera prefixes.

KEY: **Red:** Authorization/documentation requirements **Blue:** Not covered services **Grey:** Deleted codes

ADA Procedure Code	Description	Dental Review or Pre-D	Documentation Required	Class
D0120	Periodic oral evaluation – established patient	N/A	N/A	Preventive
D0140	Limited oral evaluation – problem focused	N/A	N/A	Preventive
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	N/A	N/A	Preventive
D0150	Comprehensive oral evaluation – new or established patient	N/A	N/A	Preventive
D0160	Detailed and extensive oral evaluation – problem focused, by report	N/A	N/A	Preventive
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	N/A	N/A	Preventive
D0171	Re-evaluation – post-operative office visit	N/A	N/A	Preventive
D0180	Comprehensive periodontal evaluation – new or established patient	N/A	N/A	Preventive
D0190	Screening of a patient	N/A	Narrative	Preventive
D0191	Assessment of a patient	N/A	Narrative	Preventive
D0210	Intraoral – complete series of radiographic images	N/A	N/A	Preventive
D0220	Intraoral – periapical first radiographic image	N/A	N/A	Preventive
D0230	Intraoral – periapical each additional radiographic image	N/A	N/A	Preventive
D0240	Intraoral – occlusal radiographic image	N/A	N/A	Preventive

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	Yes	Narrative or description of the type of extraoral x-ray performed.	Preventive
D0251	Extra-oral posterior dental radiographic image	N/A	Narrative or description of the type of extraoral x-ray performed.	Preventive
D0270	Bitewing – single radiographic image	N/A	N/A	Preventive
D0272	Bitewings – two radiographic images	N/A	N/A	Preventive
D0273	Bitewings – three radiographic images	N/A	N/A	Preventive
D0274	Bitewings – four radiographic images	N/A	N/A	Preventive
D0277	Vertical bitewings – 7 to 8 radiographic images	N/A	N/A	Preventive
D0310	Sialography	Yes	If submitting under medical, submit diagnosis and/or narrative. Medical Policy 2.01.21 (Temporomandibular Joint Dysfunction)	Preventive
D0320	Temporomandibular joint arthrogram, including injection	N/A	Not covered under dental. If submitting under medical, submit diagnosis and/or narrative. Medical Policy 2.01.21 (Temporomandibular Joint Dysfunction)	Not covered
D0321	Other temporomandibular joint radiographic images, by report	N/A	Not covered under dental. If submitting under medical, submit diagnosis and/or narrative. Medical Policy 2.01.21 (Temporomandibular Joint Dysfunction)	Not covered
D0322	Tomographic survey	Yes	If submitted on a dental claim form: Diagnosis and/or narrative of condition describing the need for a tomographic survey If submitting under medical: Submit diagnosis and/or narrative. Medical Policy 2.01.21 (Temporomandibular Joint Dysfunction)	Preventive
D0330	Panoramic radiographic image	Yes	Provider will need to indicate if taken for orthodontia.	Preventive

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D0340	2D cephalometric radiographic image – acquisition, measurement, and analysis	Yes	If submitted on a dental claim form: Diagnosis and narrative or treatment plan; If submitting under medical: Submit diagnosis and/or narrative. Medical Policy 2.01.21 (Temporomandibular Joint Dysfunction)	Preventive
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	N/A	Not covered – unless billed for orthodontia work up and orthodontia benefit are available. Provider will need to indicate if taken for orthodontia.	Not covered/ Orthodontia
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw	Yes	If submitted on a dental claim form: Diagnosis or narrative of condition (pathology or operative report if applicable) If submitting under medical, submit diagnosis or narrative. Medical policy 9.02.503 (Computerized Diagnostic Imaging for Complex Maxillofacial Procedures)	Preventive
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible	Yes	If submitted on a dental claim form: Diagnosis or narrative of condition (pathology or operative report if applicable) If submitting under medical, submit diagnosis or narrative. Medical policy 9.02.503 (Computerized Diagnostic Imaging for Complex Maxillofacial Procedures)	Preventive
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	Yes	If submitted on a dental claim form: Diagnosis or narrative of condition (pathology or operative report if applicable) If submitting under medical, submit diagnosis or narrative. Medical policy 9.02.503 (Computerized Diagnostic Imaging for Complex Maxillofacial Procedures)	Preventive

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	Yes	If submitted on a dental claim form: Diagnosis or narrative of condition (pathology or operative report if applicable) If submitting under medical, submit diagnosis or narrative. Medical policy 9.02.503 (Computerized Diagnostic Imaging for Complex Maxillofacial Procedures)	Preventive
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	N/A	Not covered under dental. Review medical plan for TMJ benefits. If submitting under medical, submit diagnosis or narrative. Medical policy 9.02.503 (Computerized Diagnostic Imaging for Complex Maxillofacial Procedures)	Not covered
D0369	Maxillofacial MRI capture and interpretation	N/A	Not covered under dental. Review medical plan for TMJ benefits. If submitting under medical, submit diagnosis or narrative. Medical policy 9.02.503 (Computerized Diagnostic Imaging for Complex Maxillofacial Procedures)	Not covered
D0370	Maxillofacial ultrasound capture and interpretation	Yes	If submitted on a dental claim form: Diagnosis or narrative of condition (pathology or operative report if applicable) If submitting under medical, submit diagnosis or narrative. Medical policy 9.02.503 (Computerized Diagnostic Imaging for Complex Maxillofacial Procedures)	Preventive
D0371	Sialo endoscopy capture and interpretation	Yes	If submitted on a dental claim form: Diagnosis or narrative of condition (pathology or operative report if applicable) If submitting under medical, submit diagnosis or narrative.	Preventive

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
			Medical policy 9.02.503 (Computerized Diagnostic Imaging for Complex Maxillofacial Procedures)	
D0372	Intraoral Tomosynthesis – comprehensive series of radiographic images	N/A	Not Covered	
D0373	Intraoral Tomosynthesis – Bitewing radiographic image	N/A	Not Covered	
D0374	Intraoral Tomosynthesis – Periapical radiographic image	N/A	Not Covered	
D0380 D0381 D0382 D0383	-Cone beam CT image capture with limited field of view – less than one whole jaw -Cone beam CT image capture with field of view of one full dental arch – mandible -Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium -Cone beam CT image capture with field of view of both jaws, with or without cranium	Yes	If submitted on a dental claim form: Diagnosis or narrative of condition (pathology or operative report if applicable) If submitting under medical, submit diagnosis or narrative. Medical policy 9.02.503 (Computerized Diagnostic Imaging for Complex Maxillofacial Procedures)	Preventive
D0384	Cone beam CT image capture for TMJ series including two or more exposures	Yes, for medical	Not covered under dental. Review medical plan for TMJ benefits. If submitting under medical, submit diagnosis or narrative. Medical policy 9.02.503 (Computerized Diagnostic Imaging for Complex Maxillofacial Procedures)	Not covered under dental; may be covered under medical
D0385	Maxillofacial MRI image capture	Yes	If submitted on a dental claim form: Diagnosis or narrative of condition (pathology or operative report if applicable) If submitting under medical, submit diagnosis or narrative. Medical policy 9.02.503 (Computerized Diagnostic Imaging	Preventive

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
			for Complex Maxillofacial Procedures)	
D0386	Maxillofacial ultrasound image capture	Yes	If submitted on a dental claim form: Diagnosis or narrative of condition (pathology or operative report if applicable) If submitting under medical, submit diagnosis or narrative. Medical policy 9.02.503 (Computerized Diagnostic Imaging for Complex Maxillofacial Procedures)	Preventive
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	Yes	If submitted on a dental claim form: Diagnosis or narrative of condition (pathology or operative report if applicable) If submitting under medical, submit diagnosis or narrative. Medical policy 9.02.503 (Computerized Diagnostic Imaging for Complex Maxillofacial Procedures)	Preventive
D0393	Treatment simulation using 3D image volume	N/A	Not covered	Not covered
D0394	Digital subtraction of two or more images or image volumes of the same modality	Yes	If submitted on a dental claim form: Narrative and/or chart notes; If submitting under medical, submit diagnosis or narrative. Medical policy 9.02.503 (Computerized Diagnostic Imaging for Complex Maxillofacial Procedures)	Preventive
D0395	Fusion of two or more 3D image volumes of one or more modalities	Yes	If submitted on a dental claim form: Narrative and/or chart notes If submitting under medical, submit diagnosis or narrative. Medical policy 9.02.503 (Computerized Diagnostic Imaging for Complex Maxillofacial Procedures)	Preventive
D0411	HbA1c in-office point of service testing	N/A	Not covered	Not covered

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D0412	blood glucose level test – in-office using a glucose meter	N/A	Not covered	Not covered
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation, and transmission of written report	N/A	N/A	Preventive
D0415	Collection of microorganisms for culture and sensitivity	Yes	Diagnosis or narrative of condition	Preventive
D0416	Viral culture	Yes	Diagnosis or narrative of condition	Preventive
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	Yes	Diagnosis or narrative of condition	Preventive
D0418	Analysis of saliva sample	Yes	Diagnosis or narrative of condition	Preventive
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	N/A	Not covered	Not covered
D0423	Genetic test for susceptibility to diseases – specimen analysis	N/A	Not covered	Not covered
D0425	Caries susceptibility tests	N/A	Not covered	Not covered
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	N/A	N/A	Preventive
D0460	Pulp vitality tests	N/A	Tooth numbers for all teeth tested.	Preventive
D0470	Diagnostic casts	Yes	Diagnosis or narrative describing the need for the diagnostic cast Medical policy: 9.02.500 (Orthodontic Services for Treatment of Congenital Craniofacial Anomalies)	Basic
D0472	Accession of tissue, gross examination, preparation and transmission of written report	Yes	Diagnosis or narrative of condition	Preventive
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	Yes	Diagnosis or narrative of condition	Preventive

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation, and transmission of written report	Yes	Diagnosis or narrative of condition	Preventive
D0475	Decalcification procedure	Yes	Diagnosis or narrative of condition	Preventive
D0476	Special stains for microorganisms	Yes	Diagnosis or narrative of condition	Preventive
D0477	Special stains, not for microorganisms	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Preventive/Basic
D0478	Immunohistochemical stains	Yes	Diagnosis or narrative of condition	Preventive
D0479	Tissue in-situ hybridization, including interpretation	Yes	Diagnosis or narrative of condition	Preventive
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation, and transmission of written report	Yes	Diagnosis or narrative of condition	Preventive
D0481	Electron microscopy	Yes	Diagnosis or narrative of condition	Preventive
D0482	Direct immunofluorescence	Yes	Diagnosis or narrative of condition	Preventive
D0483	Indirect immunofluorescence	Yes	Diagnosis or narrative of condition	Preventive
D0484	Consultation on slides prepared elsewhere	Yes	Diagnosis or narrative of condition	Preventive
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	Yes	Diagnosis or narrative of condition	Preventive
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation, and transmission of written report	Yes	Diagnosis or narrative of condition	Preventive
D0502	Other oral pathology procedures, by report	Yes	Diagnosis or narrative of condition	Preventive
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	N/A	Not covered	Not covered

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D0601	Caries risk assessment and documentation, with a finding of low risk	N/A	N/A	Preventive
D0602	Caries risk assessment and documentation, with a finding of moderate risk	N/A	N/A	Preventive
D0603	Caries risk assessment and documentation, with a finding of high risk	N/A	N/A	Preventive
D0604	Antigen testing for a public health related pathogen, including coronavirus	N/A	N/A	Preventive
D0605	Antibody testing for a public health related pathogen, including coronavirus	N/A	N/A	Preventive
D0701	Panoramic radiographic image – image capture only	N/A	N/A	Preventive
D0702	2-D cephalometric radiographic image – image capture only	N/A	N/A	Preventive
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	N/A	N/A	Preventive
D0704	3-D photographic image – image capture only	N/A	N/A	Preventive
D0705	Extra-oral posterior dental radiographic image – image capture only	N/A	N/A	Preventive
D0706	Intraoral – occlusal radiographic image – image capture only	N/A	N/A	Preventive
D0707	Intraoral – periapical radiographic image – image capture only	N/A	N/A	Preventive
D0708	Intraoral – bitewing radiographic image – image capture only Image	N/A	N/A	Preventive
D0709	Intraoral – complete series of radiographic images – image capture only	N/A	N/A	Preventive
D0999	Unspecified diagnostic procedure, by report	N/A	Complete description of this service	Preventive

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D1110	Prophylaxis – adult	N/A	N/A	Preventive
D1120	Prophylaxis – child	N/A	N/A	Preventive
D1206	Topical application of fluoride varnish	N/A	N/A	Preventive
D1208	Topical application of fluoride – excluding varnish	N/A	N/A	Preventive
D1310	Nutritional counseling for control of dental disease	N/A	Not covered	Not covered
D1320	Tobacco counseling for the control and prevention of oral disease	N/A	Not covered	Not covered
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	N/A	Not covered	Not covered
D1330	Oral hygiene instructions	N/A	Not covered	Not covered
D1351	Sealant - per tooth	N/A	N/A	Preventive
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	N/A	N/A	Preventive
D1354	Interim caries arresting medicament application	N/A	Not covered	Not covered
D1355	Caries preventive medicament application – per tooth	N/A	Not covered	Not covered
D1510	Space Maintainer, Fixed Unilateral- Per Quadrant. Excludes a distal shoe space maintainer	N/A	N/A	Preventive
D1515-deleted code as of 1/2019	Space maintainer – fixed – bilateral	N/A	N/A	Preventive
D1516	Space maintainer – fixed – bilateral, maxillary	N/A	N/A	Preventive
D1517	Space maintainer – fixed – bilateral, mandibular	N/A	N/A	Preventive
D1520	Space maintainer – removable, unilateral – per quadrant	N/A	N/A	Preventive
D1525-deleted code as of 1/2019	Space maintainer – removable – bilateral	N/A	N/A	Preventive

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D1526	Space maintainer – removable – bilateral, maxillary	N/A	N/A	Preventive
D1527	Space maintainer – removable – bilateral, mandibular	N/A	N/A	Preventive
D1550 - Deleted	Re-cement or re-bond space maintainer	N/A	N/A	Preventive
D1555 - Deleted	Removal of fixed space maintainer	N/A	N/A	Preventive
D1575	Distal shoe space maintainer – fixed, – unilateral – per quadrant	N/A	N/A	Preventive
D1999	Unspecified preventive procedure, by report	N/A	Complete description of this service	Preventive
D2140	Amalgam - one surface, primary or permanent	N/A	Tooth Surface	Basic
D2150	Amalgam - two surface, primary or permanent	N/A	Tooth Surface	Basic
D2160	Amalgam - three surface, primary or permanent	N/A	Tooth Surface	Basic
D2161	Amalgam - four or more surfaces, primary or permanent	N/A	Tooth Surface	Basic
D2330	Resin-Based Composite, One Surface, Anterior	N/A	Tooth Surface	Basic
D2331	Resin-Based Composite, Two Surfaces, Anterior	N/A	Tooth Surface	Basic
D2332	Resin-Based Composite, Three Surfaces, Anterior	N/A	Tooth Surface	Basic
D2335	Resin-Based Composite, Four or More Surfaces, or Involving Incisal Angle (Anterior)	N/A	Tooth Surface	Basic
D2390	Resin-based composite crown, anterior	N/A	N/A	Basic
D2391	Resin-based composite - one surface, posterior	N/A	Tooth Surface	Basic
D2392	Resin-based composite - two surfaces, posterior	N/A	Tooth Surface	Basic
D2393	Resin-based composite - three surfaces, posterior	N/A	Tooth Surface	Basic
D2394	Resin-based composite - four or more surfaces, posterior	N/A	Tooth Surface	Basic
D2410	Gold foil - one surface	N/A	Tooth Surface	Basic
D2420	Gold foil - two surfaces	N/A	Tooth Surface	Basic

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D2430	Gold foil - three surfaces	N/A	Tooth Surface	Basic
D2510	-Inlay - metallic – one surface	Yes	Chart notes, Narrative, and Imaging	Major
D2520	-Inlay - metallic - two surfaces			
D2530	-Inlay - metallic - three surface			
D2542	-Onlay - metallic - two surface	Yes	Chart notes, Narrative, and Imaging	Major
D2543	-Onlay - metallic - three surfaces			
D2544	-Onlay - metallic - four or more surfaces			
D2610	-Inlay - porcelain/ceramic - one surface	Yes	Chart notes, Narrative, and Imaging	Major
D2620	-Inlay - porcelain/ceramic - two surfaces			
D2630	-Inlay - porcelain/ceramic - three surfaces			
D2642	-Onlay - porcelain/ceramic - two surface	Yes	Chart notes, Narrative, and Imaging	Major
D2643	-Onlay - porcelain/ceramic - three surfaces			
D2644	-Onlay - porcelain/ceramic - four or more surfaces			
D2650	-Inlay - resin-based composite - one surface	Yes	Chart notes, Narrative, and Imaging	Major
D2651	-Inlay - resin-based composite - two surfaces			
D2652	-Inlay - resin-based composite - three surface			
D2662	-Onlay, resin-based composite, two surfaces	Yes	Chart notes, Narrative, and Imaging	Major
D2663	-Onlay, resin-based composite, three surfaces			
D2664	-Onlay, resin-based composite, four or more surfaces			
D2710	- Crown – resin-based composite (indirect)	Yes	Chart notes, Narrative, and Imaging	Major
D2712	- Crown – 3/4 resin-based composite (indirect) * This procedure does not include facial veneers.			

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D2720	- Crown, Resin with High Noble Metal			
D2721	- Crown, Resin, Predominantly Base Metal			
D2722	- Crown, Resin with Noble Metal			
D2740	- Porcelain/Ceramic substrate	Yes	Chart notes, Narrative, and Imaging	Major
D2750	- Porcelain Fused to High noble Metal			
D2751	- Porcelain Fused to predominantly Base Metal			
D2752	- Porcelain Fused to Noble Metal			
D2780	- Crown, 3/4 Cast High Noble Metal	Yes	Chart notes, Narrative, and Imaging	Major
D2781	- Crown, 3/4 Cast Predominantly Base Metal			
D2782	- Crown, 3/4 Cast Noble Metal			
D2783	Crown 3/4 Porcelain/Ceramic <i>* This procedure does not include facial veneers.</i>	Yes	Chart notes, Narrative, and Imaging	Major
D2790	- Crown, Full Cast High Noble Metal	Yes	Chart notes, Narrative, and Imaging	Major
D2791	- Crown, Full Cast Predominantly Base Metal			
D2792	- Crown, Full Cast Nobel Metal			
D2794	Crown – titanium and titanium alloys	N/A	N/A	Major
D2799	Provisional crown– further treatment or completion of diagnosis necessary prior to final impression	N/A	Not covered	Not covered
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	N/A	N/A	Basic
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	N/A	N/A	Basic
D2920	Re-cement or re-bond crown	N/A	N/A	Basic

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D2921	Reattachment of tooth fragment, incisal edge, or cusp	N/A	N/A	Basic
D2928	Prefabricated porcelain/ceramic crown – permanent tooth	N/A	N/A	Major
D2929	Prefabricated porcelain/ceramic crown - primary tooth	N/A	N/A	Major
D2930	Prefabricated stainless steel crown - primary tooth	N/A	N/A	Major
D2931	Prefabricated stainless steel crown - permanent tooth	N/A	N/A	Major
D2932	Prefabricated resin crown	N/A	N/A	Major
D2933	Prefabricated stainless steel crown with resin window	N/A	N/A	Major
D2934	Prefabricated esthetic coated stainless-steel crown - primary tooth	N/A	N/A	Major
D2940	Protective restoration	N/A	N/A	Basic
D2941	Interim therapeutic restoration - primary dentition	N/A	Not covered	Not covered
D2949	Restorative foundation for an indirect restoration	N/A	N/A	Basic
D2950	Core buildup, including pins	N/A	N/A	Basic
D2951	Pin retention - per tooth, in addition to restoration	N/A	N/A	Basic
D2952	Post and core in addition to crown, indirectly fabricated	N/A	N/A	Basic
D2953	Each additional indirectly fabricated post - same tooth	N/A	N/A	Basic
D2954	Prefabricated post and core in addition to crown	N/A	N/A	Basic
D2955	Post removal	N/A	N/A	Basic
D2957	Each additional prefabricated post - same tooth <i>* to be used with D2954</i>	N/A	N/A	Basic
D2960	Labial Veneer (resin laminate), direct	Yes	Chart notes, narrative, and imaging	Major
D2961	Labial veneer (resin laminate) – indirect	Yes	Chart notes, narrative, and imaging	Major
D2962	Labial veneer (porcelain laminate) – indirect	Yes	Chart notes, narrative, and imaging	Major
D2971	Additional procedures to construct new crown under	N/A	N/A	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
	existing partial denture framework			
D2975	Coping	N/A	N/A	Basic
D2980	Crown repair necessitated by restorative material failure	N/A	N/A	Basic
D2981	Inlay repair necessitated by restorative material failure	Yes	Chart notes, narrative, and imaging	Basic
D2982	Onlay repair necessitated by restorative material failure	Yes	Chart notes, narrative, and imaging	Basic
D2983	Veneer repair necessitated by restorative material failure	Yes	Chart notes, narrative, and imaging	Basic
D2990	Resin infiltration of incipient smooth surface lesions	N/A	N/A	Major
D2999	Unspecified restorative procedure, by report	Yes	Chart notes, narrative, and imaging	Major
D3110	Pulp cap – direct (excluding final restoration)	N/A	N/A	Basic
D3120	Pulp cap – indirect (excluding final restoration)	N/A	N/A	Not covered
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	N/A	N/A	Basic
D3221	Pulpal debridement, primary and permanent teeth	N/A	N/A	Basic
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	N/A	N/A	Basic
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	N/A	N/A	Basic
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	N/A	N/A	Basic
D3310	- Endodontic therapy, anterior tooth (excluding final restoration)	N/A	N/A	Basic
D3320	- Endodontic therapy, bicuspid tooth (excluding final restoration)			
D3330				

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
	- Endodontic therapy, molar (excluding final restoration)			
D3331	Treatment of root canal obstruction; non-surgical access	N/A	N/A	Basic
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	N/A	N/A	Basic
D3333	Internal root repair of perforation defects	N/A	N/A	Basic
D3346	- Retreatment of previous root canal therapy – anterior	N/A	N/A	Basic
D3347	- Retreatment of previous root canal therapy – bicuspid			
D3348	- Retreatment of previous root canal therapy – molar			
D3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	N/A	N/A	Basic
D3352	Apexification/recalcification – interim medication replacement	N/A	N/A	Basic
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	N/A	N/A	Basic
D3355	Pulpal regeneration – initial visit	N/A	N/A	Basic
D3356	Pulpal regeneration – interim medication replacement	N/A	N/A	Basic
D3357	Pulpal regeneration – completion of treatment	N/A	N/A	Basic
D3410	Apicoectomy – anterior	N/A	N/A	Basic
D3421	Apicoectomy – bicuspid (first root)			
D3425	Apicoectomy – molar (first root)			
D3426	Apicoectomy (each additional root)	N/A	N/A	Basic
D3427-deleted	Periradicular surgery without apicoectomy	Yes	X-ray(s), narrative and rationale for the proposed surgery.	Basic/Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
code as of 01/2021				
D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site	N/A	N/A	Basic
D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	N/A	N/A	Basic
D3430	Retrograde filling – per root	N/A	N/A	Basic
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	N/A	N/A	Basic
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	N/A	N/A	Basic
D3450	Root amputation – per root	N/A	N/A	Basic/Major
D3460	Endodontic endosseous implant	N/A	N/A	Basic
D3470	Intentional re-implantation (including necessary splinting)	N/A	N/A	Basic
D3471	Surgical repair of root resorption – anterior	N/A	N/A	Basic
D3472	Surgical repair of root resorption – premolar	N/A	N/A	Basic
D3473	Surgical repair of root resorption – molar	N/A	N/A	Basic
D3501	Surgical repair of root surface without apicoectomy or repair of root resorption – anterior	N/A	N/A	Basic
D3502	Surgical repair of root surface without apicoectomy or repair of root resorption – premolar	N/A	N/A	Basic
D3503	Surgical repair of root surface without apicoectomy or repair of root resorption – molar	N/A	N/A	Basic
D3910	Surgical procedure for isolation of tooth with rubber dam	N/A	N/A	Basic

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D3920	hemisection (including any root removal), not including root canal therapy	N/A	N/A	Basic
D3950	canal preparation and fitting of preformed dowel or post	N/A	N/A	Basic
D3999	unspecified endodontic procedure, by report	Yes	Chart notes and/or narrative describing procedure performed.	Basic
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	Yes	Periodontal charting, narrative, and photo (if available) Medical policy Periodontics (9.02.502)	Basic
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	Yes	Periodontal charting, narrative, and photo (if available) Medical policy Periodontics (9.02.502)	Basic
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	Yes	Periodontal charting, narrative, and photo (if available) Medical policy Periodontics (9.02.502)	Basic
D4230	Anatomical crown exposure – four or more contiguous teeth or tooth bounded spaces per quadrant	Yes	Periodontal charting, narrative, and photo (if available) Medical policy Periodontics (9.02.502)	Basic
D4231	Anatomical crown exposure – one to three teeth or tooth bounded spaces per quadrant	Yes	Periodontal charting, narrative, and photo (if available) Medical policy Periodontics (9.02.502)	Basic
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	Yes	Periodontal charting, narrative, and photo (if available) Medical policy Periodontics (9.02.502)	Basic
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	Yes	Periodontal charting, narrative, and photo (if available) Medical policy Periodontics (9.02.502)	Basic
D4245	Apically positioned flap	Yes	Periodontal charting, narrative, and photo (if available) Medical policy Periodontics (9.02.502)	Basic
D4249	Clinical crown lengthening – hard tissue	Yes	Periodontal charting, narrative, and photo (if available) Medical policy Periodontics (9.02.502)	Basic

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	Yes	Periodontal charting, narrative, and photo (if available) Medical policy Periodontics (9.02.502)	Basic
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	Yes	Periodontal charting, narrative, and photo (if available) Medical policy Periodontics (9.02.502)	Basic
D4263	Bone replacement graft – retained natural tooth –first site in quadrant	Yes	Periodontal charting, narrative, and photo (if available) Medical policy Periodontics (9.02.502)	Basic
D4264	Bone replacement graft – retained natural tooth –each additional site in quadrant	Yes	Periodontal charting, narrative, and photo (if available) Medical policy Periodontics (9.02.502)	Basic
D4265	Biologic materials to aid in soft and osseous tissue regeneration	Yes	Periodontal charting, narrative, and photo (if available) Medical policy Periodontics (9.02.502)	Basic
D4266	Guided tissue regeneration – resorbable barrier, per site	Yes	Periodontal charting, narrative, and photo (if available) Medical policy Periodontics (9.02.502)	Basic
D4267	Guided tissue regeneration – non-resorbable barrier, per site (includes membrane removal)	Yes	Periodontal charting, narrative, and photo (if available) Medical policy Periodontics (9.02.502)	Basic
D4268	Surgical revision procedure, per tooth	Yes	Periodontal charting, narrative, and photo (if available) Medical policy Periodontics (9.02.502)	Basic
D4270	Pedicle soft tissue graft procedure	Yes	Periodontal charting, narrative, and photo (if available) Medical policy Periodontics (9.02.502)	Basic
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position	Yes	Periodontal charting, narrative, and photo (if available) Medical policy Periodontics (9.02.502)	Basic

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	Yes	Periodontal charting, narrative, and photo (if available) Medical policy Periodontics (9.02.502)	Basic
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	Yes	Periodontal charting, narrative, and photo (if available) Medical policy Periodontics (9.02.502)	Basic
D4276	Combined connective tissue and double pedicle graft, per tooth	Yes	Periodontal charting, narrative, and photo (if available) Medical policy Periodontics (9.02.502)	Basic
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	Yes	Periodontal charting, narrative, and photo (if available) Medical policy Periodontics (9.02.502)	Basic
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	Yes	Periodontal charting, narrative, and photo (if available) Medical policy Periodontics (9.02.502)	Basic
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	N/A	N/A	Basic
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	N/A	N/A	Basic

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D4320 – Deleted 1/1/22	Provisional splinting – intracoronal	Yes	Periodontal charting, narrative, and photo (if available) Medical policy Periodontics (9.02.502)	Basic
D4321 – Deleted 1/1/22	Provisional splinting – extracoronal	Yes	Periodontal charting, narrative, and photo (if available) Medical policy Periodontics (9.02.502)	Basic
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	N/A	N/A	Basic
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	N/A	N/A	Basic
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	N/A	N/A	Preventive; accumulates towards prophyl/cleaning
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	N/A	N/A	Preventive
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	Yes	Periodontal charting, narrative, and photo (if available) Medical policy Periodontics (9.02.502)	Basic
D4910	Periodontal maintenance	N/A	N/A	Preventive
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	N/A	N/A	Basic
D4921	Gingival irrigation – per quadrant	N/A	N/A	Basic
D4999	Unspecified periodontal procedure, by report	Yes	Chart notes, narrative, periodontal charting, pre-operative x-ray, or photo may be required.	Basic
D5110	Complete denture – maxillary	N/A	N/A	Major
D5120	Complete denture – mandibular	N/A	N/A	Major
D5130	Immediate denture – maxillary	N/A	N/A	Major
D5140	Immediate denture – mandibular	N/A	N/A	Major
D5211	Maxillary partial denture – resin base (including	N/A	N/A	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
	retentive/clasping materials, rests, and teeth)			
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	N/A	N/A	Major
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	N/A	N/A	Major
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	N/A	N/A	Major
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	N/A	N/A	Major
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	N/A	N/A	Major
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	N/A	N/A	Major
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/ clasping materials, rests, and teeth)	N/A	N/A	Major
D5225	Maxillary partial denture – flexible base (including retentive/clasping materials, rests, and teeth)	N/A	N/A	Major
D5226	Mandibular partial denture – flexible base (including retentive/clasping materials, rests, and teeth)	N/A	N/A	Major
D5281-deleted	Removable unilateral partial denture – one piece cast	N/A	Preparation and Seat Date may be required if a claim is appealed due to frequency denial	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
code as of 01/2019	metal (including clasps and teeth)			
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	N/A	N/A	Major
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	N/A	N/A	Major
D5410	- Adjust complete denture – maxillary.	N/A	N/A	Major
D5411	- Adjust complete denture – mandibular.			
D5421	- Adjust partial denture – maxillary.			
D5422	- Adjust partial denture – mandibular			
D5511	- Repair broken complete denture base- mandibular.	Yes	Narrative including the date when the denture was originally placed.	Basic
D5512	- Repair broken complete denture base- maxillary.			
D5520	- Replace missing or broken teeth – complete denture (each tooth)			
D5611	- Repair resin partial denture base, mandibular	Yes	Narrative including the date when the denture was originally placed.	Basic
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.	Yes	Narrative including the date when the denture was originally placed.	Basic
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)			

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D5671	- Replace all teeth and acrylic on cast metal framework (mandibular)			
D5710	Rebase complete maxillary denture	N/A	N/A	Major
D5711	Rebase complete mandibular denture			
D5720	Rebase maxillary partial denture			
D5721	Rebase mandibular partial denture			
D5730	- Reline complete maxillary denture (<i>direct</i>)	N/A	N/A	Major
D5731	- Reline complete mandibular denture (<i>direct</i>)			
D5740	- Reline maxillary partial denture (<i>direct</i>)			
D5741	- Reline mandibular partial denture (<i>direct</i>)			
D5750	- Reline complete maxillary denture (<i>indirect</i>)			
D5751	- Reline complete mandibular denture (<i>indirect</i>)			
D5760	- Reline maxillary partial denture (<i>indirect</i>)			
D5761	- Reline mandibular partial denture (<i>indirect</i>)			
D5810	- Interim complete denture (maxillary)	N/A	Not covered	Not covered
D5811	- Interim complete denture (mandibular)			
D5820	- Interim partial denture (including retentive/clasping materials, rests, and teeth)- maxillary	N/A	Not covered	Not covered
D5821	- Interim partial denture (including retentive/clasping materials, rests and teeth)- mandibular			
D5850 D5851	- Tissue conditioning, maxillary - Tissue conditioning, mandibular	N/A	N/A	Major
D5862	Precision attachment, by report	N/A	Not covered	Not covered
D5863	- Overdenture – complete maxillary	N/A	Not covered	Not covered

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
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)	N/A	Not covered	Not covered
D5875	Modification of removable prosthesis following implant surgery	N/A	N/A	Major
D5876	Add metal substructure to acrylic full denture (per arch)	N/A	N/A	Major
D5899	Unspecified removable prosthodontic procedure, by report	Yes	Chart notes and a narrative	Major
D5911	Facial moulage (sectional)	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable	Major/Medical
D5912	Facial moulage (complete)	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable	Major/Medical
D5913	Nasal prosthesis	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable	Major/Medical
D5914	Auricular prosthesis	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable	Major/Medical
D5915	Orbital prosthesis	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable	Major/Medical
D5916	Ocular prosthesis	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable	Major/Medical
D5919	Facial prosthesis	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable	Major/Medical
D5922	Nasal septal prosthesis	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable	Major/Medical
D5923	Ocular prosthesis, interim	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable	Major/Medical

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D5924	Cranial prosthesis	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable	Major/Medical
D5925	Facial augmentation implant prosthesis	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable	Major/Medical
D5926	Nasal prosthesis, replacement	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable	Major/Medical
D5927	Auricular prosthesis, replacement	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable	Major/Medical
D5928	Orbital prosthesis, replacement	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable	Major/Medical
D5929	facial prosthesis, replacement	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable	Major/Medical
D5931	Obturator prosthesis, surgical	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable	Major/Medical
D5932	Obturator prosthesis, definitive	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable	Major/Medical
D5933	Obturator prosthesis, modification	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable	Major/Medical
D5934	Mandibular resection prosthesis with guide flange	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable	Major/Medical
D5935	Mandibular resection prosthesis without guide flange	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable	Major/Medical
D5936	Obturator prosthesis, interim	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable	Major/Medical
D5937	Trismus appliance (not for TMD treatment)	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable	Major/Medical
D5951	Feeding aid	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable	Major/Medical
D5952	Speech aid prosthesis, pediatric	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable	Major/Medical

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D5953	Speech aid prosthesis, adult	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable	Major/Medical
D5954	Palatal augmentation prosthesis	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable	Major/Medical
D5955	Palatal lift prosthesis, definitive	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable	Major/Medical
D5958	Palatal lift prosthesis, interim	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable	Major/Medical
D5959	Palatal lift prosthesis, modification	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable	Major/Medical
D5960	Speech aid prosthesis, modification	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable	Major/Medical
D5982	Surgical stent	N/A	None, unless provider is requesting benefits. Then chart notes and narrative as applicable	Major/Medical
D5983	Radiation carrier	N/A	N/A	Major/Medical
D5984	Radiation shield	N/A	N/A	Major/Medical
D5985	Radiation cone locator	N/A	N/A	Major/Medical
D5986	Fluoride gel carrier	N/A	N/A	Major/Medical
D5987	Commissure splint	N/A	N/A	Major/Medical
D5988	Surgical splint	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable. Medical policy Orthognathic Surgery (9.02.501)	Major/Medical
D5991	Vesiculobullous disease medicament carrier	Yes	Type of Medication	Major/Medical
D5992	Adjust maxillofacial prosthetic appliance, by report	N/A	N/A	Major/Medical
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra- or intra-oral) other than required adjustments, by report	N/A	N/A	Major/Medical
D5994-deleted code as of 01/2021	Periodontal medicament carrier with peripheral seal – laboratory processed	Yes	Periodontal charting, narrative, and/or photographs showing recession and status of attached gingiva to demonstrate the necessity of this service.	Major/Medical

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D5995	Periodontal medicament carrier with peripheral seal – laboratory processed - maxillary	Yes	Name of medication used. Medical policy Periodontics (9.02.502)	Major/Medical
D5996	Periodontal medicament carrier with peripheral seal – laboratory processed - mandibular	Yes	Name of medication used. Medical policy Periodontics (9.02.502)	Major/Medical
D5999	Unspecified maxillofacial prosthesis, by report	Yes	Chart notes and a narrative	Major/Medical
D6010	Surgical placement of implant body: endosteal implant	N/A	N/A	Major
D6011	Surgical access to an implant body (second state implant surgery)	N/A	N/A	Major
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	N/A	Not covered	Not covered
D6013	Surgical placement of mini-implant	N/A	N/A	Major
D6040	Surgical placement: eposteal implant	N/A	N/A	Major
D6050	Surgical placement: transosteal implant	N/A	N/A	Major
D6051	Interim abutment	N/A	Not covered	Not covered
D6052- deleted code as of 01/2021	Semi-precision attachment abutment	N/A	N/A	Major
D6053 - Deleted	Implant/abutment supported removable Denture for completely edentulous	N/A	N/A	Major
D6054 - Deleted	Implant/abutment supported removable Denture for partially edentulous	N/A	N/A	Major
D6055	Connecting bar – implant supported, or abutment supported	N/A	N/A	Major
D6056	Prefabricated abutment – includes modification and placement	N/A	N/A	Major
D6057	Custom fabricated abutment – includes placement	N/A	N/A	Major
D6058	Abutment supported porcelain/ceramic crown	N/A	N/A	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	N/A	N/A	Major
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	N/A	N/A	Major
D6061	Abutment supported porcelain fused to metal crown (noble metal)	N/A	N/A	Major
D6062	Abutment supported cast metal crown (high noble metal)	N/A	N/A	Major
D6063	Abutment supported cast metal crown (predominantly base metal)	N/A	N/A	Major
D6064	Abutment supported cast metal crown (noble metal)	N/A	N/A	Major
D6065	Implant supported porcelain/ceramic crown	N/A	N/A	Major
D6066	Implant supported crown – porcelain fused to high noble alloys)	N/A	N/A	Major
D6067	Implant supported crown – (high noble alloys)	N/A	N/A	Major
D6068	Abutment supported retainer for porcelain/ceramic FPD	N/A	N/A	Major
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	N/A	N/A	Major
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	N/A	N/A	Major
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	N/A	N/A	Major
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	N/A	N/A	Major
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	N/A	N/A	Major
D6074	Abutment supported retainer for cast metal FPD (noble metal)	N/A	N/A	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D6075	Implant supported retainer for ceramic FPD	N/A	N/A	Major
D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys	N/A	N/A	Major
D6077	Implant supported retainer for metal FPD – high noble alloys	N/A	N/A	Major
D6078 - Deleted	Implant/abutment supported fixed denture for Completely edentulous arch	N/A	N/A	Major
D6079 - Deleted	Implant/abutment supported fixed denture for partially edentulous arch	N/A	N/A	Major
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses, and abutments	N/A	N/A	Major
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	Yes	Periodontal charting and/or narrative and/or photograph	Major
D6085	Provisional implant crown	Yes	Chart notes, narrative, and imaging	Major
D6090	Repair implant supported prosthesis, by report	Yes	Chart notes or narrative specifically describing the repair or replacement of any part of the implant supported prosthesis.	Major
D6091	Replacement of replaceable part of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	N/A	Not covered	Not covered
D6092	Re-cement or re-bond implant/abutment supported crown	N/A	N/A	Basic
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	N/A	N/A	Basic
D6094	Abutment supported crown – titanium and titanium alloys	N/A	N/A	Major
D6095	Repair implant abutment, by report	N/A	N/A	Basic

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D6096	Remove broken implant retaining screw	Yes	Narrative	Major
D6100	Implant removal, by report	N/A	N/A	Major
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	N/A	N/A	Major
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	N/A	N/A	Major
D6103	Bone graft for repair of peri-implant defect – does not include flap entry and closure	N/A	N/A	Major
D6104	Bone graft at time of implant placement	N/A	N/A	Major
D6105	Removal of implant body not requiring bone removal or flap evaluation	N/A	N/A	Major
D6106	Guided tissue regeneration – resorbable barrier, per implant	N/A	N/A	Major
D6017	Guided tissue regeneration – non-resorbable barrier, per implant	N/A	N/A	Major
D6110	Implant /abutment supported removable denture for edentulous arch – maxillary	N/A	N/A	Major
D6111	Implant /abutment supported removable denture for edentulous arch – mandibular	N/A	N/A	Major
D6112	Implant /abutment supported removable denture for partially edentulous arch – maxillary	N/A	N/A	Major
D6113	Implant /abutment supported removable denture for partially edentulous arch – mandibular	N/A	N/A	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D6114	Implant /abutment supported fixed denture for edentulous arch – maxillary	N/A	N/A	Major
D6115	Implant /abutment supported fixed denture for edentulous arch – mandibular	N/A	N/A	Major
D6116	Implant /abutment supported fixed denture for partially edentulous arch – maxillary	N/A	N/A	Major
D6117	Implant /abutment supported fixed denture for partially edentulous arch – mandibular	N/A	N/A	Major
D6118	Implant/abutment supported interim fixed denture for edentulous arch – mandibular	N/A	N/A	Major
D6119	Implant/abutment supported interim fixed denture for edentulous arch – maxillary	N/A	N/A	Major
D6190	Radiographic/surgical implant index, by report	N/A	N/A	Major
D6191	Semi-precision abutment – placement	N/A	Not covered	Not covered
D6192	Semi-precision abutment – placement	N/A	Not covered	Not covered
D6194	Abutment supported retainer crown for FPD –titanium and titanium alloys	N/A	N/A	Major
D6197	Replacement of restorative material used to close an access opening of a screw - retained implant supported prosthesis, per implant	YES	Narrative	Major
D6199	Unspecified implant procedure, by report	Yes	If implant coverage available, need chart notes and a narrative	Major
D6205	Pontic – indirect resin-based composite	N/A	N/A	Major
D6210 D6211 D6212	- Pontic – cast high noble metal - Pontic – cast predominantly base metal - Pontic – cast noble metal	N/A	N/A	Major
D6214	PONTIC TITANIUM AND TITANIUM ALLOYS	N/A	N/A	Major
D6240	- Pontic – porcelain fused to high noble metal	N/A	N/A	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D6241	- Pontic – porcelain fused to predominantly base metal			
D6242	- Pontic – porcelain fused to noble metal			
D6245	Pontic – porcelain/ceramic	N/A	N/A	Major
D6250	- Pontic – resin with high noble metal	N/A	N/A	Major
D6251	- Pontic – resin with predominantly base metal			
D6252	- Pontic – resin with noble metal			
D6253	Provisional pontic– further treatment or completion of diagnosis necessary prior to final impression	N/A	Not covered	Not covered
D6545	Retainer – cast metal for resin bonded fixed prosthesis	N/A	N/A	Major
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	N/A	N/A	Major
D6600	Retainer inlay – porcelain/ceramic, two surfaces	N/A	N/A	Major
D6601	Retainer inlay – porcelain/ceramic, three or more surfaces	N/A	N/A	Major
D6602	Retainer inlay – cast high noble metal, two surfaces	N/A	N/A	Major
D6603	Retainer inlay – cast high noble 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	N/A	N/A	Major
D6609	Retainer onlay – porcelain/ceramic, three or more surfaces	N/A	N/A	Major

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D6610	Retainer onlay – cast high noble metal, two surfaces	N/A	N/A	Major
D6611	Retainer onlay – cast high noble metal, three or more surfaces	N/A	N/A	Major
D6612	Retainer onlay – cast predominantly base metal, two surfaces	N/A	N/A	Major
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces	N/A	N/A	Major
D6614	Retainer onlay – cast noble metal, two surfaces	N/A	N/A	Major
D6615	Retainer onlay – cast noble metal, three or more surfaces	N/A	N/A	Major
D6624	Inlay-Titanium	N/A	N/A	Major
D6634	Retainer onlay – titanium	N/A	N/A	Major
D6710	Retainer crown – indirect resin-based composite	N/A	N/A	Major
D6720	Retainer crown – resin with high noble metal	N/A	N/A	Major
D6721	Retainer crown – resin with predominantly base metal			
D6722	Retainer crown – resin with noble metal			
D6740	Retainer crown – porcelain/ceramic	N/A	N/A	Major
D6750	Retainer crown – porcelain fused to high noble metal	N/A	N/A	Major
D6751	Retainer crown – porcelain fused to predominantly base metal			
D6752	Retainer crown – porcelain fused to noble metal			
D6780	Retainer crown – $\frac{3}{4}$ cast high noble metal	N/A	N/A	Major
D6781	Retainer crown – $\frac{3}{4}$ cast predominantly base metal			
D6782	Retainer crown – $\frac{3}{4}$ cast noble metal			
D6783	Retainer crown – $\frac{3}{4}$ porcelain/ceramic			
D6790	Retainer crown – full cast high noble metal	N/A	N/A	Major
D6791	Retainer crown – full cast predominantly base metal			

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D6792	Retainer crown – full cast noble metal			
D6793	Provisional retainer crown – further treatment or completion of diagnosis necessary prior to final impression	N/A	Provider will need to appeal if temporary appliance is going to be considered permanent and worn for more than 6 months.	Not covered
D6794	Retainer crown – titanium and titanium alloys	N/A	N/A	Major
D6920	Connector bar	N/A	N/A	Major
D6930	Re-cement or re-bond fixed partial denture	N/A	N/A	Basic
D6940	Stress breaker	N/A	N/A	Not covered
D6950	Precision attachment	N/A	N/A	Major
D6975 - Deleted	Coping-Metal	N/A	Based on dental necessity	Basic
D6980	Fixed partial denture repair necessitated by restorative material failure	N/A	N/A	Major
D6985	Pediatric partial denture, fixed	N/A	N/A	Major
D6999	Unspecified fixed prosthodontic procedure, by report	Yes	Chart notes and a narrative	Major
D7111	Extraction, coronal remnants – primary tooth	N/A	N/A	Basic
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	N/A	N/A	Basic
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	N/A	N/A	Basic
D7220	Removal of impacted tooth – soft tissue	N/A	N/A	Basic
D7230	Removal of impacted tooth – partially bony	N/A	N/A	Basic
D7240	Removal of impacted tooth – completely bony	N/A	N/A	Basic
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	N/A	N/A	Basic

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D7250	Removal of residual tooth roots (cutting procedure)	N/A	N/A	Basic
D7251	Coronectomy – intentional partial tooth removal	N/A	N/A	Basic
D7260	Oroantral fistula closure	N/A	N/A	Basic
D7261	Primary closure of a sinus perforation	N/A	N/A	Basic
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	Yes	Pre-accident state of tooth, description of procedure, chart notes, narrative, diagnosis as applicable	Basic
D7272	Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)	Yes	Pre-accident state of tooth, description of procedure, chart notes, narrative, diagnosis as applicable	Basic
D7280	Exposure of an unerupted tooth	N/A	N/A	Basic
D7282	Mobilization of erupted or mal-positioned tooth to aid eruption	N/A	N/A	Basic
D7283	Placement of device to facilitate eruption of impacted tooth	N/A	N/A	Basic
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Basic
D7286	Incisional biopsy of oral tissue – soft	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Basic
D7287	Exfoliative cytological sample collection	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Basic
D7288	Brush biopsy – transepithelial sample collection	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable)	Basic
D7290	Surgical repositioning of teeth	N/A	N/A	Basic
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	N/A	N/A	Basic
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap; includes device removal	N/A	N/A	Part of Primary procedure

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D7293	Placement of temporary anchorage device requiring flap; includes device removal	N/A	N/A	Part of Primary procedure
D7294	Placement of temporary anchorage device without flap; includes device removal	N/A	N/A	Part of Primary procedure
D7295	Harvest of bone for use in autogenous grafting procedure	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable	Basic
D7296	Corticotomy- one to three teeth or tooth spaces, per quadrant	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable	Basic
D7297	Corticotomy- four or more teeth or tooth spaces, per quadrant	N/A	N/A	Not covered
D7298	Removal of temporary anchorage device (screw retained plate), requiring flap	N/A	N/A	Part of primary procedure
D7299	Removal of temporary anchorage device	N/A	N/A	Part of primary procedure
D7300	Removal of temporary anchorage device without flap	N/A	N/A	Part of primary procedure
D7310	Alveoloplasty in conjuncture with extractions – four or more teeth or tooth spaces, per quadrant	N/A	N/A	Basic
D7311	Alveoloplasty in conjuncture with extractions – one to three teeth or tooth spaces, per quadrant	N/A	N/A	Basic
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	N/A	N/A	Basic
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	N/A	N/A	Basic
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	N/A	N/A	Basic
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and	N/A	N/A	Basic

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
	management of hypertrophied and hyperplastic tissue)			
D7410	Excision of benign lesion up to 1.25 cm	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable); often considered medical	Basic
D7411	Excision of benign lesion greater than 1.25 cm	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable); often considered medical	Basic
D7412	Excision of benign lesion, complicated	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable); often considered medical	Basic
D7413	Excision of malignant lesion up to 1.25 cm	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable); often considered medical	Basic
D7414	Excision of malignant lesion greater than 1.25 cm	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable); often considered medical	Basic
D7415	Excision of malignant lesion, complicated	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable); often considered medical	Basic
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable); often considered medical	Basic
D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable); often considered medical	Basic
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	N/A	N/A	Basic
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	N/A	N/A	Basic
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable); often considered medical	Basic

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable); often considered medical	Basic
D7465	Destruction of lesion(s) by physical or chemical method, by report	Yes	Diagnosis or narrative of condition (pathology or operative report if applicable); often considered medical	Basic
D7471	Removal of lateral exostosis (maxilla or mandible)	N/A	N/A	Basic
D7472	Removal of torus palatinus	N/A	N/A	Basic
D7473	Removal of torus mandibularis	N/A	N/A	Basic
D7485	Reduction of osseous tuberosity	N/A	N/A	Basic
D7490	Radical resection of maxilla or mandible	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable. Medical policy Orthognathic Surgery (9.02.501)	Basic
D7509	Marsupialization of odontogenic cyst	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable. Medical policy Orthognathic Surgery (9.02.501)	Basic
D7510	Incision and drainage of abscess – intraoral soft tissue	N/A	N/A	Basic
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	N/A	N/A	Basic
D7520	Incision and drainage of abscess – extraoral soft tissue	N/A	N/A	Basic
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	N/A	N/A	Basic
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	N/A	N/A	Basic
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	N/A	N/A	Basic

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	N/A	N/A	Basic
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	N/A	N/A	Basic
D7610	Maxilla – open reduction (teeth immobilized if present)	Yes	Pre-accident state of tooth, description of procedure, chart notes, narrative, diagnosis as applicable. Dental Accident Review required benefits maybe payable under medical.	Basic
D7620	Maxilla – closed reduction (teeth immobilized if present)	Yes	Pre-accident state of tooth, description of procedure, chart notes, narrative, diagnosis as applicable. Dental Accident Review required benefits maybe payable under medical.	Basic
D7630	Mandible – open reduction (teeth immobilized if present)	Yes	Pre-accident state of tooth, description of procedure, chart notes, narrative, diagnosis as applicable. Dental Accident Review required benefits maybe payable under medical.	Basic
D7640	Mandible – closed reduction (teeth immobilized if present)	Yes	Pre-accident state of tooth, description of procedure, chart notes, narrative, diagnosis as applicable. Dental Accident Review required benefits maybe payable under medical.	Basic
D7650	Malar and/or zygomatic arch – open reduction	Yes	Pre-accident state of tooth, description of procedure, chart notes, narrative, diagnosis as applicable. Dental Accident Review required benefits maybe payable under medical.	Basic
D7660	Malar and/or zygomatic arch – closed reduction	Yes	Pre-accident state of tooth, description of procedure, chart notes, narrative, diagnosis as applicable.	Basic

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
			Dental Accident Review required benefits maybe payable under medical.	
D7670	Alveolus – closed reduction, may include stabilization of teeth	Yes	Pre-accident state of tooth, description of procedure, chart notes, narrative, diagnosis as applicable. Dental Accident Review required benefits maybe payable under medical.	Basic
D7671	Alveolus – open reduction, may include stabilization of teeth	Yes	Pre-accident state of tooth, description of procedure, chart notes, narrative, diagnosis as applicable. Dental Accident Review required benefits maybe payable under medical.	Basic
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches	Yes	Pre-accident state of tooth, description of procedure, chart notes, narrative, diagnosis as applicable. Dental Accident Review required benefits maybe payable under medical.	Basic
D7710 D7720 D7730 D7740	Maxilla – open reduction Maxilla – closed reduction Mandible – open reduction Mandible – closed reduction	Yes	If Dental Accident related will need to request the following -Date of accident, description of accident (include if workmen's comp or third-party liability involved), x-rays, photos (if available), chart notes/office records. Dental Accident Review required benefits maybe payable under medical.	Basic
D7750 D7760 D7770 D7771 D7780	Malar and/or zygomatic arch – open reduction Malar and/or zygomatic arch – closed reduction Alveolus - open reduction stabilization of teeth Alveolus, closed reduction stabilization of teeth Facial bones – complicated reduction with fixation and multiple approaches	Yes	If Dental Accident related will need to request the following -Date of accident, description of accident (include if workmen's comp or third-party liability involved), x-rays, photos (if available), chart notes/office records. Dental Accident Review required benefits maybe payable under medical.	Basic
D7810	Open reduction of dislocation	N/A	If submitting under the medical plan, submit description of	Not covered under dental

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
			procedure, chart notes, narrative, diagnosis as applicable. Medical policy Temporomandibular Joint Dysfunction (2.01.21)	
D7820	Closed reduction of dislocation	N/A	If submitting under the medical plan , submit description of procedure, chart notes, narrative, diagnosis as applicable. Medical policy Temporomandibular Joint Dysfunction (2.01.21)	Not covered under dental
D7830	Manipulation under anesthesia	N/A	If submitting under the medical plan , submit description of procedure, chart notes, narrative, diagnosis as applicable. Medical policy Temporomandibular Joint Dysfunction (2.01.21)	Not covered under dental
D7840	Condylectomy	N/A	If submitting under the medical plan , submit description of procedure, chart notes, narrative, diagnosis as applicable. Medical policy Temporomandibular Joint Dysfunction (2.01.21)	Not covered under dental
D7850	Surgical discectomy, with/without implant	N/A	If submitting under the medical plan , submit description of procedure, chart notes, narrative, diagnosis as applicable. Medical policy Temporomandibular Joint Dysfunction (2.01.21)	Not covered under dental
D7852 D7854 D7856 D7858 D7860 D7865 D7870	Disc repair Synovectomy Myotomy Joint reconstruction Arthrotomy Arthroplasty Arthrocentesis	N/A	If submitting under the medical plan , submit description of procedure, chart notes, narrative, diagnosis as applicable. Medical policy Temporomandibular Joint Dysfunction (2.01.21)	Not covered under dental

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D7871 D7872 D7873 D7874 D7875 D7876 D7877	Non-arthroscopic lysis and lavage Arthroscopy – diagnosis, with or without biopsy Arthroscopy: lavage and lysis of adhesions Arthroscopy: disc repositioning and stabilization Arthroscopy: synovectomy Arthroscopy: discectomy Arthroscopy: debridement	N/A	If submitting under the medical plan, submit description of procedure, chart notes, narrative, diagnosis as applicable. Medical policy Temporomandibular Joint Dysfunction (2.01.21)	Not covered under dental
D7880	Occlusal orthotic device, by report	N/A	If submitting under the medical plan, submit description of procedure, chart notes, narrative, diagnosis as applicable. Medical policy Temporomandibular Joint Dysfunction (2.01.21)	Not covered under dental
D7881	Occlusal orthotic device adjustment	N/A	If submitting under the medical plan, submit description of procedure, chart notes, narrative, diagnosis as applicable. Medical policy Temporomandibular Joint Dysfunction (2.01.21)	Not covered under dental
D7899	Unspecified TMD therapy, by report	N/A	If submitting under the medical plan, submit description of procedure, chart notes, narrative, diagnosis as applicable. Medical policy Temporomandibular Joint Dysfunction (2.01.21)	Not covered under dental
D7910	Suture of recent small wounds up to 5 cm	Yes	If submitting under the medical plan, submit description of procedure, chart notes, narrative, diagnosis as applicable. Medical policy Temporomandibular Joint Dysfunction (2.01.21)	Basic

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D7911	Complicated suture – up to 5 cm	N/A	N/A	Basic
D7912	Complicated suture – greater than 5 cm	Yes	If dental accident related, will need to request the following - date of accident, description of accident (include if workmen's comp or third-party liability involved), x-rays, photos (if available), chart notes/office records. Dental Accident Review required benefits maybe payable under medical.	Basic
D7920	Skin graft (identify defect covered, location and type of graft)	Yes	N/A	Not covered
D7921	Collection and application of autologous blood concentrate product	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable. Medical policy Orthognathic Surgery (9.02.501)	Basic
D7922	PLACEMENT OF INTRA-SOCKET BIOLOGICAL DRESSING TO AID IN HEMOSTASIS OR CLOT STABILIZATION, PER SITE	N/A	If submitting under the medical plan, submit description of procedure, chart notes, narrative, diagnosis as applicable. Medical policy Orthognathic Surgery (9.02.501)	Not covered under dental
D7940 D7941 D7943 D7944 D7945	Osteoplasty – for orthognathic deformities Osteotomy- mandibular rami Osteotomy – mandibular rami with bone graft; includes obtaining the graft Osteotomy – segmented or subapical Osteotomy – body of mandible	N/A	If submitting under the medical plan, submit description of procedure, chart notes, narrative, diagnosis as applicable. Medical policy Orthognathic Surgery (9.02.501)	Not covered under dental
D7946 D7947 D7948 D7949	LeFort I (maxilla – total) LeFort I (maxilla – segmented) LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft LeFort II or LeFort III – with bone graft	N/A	If submitting under the medical plan, submit description of procedure, chart notes, narrative, diagnosis as applicable. Medical policy Orthognathic Surgery (9.02.501)	Not covered under dental

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or non-autogenous, by report	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable. Medical policy Orthognathic Surgery (9.02.501)	Basic
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	N/A	Dental review required to determine if medical benefits can be applied.	Not covered under dental
D7952	Sinus augmentation via a vertical approach	N/A	Dental review required to determine if medical benefits can be applied.	Not covered under dental
D7953	Bone replacement graft for ridge preservation – per site	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable. Medical policy Orthognathic Surgery (9.02.501)	Basic
D7955	Repair of maxillofacial soft and/or hard tissue defect	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable. Medical policy Orthognathic Surgery (9.02.501)	Basic
D7956	Guided tissue regeneration, edentulous area- resorbable barrier, per site	N/A		Basic
D7957	Guided tissue regeneration, edentulous area- non-resorbable barrier, per site	N/A		Basic
D7960- deleted code as of 01/2021	Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	Yes	Diagnosis, chart notes, and/or narrative	Basic/Major
D7961	buccal / labial frenectomy (frenulectomy)	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable. Medical policy Orthognathic Surgery (9.02.501)	Basic
D7962	lingual frenectomy (frenulectomy)	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable. Medical policy Orthognathic Surgery (9.02.501)	Basic
D7963	Frenuloplasty	N/A	N/A	Basic
D7970	Excision of hyperplastic tissue - per arch	Yes	Description of procedure, chart notes, narrative, diagnosis as applicable.	Basic

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
			Medical policy Orthognathic Surgery (9.02.501)	
D7971	Excision of pericoronal gingiva	N/A	N/A	Basic
D7972	Surgical reduction of fibrous tuberosity	N/A	N/A	Basic
D7979	non-surgical sialolithotomy	N/A	N/A	Basic/Major
D7980	Surgical sialolithotomy	N/A	N/A	Basic/Major
D7981	Excision of salivary gland, by report	N/A	N/A	Basic
D7982	Sialodochoplasty	N/A	N/A	Basic
D7983	Closure of salivary fistula	N/A	N/A	Basic
D7990	Emergency tracheotomy	N/A	N/A	Basic
D7991	Coronoidectomy	N/A	N/A	Basic
D7993	Surgical placement of craniofacial implant – extra oral	N/A	N/A	Basic
D7994	surgical placement: zygomatic implant	N/A	N/A	Basic
D7995	Synthetic graft – mandible or facial bones, by report	N/A	N/A	Basic
D7996	Implant-mandible for augmentation purposes (excluding alveolar ridge), by report	N/A	N/A	Basic
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	Yes	Pre-accident state of tooth, description of procedure, chart notes, narrative, diagnosis as applicable	Basic
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	Yes	Recommend Diagnosis or narrative of condition (pathology or operative report if applicable)	Basic
D7999	Unspecified oral surgery procedure, by report	Yes	Chart notes and a narrative	Basic
D8010 D8020 D8030 D8040	Limited orthodontic treatment of the primary dentition Limited orthodontic treatment of the transitional dentition Limited orthodontic treatment of the adolescent dentition Limited orthodontic treatment of the adult dentition	Yes	No review for routine orthodontia. Orthodontia treatment started prior to the Plan is limited to continuing monthly adjustments, retention, or any new phase or orthodontia treatment performed while coverage is in effect under this Plan. If submitting for "medically necessary" orthodontia for craniofacial anomalies, require description of procedure, chart	Routine Orthodontia/ Medical Orthodontia

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
			notes, narrative, diagnosis, imaging, as applicable. Medical Policy Orthodontic Services for Treatment of Congenital Anomalies (9.02.500)	
D8050 D8060	Interceptive orthodontic treatment of the primary dentition Interceptive orthodontic treatment of the transitional dentition	Yes	No review for routine orthodontia. Orthodontia treatment started prior to the Plan is limited to continuing monthly adjustments, retention, or any new phase or orthodontia treatment performed while coverage is in effect under this Plan. If submitting for "medically necessary" orthodontia for craniofacial anomalies, require description of procedure, chart notes, narrative, diagnosis, imaging, as applicable. Medical Policy Orthodontic Services for Treatment of Congenital Anomalies (9.02.500)	Routine Orthodontia/ Medical Orthodontia
D8070 D8080 D8090	Comprehensive orthodontic treatment of the transitional dentition Comprehensive orthodontic treatment of the adolescent dentition Comprehensive orthodontic treatment of the adult dentition	Yes	No review for routine orthodontia. Orthodontia treatment started prior to the Plan is limited to continuing monthly adjustments, retention, or any new phase or orthodontia treatment performed while coverage is in effect under this Plan. If submitting for "medically necessary" orthodontia for craniofacial anomalies, require description of procedure, chart notes, narrative, diagnosis, imaging, as applicable. Medical Policy Orthodontic Services for Treatment of Congenital Anomalies (9.02.500)	Routine Orthodontia/ Medical Orthodontia
D8210	Removable appliance therapy	N/A	Orthodontia treatment started prior to the Plan is limited to continuing monthly adjustments, retention, or any new phase or orthodontia treatment performed while	Orthodontia

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
			coverage is in effect under this Plan.	
D8220	Fixed appliance therapy	N/A	Orthodontia treatment started prior to the Plan is limited to continuing monthly adjustments, retention, or any new phase or orthodontia treatment performed while coverage is in effect under this Plan.	Orthodontia
D8660	Pre-orthodontic treatment examination to monitor growth and development	N/A	Orthodontia treatment started prior to the Plan is limited to continuing monthly adjustments, retention, or any new phase or orthodontia treatment performed while coverage is in effect under this Plan.	Orthodontia
D8670	Periodic orthodontic treatment visit	N/A	Orthodontia treatment started prior to the Plan is limited to continuing monthly adjustments, retention, or any new phase or orthodontia treatment performed while coverage is in effect under this Plan.	Orthodontia
D8680	Orthodontic retention (removal of appliances, construction, and placement of retainer(s))	N/A	Orthodontia treatment started prior to the Plan is limited to continuing monthly adjustments, retention, or any new phase or orthodontia treatment performed while coverage is in effect under this Plan.	Orthodontia
D8681	Removable orthodontic retainer adjustment	N/A	Orthodontia treatment started prior to the Plan is limited to continuing monthly adjustments, retention, or any new phase or orthodontia treatment performed while coverage is in effect under this Plan.	Orthodontia
D8690	Orthodontic treatment (alternative billing to a contract fee)	N/A	Orthodontia treatment started prior to the Plan is limited to continuing monthly adjustments, retention, or any new phase or orthodontia treatment performed while coverage is in effect under this Plan.	Orthodontia
D8691 - Deleted	Repair of orthodontic appliance	N/A	Orthodontia treatment started prior to the Plan is limited to continuing monthly adjustments, retention, or	Orthodontia

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
			any new phase or orthodontia treatment performed while coverage is in effect under this Plan.	
D8692 - Deleted	Replacement of lost or broken retainer	N/A	Replacement of lost or stolen prosthesis originally paid for by the plan is Not covered.	Not covered
D8693 - Deleted	Re-cement or re-bond fixed retainer	N/A	Orthodontia treatment started prior to the Plan is limited to continuing monthly adjustments, retention, or any new phase or orthodontia treatment performed while coverage is in effect under this Plan.	Orthodontia
D8694 - Deleted	Repair of fixed retainers, includes reattachment	Yes	No review for routine orthodontia. Orthodontia treatment started prior to the Plan is limited to continuing monthly adjustments, retention, or any new phase or orthodontia treatment performed while coverage is in effect under this Plan. If submitting for "medically necessary" orthodontia for craniofacial anomalies, require description of procedure, chart notes, narrative, diagnosis, imaging, as applicable. Medical Policy Orthodontic Services for Treatment of Congenital Anomalies (9.02.500)	Routine Orthodontia/ Medical Orthodontia
D8695	removal of fixed orthodontic appliance for reasons other than completion of treatment	N/A	Orthodontia treatment started prior to the Plan is limited to continuing monthly adjustments, retention, or any new phase or orthodontia treatment performed while coverage is in effect under this Plan.	Orthodontia
D8999	Unspecified orthodontic procedure, by report	Yes	No review for routine orthodontia. Orthodontia treatment started prior to the Plan is limited to continuing monthly adjustments, retention, or any new phase or orthodontia treatment performed while coverage is in effect under this Plan.	Routine Orthodontia/ Medical Orthodontia

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
			If submitting for "medically necessary" orthodontia for craniofacial anomalies, require description of procedure, chart notes, narrative, diagnosis, imaging, as applicable. Medical Policy Orthodontic Services for Treatment of Congenital Anomalies (9.02.500)	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	Yes	Chart notes or detailed narrative describing procedure(s) performed	Preventive
D9120	Fixed partial denture sectioning	Yes	Narrative and/or chart notes describing the necessity for this service	Basic
D9130	Temporomandibular joint dysfunction – non-invasive physical therapies	Yes	CPT code, diagnosis, and description of service	Basic
D9210	Local anesthesia not in conjunction with operative or surgical procedures	Yes	Chart notes and/or narrative will be required to review to allow, normally Not covered	Basic
D9211	Regional block anesthesia	Yes	Chart notes and/or narrative will be required to review to allow, normally Not covered	Basic
D9212	Trigeminal division block anesthesia	Yes	Chart notes and/or narrative will be required to review to allow, normally Not covered	Basic
D9215	Local anesthesia	Yes	Chart notes and/or narrative will be required to review to allow, normally Not covered	Basic
D9219	Evaluation for moderate sedation, deep sedation, or general anesthesia	N/A	N/A	Part of Primary procedure
D9222	Deep sedation/general anesthesia – first 15 minutes	N/A	N/A	Basic
D9223	Deep sedation/general anesthesia – each subsequent 15-minute increment	N/A	N/A	Basic
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	N/A	N/A	Basic
D9239	Intravenous moderate (conscious) sedation/Analgesia – first 15 minutes	N/A	N/A	Basic

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D9243	Intravenous moderate (conscious) sedation/Analgesia – each subsequent 15-minute increment	N/A	N/A	Basic
D9248	Non-intravenous conscious sedation	N/A	N/A	Basic
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	N/A	N/A	Preventive
D9311	Consultation with a medical health care professional	N/A	N/A	Basic
D9410	House/extended care facility call	N/A	Not covered	Not covered
D9420	Hospital or ambulatory surgical center call	N/A	Chart notes/office records and travel time	Not covered
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	N/A	N/A	Preventive
D9440	Office visit – after regularly scheduled hours	N/A	N/A	Preventive
D9450	Case presentation, detailed and extensive treatment planning	N/A	N/A	Preventive
D9610	Therapeutic parenteral drug, single administration	N/A	N/A	Basic
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	N/A	N/A	Basic
D9613	Infiltration of sustained release therapeutic drug – single or multiple sites	N/A	N/A	Basic
D9630	Drugs or medicaments dispensed in the office for home use	N/A	Description or narrative of drugs and/or medicaments when dispensed by dentist for in office use. Take-home drugs are not covered.	Not covered
D9910	Application of desensitizing medicament	N/A	N/A	Basic
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	N/A	N/A	Basic
D9912	Pre-visit patient screening	N/A	Not covered	Not covered

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D9920	Behavior management, by report	N/A	Not covered	Not covered
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	N/A	N/A	Basic
D9932	Cleaning and inspection of removable complete denture, maxillary	N/A	Not covered	Not covered
D9933	Cleaning and inspection of removable complete denture, mandibular	N/A	Not covered	Not covered
D9934	Cleaning and inspection of removable partial denture, maxillary	N/A	Not covered	Not covered
D9935	Cleaning and inspection of removable partial denture, mandibular	N/A	Not covered	Not covered
D9940-deleted code as of 01/2019	Occlusal guard, by report	N/A	N/A	Basic/Major
D9941	Fabrication of athletic mouthguard	N/A	Not covered	Not covered
D9942	Repair and/or reline of occlusal guard	N/A	N/A	Basic
D9943	Occlusal guard adjustment	N/A	N/A	Basic
D9944	occlusal guard – hard appliance, full arch	N/A	N/A	Basic
D9945	Occlusal guard – soft appliance, full arch	N/A	N/A	Basic
D9946	Occlusal guard – hard appliance, partial arch	N/A	N/A	Basic
D9947	Custom Sleep Apnea Appliance Fabrication and Placement	N/C under dental	Not covered under dental. Review medical plan for Medical Supplies, Equipment, Prosthetics. DME.	Not covered under Dental
D9948	Adjustment of Custom Sleep Apnea Appliance	N/C under dental	Not covered under dental. Review medical plan for Medical Supplies, Equipment, Prosthetics. DME.	Not covered under Dental
D9949	Repair of custom sleep apnea appliance	N/C under dental	Not covered under dental. Review medical plan for Medical Supplies, Equipment, Prosthetics. DME.	Not covered under Dental
D9950	Occlusion analysis - mounted case	N/A	N/A	Basic
D9951	Occlusal adjustment – limited	N/A	N/A	Basic

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
D9952	Occlusal adjustment – complete	N/A	N/A	Basic
D9961	Duplicate/copy patient's records	N/A	Not covered	Not covered
D9970	Enamel micro-abrasion	N/A	Not covered	Not covered
D9971	Odontoplasty -per tooth	N/A	Not covered	Not covered
D9972 D9973 D9974 D9975	External bleaching – per arch – performed in office External bleaching – per tooth Internal bleaching – per tooth External bleaching for home application, per arch; includes materials and fabrication of custom trays	N/A	Not covered	Not covered
D9985	Sales tax	N/A	Subject to review	Preventive/ Basic/Major
D9986	Missed appointment	N/A	Not covered	Not covered
D9987	Cancelled appointment	N/A	Not covered	Not covered
D9990	Certified translation or sign-language services per visit	N/A	Not covered	Not covered
D9991	Dental case management - addressing appointment compliance barriers	Yes	Narrative	Basic
D9992	Dental case management – care coordination	Yes	Narrative	Basic
D9993	Dental case management – motivational interviewing	N/A	N/A	Basic
D9994	Dental case management – patient education to improve oral health literacy	N/A	N/A	Basic
D9995	Teledentistry - synchronous; real-time encounter	N/A	Not covered	Not covered
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	N/A	Not covered	Not covered
D9997	Dental Case Management - Patient with Special Health Care Needs	N/A	Not covered	Not covered
D9999	Unspecified adjunctive procedure, by report	Yes	Chart notes and/or narrative describing procedure performed	Basic

ADA CODE	Description	Dental Review or Pre-D	Documentation Required	Class
-----------------	--------------------	---------------------------------------	-------------------------------	--------------