



2016 Dental Code Set

For dates of service from 1/1/16-12/31/16

HCPCS	DESCRIPTIONS
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT
D0210	INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE
D0250	EXTRAORAL - FIRST RADIOGRAPHIC IMAGE
D0260	EXTRAORAL - EACH ADDITIONAL RADIOGRAPHIC IMAGE
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES
D0290	POSTERIOR-ANTERIOR OR LATERAL SKULL AND FACIAL BONE SURVEY RADIOGRAPHIC IMAGE
D0310	SIALOGRAPHY
D0330	PANORAMIC RADIOGRAPHIC IMAGE
D0340	CEPHALOMETRIC RADIOGRAPHIC IMAGE
D0350	ORAL/FACIAL PHOTOGRAPHIC IMAGES
D0470	DIAGNOSTIC CASTS
D0502	OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT
D1110	PROPHYLAXIS-ADULT
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH
D1208	Topical application of fluoride
D1352	Preventive resin restoration in a moderate to high caries risk patient - permane
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT
D2330	RESIN-ONE SURFACE, ANTERIOR
D2331	RESIN-TWO SURFACES, ANTERIOR



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D2332	RESIN-THREE SURFACES, ANTERIOR
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR
D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE
D2751	CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE METAL
D2790	CROWN-FULL CAST HIGH NOBLE METAL
D2920	RECEMENT CROWN
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH
D2940	PROTECTIVE RESTORATION
D2950	CORE BUILD-UP, INCLUDING ANY PINS
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN
D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)
D3320	ENDODONTIC THERAPY, BICUSPID TOOTH (EXCLUDING FINAL RESTORATION)
D3330	ENDODONTIC THERAPY, MOLAR (EXCLUDING FINAL RESTORATION)
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-BICUSPID
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED S
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED S
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH
D4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEE
D4261	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOUS TEE
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT
D4264	BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT



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D4266	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, PER SITE
D4267	GUIDED TISSUE REGENERATION - NONRESORBABLE BARRIER, PER SITE, (INCLUDES
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURES, PER TOOTH
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION WITH
D4275	SOFT TISSUE ALLOGRAFT
D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT, PER TOOTH
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS
D4910	PERIODONTAL MAINTENANCE
D4920	UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST)
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT
D5620	REPAIR CAST FRAMEWORK
D5630	REPAIR OR REPLACE BROKEN CLASP
D5640	REPLACE BROKEN TEETH-PER TOOTH
D7111	EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOOTH
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY
D7240	REMOVAL OF IMPACTED TOOTH-COMpletely BONY
D7241	REMOVAL OF IMPACTED TOOTH-COMpletely BONY, WITH UNUSUAL SURGICAL COMPLICATIONS
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)
D7260	ORAL ANTRAL FISTULA CLOSURE
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION
D7285	BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)
D7286	BIOPSY OF ORAL TISSUE - SOFT
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPAC
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH



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D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM
D7412	EXCISION OF BENIGN LESION, COMPLICATED
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM
D7415	EXCISION OF MALIGNANT LESION, COMPLICATED
D7440	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER UP TO 1.25 CM
D7441	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER GREATER THAN 1.25 CM
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN 1.25 CM
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHODS, BY REPORT
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE
D7521	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES-MUSCULOSKELETAL SYSTEM
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY
D7610	MAXILLA-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)
D7620	MAXILLA-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)
D7630	MANDIBLE-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)
D7640	MANDIBLE-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)
D7650	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION
D7660	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION
D7670	ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH
D7671	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH
D7680	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL
D7710	MAXILLA-OPEN REDUCTION
D7720	MAXILLA-CLOSED REDUCTION



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D7730	MANDIBLE-OPEN REDUCTION
D7740	MANDIBLE-CLOSED REDUCTION
D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION
D7760	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION
D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH
D7771	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH
D7780	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL
D7810	OPEN REDUCTION OF DISLOCATION
D7820	CLOSED REDUCTION OF DISLOCATION
D7830	MANIPULATION UNDER ANESTHESIA
D7840	CONDYLECTOMY
D7850	SURGICAL DISCECTOMY; WITH/WITHOUT IMPLANT
D7854	SYNOVECTOMY
D7856	MYOTOMY
D7858	JOINT RECONSTRUCTION
D7860	ARTHROTOMY
D7865	ARTHROPLASTY
D7870	ARTHROCENTESIS
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE
D7872	ARTHROSCOPY-DIAGNOSIS, WITH OR WITHOUT BIOPSY
D7873	ARTHROSCOPY-SURGICAL: LAVAGE AND LYSIS OF ADHESIONS
D7874	ARTHROSCOPY-SURGICAL: DISC REPOSITIONING AND STABILIZATION
D7875	ARTHROSCOPY-SURGICAL: SYNOVECTOMY
D7876	ARTHROSCOPY-SURGICAL: DISCECTOMY
D7877	ARTHROSCOPY-SURGICAL: DEBRIDEMENT
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM
D7911	COMPLICATED SUTURE-UP TO 5 CM
D7912	COMPLICATED SUTURE-GREATER THAN 5 CM
D7940	OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES
D7941	OSTEOTOMY - MANDIBULAR RAMI
D7943	OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE GRAFT
D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL
D7945	OSTEOTOMY-BODY OF MANDIBLE
D7946	LEFORT I (MAXILLA-TOTAL)
D7947	LEFORT I (MAXILLA-SEGMENTED)
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR



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D7949	LEFORT II OR LEFORT III-WITH BONE GRAFT
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA - AUTOGE
D7955	REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT
D7960	FRENULECTOMY - ALSO KNOWN AS FRENECTOMY OR FRENOTOMY - SEPARATE PROCEDURE NOT IN
D7963	FRENULOPLASTY
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH
D7971	EXCISION OF PERICORONAL GINGIVA
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY
D7980	SIALOLITHOTOMY
D7981	EXCISION OF SALIVARY GLAND, BY REPORT
D7982	SIALODOCHOPLASTY
D7983	CLOSURE OF SALIVARY FISTULA
D7990	EMERGENCY TRACHEOTOMY
D7991	CORONOIDECTOMY
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES
D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS, ANALGESIA
D9223	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH 15 MINUTE INCREMENT
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH 15 MINUTE INCREMENT
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN RE
D9410	HOUSE/EXTENDED CARE FACILITY CALL
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL
D9430	OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS) NO OTHER
D9440	OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS
D9610	THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION
D9612	THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS
D9930	TREATMENT OF COMPLICATIONS (POSTSURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT
D9940	OCCLUSAL GUARDS, BY REPORT
D9951	OCCLUSAL ADJUSTMENT-LIMITED