

AETNA PROCEDURE CODES

ADA Code	Description	Non \$ Codes
D0120	Periodic Oral Evaluation	
D0140	Limited Oral Evaluation - Problem Focused	
D0145	Oral Evaluation for a Patient Under Three Years of Age and Counseling with Primary Caregiver	
D0150	Comprehensive Oral Evaluation - New or Established Patient	
D0160	Detailed & Extensive Oral Evaluation - Problem Focused, by Report	
D0170	Re-Evaluation - Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	
D0171	Re-evaluation Post Operative Office Visit	AL
D0180	Comprehensive periodontal Evaluation - New or Established Patient	
D0190	Screening of a Patient	
D0191	Assessment of a 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 - 2D Projection Radiographic Image Created using a Stationary Radiation Source and Detector	
D0251	Extraoral Posterior Dental Radiographic Image	
D0270	Bitewing - Single Radiographic Image	
D0272	Bitewings - Two Radiographic Images	
D0273	Bitewings - Three Radiographic Images	
D0274	Bitewings - Four Radiographic Images	
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	
D0310	Sialography	
D0320	Temporomandibular Joint Arthrogram, Including Injection	
D0321	Other Temporomandibular Joint Radiographic Images	
D0322	Tomographic Survey	
D0330	Panoramic Radiographic Image	
D0340	2D Cephalometric Radiographic Image Acquisitin, Measurement and Analysis	
D0350	2D Oral/Facial Photographic Images obtained intraorally or extraorally	
D0351	3D Photographic Image	
D0364	Cone Beam CT Capture and Interpretation with Limited Field of View - Less than One Whole Jaw	
D0365	Cone Beam CT Capture and Interpretation with Field of View of One Full Dental Arch - Mandible	
D0366	Cone Beam CT Capture and Interpretation with Field of View of One Full Dental Arch - Maxilla, With or Without Cranium	
D0367	Cone Beam CT Capture and Interpretation with Field of Views, With or Without Cranium	
D0368	Cone Beam CT Capture and Interpretation for TMJ series Including Two or More Exposures	
D0369	Maxillofacial MRI capture and interpretation	Med
D0370	Maxillofacial ultrasound capture and interpretation	Med
D0371	Sialoendoscopy Capture and Interpretation	
D0380	Cone Beam CT Image Capture with Limited Field of View - Less than One Whole Jaw	
D0381	Cone Beam CT Image Capture with Field of View of One Full Dental Arch - Mandible	
D0382	Cone Beam CT Image Capture with Field of View of One Full Dental Arch - Maxilla, With or Without Cranium	
D0383	Cone Beam CT Image Capture with Field of View of Both Jaws, With or Without Cranium	
D0384	Cone Beam CT Image Capture for TMJ Series Including Two or More Exposure(s)	
D0385	Maxillofacial MRI image capture	Med
D0386	Maxillofacial ultrasound image capture	Med
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	
D0393	Treatment simulation using 3D image volume	NC
D0394	Digital subtraction of two or more images or image volumes of the same modality	NC
D0395	Fusion of two or more 3D image volumes of one or more modalities	NC
D0414	Laboratory Processing of Microbial specimen to Include Culture and Sensitivity Studies, Preparation and Transmission of Written Report	
D0415	Collection of Microorganisms for Culture & Sensitivity	
D0416	Viral Culture	
D0417	Collection And Preparation of Saliva Sample for Laboratory Diagnostic Testing	
D0418	Analysis of Saliva Sample	
D0419	Assessment of salivary flow by measurement	

D0422	Collection and Preparation of Genetic Sample Material for Laboratory Analysis and Report	
D0423	Genetic Test for Susceptibility to Diseases - Specimen Analysis	
D0425	Caries Susceptibility Tests	
D0431	Adjunctive Diagnostic Test That Aids In Detection of Mucosal Abnormalities	
D0460	Pulp Vitality Tests	
D0470	Diagnostic Casts	
D0472	Accession of Tissue, Gross Examination, Preparation & Transmission of Written Report	
D0473	Accession of Tissue, Gross & Microscopic Examination, Preparation & Transmission of Written Report	
D0474	Accession of Tissue, Gross & Microscopic Examination, Including Assessment of Surgical Margins For Presence of Disease, Preparation & Transmission of Written Report	
D0475	Decalcification Procedure	
D0476	Special Stains For Microorganisms	
D0477	Special Stains, Not For Microorganisms	
D0478	Immunohistochemical Stains	
D0479	Tissue In-Situ Hybridization, Including Interpretation	
D0480	Processing & Interpretation of Exfoliative Cytologic Smears, Including the Preparation & Transmission of Written Report	
D0481	Electron Microscopy - Diagnostic	
D0482	Direct Immunofluorescence	
D0483	Indirect Immunofluorescence	
D0484	Consultation On Slides Prepared Elsewhere	
D0485	Consultation, Including Preparation of Slides From Biopsy Material Supplied by Referring Source	
D0486	Laboratory Accession of Transepithelial Cytologic Sample, Microscopic Examination, Preparation And Transmission of Written Report	
D0502	Other Oral Pathology Procedures, by Report	BR
D0600	Non-ionizing Diagnostic Procedure Capable of Quantifying, Monitoring and Recording Changes in Structure of Enamel, Dentin and Cementum	
D0601	Caries risk assessment and documentation, with a finding of low risk	AL
D0602	Caries risk assessment and documentation, with a finding of moderate risk	AL
D0603	Caries risk assessment and documentation, with a finding of high risk	AL
D0999	Unspecified Diagnostic Procedures by Report	BR
D1110	Prophylaxis - Adult	
D1120	Prophylaxis - Child	
D1206	Topical Application Fluoride Varnish	
D1208	Topical Application of Fluoride, excluding varnish	
D1310	Nutritional Counseling for Control of Dental Disease	
D1320	Tobacco Counseling for the Control & Prevention of Oral Disease	
D1330	Oral Hygiene Instructions	
D1351	Sealant - per Tooth	
D1352	Preventive Resin Restoration in a Moderate to High Caries Risk Patient - Permanent Tooth	
D1353	Sealant Repair - Per Tooth	
D1354	Interim Caries Arresting Medicament Application, Per Tooth	
D1510	Space Maintainer - Fixed - Unilateral -per quadrant	
D1516	Space Maintainer - Fixed - Bilateral Maxillary	
D1517	Space Maintainer - Fixed - Bilateral Mandibular	
D1520	Space Maintainer - Removable - Unilateral - Per Quadrant	
D1526	Space Maintainer - Removable - Bilateral Maxillary	
D1527	Space Maintainer - Removable - Bilateral Mandibular	
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	
D1556	Removal of fixed unilateral space maintainer – per quadrant	
D1557	Removal of fixed bilateral space maintainer – maxillary	
D1558	Removal of fixed bilateral space maintainer – mandibular	
D1575	Distal Shoe Space Maintainer, Fixed - Unilateral - per quadrant	
D1999	Unspecified preventive procedure, by report	NC
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-Based Composite - One Surface, Anterior	

D2331 Resin-Based Composite - Two Surfaces, Anterior
D2332 Resin-Based Composite - Three Surfaces, Anterior
D2335 Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle (Anterior)
D2390 Resin-Based Composite Crown, Anterior
D2391 Resin-Based Composite - One Surface, Posterior
D2392 Resin-Based Composite - Two Surfaces, Posterior
D2393 Resin-Based Composite - Three Surfaces, Posterior
D2394 Resin-Based Composite - Four or More Surfaces, Posterior
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
D2543 Onlay - Metallic - Three Surfaces
D2544 Onlay - Metallic - Four or More Surfaces
D2610 Inlay - Porcelain/Ceramic - One Surface
D2620 Inlay - Porcelain/Ceramic - Two Surfaces
D2630 Inlay - Porcelain/Ceramic - Three or More Surfaces
D2642 Onlay - Porcelain/Ceramic - Two Surfaces
D2643 Onlay - Porcelain/Ceramic - Three Surfaces
D2644 Onlay - Porcelain/Ceramic - Four or More Surfaces
D2650 Inlay - Resin-Based Composite - One Surface
D2651 Inlay - Resin-Based Composite - Two Surfaces
D2652 Inlay - Resin-Based Composite - Three or More Surfaces
D2662 Onlay - Resin-Based Composite - Two Surfaces
D2663 Onlay - Resin-Based Composite - Three Surfaces
D2664 Onlay - Resin-Based Composite - Four or More Surfaces
D2710 Crown - Resin-Based Composite (Indirect)
D2712 Crown - 3/4 Resin-Based Composite (Indirect)
D2720 Crown - Resin w/ High Noble Metal
D2721 Crown - Resin w/ Predominantly Base Metal
D2722 Crown - Resin w/ Noble Metal
D2740 Crown - Porcelain/Ceramic
D2750 Crown - Porcelain Fused to High Noble Metal
D2751 Crown - Porcelain Fused to Predominantly Base Metal
D2752 Crown - Porcelain Fused to Noble Metal
D2753 Crown - porcelain fused to titanium and titanium alloys
D2780 Crown - 3/4 Cast High Noble Metal
D2781 Crown - 3/4 Cast Predominantly Base Metal
D2782 Crown - 3/4 Cast Noble Metal
D2783 Crown - 3/4 Porcelain/Ceramic
D2790 Crown - Full Cast High Noble Metal
D2791 Crown - Full Cast Predominantly Base Metal
D2792 Crown - Full Cast Noble Metal
D2794 Crown - Titanium
D2799 Provisional Crown -Further Treatment or Completion of Diagnosis Necessary Prior to Final Impression
D2910 Recement or re-Bond Inlay, Onlay, Veneer or Partial Coverage Restoration
D2915 Recement or re-Bond Indirectly Fabricated or Prefabricated Post & Core
D2920 Recement Crown
D2921 Reattachment of tooth fragment, incisal edge or cusp
D2929 Prefabricated Porcelain/Ceramic Crown - Primary Tooth
D2930 Prefabricated Stainless Steel Crown - Primary Tooth
D2931 Prefabricated Stainless Steel Crown - permanent Tooth
D2932 Prefabricated Resin Crown
D2933 Prefabricated Stainless Steel Crown w/ Resin Window
D2934 Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth
D2940 Protective Restoration
D2941 Interim therapeutic restoration, primary dentition
D2949 Restorative foundation for an indirect restoration

D2950	Core Buildup, Including any Pins when required	
D2951	Pin Retention - per Tooth, In Addition to Restoration	
D2952	Cast Post & Core In Addition to Crown	
D2953	Each Additional Cast Post - Same Tooth	
D2954	Prefabricated Post & Core In Addition to Crown	
D2955	Post Removal	
D2957	Each Additional Prefabricated Post - Same Tooth	
D2960	Labial Veneer (Resin Laminate) - Chairside	
D2961	Labial Veneer (Resin Laminate) - Laboratory	
D2962	Labial Veneer (Porcelain Laminate) - Laboratory	
D2971	Additional Procedures to Construct New Crown Under Existing Partial Denture Framework	
D2975	Coping	
D2980	Crown Repair Necessitated by Restorative Material Failure	
D2981	Inlay Repair Necessitated by Restorative Material Failure	
D2982	Onlay Repair Necessitated by Restorative Material Failure	
D2983	Veneer Repair Necessitated by Restorative Material Failure	
D2990	Resin Infiltration of Incipient Smooth Surface Lesions	
D2999	Unspecified Restorative Procedure, by report	BR
D3110	Pulp Cap - Direct (Excluding Final Restoration)	
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) - Removal of Pulp Coronal to the Dentinocemental Junction & Application of Medicament	
D3221	Pulpal Debridement, Primary & Permanent Teeth	
D3222	Partial Pulpotomy for Apexogenesis - Permanent Tooth with Incomplete Root Development	
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	
D3310	Endodontic Therapy - Anterior (Excluding Final Restoration)	
D3320	Endodontic Therapy - Premolar (Excluding Final Restoration)	
D3330	Endodontic Therapy - Molar Tooth (Excluding Final Restoration)	
D3331	Treatment of Root Canal Obstruction; Non-Surgical Access	
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth	
D3333	Internal Root Repair of Perforation Defects	
D3346	Retreatment of Previous Root Canal Therapy - Anterior	
D3347	Retreatment of Previous Root Canal Therapy - Premolar	
D3348	Retreatment of Previous Root Canal Therapy - Molar	
D3351	Apexification/Recalcification - Initial Visit (Apical Closure/Calcific Repair of perforations, Root Resorption, Pulp Space, Disinfection, Etc.)	
D3352	Apexification/Recalcification - Interim Medication Replacement (Apical Closure/Calcific Repair of perforations, Root Resorption, Pulp Space, Disinfection, Etc.)	
D3353	Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy - Apical Closure/Calcific Repair of perforations, Root Resorption, Etc.)	
D3355	Pulpal regeneration , initial visit	
D3356	Pulpal regeneration, interim medication replacement	
D3357	Pulpal regeneration, completion of treatment	
D3410	Apicoectomy - Anterior	
D3421	Apicoectomy - Premolar (First Root)	
D3425	Apicoectomy - Molar (First Root)	
D3426	Apicoectomy (Each Additional Root)	
D3427	Periradicular surgery without apicoectomy	
D3428	Bone graft in conjunction with periradicular surgery, per tooth, per site	
D3429	Bone graft in conjunction with periradicular surgery, each additional contiguous tooth in same surgical site	
D3430	Retrograde Filling - per Root	
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	
D3450	Root Amputation - per Root	
D3460	Endodontic Endosseous Implant	
D3470	Reimplantation, Intentional (including necessary splinting)	NC
D3910	Surgical Procedure For Isolation of Tooth w/ Rubber Dam	AL
D3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	
D3950	Canal Preparation & Fitting of Preformed Dowel or Post	
D3999	Endodontic Procedure, Unspecified by Report	BR

D4210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant
D4211	Gingivectomy or Gingivoplasty - One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant
D4212	Gingivectomy or Gingivoplasty To Allow Access For Restorative Procedure, per tooth
D4230	Anatomical Crown Exposure - Four or More Contiguous Teeth
D4231	Anatomical Crown Exposure - One to Three Teeth
D4240	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant
D4245	Apically Positioned Flap
D4249	Clinical Crown Lengthening - Hard Tissue
D4260	Osseous Surgery (Including Evaluation of a Full Thickness Flap Entry & Closure) - Four or More Contiguous Teeth or Bounded Spaces per Quadrant
D4261	Osseous Surgery (Including Evaluation of a Full Thickness Flap Entry & Closure) - One to Three Contiguous Teeth or Bounded Spaces per Quadrant
D4263	Bone Replacement Graft - Retained Natural Tooth - First Site in Quadrant
D4264	Bone Replacement Graft - Retained Natural Tooth - Each Additional Site in Quadrant
D4265	Biologic Materials To Aid In Soft & Osseous Tissue Regeneration
D4266	Guided Tissue Regeneration - Resorbable Barrier, per Site
D4267	Guided Tissue Regeneration - Nonresorbable Barrier, per Site (Includes Membrane Removal)
D4268	Surgical Revision Procedure, per Tooth
D4270	Pedicle Soft Tissue Graft Procedure
D4273	Autogenous Connective Tissue Graft Procedures (including donor and recipient surgical sites) First Tooth, Implant or Edentulous Tooth Position in Graft
D4274	Mesial/Distal Procedure Single Tooth (When Not performed in Conjunction w/Surgical Procedures in the Same Anatomical Area)
D4275	Non-Autogenous connective Tissue Graft (including recipient site and donor material) First Tooth, Implant, or Edentulous Tooth Position in Graft
D4276	Combined Connective Tissue & Double Pedicle Graft, per Tooth
D4277	Free Soft Tissue Graft Procedure (Including recipient and Donor Surgical Site), First Tooth or Implant or Edentulous Tooth Position in Graft
D4278	Free Soft Tissue Graft Procedure (Including recipient and Donor Surgical Site), Each Additional Contiguous Tooth Implant or Edentulous Tooth Position in Graft
D4283	Autogenous Connective Tissue Graft Procedure (including donor & recipient surgical sites), Each Additional Contiguous Toothe, Implant or Edentulous Tooth Position in Same Graft Site
D4285	Non-Autogenous connective Tissue Graft Procedure (including recipient surgical site and donor material), Each Additional Contiguous Tooth, Implant or Edentulous Tooth Position in Same Graph Site
D4320	Provisional Splinting - Intracoronal
D4321	Provisional Splinting - Extracoronal
D4341	periodontal Scaling & Root Planing - Four or More Teeth per Quadrant
D4342	periodontal Scaling & Root Planing - One to Three Teeth per Quadrant
D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation
D4355	Full Mouth Debridement To Enable Comprehensive Oral Evaluation & Diagnosis
D4381	Localized Delivery of Antimicrobial Agents via a Controlled Release Vehicle Into Diseased Crevicular Tissue, per Tooth
D4910	Periodontal Maintenance
D4920	Unscheduled Dressing Change (by Someone Other Than Treating Dentist)
D4921	Gingival irrigation, per quadrant
D4999	Periodontal Procedure, Unspecified, By Report
D5110	Complete Denture - Maxillary
D5120	Complete Denture - Mandibular
D5130	Immediate Denture - Maxillary
D5140	Immediate Denture - Mandibular
D5211	Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Rests & Teeth)
D5212	Mandibular Partial Denture - Resin Base (Including Any Conventional Clasps, Rests & Teeth)
D5213	Maxillary Partial Denture-Cast Metal Framework W/Resin Denture Bases(Including Any Conventional Clasps, retentive/clasping materials, Rests & Teeth)
D5214	Mandibular Partial Denture - Cast Metal Framework W/ Resin Denture Bases (Including Any Conventional Clasps, retentive/clasping materials, Rests & Teeth)

D5221	Immediate Maxillary Partial Denture, Resin Base (including any conventional clasps, retentive/clasping materials, rests and teeth)
D5222	Immediate Mandibular Partial Denture, Resin Base (including any conventional clasps, retentive/clasping materials, rests and teeth)
D5223	Immediate Maxillary Partial Denture, Cast Metal Framework With Resin Denture Base (including any conventional clasps, retentive/clasping materials, rests and teeth). Includes limited follow-up Care only; Does Not Include Future Rebasing
D5224	Immediate Mandibular Partial Denture, Cast Metal Framework With Resin Base (including any conventional clasps, retentive/clasping materials, rests and teeth)
D5225	Maxillary Partial Denture - Flexible Base (Including Any Clasps, Rests & Teeth)
D5226	Mandibular Partial Denture - Flexible Base (Including Any Clasps, Rests & Teeth)
D5282	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps & Teeth) Maxillary
D5283	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps & Teeth) Mandibular
D5284	Removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant
D5286	Removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant
D5410	Adjust Complete Denture - Maxillary
D5411	Adjust Complete Denture - Mandibular
D5421	Adjust Partial Denture - Maxillary
D5422	Adjust Partial Denture - Mandibular
D5511	Repair Broken Complete Denture Base, Mandibular
D5512	Repair Broken Complete Denture Base, Maxillary
D5520	Replace Missing or Broken Teeth-Complete Denture (Each Tooth)
D5611	Repair Resin Partial Denture Base, Mandibular
D5612	Repair Resin Partial Denture Base, Maxillary
D5621	Repair Cast Partial Framework, Mandibular
D5622	Repair Cast Partial Framework, Maxillary
D5630	Repair or Replace Broken Retentive/Clasping Material Per Tooth
D5640	Replace Broken Teeth - per Tooth Per Tooth
D5650	Add Tooth To Existing Partial Denture
D5660	Add Clasp To Existing Partial Denture
D5670	Replace All Teeth & Acrylic On Cast Metal Framework (Maxillary)
D5671	Replace All Teeth & Acrylic On Cast Metal Framework (Mandibular)
D5710	Rebase Complete Maxillary Denture
D5711	Rebase Complete Mandibular Denture
D5720	Rebase Maxillary Partial Denture
D5721	Rebase Mandibular Partial Denture
D5730	Reline Complete Maxillary Denture (Chairside)
D5731	Reline Complete Mandibular Denture (Chairside)
D5740	Reline Maxillary Partial Denture (Chairside)
D5741	Reline Mandibular Partial Denture (Chairside)
D5750	Reline Complete Maxillary Denture (Laboratory)
D5751	Reline Complete Mandibular Denture (Laboratory)
D5760	Reline Maxillary Partial Denture (Laboratory)
D5761	Reline Mandibular Partial Denture (Laboratory)
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
D5862	Precision Attachment, by Report
D5863	Overdenture, complete maxillary
D5864	Overdenture, partial maxillary
D5865	Overdenture, complete mandibular
D5866	Overdenture, partial mandibular
D5867	Replacement of Replaceable Part of Semi-Precision or Precision Attachment (Male or Female Component)
D5875	Modification of Removable Prosthesis Following Implant Surgery
D5876	Add Metal Substructure to Acrylic Full Denture (per arch)
D5911	Facial Moulage (Sectional)

D5912	Facial Moulage (Complete)	Med
D5913	Nasal Prosthesis	Med
D5914	Auricular Prosthesis	Med
D5915	Orbital Prosthesis	Med
D5916	Ocular Prosthesis	Med
D5919	Facial Prosthesis	Med
D5922	Nasal Septal Prosthesis	Med
D5923	Ocular Prosthesis, Interim	Med
D5924	Cranial Prosthesis	Med
D5925	Facial Augmentation Implant Prosthesis	Med
D5926	Nasal Prosthesis, Replacement	Med
D5927	Auricular Prosthesis, Replacement	Med
D5928	Orbital Prosthesis, Replacement	Med
D5929	Facial Prosthesis, Replacement	Med
D5931	Obturator Prosthesis, Surgical	Med
D5932	Obturator Prosthesis, Definitive	Med
D5933	Obturator Prosthesis, Modification	Med
D5934	Mandibular Resection Prosthesis With Guide Flange	Med
D5935	Mandibular Resection Prosthesis Without Guide Flange	Med
D5936	Obturator Prosthesis, Interim	Med
D5937	Trismus Appliance (Not For Tmd Treatment)	Med
D5951	Feeding Aid	Med
D5952	Speech Aid Prosthesis, Pediatric	Med
D5953	Speech Aid Prosthesis, Adult	Med
D5954	Palatal Augmentation Prosthesis	Med
D5955	Palatal Lift Prosthesis, Definitive	Med
D5958	Palatal Lift Prosthesis, Interim	Med
D5959	Palatal Lift Prosthesis, Modification	Med
D5960	Speech Aid Prosthesis, Modification	Med
D5982	Surgical Stent	Med
D5983	Radiation Carrier	Med
D5984	Radiation Shield	Med
D5985	Radiation Cone Locator	Med
D5986	Fluoride Gel Carrier	Med
D5987	Commissure Splint	Med
D5988	Surgical Splint	Med
D5991	Vesiculobullous Disease Medicament Carrier	Med
D5992	Adjust maxillofacial prosthetic appliance, by report	Med
D5993	Maintenance and cleaning of maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report	Med
D5994	Periodontal medicament carrier with peripheral seal - laboratory processed	NC
D5999	Unspecified maxillofacial prosthesis, by report	Med
D6010	Surgical Placement of Implant Body: Endosteal Implant	
D6011	Second stage implant surgery	AL
D6012	Surgical Placement of Interim Implant Body for Transitional Prosthesis: Endosteal Implant	
D6013	Surgical placement of mini implant	
D6040	Surgical Placement: Eposteal Implant	
D6050	Surgical Placement: Transosteal Implant	
D6051	Interim Abutment	
D6052	Semi-precision attachment abutment	
D6055	Connecting Bar - Implant Supported or Abutment Supported	
D6056	Prefabricated Abutment - Includes Modification and Placement	
D6057	Custom Fabricated Abutment - Includes Placement	
D6058	Abutment Supported Porcelain/Ceramic Crown	
D6059	Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)	
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)	
D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)	
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	
D6065	Implant Supported Porcelain/Ceramic Crown	

D6066 Implant Supported Crown - Porcelain Fused to High Noble alloys

D6067 Implant Supported Crown (High Noble alloys)

D6068 Abutment Supported Retainer for Porcelain/Ceramic FPD

D6069 Abutment Supported Retainer for Porcelain Fused To Metal FPD (High Noble Metal)

D6070 Abutment Supported Retainer for Porcelain Fused To Metal FPD (Predominantly Base Metal)

D6071 Abutment Supported Retainer for Porcelain Fused To Metal FPD (Noble Metal)

D6072 Abutment Supported Retainer For Cast Metal FPD (High Noble Metal)

D6073 Abutment Supported Retainer For Cast Metal FPD (Predominantly Base Metal)

D6074 Abutment Supported Retainer For Cast Metal FPD (Noble Metal)

D6075 Implant Supported Retainer For Ceramic FPD

D6076 Implant Supported Retainer For FPD - porcelain fused to High Noble alloys

D6077 Implant Supported Retainer For Cast Metal FPD (High Noble alloys)

D6080 Implant Maintenance Procedures, when prostheses are removed and reinserted Including cleansing of Prosthesis, and Abutments

D6081 Scaling and Debridement in the Presence of Inflammation or Mucositis of a Single Implant, Including Cleaning of the Implant Surfaces, Without Flap Entry and Closure

D6082 Implant supported crown – porcelain fused to predominantly base alloys

D6083 Implant supported crown – porcelain fused to noble alloys

D6084 Implant supported crown – porcelain fused to titanium and titanium alloys

D6085 Provisional Implant Crown

D6086 Implant supported crown – predominantly base alloys

D6087 Implant supported crown – noble alloys

D6088 Implant supported crown – titanium and titanium alloys

D6090 Repair Implant Supported Prosthesis, by Report

D6091 Replacement of Semi-Precious or Procecion Attachment (Male or Female Component) of Implant/Abutment Supported Prosthesis, per Attachment

D6092 Recement Implant/Abutment Supported Crown

D6093 Recement Implant/Abutment Supported Fixed Partial Denture

D6094 Abutment Supported Crown - Titanium and titanium alloys

D6095 Repair Implant Abutment, by Report

D6096 Remove Broken Implant Retaining Screw

D6097 Abutment supported crown – porcelain fused to titanium and titanium alloys

D6098 Implant supported retainer – porcelain fused to predominantly base alloys

D6099 Implant supported retainer for FPD – porcelain fused to noble alloys

D6100 Implant Removal, by Report

D6101 Debridement of a Periimplant Defect or Surrounding a Single Implant, and Surface Cleaning of Exposed Implant Surfaces, Including Flap Entry and Closure

D6102 Debridement and Osseous Contouring of a Periimplant Defect or Defects Surrounding a Single Implant, and Surface Cleaning Includes Surface Cleaning of Exposed Implant Surfaces Including Flap Entry and Closure

D6103 Bone Graft for Repair of Periimplant Defect - Does Not Includeing Flap Entry and Closure Placement of a Barrier Membrane or Biologic Materials to Aid in Osseous Regeneration are Reported Separately

D6104 Bone Graft at Time of Implant Placement

D6110 Implant/Abutment Supported Removable Denture for Completely Edentulous Arch - Maxillary

D6111 Implant/Abutment Supported Removable Denture for Completely Edentulous Arch - Mandibular

D6112 Implant/Abutment Supported Removable Denture for Partially Edentulous Arch - Maxillary

D6113 Implant/Abutment Supported Removable Denture for Partially Edentulous Arch - Mandibular

D6114 Implant/Abutment Supported Fixed Denture for Completely Edentulous Arch - Maxillary

D6115 Implant/Abutment Supported Fixed Denture for Completely Edentulous Arch - Mandibular

D6116 Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch - Maxillary

D6117 Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch - Mandibular

D6118 Implant Sup Interim Fixed Denture, Mandibular

D6119 Implant Sup Interim Fixed Denture, Maxillary

D6120 implant supported retainer – porcelain fused to titanium and titanium alloys

D6121 Implant supported retainer for metal FPD – predominantly base alloys

D6122 Implant supported retainer for metal FPD – noble alloys

D6123 Implant supported retainer for metal FPD – titanium and titanium alloys

D6190	Radiographic/Surgical Implant Index, by Report	
D6194	Abutment Supported Retainer Crown For FPD - titanium and titanium alloys	
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys	
D6199	Unspecified implant procedure, by report	BR
D6205	Pontic - Indirect Resin Based Composite	
D6210	Pontic - Cast High Noble Metal	
D6211	Pontic - Cast Predominantly Base Metal	
D6212	Pontic - Cast Noble Metal	
D6214	Pontic - Titanium	
D6240	Pontic - Porcelain Fused to High Noble Metal	
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	
D6242	Pontic - Porcelain Fused to Noble Metal	
D6243	Pontic – porcelain fused to titanium and titanium alloys	
D6245	Pontic - Porcelain/Ceramic	
D6250	Pontic - Resin w/ High Noble Metal	
D6251	Pontic - Resin w/ Predominantly Base Metal	
D6252	Pontic - Resin w/ Noble Metal	
D6253	Provisional Pontic - Further Treatment or Completion of Diagnosis Necessary Prior to Final Impression	
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis	
D6548	Retainer - Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	
D6549	Resin Retainer -Resin Bonded Fixed Prosthesis	
D6600	Inlay - Porcelain/Ceramic, Two Surfaces	
D6601	Inlay - Porcelain/Ceramic, Three or More Surfaces	
D6602	Inlay - Cast High Noble Metal, Two Surfaces	
D6603	Inlay - Cast High Noble Metal, Three or More Surfaces	
D6604	Inlay - Cast Predominantly Base Metal, Two Surfaces	
D6605	Inlay - Cast Predominantly Base Metal, Three or More Surfaces	
D6606	Inlay - Cast Noble Metal, Two Surfaces	
D6607	Retainer Inlay - Cast Noble Metal, Three or More Surfaces	
D6608	Retainer Onlay -Porcelain/Ceramic, Two Surfaces	
D6609	Retainer Onlay - Porcelain/Ceramic, Three or More Surfaces	
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	
D6611	Retainer Onlay - Cast High Noble Metal, Three or More Surfaces	
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three or More Surfaces	
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	
D6615	Retainer Onlay - Cast Noble Metal, Three or More Surfaces	
D6624	Retainer Inlay - Titanium	
D6634	Retainer Onlay - Titanium	
D6710	Retainer Crown - Indirect Resin Based Composite	
D6720	Retainer Crown - Resin w/ High Noble Metal	
D6721	Retainer Crown - Resin w/ Predominantly Base Metal	
D6722	Retainer Crown - Resin w/ Noble Metal	
D6740	Retainer Crown - Porcelain/Ceramic	
D6750	Retainer Crown - Porcelain Fused to High Noble Metal	
D6751	Retainer Crown - Porcelain Fused to Predominantly Base Metal	
D6752	Retainer Crown - Porcelain Fused to Noble Metal	
D6753	Retainer crown – porcelain fused to titanium and titanium alloys	
D6780	Retainer Crown - 3/4 Cast High Noble Metal	
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	
D6782	Retainer Crown - 3/4 Cast Noble Metal	
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	
D6784	Retainer crown ¾ – titanium and titanium alloys	
D6790	Retainer Crown - Full Cast High Noble Metal	
D6791	Retainer Crown - Full Cast Predominantly Base Metal	
D6792	Retainer Crown - Full Cast Noble Metal	
D6793	Provisional Retainer Crown - Further Treatment or Completion of Diagnosis Necessary Prior to Final Impression	
D6794	Retainer Crown - Titanium	
D6920	Connector Bar	

D6930	Recement or re-Bond Fixed Partial Denture Retainers	
D6940	Stress Breaker	
D6950	Precision Attachment	
D6980	Fixed Partial Denture Repair Necessitated by Restorative Material Failure	
D6985	Pediatric Partial Denture, Fixed	
D6999	Unspecified, fixed prosthetic procedure, by report	BR
D7111	Extraction, Coronal Remnants - Primary Tooth	
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation &/or Forceps Removal)	
D7210	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth and Including Elevation of Mucoperiosteal Flap if Indicated	
D7220	Removal of Impacted Tooth - Soft Tissue	
D7230	Removal of Impacted Tooth - Partially Bony	
D7240	Removal of Impacted Tooth - Completely Bony	
D7241	Removal of Impacted Tooth - Completely Bony, w/ Unusual Surgical Complications	
D7250	Removal of Residual Tooth Roots (Cutting Procedure)	
D7251	Coronectomy - Intentional Partial Tooth Removal	
D7260	Oroantral Fistula Closure	
D7261	Primary Closure of a Sinus perforation	
D7270	Tooth Reimplantation &/or Stabilization of Accidentally Evulsed or Displaced Tooth	
D7272	Tooth Transplantation (Includes Reimplantation From One Site to Another & Splinting &/or Stabilization)	
D7280	Exposure of an Unerupted Tooth	
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	
D7285	Incisional Biopsy of Oral Tissue - Hard (Bone, Tooth)	
D7286	Incisional Biopsy of Oral Tissue - Soft	
D7287	Exfoliative Cytological Sample Collection	
D7288	Brush Biopsy - Transepithelial Sample Collection	
D7290	Surgical Repositioning of Teeth	
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, by Report	
D7292	Placement of Temporary Anchorage Device Requiring Flap; Includes Device Removal	AL
D7293	Surgical Placement of Temporary Anchorage Device Requiring Flap; Includes Device Removal	AL
D7294	Surgical Placement of Temporary Anchorage Device Without Flap; Includes Device Removal	AL
D7295	Harvest of Bone for use in autogenous grafting procedures	Med
D7310	Alveoplasty In Conjunction w/ Extractions - Four or More Teeth or Tooth Spaces, per Quadrant	
D7311	Alveoplasty In Conjunction w/ Extractions - One to Three Teeth or Tooth Spaces, per Quadrant	
D7320	Alveoplasty Not In Conjunction w/ Extractions - Four or More Teeth or Tooth Spaces, per Quadrant	
D7321	Alveoplasty Not In Conjunction w/Extractions - One to Three Teeth or Tooth Spaces, per Quadrant	
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	
D7350	Vestibuloplasty - Ridge Extension (Including Soft Tissue Grafts, Muscle Reattachment, Revision of Soft Tissue Attachment & Management of Hypertrophied & Hyperplastic Tissue)	
D7410	Excision of benign lesion up to 1.25 cm	Med
D7411	Excision of benign lesion greater than 1.25 cm	Med
D7412	Excision of benign lesion, complicated	Med
D7413	Excision of malignant lesion up to 1.25 cm	Med
D7414	Excision of malignant lesion, greater than 1.25 cm	Med
D7415	Excision of malignant lesion, complicated	Med
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	Med
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	Med
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	Med
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	Med
D7465	Destruction of lesion(s) by physical or chemical method, by report	Med
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	
D7472	Removal of Torus Palatinus	
D7473	Removal of Torus Mandibularis	
D7485	Reduction of Osseous Tuberosity	
D7490	Radical resection of mandible with bone graft	Med
D7510	Incision & Drainage of Abscess - Intraoral Soft Tissue	
D7511	Incision & Drainage of Abscess - Intraoral Soft Tissue - Complicated (Includes Drainage of Multiple Fascial Spaces)	

D7520	Incision & Drainage of Abscess - Extraoral Soft Tissue	
D7521	Incision & Drainage of Abscess - Extraoral Soft Tissue - Complicated (Includes Drainage of Multiple Fascial Spaces)	
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue	
D7540	Removal of Reaction Producing Foreign Bodies, Musculoskeletal System	
D7550	Partial Osteotomy/Sequestrectomy for Removal of Non-Vital Bone	
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	Med
D7610	Maxilla - open reduction (teeth immobilized, if present)	Med
D7620	Maxilla - closed reduction (teeth immobilized, if present)	Med
D7630	Mandible - open reduction (teeth immobilized, if present)	Med
D7640	Mandible - closed reduction (teeth immobilized, if present)	Med
D7650	Malar and/or zygomatic arch - open reduction	Med
D7660	Malar and/or zygomatic arch - closed reduction	Med
D7670	Alveolus - closed reduction, may include stabilization of teeth	Med
D7671	Alveolus - open reduction of osseous tuberosity	Med
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	Med
D7710	Maxilla - open reduction	Med
D7720	Maxilla - closed reduction	Med
D7730	Mandible - open reduction	Med
D7740	Mandible - closed reduction	Med
D7750	Malar and/or zygomatic arch - open reduction	Med
D7760	Malar and/or zygomatic arch - closed reduction	Med
D7770	Alveolus - open reduction stabilization of teeth	Med
D7771	Alveolus, closed reduction stabilization of teeth	Med
D7780	Facial bones- complicated reduction with fixation and multiple surgical approaches	Med
D7810	Open reduction of dislocation	Med
D7820	Closed reduction of dislocation	Med
D7830	Manipulation under anesthesia	Med
D7840	Condylectomy	Med
D7850	Surgical discectomy, with/without implant	Med
D7852	Disc repair	Med
D7854	Synovectomy	Med
D7856	Myotomy	Med
D7858	Joint reconstruction	Med
D7860	Arthrotomy	Med
D7865	Arthroplasty	Med
D7870	Arthrocentesis	Med
D7871	Non-arthrocentesis lysis and lavage	Med
D7872	Arthroscopy - diagnosis, with or without biopsy	Med
D7873	Arthroscopy - surgical: lavage and lysis of adhesions	Med
D7874	Arthroscopy - surgical: disc repositioning and stabilization	Med
D7875	Arthroscopy - surgical: synovectomy	Med
D7876	Arthroscopy - surgical: discectomy	Med
D7877	Arthroscopy - surgical: debridement	Med
D7880	Occlusal Orthotic Device, by Report	
D7881	Occlusal Orthotic Device Adjustment	
D7899	Unspecified TMD therapy, by report	BR
D7910	Suture of Recent Small Wounds Up to 5 cm	
D7911	Complicated Suture - Up to 5 cm	
D7912	Complicated Suture > 5 cm	
D7920	Skin Graft - identify defect covered, location and type of graft	Med
D7921	Collection and Application of Autologous Blood Concentrate Product	
D7940	Osteoplasty - for orthognathic deformities	Med
D7941	Osteotomy - mandibular rami	Med
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	Med
D7944	Osteotomy - segmented or subapical - per sextant or quadrant	Med
D7945	Osteotomy - body of mandible	Med
D7946	LeFort I (maxilla - total)	Med
D7947	LeFort I (maxilla - segmented)	Med
D7948	LeFort II or LeFort III (osteoplasty of facial bone for midface hypoplasia or retrusion) - without bone graft	Med
D7949	LeFort II or LeFort III - with bone graft	Med

D7950	Osseous, Osteoperiosteal, or Cartilage Graft of the Mandible or Facial Bones - Autogenous or Nonautogenous, by Report	
D7951	Sinus Augmentation with Bone or Bone Substitutes via a Lateral Open Approach	
D7952	Sinus Augmentation via a Vertical Approach	
D7953	Bone Replacement Graft for Ridge Preservation - per Site	
D7955	Repair of maxillofacial soft and hard tissue defect	Med
D7960	Frenulectomy -Also Known as Frenectomy or Frenotomy - Separate Procedure Not Incidental to Another Procedure	
D7963	Frenuloplasty	
D7970	Excision of Hyperplastic Tissue - per Arch	
D7971	Excision of Pericoronal Gingiva	
D7972	Surgical Reduction of Fibrous Tuberosity	
D7979	Non-Surgical Sialolithotomy	
D7980	Surgical Sialolithotomy	
D7981	Excision of salivary gland, by report	Med
D7982	Sialodochoplasty	Med
D7983	Closure of salivary fistula	Med
D7990	Emergency tracheotomy	Med
D7991	Coronoidectomy	Med
D7995	Synthetic graft - mandible or facial bones, by report	BR
D7996	Implant-mandible for augmentation purposes (excluding alveolar ridge), by report	BR
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	BR
D7998	Intraoral Placement of a Fixation Device not in Conjunction with a Fracture	BR
D7999	Unspecified oral surgery procedure, by report	BR
D8010	Limited Orthodontic Treatment of the Primary Dentition	
D8020	Limited Orthodontic Treatment of the Transitional Dentition	
D8030	Limited Orthodontic Treatment of the Adolescent Dentition	
D8040	Limited Orthodontic Treatment of the Adult Dentition	
D8050	Interceptive Orthodontic Treatment of the Primary Dentition	
D8060	Interceptive Orthodontic Treatment of the Transitional Dentition	
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition	
D8210	Removable Appliance Therapy	
D8220	Fixed Appliance Therapy	
D8660	Pre-Orthodontic Treatment Examination to Monitor Growth and Development	AL
D8670	Periodic Orthodontic Treatment Visit	AL
D8680	Orthodontic Retention (Removal of Appliances, Construction & Placement of Retainer(s))	AL
D8681	Removable Orthodontic Retainer Adjustment	
D8690	Orthodontic Treatment (Alternative Billing to a Contract Fee)	
D8696	Repair of orthodontic appliance – maxillary	
D8697	Repair of orthodontic appliance – mandibular	
D8698	Re-cement or re-bond fixed retainer – maxillary	
D8699	Re-cement or re-bond fixed retainer – mandibular	
D8701	Repair of fixed retainer, includes reattachment – maxillary	
D8702	Repair of fixed retainer, includes reattachment – mandibular	
D8703	Replacement of lost or broken retainer – maxillary	
D8704	Replacement of lost or broken retainer – mandibular	
D8999	Unspecified orthodontic procedure, by report	BR
D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	
D9120	Fixed Partial Denture Sectioning	
D9210	Local Anesthesia Not In Conjunction with Operative or Surgical Procedures	BR
D9211	Regional Block Anesthesia	Med
D9212	Trigeminal Division Block Anesthesia	Med
D9215	Local Anesthesia In Conjunction with Operative or Surgical Procedures	#
D9219	Evaluation For Moderate Sedation, Deep Sedation or General Anesthesia	
D9222	General Anesthesia - 1st 15 Minutes	
D9223	Deep Sedation/General Anesthesia, each Subsequent 15 Minute Increments	
D9230	Inhalation of Nitrous Oxide / Anxiolysis, Analgesia	
D9239	IV Sedation/Anesthesia - 1st 15 Minutes	
D9243	IV Moderate (Conscious) Sedation/Analgesia, each Subsequent 15 Minute Increment	

D9248	Non-Intravenous Conscious Sedation	
D9310	Consultation (Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician)	
D9311	Consultation with a Medical Health Care Professional	
D9410	House/Extended Care Facility Call	
D9420	Hospital Call	
D9430	Office Visit For Observation (During Regularly Scheduled Hours) - No Other Services Performed	
D9440	Office Visit - After Regularly Scheduled Hours	
D9450	Case Presentation, Detailed & Extensive Treatment Planning	#
D9610	Therapeutic Drug Injection, by Report	
D9612	Therapeutic Parenteral Drugs, Two or More Administrations, Different Medications	
D9613	Infiltration of Sustained Release Therapeutic Drug - Single or Multi Site	
D9630	Drugs or Medicaments Dispensed in the Office for Home Use	
D9910	Application of Desensitizing Medicament	
D9911	Application of Desensitizing Resin for Cervical &/or Root Surface, per Tooth	
D9920	Behavior Management, By Report	NC
D9930	Treatment of Complications (Post-Surgical) - Unusual Circumstances, by Report	
D9932	Cleaning and Inspection of Removable Complete Denture, Maxillary	
D9933	Cleaning and Inspection of Removable Complete Denture, Mandibular	
D9934	Cleaning and Inspection of Removable Partial Denture, Maxillary	
D9935	Cleaning and Inspection of Removable Partial Denture, Mandibular	
D9941	Fabrication of Athletic Mouthguard	
D9942	Repair &/or Reline of Occlusal Guard	
D9943	Occlusal Guard Adjustment	
D9944	Occlusal Guard - Hard Appliance Full Arch	
D9945	Occlusal Guard - Soft Appliance Full Arch	
D9946	Occlusal Guard - Hard Appliance Partial Arch	
D9950	Occlusion Analysis - Mounted Case	
D9951	Occlusal Adjustment - Limited	
D9952	Occlusal Adjustment - Complete	
D9970	Enamel Microabrasion	
D9971	Odontoplasty 1- 2 Teeth; Includes Removal of Enamel Projections	BR
D9972	External Bleaching - per Arch, Performed in Office	
D9973	External Bleaching - per Tooth	
D9974	Internal Bleaching - per Tooth	
D9975	External Bleaching for Home Application, per Arch; Includes Materials and Fabrication of Custom Trays	
D9985	Sales tax	NC
D9986	Missed appointment	NC
D9987	Cancelled appointment	NC
D9991	Dental Case Management Addressing Appointment compliance Barriers	AL
D9992	Dental Case management, Care Coordination	AL
D9993	Dental Case Management, Motivational Interviewing	AL
D9994	Dental Case Management, Patient Education to Improve Oral Health Literacy	AL
D9995	Teledentistry - Synchronous	NC
D9996	Teledentistry - Asynchronous	NC
D9997	Dental case management – patients with special health care needs	AL
D9999	Unspecified Adjunctive Procedure, By Report	NC

NON \$ CODES DESCRIPTION	
#	The charge for these services is included in the charge for associated services. Provider may not bill separately for these services. We deny as not separately eligible, not the patient's responsibility.
AL	Basically means the same as #.
BR	By Report. There is no negotiated fee for these services because they can vary depending upon the service rendered. Most are defined as "Unspecified, By Report". The dentist can charge 85% of his usual fee since there is no negotiated fee.
MED	This is considered a medical charge and would not be reimbursed by Aetna Dental
NC	No Charge means there is no negotiated fee for this service. If a provider charges for this service, they should allow 85% of the submitted fee as what the dentist can charge.