# Denti-Cal
California Medi-Cal Dental

# Bulletin

**October 2017**
Volume 33, Number 12

## This Issue:

### Training Seminars

Reserve an available spot for one of our open training seminars.

**Webinar**
Basic & EDI/D679 - October 4, 2017

**Milpitas**
Workshop/D680 - October 11, 2017

**Torrance**
Ortho/D681 - October 19, 2017

**Fresno**
Basic & EDI/D682 - October 24, 2017

Advanced/D683 - October 25, 2017

### Provider Enrollment Assistance Line

Speak with an Enrollment Specialist.
Go here for more information!

Wednesday, October 18, 2017
8 am - 4 pm.

## Tips for Written Provider Correspondence!

Denti-Cal would like to share helpful correspondence tips to expedite processing and turnaround times for written provider inquiries. All written correspondence should include specific information that pertains to the inquiry or request. Provider information such as legal name, business name, business address, phone number, National Provider Identifier (NPI) and an original signature should also be included.

For Explanation of Benefits (EOB) inquiries, please mail a letter to the Denti-Cal Provider Correspondence address shown below and include the following information:

- The issue date of the EOB and/or the check number
- Explanation of the request or questions related to an EOB
- Identify whether or not an EOB was received or misplaced, or if duplicate copies are needed

*Lost or misplaced EOBs can be reprinted at a cost of ten cents ($.10) per page and an additional cost for labor/research of ten dollars ($10.00) per hour. If an EOB is lost by the Postal Service, the EOB will be resent at no cost to the provider.

For a request to stop payment or reissue a lost or stolen Denti-Cal payment check, please mail a letter with original signature to Denti-Cal Provider Correspondence. Two of the following three account identifiers must be included in the correspondence:

- Check number
- Check date
- Check amount

If the above information is correct and complete, the provider will receive written confirmation from Denti-Cal Provider Correspondence, with the final resolution no later than 20 business days from the receipt of written inquiry. Missing information or absence of original signature will delay processing. All Denti-Cal Provider Correspondence letters should **only** be sent to the address below:

Denti-Cal Provider Correspondence

P.O. Box 15609

Sacramento, CA 95852-0609

# New Aid Code - 8L

A new aid code 8L has been created for adult Presumptive Eligibility (PE) for individuals age 19 and older. Adults in aid code 8L will continue to receive full scope, fee for service Medi-Cal coverage under Title XIX until Medi-Cal adjuration is determined under the Affordable Care Act (ACA) rules. Originally, the PE aid code 8E was implemented to provide qualified children under age 19 years applying at the states Single Point of Entry with immediate temporary eligibility pending a final eligibility determination. During the 2014 Covered California Open Enrollment beginning in October 2013, an unprecedented number of applicants applied for health care, which caused a large number of Medi-Cal eligibility determinations to go beyond the mandated 45 day time period. In response, the Department of Health Care Services (DHCS) initiated an administrative action (ref. Medi-Cal Eligibility Division Information Letter I 13-15) to provide PE to both children and adults placing them in aid code 8E through a manual batch process. The authority to grant PE to applicants in pending status for 45 days was provided by the Centers for Medicare and Medicaid and expired on July 31, 2015 and as a result, DHCS stopped placing adults in aid code 8E. Since that time, the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) continues to provide PE using aid code 8E only to children per existing policies. Counties are currently determining ongoing eligibility for the adults in aid code 8E.

New aid code description is as follows:

| Aid Codes | Benefits | SOC | Program/Description |
|-----------|----------|-----|---------------------|
| 8L | Full Scope | No | Adult Age Over 19 Presumptive Eligibility Batch |

For questions regarding these new aid codes or any other aid codes, please refer to the Provider Handbook or contact the
Denti-Cal Provider Customer Service line at (800) 423-0507.

# NEED MORE INFORMATION?

# Provider Enrollment Workshops

Are you a dental provider who is interested in joining the Denti-Cal program but don't know where to start? Do you have questions about the Denti-Cal enrollment process?  Then please drop-in anytime during the hours scheduled below to attend one of our enrollment workshops!  Registration is preferred, but not required.

| Date/Time: | Location: | County: |
|-----------|-----------|---------|
| Wednesday, October 11, 2017<br>8:00 AM - 4:00 PM<br>Register Now! | Embassy Suites by Hilton Palm Desert<br>74-700 Highway 111<br>Palm Desert, CA 92260 | Riverside |
| Wednesday, October 25, 2017<br>8:00 AM - 4:00 PM<br>Register Now! | Hilton Stockton<br>2323 Grand Canal Blvd<br>Stockton, CA 95207 | San Joaquin |

# Proposition 56: Tobacco Tax Funds Supplemental Payments

**PENDING APPROVAL FROM CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)**

The California Healthcare, Research, and Prevention Tobacco Tax Act of 2016, or Proposition 56, was approved by voters at the November 8, 2016, statewide general election. Proposition 56 increased taxes imposed on cigarettes and tobacco products and allocates a specified percentage of those revenues to the Department of Health Care Services (DHCS) to increase funding for existing health care programs under the Medi-Cal program.

Assembly Bill 120 (Chapter 22, §3, Item 4260-101-3305, Statutes of 2017 ) amends the Budget Act of 2017 to appropriated Proposition 56 funds for specified DHCS health care expenditures during the 2017-18 state fiscal year. Proposition 56 funds will be utilized to issue supplemental payments for dental services under the Medi-Cal program for providers who bill under the Dental Fiscal Intermediary or Dental Managed Care plans. In accordance with Assembly Bill 120, DHCS will provide supplemental payments in addition to the current dental Schedule of Maximum Allowances (SMA) for specific procedures, identified in the attachment below, to increase provider participation. The supplemental payment will be at a rate equal to 40 percent of the Dental Schedule of Maximum Allowances (SMA) for the specified codes for the dates of service during the period of July 1, 2017 through June 30, 2018. The supplemental payment will be retroactively effective July 1, 2017. DHCS is not changing the SMA for these procedures, but rather, is providing a supplemental payment in addition to the existing SMA.

*Since this is _pending approval from CMS_, the Denti-Cal Telephone Service Center will not be able to answer any additional questions until CMS has approved these benefit changes.*

Please check the DHCS website (http://www.dhcs.ca.gov/services/Pages/MediCalDental.aspx) and Denti-Cal website (www.denti-cal.ca.gov) frequently for future updates and clarifications.

Attachment I

# Department of Health Care Services

## Medi-Cal Dental Services Division
## Current Dental Terminology (CDT) Codes for Proposition 56 Supplemental Payments

| Category | CDT Procedure Code | Procedure Description |
|---|---|---|
| Visits and Diagnostics | D0120 | Periodic oral evaluation - established patient |
| Visits and Diagnostics | D0145 | Oral evaluation for patient under three years of age and counseling with primary caregiver |
| Visits and Diagnostics | D0150 | Comprehensive oral evaluation - new or established patient |
| Restorative | D2140 | Amalgam – one surface, primary or permanent |

| Category | CDT Procedure Code | Procedure Description |
|----------|--------------------|-----------------------|
| Restorative | D2150 | Amalgam – two surfaces, primary or permanent |
| Restorative | D2160 | Amalgam – three surfaces, primary or permanent |
| Restorative | D2161 | Amalgam – four or more surfaces, primary or permanent |
| Restorative | D2330 | Resin-based composite – one surface, anterior |
| Restorative | D2331 | Resin-based composite – two surfaces, anterior |
| Restorative | D2332 | Resin-based composite – three surfaces, anterior |
| Restorative | D2335 | Resin-based composite – four or more surfaces or involving incisal angle (anterior) |
| Restorative | D2390 | Resin-based composite crown, anterior |
| Restorative | D2391 | Resin-based composite – one surface, posterior |
| Restorative | D2392 | Resin-based composite – two surfaces, posterior |
| Restorative | D2393 | Resin-based composite – three surfaces, posterior |

| Category | CDT Procedure Code | Procedure Description |
|---|---|---|
| Restorative | D2394 | Resin-based composite – four or more surfaces, posterior |
| Restorative | D2710 | Crown – resin - based composite (indirect) |
| Restorative | D2712 | Crown - 3/4 resin-based composite (indirect) |
| Restorative | D2721 | Crown – resin with predominantly base metal |
| Restorative | D2740 | Crown – porcelain/ceramic substrate |
| Restorative | D2751 | Crown – porcelain fused to predominantly base metal |
| Restorative | D2781 | Crown – 3/4 cast predominantly base metal |
| Restorative | D2783 | Crown – 3/4 porcelain/ceramic |
| Restorative | D2791 | Crown – full cast predominantly base metal |
| Restorative | D2910 | Recement inlay, onlay, or partial coverage restoration |
| Restorative | D2920 | Recement crown |
| Restorative | D2929 | Prefabricated porcelain/ceramic crown - primary tooth |

| Category | CDT<br>Procedure Code | Procedure Description |
|---|---|---|
| Restorative | D2930 | Prefabricated stainless steel crown – primary tooth |
| Restorative | D2931 | Prefabricated stainless steel crown – permanent tooth |
| Restorative | D2932 | Prefabricated resin crown |
| Restorative | D2933 | Prefabricated stainless steel crown with resin window |
| Restorative | D2940 | Protective restoration |
| Restorative | D2951 | Pin retention – per tooth, in addition to restoration |
| Restorative | D2952 | Post and core in addition to crown, indirectly fabricated |
| Restorative | D2954 | Prefabricated post and core in addition to crown |
| Restorative | D2970 | Temporary crown (fractured tooth) |
| Restorative | D2980 | Crown repair, necessitated by restorative material failure |
| Restorative | D2999 | Unspecified restorative procedure, by report |
| Endodontic | D3220 | Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction application of medicament |
| Endodontic | D3221 | Pulpal debridement, primary and permanent teeth |
| Endodontic | D3222 | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development |
| Endodontic | D3230 | Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration) |

| Category | CDT Procedure Code | Procedure Description |
|---|---|---|
| Endodontic | D3240 | Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration) |
| Endodontic | D3310 | Endodontic therapy, anterior tooth (excluding final restoration) |
| Endodontic | D3320 | Endodontic therapy, bicuspid tooth (excluding final restoration) |
| Endodontic | D3330 | Endodontic therapy, molar tooth (excluding final restoration) |
| Endodontic | D3346 | Retreatment of previous root canal therapy – anterior |
| Endodontic | D3347 | Retreatment of previous root canal therapy – bicuspid |
| Endodontic | D3348 | Retreatment of previous root canal therapy – molar |
| Endodontic | D3351 | Apexification/Recalcification/ Pulpal regeneration - initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection) |
| Endodontic | D3352 | Apexification/Recalcification/ Pulpal regeneration - interim medication replacement |
| Endodontic | D3410 | Apicoectomy/Periradicular surgery – anterior |
| Endodontic | D3421 | Apicoectomy/Periradicular surgery – bicuspid (first root) |
| Endodontic | D3425 | Apicoectomy/Periradicular surgery – molar (first root) |
| Endodontic | D3426 | Apicoectomy/Periradicular surgery – (each additional root) |
| Endodontic | D3999 | Unspecified endodontic procedure, by report |

| Category | CDT Procedure Code | Procedure Description |
|---|---|---|
| Prosthetic | D5110 | Complete denture – maxillary |
| Prosthetic | D5120 | Complete denture – mandibular |
| Prosthetic | D5130 | Immediate denture – maxillary |
| Prosthetic | D5140 | Immediate denture – mandibular |
| Prosthetic | D5211 | Maxillary partial denture – resin base (including any conventional clasps, rests and teeth) |
| Prosthetic | D5212 | Mandibular partial denture – resin base (including any conventional clasps, rest and teeth) |
| Prosthetic | D5213 | Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rest and teeth) |
| Prosthetic | D5214 | Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rest and teeth) |
| Prosthetic | D5410 | Adjust complete denture – maxillary |
| Prosthetic | D5411 | Adjust complete denture – mandibular |
| Prosthetic | D5421 | Adjust partial denture – maxillary |
| Prosthetic | D5422 | Adjust partial denture – mandibular |
| Prosthetic | D5510 | Repair broken complete denture base |
| Prosthetic | D5520 | Replace missing or broken teeth – complete denture (each tooth) |
| Prosthetic | D5610 | Repair resin denture base |
| Prosthetic | D5620 | Repair cast framework |
| Prosthetic | D5630 | Repair or replace broken clasp |
| Prosthetic | D5640 | Replace broken teeth – per tooth |

| Category | CDT Procedure Code | Procedure Description |
|---|---|---|
| Prosthetic | D5650 | Add tooth to existing partial denture |
| Prosthetic | D5660 | Add clasp to existing partial denture |
| Prosthetic | D5730 | Reline complete maxillary denture (chairside) |
| Prosthetic | D5731 | Reline complete mandibular denture (chairside) |
| Prosthetic | D5740 | Reline maxillary partial denture (chairside) |
| Prosthetic | D5741 | Reline mandibular partial denture (chairside) |
| Prosthetic | D5750 | Reline complete maxillary denture (laboratory) |
| Prosthetic | D5751 | Reline complete mandibular denture (laboratory) |
| Prosthetic | D5760 | Reline maxillary partial denture (laboratory) |
| Prosthetic | D5761 | Reline mandibular partial denture (laboratory) |
| Prosthetic | D5850 | Tissue conditioning, maxillary |
| Prosthetic | D5851 | Tissue conditioning, mandibular |
| Prosthetic | D5860 | Overdenture – complete, by report |
| Prosthetic | D5911 | Facial moulage (sectional) |
| Prosthetic | D5912 | Facial moulage (complete) |
| Prosthetic | D5913 | Nasal prosthesis |
| Prosthetic | D5914 | Auricular prosthesis |
| Prosthetic | D5915 | Orbital prosthesis |
| Prosthetic | D5916 | Ocular prosthesis |
| Prosthetic | D5919 | Facial prosthesis |

| Category | CDT Procedure Code | Procedure Description |
|---|---|---|
| Prosthetic | D5922 | Nasal septal prosthesis |
| Prosthetic | D5923 | Ocular prosthesis, interim |
| Prosthetic | D5924 | Cranial prosthesis |
| Prosthetic | D5925 | Facial augmentation implant prosthesis |
| Prosthetic | D5926 | Nasal prosthesis, replacement |
| Prosthetic | D5927 | Auricular prosthesis, replacement |
| Prosthetic | D5928 | Orbital prosthesis, replacement |
| Prosthetic | D5929 | Facial prosthesis, replacement |
| Prosthetic | D5931 | Obturator prosthesis, surgical |
| Prosthetic | D5932 | Obturator prosthesis, definitive |
| Prosthetic | D5933 | Obturator prosthesis, modification |
| Prosthetic | D5934 | Mandibular resection prosthesis with guide flange |
| Prosthetic | D5935 | Mandibular resection prosthesis without guide flange |
| Prosthetic | D5936 | Obturator prosthesis, interim |
| Prosthetic | D5937 | Trismus appliance (not for TMD treatment) |
| Prosthetic | D5951 | Feeding aid |
| Prosthetic | D5952 | Speech aid prosthesis, pediatric |
| Prosthetic | D5953 | Speech aid prosthesis, adult |
| Prosthetic | D5954 | Palatal augmentation prosthesis |
| Prosthetic | D5955 | Palatal lift prosthesis, definitive |
| Prosthetic | D5958 | Palatal lift prosthesis, interim |
| Prosthetic | D5959 | Palatal lift prosthesis, modification |

| Category | CDT Procedure Code | Procedure Description |
|---|---|---|
| Prosthetic | D5960 | Speech aid prosthesis, modification |
| Prosthetic | D5982 | Surgical stent |
| Prosthetic | D5983 | Radiation carrier |
| Prosthetic | D5984 | Radiation shield |
| Prosthetic | D5985 | Radiation cone locator |
| Prosthetic | D5986 | Fluoride gel carrier |
| Prosthetic | D5987 | Commissure splint |
| Prosthetic | D5988 | Surgical splint |
| Prosthetic | D5991 | Topical Medicament Carrier |
| Prosthetic | D6092 | Recement implant/abutment supported crown |
| Prosthetic | D6093 | Recement implant/abutment supported fixed partial denture |
| Prosthetic | D6100 | Implant removal, by report |
| Prosthetic | D6194 | Abutment supported retainer crown for FPD (titanium) |
| Prosthetic | D6199 | Unspecified implant procedure, by report |
| Prosthetic | D6211 | Pontic – cast predominantly base metal |
| Prosthetic | D6241 | Pontic – porcelain fused to predominantly base metal |
| Prosthetic | D6245 | Pontic –porcelain/ceramic |
| Prosthetic | D6251 | Pontic – resin with predominantly base metal |
| Prosthetic | D6721 | Crown - resin with predominantly base metal |
| Prosthetic | D6740 | Crown - porcelain/ceramic |
| Prosthetic | D6751 | Crown - porcelain fused to predominantly base metal |

| Category | CDT Procedure Code | Procedure Description |
|---|---|---|
| Prosthetic | D6781 | Crown - 3/4 cast predominantly base metal |
| Prosthetic | D6783 | Crown - 3/4 porcelain/ceramic |
| Prosthetic | D6791 | Crown - full cast predominantly base metal |
| Prosthetic | D6930 | Recement fixed partial denture |
| Prosthetic | D6980 | Fixed partial denture repair, necessitated by restorative material |
| Oral and Maxillofacial Surgery | D7111 | Extraction, coronal remnants – deciduous tooth |
| Oral and Maxillofacial Surgery | D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) |
| Oral and Maxillofacial Surgery | D7210 | Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated |
| Oral and Maxillofacial Surgery | D7220 | Removal of impacted tooth – soft tissue |
| Oral and Maxillofacial Surgery | D7230 | Removal of impacted tooth – partially bony |
| Oral and Maxillofacial Surgery | D7240 | Removal of impacted tooth – completely bony |
| Oral and Maxillofacial Surgery | D7241 | Removal of impacted tooth – completely bony, with unusual surgical complications |
| Oral and Maxillofacial Surgery | D7250 | Surgical removal of residual tooth roots (cutting procedure) |
| Oral and Maxillofacial Surgery | D7260 | Oroantral fistula closure |

| Category | CDT Procedure Code | Procedure Description |
|---|---|---|
| Oral and Maxillofacial Surgery | D7261 | Primary closure of a sinus perforation |
| Oral and Maxillofacial Surgery | D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth |
| Oral and Maxillofacial Surgery | D7280 | Surgical access of an unerupted tooth |
| Oral and Maxillofacial Surgery | D7283 | Placement of device to facilitate eruption of impacted tooth |
| Oral and Maxillofacial Surgery | D7285 | Biopsy of oral tissue – hard (bone, tooth) |
| Oral and Maxillofacial Surgery | D7286 | Biopsy of oral tissue – soft |
| Oral and Maxillofacial Surgery | D7290 | Surgical repositioning of teeth |
| Oral and Maxillofacial Surgery | D7291 | Transseptal fiberotomy/supra crestal fiberotomy, by report |
| Oral and Maxillofacial Surgery | D7310 | Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant |
| Oral and Maxillofacial Surgery | D7320 | Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant |
| Oral and Maxillofacial Surgery | D7340 | Vestibuloplasty – ridge extension (secondary epithelialization) |
| Oral and Maxillofacial Surgery | D7350 | Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) |
| Oral and Maxillofacial Surgery | D7410 | Excision of benign lesion up to 1.25 cm |
| Oral and Maxillofacial Surgery | D7411 | Excision of benign lesion greater than 1.25 cm |
| Oral and Maxillofacial Surgery | D7412 | Excision of benign lesion, complicated |
| Oral and Maxillofacial Surgery | D7413 | Excision of malignant lesion up to 1.25 cm |

| Category | CDT Procedure Code | Procedure Description |
| --- | --- | --- |
| Oral and Maxillofacial Surgery | D7414 | Excision of malignant lesion greater than 1.25 cm |
| Oral and Maxillofacial Surgery | D7415 | Excision of malignant lesion, complicated |
| Oral and Maxillofacial Surgery | D7440 | Excision of malignant tumor – lesion diameter up to 1.25 cm |
| Oral and Maxillofacial Surgery | D7441 | Excision of malignant tumor – lesion diameter greater than 1.25 cm |
| Oral and Maxillofacial Surgery | D7450 | Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm |
| Oral and Maxillofacial Surgery | D7451 | Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm |
| Oral and Maxillofacial Surgery | D7460 | Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25cm |
| Oral and Maxillofacial Surgery | D7461 | Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm |
| Oral and Maxillofacial Surgery | D7465 | Destruction of lesion(s) by physical or chemical method, by report |
| Oral and Maxillofacial Surgery | D7471 | Removal of lateral exostosis (maxilla or mandible) |
| Oral and Maxillofacial Surgery | D7472 | Removal of torus palatinus |
| Oral and Maxillofacial Surgery | D7473 | Removal of torus mandibularis |
| Oral and Maxillofacial Surgery | D7485 | Surgical reduction of osseous tuberosity |
| Oral and Maxillofacial Surgery | D7490 | Radical resection of maxilla or mandible |

| Category | CDT Procedure Code | Procedure Description |
|---|---|---|
| Oral and Maxillofacial Surgery | D7510 | Incision and drainage of abscess – intraoral soft tissue |
| Oral and Maxillofacial Surgery | D7511 | Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) |
| Oral and Maxillofacial Surgery | D7520 | Incision and drainage of abscess – extraoral soft tissue |
| Oral and Maxillofacial Surgery | D7521 | Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces) |
| Oral and Maxillofacial Surgery | D7530 | Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue |
| Oral and Maxillofacial Surgery | D7540 | Removal of reaction producing foreign bodies, musculoskeletal system |
| Oral and Maxillofacial Surgery | D7550 | Partial ostectomy/sequestrectomy for removal of non-vital bone |
| Oral and Maxillofacial Surgery | D7560 | Maxillary sinusotomy for removal of tooth fragment or foreign body |
| Oral and Maxillofacial Surgery | D7610 | Maxilla – open reduction (teeth immobilized, if present) |
| Oral and Maxillofacial Surgery | D7620 | Maxilla – closed reduction (teeth immobilized, if present) |
| Oral and Maxillofacial Surgery | D7630 | Mandible – open reduction (teeth immobilized, if present) |
| Oral and Maxillofacial Surgery | D7640 | Mandible – closed reduction (teeth immobilized, if present) |
| Oral and Maxillofacial Surgery | D7650 | Malar and/or zygomatic arch – open reduction |
| Oral and Maxillofacial Surgery | D7660 | Malar and/or zygomatic arch – closed reduction |

| Category | CDT Procedure Code | Procedure Description |
|---|---|---|
| Oral and Maxillofacial Surgery | D7670 | Alveolus – closed reduction, may include stabilization of teeth |
| Oral and Maxillofacial Surgery | D7671 | Alveolus – open reduction, may include stabilization of teeth |
| Oral and Maxillofacial Surgery | D7710 | Maxilla – open reduction |
| Oral and Maxillofacial Surgery | D7720 | Maxilla – closed reduction |
| Oral and Maxillofacial Surgery | D7730 | Mandible – open reduction |
| Oral and Maxillofacial Surgery | D7740 | Mandible – closed reduction |
| Oral and Maxillofacial Surgery | D7750 | Malar and/or zygomatic arch – open reduction |
| Oral and Maxillofacial Surgery | D7760 | Malar and/or zygomatic arch – closed reduction |
| Oral and Maxillofacial Surgery | D7770 | Alveolus – open reduction stabilization of teeth |
| Oral and Maxillofacial Surgery | D7771 | Alveolus, closed reduction stabilization of teeth |
| Oral and Maxillofacial Surgery | D7810 | Open reduction of dislocation |
| Oral and Maxillofacial Surgery | D7820 | Closed reduction of dislocation |
| Oral and Maxillofacial Surgery | D7830 | Manipulation under anesthesia |
| Oral and Maxillofacial Surgery | D7840 | Condylectomy |
| Oral and Maxillofacial Surgery | D7850 | Surgical discectomy, with/without implant |
| Oral and Maxillofacial Surgery | D7852 | Disc repair |
| Oral and Maxillofacial Surgery | D7854 | Synovectomy |
| Oral and Maxillofacial Surgery | D7856 | Myotomy |
| Oral and Maxillofacial Surgery | D7858 | Joint reconstruction |
| Oral and Maxillofacial Surgery | D7860 | Arthrostomy |
| Oral and Maxillofacial Surgery | D7865 | Arthroplasty |

| Category | CDT Procedure Code | Procedure Description |
|---|---|---|
| Oral and Maxillofacial Surgery | D7870 | Arthrocentesis |
| Oral and Maxillofacial Surgery | D7872 | Arthroscopy – diagnosis, with or without biopsy |
| Oral and Maxillofacial Surgery | D7873 | Arthroscopy – surgical: lavage and lysis of adhesions |
| Oral and Maxillofacial Surgery | D7874 | Arthroscopy – surgical: disc repositioning and stabilization |
| Oral and Maxillofacial Surgery | D7875 | Arthroscopy – surgical: synovectomy |
| Oral and Maxillofacial Surgery | D7876 | Arthroscopy – surgical: discectomy |
| Oral and Maxillofacial Surgery | D7877 | Arthroscopy – surgical: debridement |
| Oral and Maxillofacial Surgery | D7880 | Occlusal orthotic device, by report |
| Oral and Maxillofacial Surgery | D7910 | Suture of recent small wounds up to 5 cm |
| Oral and Maxillofacial Surgery | D7911 | Complicated suture – up to 5 cm |
| Oral and Maxillofacial Surgery | D7912 | Complicated suture – greater than 5 cm |
| Oral and Maxillofacial Surgery | D7920 | Skin graft (identify defect covered, location and type of graft) |
| Oral and Maxillofacial Surgery | D7940 | Osteoplasty – for orthognathic deformities |
| Oral and Maxillofacial Surgery | D7941 | Osteotomy – mandibular rami |
| Oral and Maxillofacial Surgery | D7943 | Osteotomy – mandibular rami with bone graft; includes obtaining the graft |
| Oral and Maxillofacial Surgery | D7944 | Osteotomy – segmented or subapical |
| Oral and Maxillofacial Surgery | D7945 | Osteotomy – body of mandible |
| Oral and Maxillofacial Surgery | D7946 | LeFort I (maxilla – total) |
| Oral and Maxillofacial Surgery | D7947 | LeFort I (maxilla – segmented) |
| Oral and Maxillofacial Surgery | D7948 | LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft |
| Oral and Maxillofacial Surgery | D7949 | LeFort II or LeFort III – with bone graft |

| Category | CDT Procedure Code | Procedure Description |
|---|---|---|
| Oral and Maxillofacial Surgery | D7950 | Osseous, osteoperiosteal, or cartilage graft of mandible or facial bones – autogenous or nonautogenous, by report |
| Oral and Maxillofacial Surgery | D7951 | Sinus augmentation with bone or bone substitutes via a lateral open approach |
| Oral and Maxillofacial Surgery | D7952 | Sinus augmentation with bone or bone substitute via a vertical approach |
| Oral and Maxillofacial Surgery | D7960 | Frenulectomy also known as frenectomy or frenotomy – separate procedure not incidental to another procedure |
| Oral and Maxillofacial Surgery | D7963 | Frenuloplasty |
| Oral and Maxillofacial Surgery | D7970 | Excision of hyperplastic tissue – per arch |
| Oral and Maxillofacial Surgery | D7971 | Excision of pericoronal gingiva |
| Oral and Maxillofacial Surgery | D7972 | Surgical reduction of fibrous tuberosity |
| Oral and Maxillofacial Surgery | D7980 | Sialolithotomy |
| Oral and Maxillofacial Surgery | D7981 | Excision of salivary gland, by report |
| Oral and Maxillofacial Surgery | D7982 | Sialodochoplasty |
| Oral and Maxillofacial Surgery | D7983 | Closure of salivary fistula |
| Oral and Maxillofacial Surgery | D7990 | Emergency tracheotomy |
| Oral and Maxillofacial Surgery | D7991 | Coronoidectomy |
| Oral and Maxillofacial Surgery | D7995 | Synthetic graft – mandible or facial bones, by report |
| Oral and Maxillofacial Surgery | D7997 | Appliance removal (not by dentist who placed appliance), includes removal of archbar |
| Adjunctive Services | D9110 | Palliative (emergency) treatment of dental pain – minor procedure |
| Adjunctive Services | D9120 | Fixed partial denture sectioning |
| Adjunctive Services | D9210 | Local anesthesia not in conjunction with operative or surgical procedures |
| Adjunctive Services | D9220 | Deep sedation/general anesthesia – first 30 minutes |
| Adjunctive Services | D9221 | Deep sedation/general anesthesia – each additional 15 minutes |
| Adjunctive Services | D9230 | Inhalation of nitrous oxide/anxiolysis analgesia |

| Category | CDT Procedure Code | Procedure Description |
|---|---|---|
| Adjunctive Services | D9241 | Intravenous conscious sedation/analgesia – first 30 minutes |
| Adjunctive Services | D9242 | Intravenous conscious sedation/analgesia – each additional 15 minutes |
| Adjunctive Services | D9248 | Non-intravenous conscious sedation |
| Adjunctive Services | D9410 | House/Extended care facility call |
| Adjunctive Services | D9420 | Hospital or ambulatory surgical center call |
| Adjunctive Services | D9430 | Office visit for observation (during regularly scheduled hours) - no other services performed |
| Adjunctive Services | D9440 | Office visit – after regularly scheduled hours |
| Adjunctive Services | D9610 | Therapeutic parenteral drug, single administration |
| Adjunctive Services | D9910 | Application of desensitizing medicament |
| Adjunctive Services | D9930 | Treatment of complications (post-surgical) – unusual circumstances, by report |
| Adjunctive Services | D9950 | Occlusion analysis – mounted case |
| Adjunctive Services | D9951 | Occlusal adjustment – limited |
| Adjunctive Services | D9952 | Occlusal adjustment – complete |