



Dental Claim Submission Requirements

Following is a list of HMAA's claim submission requirements. Benefits and frequency are determined by the member's specific dental plan. Please refer to Summary Plan Descriptions (SPDs) for details.

| | | Submission Requirements | | | | |
|-------|--|-------------------------|-----------|-------|-------------|-------|
| CODE | DESCRIPTION | X-RAY | NARRATIVE | PERIO | TOOTH CHART | OTHER |
| D0120 | PERIODIC ORAL EVALUATION ESTABLISHED PATIENT | | | | | |
| D0140 | LIMITED ORAL EVALUATION - PROBLEM FOCUSED | | | | | |
| D0145 | ORAL EVAL PT UND 3 YR AGE CNSL W/PRIM CAREGIVER | | | | | |
| D0150 | COMP ORAL EVALUATION - NEW/ESTABLISHED PATIENT | | | | | |
| D0160 | DTL&EXT ORAL EVALUATION - PROBLEM FOCUSED REPORT | | | | | |
| D0170 | RE-EVALUATION - LIMITED PROBLEM FOCUSED | | | | | |
| D0180 | COMP PERIODONTAL EVALUATION - NEW/EST PATIENT | | | | | |
| D0210 | INTRAORAL-COMPLETE SERIES | | | | | |
| D0220 | INTRAORAL-PERIAPICAL-FIRST FILM | | | | | |
| D0230 | INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM | | | | | |
| D0240 | INTRAORAL - OCCLUSAL FILM | | | | | |
| D0250 | EXTRAORAL - FIRST FILM | | | | | |
| D0260 | EXTRAORAL - EACH ADDITIONAL FILM | | | | | |
| D0270 | BITEWING - SINGLE FILM | | | | | |
| D0272 | BITEWINGS - TWO FILMS | | | | | |
| D0273 | BITEWINGS - THREE FILMS | | | | | |
| D0274 | BITEWINGS - FOUR FILMS | | | | | |
| D0277 | VERTICAL BITEWINGS - 7 TO 8 FILMS | | | | | |
| D0290 | POST-ANT/LAT SKULL&FACIAL BONE SURVEY FILM | | | | | |
| D0310 | SIALOGRAPHY | | | | | |
| D0320 | TEMPOROMANDIBULAR JOINT ARTHROGRAM INCL INJ | | | | | |
| D0321 | OTHER TEMPOROMANDIBULAR JOINT FILMS BY REPORT | | | | | |
| D0322 | TOMOGRAPHIC SURVEY | | | | | |
| D0330 | PANORAMIC FILM | | | | | |
| D0340 | CEPHALOMETRIC FILM | | | | | ORTHO |
| D0350 | ORAL/FACIAL PHOTOGRAPHIC IMAGES | | | | | ORTHO |
| D0360 | CONE BEAM CT - CRANIOFACIAL DATA CAPTURE | | | | | |
| D0362 | CONE BEAM 2-D RECONST EXISTING DATA MULTI IMAGES | | | | | |
| D0363 | CONE BEAM 3-D RECONST EXISTING DATA MULTI IMAGE | | | | | |
| D0415 | COLLECTION MICROORGANISMS CULTURE & SENSITIVITY | | | | | |

| | | Submission Requirements | | | | |
|-------|---|-------------------------|-----------|-------|-------------|-------|
| CODE | DESCRIPTION | X-RAY | NARRATIVE | PERIO | TOOTH CHART | OTHER |
| D0416 | VIRAL CULTURE | | | | | |
| D0421 | GENETIC TEST FOR SUSCEPTIBILITY TO ORAL DISEASES | | | | | |
| D0425 | CARIES SUSCEPTIBILITY TESTS | | | | | |
| D0431 | ADJUNCTIVE PREDX TST NOT INCL CYTOLOGY/BX PROC | | | | | |
| D0460 | PULP VITALITY TESTS | | | | | |
| D0470 | DIAGNOSTIC CASTS | | | | | ORTHO |
| D0472 | ACCESSION OF TISSUE GROSS EXAMINATION PREP/REPRT | | | | | |
| D0473 | ACCESS TISSUE GR&MIC EXAMINATION PREP/REPRT | | | | | |
| D0474 | ACCESS TISS GR&MIC EX ASSESS SURG MARG PREP/RPT | | | | | |
| D0475 | DECALCIFICATION PROCEDURE | | | | | |
| D0476 | SPECIAL STAINS FOR MICROORGANISMS | | | | | |
| D0477 | SPECIAL STAINS NOT FOR MICROORGANISMS | | | | | |
| D0478 | IMMUNOHISTOCHEMICAL STAINS | | | | | |
| D0479 | TISSUE INSITU HYBRIDIZATION INCL INTERPRETATION | | | | | |
| D0480 | ACCESS EXFOLIATIVE CYTOL SMEAR MIC EXAM PREP/REPT | | | | | |
| D0481 | ELECTRON MICROSCOPY DIAGNOSTIC | | | | | |
| D0482 | DIRECT IMMUNOFLUORESCENCE | | | | | |
| D0483 | INDIRECT IMMUNOFLUORESCENCE | | | | | |
| D0484 | CONSULTATION ON SLIDES PREPARED ELSEWHERE | | | | | |
| D0485 | CONSULT INCL PREP SLIDES BX MATL SPL REF SRC | | | | | |
| D0486 | ACCESSION BRUSH BX SAMPLE MIC EXAM PREP/REPRT | | | | | |
| D0502 | OTHER ORAL PATHOLOGY PROCEDURES BY REPORT | | | | | |
| D0999 | UNSPECIFIED DIAGNOSTIC PROCEDURE BY REPORT | | X | | | |
| D1110 | PROPHYLAXIS - ADULT | | | | | |
| D1120 | PROPHYLAXIS - CHILD | | | | | |
| D1203 | TOPICAL APPLICATION OF FLUORIDE - CHILD | | | | | |
| D1204 | TOPICAL APPLICATION OF FLUORIDE - ADULT | | | | | |
| D1206 | TOP FLUORIDE VARNISH; TX APPL MOD-HI CARIES RISK | | X | | | |
| D1310 | NUTRITIONAL COUNSELING CONTROL OF DENTAL DISEASE | | | | | |
| D1320 | TOBACCO CNSL CONTROL&PREVENTION ORAL DISEASE | | | | | |
| D1330 | ORAL HYGIENE INSTRUCTIONS | | | | | |
| D1351 | SEALANT - PER TOOTH | | | | | |
| D1510 | SPACE MAINTAINER - FIXED-UNILATERAL | | | | | |
| D1515 | SPACE MAINTAINER - FIXED-BILATERAL | | | | | |
| D1520 | SPACE MAINTAINER - REMOVABLE- UNILATERAL | | | | | |

| | | Submission Requirements | | | | |
|-------|--|-------------------------|-----------|-------|-------------|-------|
| CODE | DESCRIPTION | X-RAY | NARRATIVE | PERIO | TOOTH CHART | OTHER |
| D1525 | SPACE MAINTAINER - REMOVABLE-BILATERAL | | | | | |
| D1550 | RECEMENTATION OF SPACE MAINTAINER | | | | | |
| D1555 | REMOVAL OF FIXED SPACE MAINTAINER | | | | | |
| D2140 | AMALGAM-ONE SURFACE PRIMARY OR PERMANENT | | | | | |
| D2150 | AMALGAM-TWO SURFACES PRIMARY OR PERMANENT | | | | | |
| D2160 | AMALGAM-THREE SURFACES PRIMARY OR PERMANENT | | | | | |
| D2161 | AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT | | | | | |
| D2330 | RESIN-BASED COMPOSITE - ONE SURFACE ANTERIOR | | | | | |
| D2331 | RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR | | | | | |
| D2332 | RESIN-BASED COMPOSITE - THREE SURFACES ANTERIOR | | | | | |
| D2335 | RESIN COMPOS - 4/MORE SURFACES/INVLV INCISAL ANG | | | | | |
| 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 COMPOS - FOUR OR MORE SURFACES POSTERIOR | | | | | |
| D2410 | GOLD FOIL - ONE SURFACE | | | | | |
| D2420 | GOLD FOIL - TWO SURFACES | | | | | |
| D2430 | GOLD FOIL - THREE SURFACES | | | | | |
| D2510 | INLAY - METALLIC - ONE SURFACE | | | | | |
| D2520 | INLAY - METALLIC - TWO SURFACES | | | | | |
| D2530 | INLAY - METALLIC - THREE OR MORE SURFACES | | | | | |
| D2542 | ONLAY - METALLIC - TWO SURFACES | X | | | | |
| D2543 | ONLAY METALLIC THREE SURFACES | X | | | | |
| D2544 | ONLAY METALLIC FOUR OR MORE SURFACES | X | | | | |
| D2610 | INLAY - PORCELAIN/CERAMIC - ONE SURFACE | | | | | |
| D2620 | INLAY - PORCELAIN/CERAMIC - TWO SURFACES | | | | | |
| D2630 | INLAY - PORCELAIN/CERAMIC - THREE/MORE SURFACES | | | | | |
| D2642 | ONLAY - PORCELAIN/CERAMIC - TWO SURFACES | X | | | | |
| D2643 | ONLAY - PORCELAIN/CERAMIC - THREE SURFACES | X | | | | |
| D2644 | ONLAY - PORCELAIN/CERAMIC - 4 OR MORE SURFACES | X | | | | |
| D2650 | INLAY - RESIN COMPOS COMPOSITE/RESIN - 1 SURFACE | | | | | |
| D2651 | INLAY - RESIN COMPOS COMPOS/RESIN - 2 SURFACES | | | | | |
| D2652 | INLAY - RSN COMPOS COMPOS/RSN - 3/MORE SURFACES | | | | | |
| D2662 | ONLAY - RESIN COMPOS COMPOS/RESIN - 2 SURFACES | X | | | | |

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| CODE | DESCRIPTION | X-RAY | NARRATIVE | PERIO | TOOTH CHART | OTHER |
| D2663 | ONLAY - RESIN COMPOS COMPOS/RESIN - 3 SURFACES | X | | | | |
| D2664 | ONLAY - RSN COMPOS COMPOS/RSN - 4/MORE SURFACES | X | | | | |
| D2710 | CROWN RESINBASED COMPOSITE INDIRECT | X | | | | |
| D2712 | CROWN 3/4 RESINBASED COMPOSITE INDIRECT | X | | | | |
| D2720 | CROWN - RESIN WITH HIGH NOBLE METAL | X | | | | |
| D2721 | CROWN - RESIN WITH PREDOMINANTLY BASE METAL | X | | | | |
| D2722 | CROWN - RESIN WITH NOBLE METAL | X | | | | |
| D2740 | CROWN - PORCELAIN/CERAMIC SUBSTRATE | X | | | | |
| D2750 | CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL | X | | | | |
| D2751 | CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL | X | | | | |
| D2752 | CROWN - PORCELAIN FUSED TO NOBLE METAL | X | | | | |
| D2780 | CROWN - 3/4 CAST HIGH NOBLE METAL | X | | | | |
| D2781 | CROWN - 3/4 CAST PREDOMINATELY BASE METAL | X | | | | |
| D2782 | CROWN - 3/4 CAST NOBLE METAL | X | | | | |
| D2783 | CROWN - 3/4 PORCELAIN/CERAMIC | X | | | | |
| D2790 | CROWN - FULL CAST HIGH NOBLE METAL | X | | | | |
| D2791 | CROWN - FULL CAST PREDOMINANTLY BASE METAL | X | | | | |
| D2792 | CROWN - FULL CAST NOBLE METAL | X | | | | |
| D2794 | CROWN TITANIUM | X | | | | |
| D2799 | PROVISIONAL CROWN | X | X | | | |
| D2910 | RECEMENT INLAY ONLAY/PART COVERAGE RESTORATION | | | | | |
| D2915 | RECEMENT CAST OR PREFABRICATED POST AND CORE | | | | | |
| D2920 | RECEMENT CROWN | | | | | |
| D2930 | PREFABR STAINLESS STEEL CROWN - PRIMARY TOOTH | | | | | |
| D2931 | PREFABR STAINLESS STEEL CROWN - PERMANENT TOOTH | | | | | |
| D2932 | PREFABRICATED RESIN CROWN | | | | | |
| D2933 | PREFABR STAINLESS STEEL CROWN W/RESIN WINDOW | | | | | |
| D2934 | PREFAB ESTHETIC COAT STNLESS STEEL CROWN PRIM | | | | | |
| D2940 | SEDATIVE FILLING | | | | | |
| D2950 | CORE BUILDUP INCLUDING ANY PINS | X | | | | |
| D2951 | PIN RETENTION - PER TOOTH ADDITION RESTORATION | | | | | |
| D2952 | POST AND CORE ADDITION TO CROWN INDIRECTLY FAB | X | | | | |
| D2953 | EACH ADDITIONAL INDIRECTLY FAB POST SAME TOOTH | | | | | |
| D2954 | PREFABRICATED POST AND CORE IN ADDITION TO CROWN | X | | | | |
| D2955 | POST REMOVAL | | X | | | |

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|-------|--|-------------------------|-----------|-------|-------------|-------|
| CODE | DESCRIPTION | X-RAY | NARRATIVE | PERIO | TOOTH CHART | OTHER |
| D2957 | EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH | | | | | |
| D2960 | LABIAL VENEER - CHAIRSIDE | | | | | |
| D2961 | LABIAL VENEER - LABORATORY | X | | | | |
| D2962 | LABIAL VENEER - LABORATORY | X | | | | |
| D2970 | TEMPORARY CROWN | X | X | | | |
| D2971 | ADD PROC NEW CRWN UND XSTING PART DENTUR FRMEWRK | | | | | |
| D2975 | COPING | | | | | |
| D2980 | CROWN REPAIR BY REPORT | | X | | | |
| D2999 | UNSPECIFIED RESTORATIVE PROCEDURE BY REPORT | | X | | | |
| D3110 | PULP CAP - DIRECT | | | | | |
| D3120 | PULP CAP - INDIRECT | | | | | |
| D3220 | TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC | | | | | |
| D3221 | PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEETH | | | | | |
| D3222 | PARTIAL PULPOTOMY FOR APEXOGENESIS PRMNT TOOTH W/ INCOMPLETE RT DVMT | | | | | |
| D3230 | PULPAL THERAPY - ANTERIOR PRIMARY TOOTH | | | | | |
| D3240 | PULPAL THERAPY - POSTERIOR PRIMARY TOOTH | | | | | |
| D3310 | ANTERIOR | | | | | |
| D3320 | BICUSPID | | | | | |
| D3330 | MOLAR | | | | | |
| D3331 | TREATMENT RCT OBSTRUCTION; NON-SURGICAL ACCESS | | | | | |
| D3332 | INCOMPLETE ENDO TX; INOP UNRESTORABLE/FX TOOTH | | X | | | |
| D3333 | INTERNAL ROOT REPAIR OF PERFORATION DEFECTS | Preop | X | | | |
| D3346 | RETREATMENT PREVIOUS RC THERAPY - ANTERIOR | Preop & Postop | X | | | |
| D3347 | RETREATMENT PREVIOUS RC THERAPY - BICUSPID | Preop & Postop | X | | | |
| D3348 | RETREATMENT PREVIOUS ROOT CANAL THERAPY - MOLAR | Preop & Postop | X | | | |
| D3351 | APEXIFICATION/RECALCIFICATION - INITIAL VISIT | Preop | | | | |
| D3352 | APEXIFICAT/RECALCIFICAT - INTERIM MEDREPL | Postop | | | | |
| D3353 | APEXIFICATION/RECALCIFICATION - FINAL VISIT | Preop | | | | |
| D3410 | APICOECTOMY/PERIRADICULAR SURGERY - ANTERIOR | Postop | | | | |
| D3421 | APICOECTOMY/PERIRADICULAR SURGERY - BICUSPID | Postop | | | | |
| D3425 | APICOECTOMY/PERIRADICULAR SURGERY - MOLAR | Postop | | | | |
| D3426 | APICOECTOMY/PERIRADICULAR SURGERY | Postop | | | | |
| D3430 | RETROGRADE FILLING - PER ROOT | Postop | | | | |
| D3450 | ROOT AMPUTATION - PER ROOT | Preop | | | | |
| D3460 | ENDODONTIC ENDOSSEOUS IMPLANT | | | | | |

| | | Submission Requirements | | | | |
|-------|--|-------------------------|-----------|-------|-------------|---------------|
| CODE | DESCRIPTION | X-RAY | NARRATIVE | PERIO | TOOTH CHART | OTHER |
| D3470 | INTENTIONAL REIMPLANTATION | | | | | |
| D3910 | SURGICAL PROCEDURE ISOLATION TOOTH W/RUBBER DAM | | | | | |
| D3920 | HEMISECTION NOT INCLUDING ROOT CANAL THERAPY | Preop | | | | |
| D3950 | CANAL PREPARATION&FITTING PREFORMED DOWEL/POST | | | | | |
| D3999 | UNSPECIFIED ENDODONTIC PROCEDURE BY REPORT | | X | | | |
| D4210 | GINGIVECT/PLSTY 4/>CNTIG/BOUND TEETH SPACES-QUAD | | | X | | |
| D4211 | GINGIVECT/PLSTY 1-3 CNTIG/BOUND TEETH SPACE-QUAD | | | X | | Add'l Teeth # |
| D4230 | ANAT CROWN EXP 4/> CONTIGUOUS TEETH PER QUAD | | | | | |
| D4231 | ANATOMICAL CROWN EXPOSURE 1-3 TEETH PER QUADRANT | | | | | |
| D4240 | GINGL FLP PROC 4/> CONTIG/BOUND TEETH SPACE-QUAD | | | X | | |
| D4241 | GINGL FLP PROC 1-3 CONTIG/BOUND TEETH SPACE-QUAD | | | X | | Add'l Teeth # |
| D4245 | APICALLY POSITIONED FLAP | | | | | |
| D4249 | CLINICAL CROWN LENGTHENING - HARD TISSUE | X | X | | | Add'l Teeth # |
| D4260 | OSSEOUS SURG 4/> CONTIG/BOUND TEETH SPACES-QUAD | | | X | | |
| D4261 | OSSEOUS SURG 1-3 CONTIG/BOUND TEETH SPACES-QUAD | | | X | | Add'l Teeth # |
| D4263 | BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT | | | X | | |
| D4264 | BONE REPLACEMENT GRAFT - EA ADD SITE QUADRANT | | | X | | |
| D4265 | BIOLOGIC MATERIALS AID SOFT&OSSEOUS TISSUE REGEN | | | X | | |
| D4266 | GUID TISSUE REGEN - RESORBABLE BARRIER PER SITE | | | X | | |
| D4267 | GUID TISSUE REGEN - NONRESORB BARRIER PER SITE | | | X | | |
| D4268 | SURGICAL REVISION PROCEDURE PER TOOTH | | | | | |
| D4270 | PEDICLE SOFT TISSUE GRAFT PROCEDURE | | | | | |
| D4271 | FREE SOFT TISSUE GRAFT PROCEDURE | | X | | | |
| D4273 | SUBEPITHEL CONECTIVE TISSUE GRAFT PROC PER TOOTH | | X | | | |
| D4274 | DISTAL OR PROXIMAL WEDGE PROCEDURE | | | | | |
| D4275 | SOFT TISSUE ALLOGRAFT | | X | | | |
| D4276 | COMB CNCTIVE TISSUE&DBL PEDICLE GRAFT PER TOOTH | | | | | |
| D4320 | PROVISIONAL SPLINTING - INTRACORONAL | | | | | |
| D4321 | PROVISIONAL SPLINTING - EXTRACORONAL | | | | | |
| D4341 | PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD | | | X | | |
| D4342 | PRDONTAL SCALING&ROOT PLANING 1-3 TEETH-QUAD | | | X | | Add'l Teeth # |
| D4355 | FULL MOUTH DEBRID ENABLE COMP EVALUATION&DX | | | | | |
| D4381 | LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR | | | | | |
| D4910 | PERIODONTAL MAINTENANCE | | | | | |
| D4920 | UNSCHEDULED DRESSING CHANGE | | | | | |

| | | Submission Requirements | | | | |
|-------|--|-------------------------|-----------|-------|-------------|-------|
| CODE | DESCRIPTION | X-RAY | NARRATIVE | PERIO | TOOTH CHART | OTHER |
| D4999 | UNSPECIFIED PERIODONTAL PROCEDURE BY REPORT | | X | | | |
| D5110 | COMPLETE DENTURE - MAXILLARY | | | | | |
| D5120 | COMPLETE DENTURE - MANDIBULAR | | | | | |
| D5130 | IMMEDIATE DENTURE - MAXILLARY | | | | | |
| D5140 | IMMEDIATE DENTURE - MANDIBULAR | | | | | |
| D5211 | MAXILLARY PARTIAL DENTURE - RESIN BASE | | | | X | |
| D5212 | MANDIBULAR PARTIAL DENTURE - RESIN BASE | | | | X | |
| D5213 | MAX PART DENTUR-CAST METL FRMEWRK W/RSN BASE | | | | X | |
| D5214 | MAND PART DENTUR- CAST METL FRMEWRK W/RSN BASE | | | | X | |
| D5225 | MAXILLARY PARTIAL DENTURE FLEXIBLE BASE | | | | X | |
| D5226 | MANDIBULAR PARTIAL DENTURE FLEXIBLE BASE | | | | X | |
| D5281 | REMOV UNILAT PART DENTUR - 1 PIECE CAST METAL | | | | X | |
| D5410 | ADJUST COMPLETE DENTURE - MAXILLARY | | | | | |
| D5411 | ADJUST COMPLETE DENTURE - MANDIBULAR | | | | | |
| D5421 | ADJUST PARTIAL DENTURE - MAXILLARY | | | | | |
| D5422 | ADJUST PARTIAL DENTURE - MANDIBULAR | | | | | |
| D5510 | REPAIR BROKEN COMPLETE DENTURE BASE | | | | | |
| D5520 | REPLACE MISSING/BROKEN TEETH - COMPLETE DENTURE | | | | | |
| D5610 | REPAIR RESIN DENTURE BASE | | | | | |
| D5620 | REPAIR CAST FRAMEWORK | | | | | |
| D5630 | REPAIR OR REPLACE BROKEN CLASP | | | | | |
| D5640 | REPLACE BROKEN TEETH - PER TOOTH | | | | | |
| D5650 | ADD TOOTH TO EXISTING PARTIAL DENTURE | | | | | |
| D5660 | ADD CLASP TO EXISTING PARTIAL DENTURE | | | | | |
| D5670 | REPLACE ALL TEETH&ACRYLIC CAST METAL FRMEWRK MAX | | | | X | |
| D5671 | REPLACE ALL TEETH&ACRYLIC CAST METL FRMEWRK MAND | | | | X | |
| D5710 | REBASE COMPLETE MAXILLARY DENTURE | | | | | |
| D5711 | REBASE COMPLETE MANDIBULAR DENTURE | | | | | |
| D5720 | REBASE MAXILLARY PARTIAL DENTURE | | | | | |
| D5721 | REBASE MANDIBULAR PARTIAL DENTURE | | | | | |
| D5730 | RELIN COMPLETE MAXILLARY DENTURE CHAIRSIDE | | | | | |
| D5731 | RELIN COMPLETE MANDIBULAR DENTURE CHAIRSIDE | | | | | |
| D5740 | RELIN MAXILLARY PARTIAL DENTURE CHAIRSIDE | | | | | |
| D5741 | RELIN MANDIBULAR PARTIAL DENTURE CHAIRSIDE | | | | | |
| D5750 | RELIN COMPLETE MAXILLARY DENTURE LABORATORY | | | | | |

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| CODE | DESCRIPTION | X-RAY | NARRATIVE | PERIO | TOOTH CHART | OTHER |
| D5751 | RELIN COMPLETE MANDIBULAR DENTURE LABORATORY | | | | | |
| D5760 | RELIN MAXILLARY PARTIAL DENTURE LABORATORY | | | | | |
| D5761 | RELIN MANDIBULAR PARTIAL DENTURE LABORATORY | | | | | |
| D5810 | INTERIM COMPLETE DENTURE MAXILLARY | | | | | |
| D5811 | INTERIM COMPLETE DENTURE MANDIBULAR | | | | | |
| D5820 | INTERIM PARTIAL DENTURE MAXILLARY | | | | | |
| D5821 | INTERIM PARTIAL DENTURE MANDIBULAR | | | | | |
| D5850 | TISSUE CONDITIONING MAXILLARY | | | | | |
| D5851 | TISSUE CONDITIONING MANDIBULAR | | | | | |
| D5860 | OVERDENTURE - COMPLETE BY REPORT | | | | | |
| D5861 | OVERDENTURE - PARTIAL BY REPORT | | | | | |
| D5862 | PRECISION ATTACHMENT BY REPORT | | | | | |
| D5867 | REPLACEMENT REPL PART SEMI-PRCISN/PRCISN ATTCH | | | | | |
| D5875 | MODIFICATION REMV PROSTH FOLLOW IMPLANT SURGERY | | | | | |
| D5899 | UNS REMOVABLE PROSTHODONTIC PROCEDURE REPORT | | X | | | |
| 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 W/GUIDE FLANGE | | | | | |
| D5935 | MANDIBULAR RESECTION PROSTHESIS W/O GUIDE FLANGE | | | | | |

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| CODE | DESCRIPTION | X-RAY | NARRATIVE | PERIO | TOOTH CHART | OTHER |
| D5936 | OBTURATOR/PROSTHESIS INTERIM | | | | | |
| D5937 | TRISMUS APPLIANCE NOT TMD TX | | | | | |
| D5951 | FEEDING AID | | | | | |
| D5952 | SPEECH AID PROSTHESIS PEDIATRIC | | | | | |
| D5953 | SPEECH AID PROSTHESIS ADULT | | | | | |
| D5954 | PALATAL AUGMENTATION PROSTHESIS | | | | | |
| D5955 | PALATAL LIFT PROSTHESIS DEFINITIVE | | | | | |
| D5958 | PALATAL LIFT PROSTHESIS INTERIM | | | | | |
| D5959 | PALATAL LIFT PROSTHESIS MODIFICATION | | | | | |
| D5960 | SPEECH AID PROSTHESIS MODIFICATION | | | | | |
| D5982 | SURGICAL STENT | | | | | |
| D5983 | RADIATION CARRIER | | | | | |
| D5984 | RADIATION SHIELD | | | | | |
| D5985 | RADIATION CONE LOCATOR | | | | | |
| D5986 | FLUORIDE GEL CARRIER | | | | | |
| D5987 | COMMISSURE SPLINT | | | | | |
| D5988 | SURGICAL SPLINT | | | | | |
| D5999 | UNSPECIFIED MAXILLOFACIAL PROSTHESIS BY REPORT | | X | | | |
| D6010 | SURG PLACEMENT IMPLANT BODY: ENDOSTEAL IMPLANT | | | | | |
| D6012 | SURG PLCMT INTERIM IMPL TRANSITIONL PROS: ENDOS | | | | | |
| D6040 | SURGICAL PLACEMENT: EPOSTEAL IMPLANT | | | | | |
| D6050 | SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT | | | | | |
| D6053 | IMPL/ABUT SUPP REMV DENTUR Cmpl EDNTULS ARCH | Postop | | | | |
| D6054 | IMPL/ABUT SUPP REMV DENTUR PART EDNTULS ARCH | Postop | | | | |
| D6055 | DENTAL IMPLANT SUPPORTED CONNECTING BAR | | | | | |
| D6056 | PREFABRICATED ABUTMENT INCLUDES PLACEMENT | | | | | |
| D6057 | CUSTOM ABUTMENT INCLUDES PLACEMENT | | | | | |
| D6058 | ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN | Postop | | | | |
| D6059 | ABUT SUPP PORCELAIN TO METL CROWN HI NOBLE METL | Postop | | | | |
| D6060 | ABUT SUPP PORCELAIN TO MTL CROWN PREDOM BASE MTL | Postop | | | | |
| D6061 | ABUT SUPP PORCELAIN TO METAL CROWN NOBLE METAL | Postop | | | | |
| D6062 | ABUTMENT SUPP CAST METAL CROWN HIGH NOBLE METAL | Postop | | | | |
| D6063 | ABUTMENT SUPP CAST METAL CROWN PREDOM BASE METAL | Postop | | | | |
| D6064 | ABUTMENT SUPP CAST METAL CROWN NOBLE METAL | Postop | | | | |
| D6065 | IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN | Postop | | | | |

| | | Submission Requirements | | | | |
|-------|---|-------------------------|-----------|-------|-------------|-------|
| CODE | DESCRIPTION | X-RAY | NARRATIVE | PERIO | TOOTH CHART | OTHER |
| D6066 | IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN | Postop | | | | |
| D6067 | IMPLANT SUPPORTED METAL CROWN | Postop | | | | |
| D6068 | ABUT SUPPORTED RETAINER PORCELAIN/CERAMIC FPD | Postop | | | | |
| D6069 | ABUT RETAINR PORCELN TO METL FPD HI NOBL METL | Postop | | | | |
| D6070 | ABUT RETN PORCELN TO METL FPD PREDOM BASE METL | Postop | | | | |
| D6071 | ABUT SUPPORTED RETAINER PORCELN FUSED METAL FPD | Postop | | | | |
| D6072 | ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD | Postop | | | | |
| D6073 | ABUT RETAINR CAST METL FPD PREDOM BASE METL | Postop | | | | |
| D6074 | ABUTMENT RETAINR CAST METAL FPD NOBLE METAL | Postop | | | | |
| D6075 | IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD | Postop | | | | |
| D6076 | IMPLANT SUPPORTED RETAIN PORCELN FUSED METAL FPD | Postop | | | | |
| D6077 | IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD | Postop | | | | |
| D6078 | IMPLNT/ABUT SUPP FIXED DENTURE Cmpl ENDENT ARCH | Postop | | | | |
| D6079 | IMPL/ABUT SUPPORTED FIX DENTUR PART EDNTULS ARCH | Postop | | | | |
| D6080 | IMPL MAINT PROC REMV CLEANS PROSTH&ABUTS REINS | | | | | |
| D6090 | REPAIR IMPLANTSUPPORTED PROSTHESIS BY REPORT | | | | | |
| D6091 | REPLACEMENT OF SEMI-PRECISION ATCHMT OF IMPLANT/ABMT SUP PRSTH PER ATCHMT | | | | | |
| D6092 | RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN | | | | | |
| D6093 | RECEMENT IMPL/ABUTMNT SUPPORTED FIX PART DENTURE | | | | | |
| D6094 | ABUTMENT SUPPORTED CROWN TITANIUM | Postop | | | | |
| D6095 | REPAIR IMPLANT ABUTMENT BY REPORT | | | | | |
| D6100 | IMPLANT REMOVAL BY REPORT | | | | | |
| D6190 | RADIOGRAPHIC/SURGICAL IMPLANT INDEX BY REPORT | | | | | |
| D6194 | ABUTMENT SUPPORTED RETAINER CROWN FOR FPD | Postop | | | | |
| D6199 | UNSPECIFIED IMPLANT PROCEDURE BY REPORT | | | | | |
| D6205 | PONTIC INDIRECT RESIN BASED COMPOSITE | X | | | | |
| D6210 | PONTIC - CAST HIGH NOBLE METAL | X | | | | |
| D6211 | PONTIC - CAST PREDOMINANTLY BASE METAL | X | | | | |
| D6212 | PONTIC - CAST NOBLE METAL | X | | | | |
| D6214 | PONTIC TITANIUM | X | | | | |
| D6240 | PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL | X | | | | |
| D6241 | PONTIC - PORCELN FUSED PREDOMINANTLY BASE METAL | X | | | | |
| D6242 | PONTIC - PORCELAIN FUSED TO NOBLE METAL | X | | | | |
| D6245 | PONTIC - PORCELAIN/CERAMIC | X | | | | |
| D6250 | PONTIC - RESIN WITH HIGH NOBLE METAL | X | | | | |

| | | Submission Requirements | | | | |
|-------|--|-------------------------|-----------|-------|-------------|-------|
| CODE | DESCRIPTION | X-RAY | NARRATIVE | PERIO | TOOTH CHART | OTHER |
| D6251 | PONTIC - RESIN WITH PREDOMINANTLY BASE METAL | X | | | | |
| D6252 | PONTIC - RESIN WITH NOBLE METAL | X | | | | |
| D6253 | PROVISIONAL PONTIC | X | X | | | |
| D6545 | RETAINER - CAST METAL RESIN BONDED FIX PROSTH | X | | | | |
| D6548 | RETAINER - PORCELN/CERAMIC RSN BONDED FIX PROSTH | | | | | |
| D6600 | INLAY-PORCELAIN/CERAMIC TWO SURFACES | X | | | | |
| D6601 | INLAY - PORCELAIN/CERAMIC THREE OR MORE SURFACES | X | | | | |
| D6602 | INLAY - CAST HIGH NOBLE METAL TWO SURFACES | X | | | | |
| D6603 | INLAY - CAST HIGH NOBLE METAL 3/MORE SURFACES | X | | | | |
| D6604 | INLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES | X | | | | |
| D6605 | INLAY - CAST PREDOM BASE METAL 3/MORE SURFACES | X | | | | |
| D6606 | INLAY - CAST NOBLE METAL TWO SURFACES | X | | | | |
| D6607 | INLAY - CAST NOBLE METAL THREE OR MORE SURFACES | X | | | | |
| D6608 | ONLAY - PORCELAIN/CERAMIC 2 SURFACES | X | | | | |
| D6609 | ONLAY - PORCELAIN/CERAMIC THREE OR MORE SURFACES | X | | | | |
| D6610 | ONLAY - CAST HIGH NOBLE METAL TWO SURFACES | X | | | | |
| D6611 | ONLAY - CAST HIGH NOBLE METAL 3/MORE SURFACES | X | | | | |
| D6612 | ONLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES | X | | | | |
| D6613 | ONLAY - CAST PREDOM BASE METAL 3/MORE SURFACES | X | | | | |
| D6614 | ONLAY - CAST NOBLE METAL TWO SURFACES | X | | | | |
| D6615 | ONLAY - CAST NOBLE METAL THREE OR MORE SURFACES | X | | | | |
| D6624 | INLAY TITANIUM | X | | | | |
| D6634 | ONLAY TITANIUM | X | | | | |
| D6710 | CROWN INDIRECT RESIN BASED COMPOSITE | X | | | | |
| D6720 | CROWN - RESIN WITH HIGH NOBLE METAL | X | | | | |
| D6721 | CROWN RESIN W/PREDOMINANTLY BASE METAL-DENTURE | X | | | | |
| D6722 | CROWN - RESIN WITH NOBLE METAL | X | | | | |
| D6740 | CROWN - PORCELAIN/CERAMIC | X | | | | |
| D6750 | CROWN PORCELAIN FUSED TO HI NOBLE METAL-DENTURE | X | | | | |
| D6751 | CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL | X | | | | |
| D6752 | CROWN - PORCELAIN FUSED TO NOBLE METAL | X | | | | |
| D6780 | CROWN - 3/4 CAST HIGH NOBLE METAL | X | | | | |
| D6781 | CROWN - 3/4 CAST PREDOMINATELY BASED METAL | X | | | | |
| D6782 | CROWN 3/4 CAST NOBLE METAL-DENTURE | X | | | | |
| D6783 | CROWN 3/4 PORCELAIN/CERAMIC-DENTURE | X | | | | |

| | | Submission Requirements | | | | |
|-------|---|-------------------------|-----------|-------|-------------|-------------|
| CODE | DESCRIPTION | X-RAY | NARRATIVE | PERIO | TOOTH CHART | OTHER |
| D6790 | CROWN FULL CAST HIGH NOBLE METAL-DENTURE | X | | | | |
| D6791 | CROWN FULL CAST PREDOMINANTLY BASE METAL-DENTURE | X | | | | |
| D6792 | CROWN FULL CAST NOBLE METAL-DENTURE | X | | | | |
| D6793 | PROVISIONAL RETAINER CROWN | | X | | | |
| D6794 | CROWN TITANIUM | X | | | | |
| D6920 | CONNECTOR BAR | | | | | |
| D6930 | RECEMENT FIXED PARTIAL DENTURE | | | | | |
| D6940 | STRESS BREAKER | | | | | |
| D6950 | PRECISION ATTACHMENT | | | | | |
| D6970 | POST & CORE ADD FIXED PART DENTURE RETAINER FAB | X | | | | |
| D6972 | PREFAB POST&CORE ADD FIX PART DENTUR RETAIN | X | | | | |
| D6973 | CORE BUILD UP FOR RETAINER INCLUDING ANY PINS | X | | | | |
| D6975 | COPING - METAL | | | | | |
| D6976 | EACH ADD INDIRECTLY FABRICATED POST SAME TOOTH | | | | | |
| D6977 | EACH ADD PREFABRICATED POST - SAME TOOTH | | | | | |
| D6980 | FIXED PARTIAL DENTURE REPAIR BY REPORT | | X | | | |
| D6985 | PEDIATRIC PARTIAL DENTURE FIXED | | | | | |
| D6999 | UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE REPORT | | X | | | |
| D7111 | EXTRACTION CORONAL REMNANTS DECIDUOUS TOOTH | | | | | |
| D7140 | EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT | | | | | |
| D7210 | REMOVAL OF ERUPTED TOOTH & BONE AND/OR SECTION OF TOOTH | | | | | |
| D7220 | REMOVAL OF IMPACTED TOOTH - SOFT TISSUE | | | | | |
| D7230 | REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY | | | | | |
| D7240 | REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY | | | | | |
| D7241 | REMOV IMP TOOTH - CMPL BONY W/UNUSUAL SURG COMPS | | | | | Op Report |
| D7250 | SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS | | | | | |
| D7260 | OROLANTRAL FISTULA CLOSURE | | | | | Op Report |
| D7261 | PRIMARY CLOSURE OF A SINUS PERFORATION | | | | | Op Report |
| D7270 | TOOTH REIMPL & OR STBL ACC EVULSED/DISPLCD TOOTH | X | X | | | |
| D7272 | TOOTH TRANSPLANTATION | | | | | |
| D7280 | SURGICAL ACCESS OF AN UNERUPTED TOOTH | X | | | | |
| D7282 | MOBILIZ ERUPTED/MALPOSITIONED TOOTH AID ERUPTION | X | | | | |
| D7283 | PLCMT DEVICE FACILITATE ERUPTION IMPACTED TOOTH | | | | | ORTHO |
| D7285 | BIOPSY OF ORAL TISSUE HARD | | | | | Path Report |
| D7286 | BIOPSY OF ORAL TISSUE SOFT | | | | | Path Report |

| | | Submission Requirements | | | | |
|-------|---|-------------------------|-----------|-------|-------------|----------------------------|
| CODE | DESCRIPTION | X-RAY | NARRATIVE | PERIO | TOOTH CHART | OTHER |
| D7287 | EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION | | | | | |
| D7288 | BRUSH BIOPSY TRANSEPIHELIAL SAMPLE COLLECTION | | | | | |
| D7290 | SURGICAL REPOSITIONING OF TEETH | | | | | ORTHO |
| D7291 | TRANSSEPTAL FIBEROT/SUPRA CRESTAL FIBEROT BR | | | | | ORTHO |
| D7292 | SURG PLCMT: TEMP ANCHORAGE SCREW RET PLATE FLAP | | | | | |
| D7293 | SURG PLCMT: TEMP ANCHORAGE DEVICE RQR SURG FLAP | | | | | |
| D7294 | SURG PLCMT: TEMP ANCHORAGE DEVICE W/O SURG FLAP | | | | | |
| D7310 | ALVEOLOPLASTY W/EXTRACTION 4/> TEETH/SPACE QUAD | | | | | |
| D7311 | ALVEOLOPLSTY CONJNC XTRACT 1-3 TEETH/SPACES QUAD | | | | | Add'l Teeth # |
| D7320 | ALVEOLOPLASTY NOT W/EXTRACTIONS 4/> TEETH/SPACE | | | | | |
| D7321 | ALVEOLOPLSTY NOT CNJNC XTRCT 1-3 TEETH/SPCE QUAD | | | | | Add'l Teeth # |
| D7340 | VESTIBULOPLASTY-RIDGE EXT 2ND EPITHELIALIZATION | | | | | |
| D7350 | VESTIBULOPLASTY-RIDGE EXT W/SOFT TISS GRAFTS | | | | | |
| D7410 | EXCISION OF BENIGN LESION UP TO 1.25 CM | | | | | Med EOB & Path Report |
| D7411 | EXCISION OF BENIGN LESION GREATER THAN 1.25 CM | | | | | Med EOB & Path Report |
| D7412 | EXCISION OF BENIGN LESION COMPLICATED | | | | | |
| D7413 | EXCISION OF MALIGNANT LESION UP TO 1.25 CM | | | | | Med EOB, Path & Op Reports |
| D7414 | EXCISION OF MALIGNANT LESION > 1.25 CM | | | | | Med EOB, Path & Op Reports |
| D7415 | EXCISION OF MALIGNANT LESION COMPLICATED | | | | | |
| D7440 | EXC MALIG TUMOR-LESION DIAMETER UP TO 1.25 CM | | | | | Med EOB, Path & Op Reports |
| D7441 | EXC MALIG TUMOR-LESION DIAM GREATER THAN 1.25 CM | | | | | Med EOB, Path & Op Reports |
| D7450 | REMOVAL BEN ODONTOGENIC CYST/TUMOR UP TO 1.25 CM | | | | | Med EOB, Path & Op Reports |
| D7451 | REMOVAL BENIGN ODONTOGENIC CYST/TUMOR > 1.25 CM | | | | | Med EOB, Path & Op Reports |
| D7460 | REMOVAL BEN NONODONTOGENIC CYST/TUMOR UP TO 1.25 CM | | | | | Med EOB, Path & Op Reports |
| D7461 | REMOVAL BEN NONODONTOGENIC CYST/TUMOR > 1.25 CM | | | | | Med EOB, Path & Op Reports |
| D7465 | DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHOD BY REPORT | | X | | | |
| D7471 | REMOVAL OF LATERAL EXOSTOSIS | | | | | Op Report |
| D7472 | REMOVAL OF TORUS PALATINUS | | | | | Op Report |
| D7473 | REMOVAL OF TORUS MANDIBULARIS | | | | | Op Report |
| D7485 | SURGICAL REDUCTION OF OSSEOUS TUBEROSITY | | | | | Op Report |
| D7490 | RADICAL RESECTION OF MAXILLA OR MANDIBLE | | | | | Med EOB, Path & Op Reports |

| | | Submission Requirements | | | | |
|-------|---|-------------------------|-----------|-------|-------------|----------------------------|
| CODE | DESCRIPTION | X-RAY | NARRATIVE | PERIO | TOOTH CHART | OTHER |
| D7510 | INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISS | | | | | |
| D7511 | INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISS-COMPLICATED | | | | | Op Report |
| D7520 | INCISION & DRAINAGE ABSCESS-EXTRAORAL SOFT TISS | | | | | Op Report |
| D7521 | I & D ABSCESS EXTRAORAL SOFT TISSUE COMPLICATED | | | | | Med EOB, Path & Op Reports |
| D7530 | REMOVAL FB FROM MUCOSA SKIN/SUBCUT ALVEOL TISSUE | | | | | Med EOB, Path & Op Reports |
| D7540 | REMOV REACT-PRODUC FOREIGN BODIES-MUSCULOSKEL SYS | | | | | Path Report & Op Report |
| D7550 | PART OSTEC/SEQUESTRECTOMY REMOVAL NON-VITAL BONE | | | | | Path Report & Op Report |
| D7560 | MAXILLARY SINUSOTOMY REMOVAL TOOTH FRAGMENT/FB | | | | | Op Report |
| D7610 | MAXILLA-OPEN REDUCTION | | | | | Med EOB & Op Report |
| D7620 | MAXILLA-CLOSED REDUCTION | | | | | Med EOB & Op Report |
| D7630 | MANDIBLE-OPEN REDUCTION | | | | | Med EOB & Op Report |
| D7640 | MANDIBLE-CLOSED REDUCTION | | | | | Med EOB & Op Report |
| D7650 | MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION | | | | | Med EOB & Op Report |
| D7660 | MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION | | | | | Med EOB & Op Report |
| D7670 | ALVEOLUS-CLOSED REDUCTION W/STABILIZATION TEETH | | | | | Med EOB & Op Report |
| D7671 | ALVEOLUS-OPEN REDUCTION W/STABILIZATION TEETH | | | | | Med EOB & Op Report |
| D7680 | FCE BNS - COMP RDUC W/FIX&MX SURG APPROCHES CPT | | | | | |
| D7710 | MAXILLA-OPEN REDUCTION | | | | | Med EOB & Op Report |
| D7720 | MAXILLA-CLOSED REDUCTION | | | | | Med EOB & Op Report |
| D7730 | MANDIBLE-OPEN REDUCTION | | | | | Med EOB & Op Report |
| D7740 | MANDIBLE-CLOSED REDUCTION | | | | | Med EOB & Op Report |
| D7750 | MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION | | | | | Med EOB & Op Report |
| D7760 | MALAR AND/OR ZYGOMATIC ARCH CLOSED REDUCTION | | | | | Med EOB & Op Report |
| D7770 | ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH | | | | | Med EOB & Op Report |
| D7771 | ALVEOLUS CLOSED REDUCTION STABILIZATION OF TEETH | | | | | Med EOB & Op Report |
| D7780 | FACIAL BONES-COMP RDUC FIX & MX SURG APPROACHES | | | | | |
| D7810 | OPEN REDUCTION OF DISLOCATION | | | | | TMJ |
| D7820 | CLOSED REDUCTION OF DISLOCATION | | | | | TMJ |
| D7830 | MANIPULATION UNDER ANESTHESIA | | | | | TMJ |
| D7840 | CONDYLECTOMY | | | | | |
| D7850 | SURGICAL DISCECTOMY; WITH/WITHOUT IMPLANT | | | | | |
| D7852 | DISC REPAIR | | | | | |
| D7854 | SYNOVECTOMY | | | | | |
| D7856 | MYOTOMY | | | | | |

| | | Submission Requirements | | | | |
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| CODE | DESCRIPTION | X-RAY | NARRATIVE | PERIO | TOOTH CHART | OTHER |
| D7858 | JOINT RECONSTRUCTION | | | | | |
| D7860 | ARTHROTOMY | | | | | |
| D7865 | ARTHROPLASTY | | | | | |
| D7870 | ARTHROCENTESIS | | | | | |
| D7871 | NON-ARTHROSCOPIC LYSIS AND LAVAGE | | | | | |
| D7872 | ARTHROSCOPY-DIAGNOSIS WITH OR WITHOUT BIOPSY | | | | | |
| D7873 | ARTHROSCOPY SURGICAL: LAVAGE&LYSIS ADHESIONS | | | | | |
| D7874 | ARTHROSCOPY SURGICAL: DISC REPSTN&STABILIZATION | | | | | |
| D7875 | ARTHROSCOPY-SURGICAL: SYNOVECTOMY | | | | | |
| D7876 | ARTHROSCOPY SURGICAL: DISCECTOMY | | | | | |
| D7877 | ARTHROSCOPY SURGICAL: DEBRIDEMENT | | | | | |
| D7880 | OCCLUSAL ORTHOTIC APPLIANCE | | | | | |
| D7899 | UNSPECIFIED TMD THERAPY BY REPORT | | | | | |
| D7910 | SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM | | | | | Med EOB & Op Report |
| D7911 | COMPLICATED SUTURE-UP TO 5 CM | | | | | |
| D7912 | COMPLICATED SUTURE-GREATER THAN 5 CM | | | | | |
| D7920 | SKIN GRAFT | | | | | |
| D7940 | OSTEOPLASTY - FOR ORTHOGNATHIC DEFORMITIES | | | | | |
| D7941 | OSTEOTOMY - MANDIBULAR RAMI | | | | | |
| D7943 | OSTEOT-MANDIB RAMI W/BONE GRFT;INCL OBTAIN GRAFT | | | | | |
| D7944 | OSTEOTOMY SEGMENTED OR SUBAPICAL | | | | | |
| D7945 | OSTEOTOMY-BODY OF MANDIBLE | | | | | |
| D7946 | LEFORT I MAXILLA TOTAL | | | | | |
| D7947 | LEFORT I MAXILLA SEGMENTED | | | | | |
| D7948 | LEFORT II/LEFORT III - W/O BONE GRAFT | | | | | |
| D7949 | LEFORT II/LEFORT III - W/BONE GRAFT | | | | | |
| D7950 | OSSEOUS OSTEOPERIOSTEAL/CARTILAGE GRAFT MAND/MAX | | | | | |
| D7951 | SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES | | | | | |
| D7953 | BONE REPLCMT GRAFT RIDGE PRESERVATION PER SITE | | | | | |
| D7955 | REPAIR MAXLOFACIAL SOFT &/ HARD TISSUE DEFECT | | | | | |
| D7960 | FRENUECTOMY SEPARATE PROCEDURE | | X | | | |
| D7963 | FRENULOPLASTY | | X | | | |
| D7970 | EXCISION OF HYPERPLASTIC TISSUE-PER ARCH | | X | | | |
| D7971 | EXCISION OF PERICORONAL GINGIVA | | X | | | |
| D7972 | SURGICAL REDUCTION OF FIBROUS TUBEROSITY | | | | | Med EOB & Op Report |

| | | Submission Requirements | | | | |
|-------|--|-------------------------|-----------|-------|-------------|---------------------|
| CODE | DESCRIPTION | X-RAY | NARRATIVE | PERIO | TOOTH CHART | OTHER |
| D7980 | SIALOLITHOTOMY | | | | | Med EOB & Op Report |
| D7981 | EXCISION OF SALIVARY GLAND BY REPORT | | | | | |
| D7982 | SIALODOCHOPLASTY | | | | | |
| D7983 | CLOSURE OF SALIVARY FISTULA | | | | | Med EOB & Op Report |
| D7990 | EMERGENCY TRACHEOTOMY | | | | | |
| D7991 | CORONOIDECTOMY | | | | | |
| D7995 | SYNTHETIC GRAFT-MANDIBLE/FACIAL BONES BY REPORT | | | | | |
| D7996 | IMPLANT-MANDIBLE AUGMENTATION PURPOSES BY REPORT | | | | | |
| D7997 | APPLIANCE REMOVAL INCLUDES REMOVAL OF ARCHBAR | | | | | |
| D7998 | INTRAORAL PLCMT FIX DEVICE NOT CONJUNCTION W/FX | | | | | |
| D7999 | UNSPECIFIED ORAL SURGERY PROCEDURE BY REPORT | | X | | | |
| D8010 | LIMITED ORTHODONTIC TREATMENT PRIMARY DENTITION | | | | | ORTHO |
| D8020 | LTD ORTHODONTIC TREATMENT TRANSITIONAL DENTITION | | | | | ORTHO |
| D8030 | LTD ORTHODONTIC TREATMENT ADOLESCENT DENTITION | | | | | ORTHO |
| D8040 | LIMITED ORTHODONTIC TREATMENT ADULT DENTITION | | | | | ORTHO |
| D8050 | INTERCEPTIVE ORTHODONTIC TX PRIMARY DENTITION | | | | | ORTHO |
| D8060 | INTRCPTV ORTHODONTIC TX TRANSITIONAL DENTITION | | | | | ORTHO |
| D8070 | COMP ORTHODONTIC TX TRANSITIONAL DENTITION | | X | | | ORTHO |
| D8080 | COMPREHENSIVE ORTHODONTIC TX ADOLES DENTITION | | X | | | ORTHO |
| D8090 | COMPREHENSIVE ORTHODONTIC TX ADULT DENTITION | | X | | | ORTHO |
| D8210 | REMOVABLE APPLIANCE THERAPY | | | | | ORTHO |
| D8220 | FIXED APPLIANCE THERAPY | | | | | ORTHO |
| D8660 | PRE-ORTHODONTIC TREATMENT VISIT | | | | | ORTHO |
| D8670 | PERIODIC ORTHODONTIC TREATMENT VISIT | | | | | ORTHO |
| D8680 | ORTHODONTIC RETENTION | | X | | | ORTHO |
| D8690 | ORTHODONTIC TREATMENT | | | | | ORTHO |
| D8691 | REPAIR OF ORTHODONTIC APPLIANCE | | | | | ORTHO |
| D8692 | REPLACEMENT OF LOST OR BROKEN RETAINER | | | | | ORTHO |
| D8693 | REBONDING/RECEMENTING; &/OR REPAIR FIXED RETAINR | | | | | ORTHO |
| D8999 | UNSPECIFIED ORTHODONTIC PROCEDURE BY REPORT | | X | | | ORTHO |
| D9110 | PALLIATIVE TREATMENT DENTAL PAIN - MINOR PROC | | X | | | |
| D9120 | FIXED PARTIAL DENTURE SECTIONING | | X | | | |
| D9210 | LOCAL ANES-NOT CONJUNCTION W/OP/SURGICAL PROC | | | | | |
| D9211 | REGIONAL BLOCK ANESTHESIA | | | | | |
| D9212 | TRIGEMINAL DIVISION BLOCK ANESTHESIA | | | | | |

| | | Submission Requirements | | | | |
|-------|--|-------------------------|-----------|-------|-------------|-------|
| CODE | DESCRIPTION | X-RAY | NARRATIVE | PERIO | TOOTH CHART | OTHER |
| D9215 | LOCAL ANESTHESIA | | | | | |
| D9220 | DEEP SEDATION/GENERAL ANESTHESIA-1ST 30 MINUTES | | | | | |
| D9221 | DEEP SEDATION/GENERAL ANESTHESIA-EA ADD 15 MIN | | | | | |
| D9230 | ANALGESIA ANXIOLYSIS INHALATION OF NITROUS OXIDE | | | | | |
| D9241 | IV CONSCIOUS SEDATION/ANALG - 1ST 30 MINUTES | | | | | |
| D9242 | IV CONSCIOUS SEDATION/ANALG - EA ADD 15 MINUTES | | | | | |
| D9248 | NON-INTRAVENTOUS CONSCIOUS SEDATION | | | | | |
| D9310 | CONSULT DX SERV DENT/PHY NOT REQUESTING DENT/PHY | | | | | |
| D9410 | HOUSE/EXTENDED CARE FACILITY CALL | | | | | |
| D9420 | HOSPITAL CALL | | | | | |
| D9430 | OFFICE VISIT OBSERVATION NO OTHER SRVC PERFORMED | | X | | | |
| D9440 | OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS | | X | | | |
| D9450 | CASE PRESENTATION DETAILED&EXTENSIVE TX PLANNING | | | | | |
| D9610 | THERAPEUTIC PARENTERAL DRUG SINGL ADMINISTRATION | | | | | |
| D9612 | TX PARENTERAL DRUGS 2/> ADMINISTRATIONS DIFF MED | | | | | |
| D9630 | OTHER DRUGS AND/OR MEDICAMENTS BY REPORT | | | | | |
| D9910 | APPLICATION OF DESENSITIZING MEDICAMENT | | | | | |
| D9911 | APPLIC DESENZT RSN CERV &OR ROOT SURF-TOOTH | | | | | |
| D9920 | BEHAVIOR MANAGEMENT BY REPORT | | | | | |
| D9930 | TX COMPLICATIONS - UNUSUAL CIRCUMSTANCES REPORT | | X | | | |
| D9940 | OCCLUSAL GUARD BY REPORT | | | | | TMJ |
| D9941 | FABRICATION OF ATHLETIC MOUTHGUARD | | | | | |
| D9942 | REPAIR AND/OR RELINE OF OCCLUSAL GUARD | | | | | |
| D9950 | OCCLUSION ANALYSIS - MOUNTED CASE | | | | | |
| D9951 | OCCLUSAL ADJUSTMENT - LIMITED | | | | | |
| D9952 | OCCLUSAL ADJUSTMENT - COMPLETE | | | | | |
| D9970 | ENAMEL MICROABRASION | | | | | |
| D9971 | ODONTOPLASTY 1-2 TEETH; INCL REMOVAL ENAMEL PROJ | | | | | |
| D9972 | EXTERNAL BLEACHING - PER ARCH | | | | | |
| D9973 | EXTERNAL BLEACHING - PER TOOTH | | | | | |
| D9974 | INTERNAL BLEACHING - PER TOOTH | X | | | | |
| D9999 | UNSPEC ADJUNCTIVE PROC BR (07/2002) 00 | | X | | | |