

**IHS/EDR CODE TABLE**  
**CDT 2011-2012/IHS SPECIFIC CODES**  
(IHS specific codes are in **bold**)

CODE	NOMENCLATURE	RELATIVE VALUE UNIT	LEVEL OF CARE	CATEGORY	OPERATIVE SITE
<b>0000</b>	<b>FIRST VISIT (OF THE CURRENT FISCAL YEAR)</b>	<b>0.00</b>	<b>9</b>	<b>PERSONS SERVED</b>	<b>MOUTH</b>
<b>0002</b>	<b>SBIRT PATIENT</b>	<b>0.00</b>	<b>9</b>	<b>PERSONS SERVED</b>	<b>MOUTH</b>
<b>0003</b>	<b>BBTD/ECC DENTAL PATIENT</b>	<b>0.00</b>	<b>9</b>	<b>PERSONS SERVED</b>	<b>MOUTH</b>
<b>0004</b>	<b>HEADSTART DENTAL PATIENT</b>	<b>0.00</b>	<b>9</b>	<b>PERSONS SERVED</b>	<b>MOUTH</b>
<b>0005</b>	<b>TRAUMA RECALL PATIENT</b>	<b>0.00</b>	<b>9</b>	<b>PERSONS SERVED</b>	<b>MOUTH</b>
<b>0006</b>	<b>HIGH RISK CARIES RECALL PATIENT</b>	<b>0.00</b>	<b>9</b>	<b>PERSONS SERVED</b>	<b>MOUTH</b>
<b>0007</b>	<b>SEALANTS PRESENT; NO ADDITIONAL SEALANTS INDICATED</b>	<b>0.00</b>	<b>9</b>	<b>PERSONS SERVED</b>	<b>MOUTH</b>
<b>0190</b>	<b>DENTAL REVISIT (FOR ANY REASON)</b>	<b>0.00</b>	<b>9</b>	<b>PERSONS SERVED</b>	<b>MOUTH</b>
<b>0114</b>	<b>SCREENING ORAL EXAMINATION</b>	<b>0.30</b>	<b>9</b>	<b>PERSONS SERVED</b>	<b>MOUTH</b>
D0120	ORAL EVALUATION, PERIODIC	0.70	3	DIAGNOSTIC SERVICES	MOUTH
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	0.92	1	DIAGNOSTIC SERVICES	MOUTH
	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE				
D0145	AND COUNSELING WITH PRIMARY CAREGIVER	0.70	3	DIAGNOSTIC SERVICES	MOUTH
D0150	COMPREHENSIVE ORAL EVALUATION	1.00	3	DIAGNOSTIC SERVICES	MOUTH
D0160	EXTENSIVE ORAL EVAL-PROBLEM FOCUSED	2.27	4	DIAGNOSTIC SERVICES	MOUTH
	RE-EVALUATION - LIMITED, PROBLEM FOCUSED (ESTABLISHED				
D0170	PATIENT; NOT POST-OPERATIVE VISIT)	1.00	3	DIAGNOSTIC SERVICES	MOUTH
	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR				
D0180	ESTABLISHED PATIENT	1.12	4	DIAGNOSTIC SERVICES	MOUTH
D0210	INTRAORAL COMPLETE SERIES	1.95	3	DIAGNOSTIC SERVICES	MOUTH
D0220	INTRAORAL PERIAPICAL, SINGLE FILM	0.45	1	DIAGNOSTIC SERVICES	TOOTH
D0230	INTRAORAL PERIAPICAL, ADDITIONAL FILM	0.23	3	DIAGNOSTIC SERVICES	TOOTH
D0240	INTRAORAL OCCLUSAL FILM	0.54	3	DIAGNOSTIC SERVICES	MOUTH
D0250	EXTRAORAL - FIRST FILM	1.12	1	DIAGNOSTIC SERVICES	MOUTH
D0260	EXTRAORAL - EACH ADDITIONAL FILM	0.78	1	DIAGNOSTIC SERVICES	MOUTH
D0270	BITEWINGS, SINGLE FILM	0.46	3	DIAGNOSTIC SERVICES	MOUTH
D0272	BITEWINGS - TWO FILMS	0.67	3	DIAGNOSTIC SERVICES	MOUTH
D0273	BITEWINGS - THREE FILMS	0.79	3	DIAGNOSTIC SERVICES	MOUTH
D0274	BITEWINGS, FOUR FILMS	0.91	3	DIAGNOSTIC SERVICES	MOUTH
D0277	VERTICAL BITEWINGS - 7 TO 8 FILMS	1.34	3	DIAGNOSTIC SERVICES	MOUTH
	POSTERIOR-ANTERIOR OR LATERAL SKULL AND FACIAL BONE				
D0290	SURVEY FILM	2.01	1	DIAGNOSTIC SERVICES	MOUTH
D0310	SIALOGRAPHY	4.69	5	DIAGNOSTIC SERVICES	ARCH
	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING				
D0320	INJECTION	11.17	5	DIAGNOSTIC SERVICES	MOUTH
D0321	OTHER TEMPOROMANDIBULAR JOINT FILMS, BY REPORT	3.46	5	DIAGNOSTIC SERVICES	MOUTH
D0322	TOMOGRAPHIC SURVEY	6.25	5	DIAGNOSTIC SERVICES	MOUTH
D0330	PANORAMIC-MAXILLA AND MANDIBLE FILM	1.44	3	DIAGNOSTIC SERVICES	MOUTH

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D0340	CEPHALOMETRIC FILM	1.39		5	DIAGNOSTIC SERVICES	MOUTH
D0350	ORAL/FACIAL IMAGES (INCLUDES INTRA AND EXTRAORAL IMAGES)	0.68		5	DIAGNOSTIC SERVICES	MOUTH
D0360	CONE BEAM CT - CRANIOFACIAL DATA CAPTURE	10.00		5	DIAGNOSTIC SERVICES	MOUTH
D0362	CONE BEAM - TWO-DIMENSIONAL IMAGE RECONSTRUCTION USING EXISTING DATA, INCLUDES MULTIPLE IMAGES	12.00		5	DIAGNOSTIC SERVICES	MOUTH
D0363	CONE BEAM - THREE-DIMENSIONAL IMAGE RECONSTRUCTION USING EXISTING DATA, INCLUDES MULTIPLE IMAGES	12.50		5	DIAGNOSTIC SERVICES	MOUTH
D0415	BACTERIOLOGIC STUDIES FOR PATHOLOGIC AGENTS	1.55		1	DIAGNOSTIC SERVICES	MOUTH
D0416	VIRAL CULTURE	0.60		9	DIAGNOSTIC SERVICES	MOUTH
D0417	COLLECTION AND PREPARATION OF SALIVA SAMPLE FOR LABORATORY DIAGNOSTIC TESTING	0.00		9	DIAGNOSTIC SERVICES	MOUTH
D0418	ANALYSIS OF SALIVA SAMPLE	0.00		9	DIAGNOSTIC SERVICES	MOUTH
D0421	GENETIC TEST FOR SUSCEPTIBILITY TO ORAL DISEASES	0.00		9	DIAGNOSTIC SERVICES	MOUTH
D0425	CARIES SUSCEPTIBILITY TESTS	1.45		9	DIAGNOSTIC SERVICES	MOUTH
D0431	ADJUNCTIVE PRE-DIAGNOSTIC TEST	1.30		1	DIAGNOSTIC SERVICES	MOUTH
D0460	PULP VITALITY TESTS (PER VISIT)	0.76		1	DIAGNOSTIC SERVICES	TOOTH
D0470	DIAGNOSTIC CASTS (PER SET)	1.25		3	DIAGNOSTIC SERVICES	MOUTH
D0472	ACCESSION OF TISSUE, GROSS EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	1.67		9	DIAGNOSTIC SERVICES	MOUTH
D0473	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	0.00		9	DIAGNOSTIC SERVICES	MOUTH
D0474	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, INCLUDING ASSESSMENT OF SURGICAL MARGINS FOR PRESENCE OF DISEASE, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	0.00		9	DIAGNOSTIC SERVICES	MOUTH
D0475	DECALCIFICATION PROCEDURE	0.00		9	DIAGNOSTIC SERVICES	MOUTH
D0476	SPECIAL STAINS FOR MICROORGANISMS	0.00		9	DIAGNOSTIC SERVICES	MOUTH
D0477	SPECIAL STAINS, NOT FOR MICROORGANISMS	0.00		9	DIAGNOSTIC SERVICES	MOUTH
D0478	IMMUNOHISTOCHEMICAL STAINS	0.00		9	DIAGNOSTIC SERVICES	MOUTH
D0479	TISSUE IN-SITU HYBRIDIZATION, INCLUDING INTERPRETATION PROCESSING AND INTERPRETATION OF CYTOLOGIC SMEARS, INCLUDING THE PREPARATION AND TRANSMISSION OF WRITTEN REPORT	0.00		9	DIAGNOSTIC SERVICES	MOUTH
D0480	ELECTRON MICROSCOPY - DIAGNOSTIC	0.00		9	DIAGNOSTIC SERVICES	MOUTH
D0481	DIRECT IMMUNOFLUORESCENCE	0.00		9	DIAGNOSTIC SERVICES	MOUTH
D0482	INDIRECT IMMUNOFLUORESCENCE	0.00		9	DIAGNOSTIC SERVICES	MOUTH
D0483		0.00		9	DIAGNOSTIC SERVICES	MOUTH

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D0484	CONSULTATION ON SLIDES PREPARED ELSEWHERE	0.00		9	DIAGNOSTIC SERVICES	MOUTH
D0485	CONSULTATION, INCLUDING PREPARATION OF SLIDES FROM BIOPSY MATERIAL SUPPLIED BY REFERRING SOURCE	0.00		9	DIAGNOSTIC SERVICES	MOUTH
D0486	ACCESSION OF BRUSH BIOPSY SAMPLE, MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF REPORT	0.00		9	DIAGNOSTIC SERVICES	MOUTH
D0502	OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT	3.01		3	DIAGNOSTIC SERVICES	MOUTH
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT	0.30		9	DIAGNOSTIC SERVICES	MOUTH
D1110	ADULT PROPHYLAXIS, (PERMANENT DENTITION)	1.99		2	PREVENTIVE SERVICES	MOUTH
D1120	PROPHYLAXIS - CHILD	1.02		2	PREVENTIVE SERVICES	MOUTH
D1203	TOPICAL FLUORIDE W/O PROPHY-CHILD	0.56		2	PREVENTIVE SERVICES	MOUTH
D1204	TOPICAL FLUORIDE W/O PROPHY-ADULT	0.56		2	PREVENTIVE SERVICES	MOUTH
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARIES RISK PATIENTS	0.80		2	PREVENTIVE SERVICES	MOUTH
D1310	NUTRITIONAL COUNSELING FOR ORAL HEALTH	1.43		2	PREVENTIVE SERVICES	MOUTH
D1320	TOBACCO USE INTERVENTION TO PREVENT DISEASE	0.69		2	PREVENTIVE SERVICES	MOUTH
D1330	PREVENTIVE PLAN AND INSTRUCTION	1.03		2	PREVENTIVE SERVICES	MOUTH
D1351	SEALANT - PER TOOTH	0.80		2	PREVENTIVE SERVICES	TOOTH
D1352	PREVENTIVE RESIN RESTORATION - PERMANENT TOOTH	1.50		2	PREVENTIVE SERVICES	TOOTH
D1510	SPACE MAINTAINER - FIXED - UNILATERAL	4.47		3	PREVENTIVE SERVICES	QUADRANT
D1515	SPACE MAINTAINER - FIXED - BILATERAL	6.70		3	PREVENTIVE SERVICES	ARCH
D1520	SPACE MAINTAINER - REMOVABLE - UNILATERAL	5.58		9	PREVENTIVE SERVICES	QUADRANT
D1525	SPACE MAINTAINER - REMOVABLE - BILATERAL	7.82		3	PREVENTIVE SERVICES	ARCH
D1550	RE-CEMENTATION OF SPACE MAINTAINER	1.34		1	PREVENTIVE SERVICES	ARCH
D1555	REMOVAL OF FIXED SPACE MAINTAINER	0.50		3	PREVENTIVE SERVICES	ARCH
D2140	AMALGAM - ONE SURFACE, PERMANENT	2.00		3	RESTORATIVE SERVICES	TOOTH
D2150	AMALGAM - TWO SURFACES, PERMANENT	2.20		3	RESTORATIVE SERVICES	TOOTH
D2160	AMALGAM - THREE SURFACES, PERMANENT	2.70		3	RESTORATIVE SERVICES	TOOTH
D2161	AMALGAM - FOUR OR MORE SURFACES, PERMANENT	3.30		4	RESTORATIVE SERVICES	TOOTH
D2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIO	2.00		3	RESTORATIVE SERVICES	TOOTH
D2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERI	3.00		3	RESTORATIVE SERVICES	TOOTH
D2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTE	3.50		3	RESTORATIVE SERVICES	TOOTH
D2335	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACE	4.00		4	RESTORATIVE SERVICES	TOOTH
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	3.13		4	RESTORATIVE SERVICES	TOOTH
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	2.34		3	RESTORATIVE SERVICES	TOOTH
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	3.01		9	RESTORATIVE SERVICES	TOOTH
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	3.46		9	RESTORATIVE SERVICES	TOOTH
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	3.80		9	RESTORATIVE SERVICES	TOOTH

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D2410	GOLD FOIL - ONE SURFACE	8.93	9	RESTORATIVE SERVICES	TOOTH
D2420	GOLD FOIL - TWO SURFACES	10.61	9	RESTORATIVE SERVICES	TOOTH
D2430	GOLD FOIL - THREE SURFACES	13.18	9	RESTORATIVE SERVICES	TOOTH
D2510	INLAY - METALLIC - ONE SURFACE	12.73	9	RESTORATIVE SERVICES	TOOTH
D2520	INLAY - METALLIC - TWO SURFACES	14.40	9	RESTORATIVE SERVICES	TOOTH
D2530	INLAY - METALLIC - THREE OR MORE SURFACES	13.40	9	RESTORATIVE SERVICES	TOOTH
D2542	ONLAY - METALLIC-TWO SURFACES	16.53	4	RESTORATIVE SERVICES	TOOTH
D2543	ONLAY - METALLIC-THREE SURFACES	17.31	4	RESTORATIVE SERVICES	TOOTH
D2544	ONLAY - METALLIC-FOUR OR MORE SURFACES	18.98	4	RESTORATIVE SERVICES	TOOTH
D2610	INLAY - PORCELAIN/CERAMIC - ONE SURFACE	13.96	9	RESTORATIVE SERVICES	TOOTH
D2620	INLAY - PORCELAIN/CERAMIC - TWO SURFACES	14.52	9	RESTORATIVE SERVICES	TOOTH
D2630	INLAY - PORCELAIN/CERAMIC - THREE OR MORE SURFACES	18.98	9	RESTORATIVE SERVICES	TOOTH
D2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	15.63	5	RESTORATIVE SERVICES	TOOTH
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	17.87	5	RESTORATIVE SERVICES	TOOTH
D2644	ONLAY - PORCELAIN/CERAMIC - FOUR OR MORE SURFACES	20.66	5	RESTORATIVE SERVICES	TOOTH
D2650	INLAY - RESIN-BASED COMPOSITE - ONE SURFACE	12.84	5	RESTORATIVE SERVICES	TOOTH
D2651	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES	14.52	5	RESTORATIVE SERVICES	TOOTH
D2652	INLAY - RESIN-BASED COMPOSITE - THREE OR MORE SURFACES	18.98	5	RESTORATIVE SERVICES	TOOTH
D2662	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES	14.52	5	RESTORATIVE SERVICES	TOOTH
D2663	ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES	17.87	5	RESTORATIVE SERVICES	TOOTH
D2664	ONLAY - - RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES	18.98	5	RESTORATIVE SERVICES	TOOTH
D2710	CROWN - RESIN (INDIRECT)	6.78	9	RESTORATIVE SERVICES	TOOTH
D2712	CROWN - 3/4 RESIN-BASED COMPOSITE (INDIRECT)	6.78	9	RESTORATIVE SERVICES	TOOTH
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	22.33	9	RESTORATIVE SERVICES	TOOTH
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	16.75	9	RESTORATIVE SERVICES	TOOTH
D2722	CROWN - RESIN WITH NOBLE METAL	18.98	9	RESTORATIVE SERVICES	TOOTH
D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	22.33	5	RESTORATIVE SERVICES	TOOTH
D2750	CROWN-PORCELAIN WITH GOLD	14.96	4	RESTORATIVE SERVICES	TOOTH
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	17.87	4	RESTORATIVE SERVICES	TOOTH
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	20.10	4	RESTORATIVE SERVICES	TOOTH
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	20.10	4	RESTORATIVE SERVICES	TOOTH
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	14.52	4	RESTORATIVE SERVICES	TOOTH
D2782	CROWN - 3/4 CAST NOBLE METAL	16.75	4	RESTORATIVE SERVICES	TOOTH
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	21.22	4	RESTORATIVE SERVICES	TOOTH
D2790	CROWN-GOLD (FULL CAST)	13.36	4	RESTORATIVE SERVICES	TOOTH
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	15.63	4	RESTORATIVE SERVICES	TOOTH

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D2792	CROWN - FULL CAST NOBLE METAL	17.87	4	RESTORATIVE SERVICES	TOOTH
D2794	CROWN - TITANIUM	7.67	4	RESTORATIVE SERVICES	TOOTH
D2799	PROVISIONAL CROWN	11.17	9	RESTORATIVE SERVICES	TOOTH
D2910	RECEMENT INLAY	1.02	1	RESTORATIVE SERVICES	TOOTH
D2915	RECEMENT CAST OR PREFABRICATED POST AND CORE	1.00	1	RESTORATIVE SERVICES	TOOTH
D2920	RECEMENT CROWNS	1.43	1	RESTORATIVE SERVICES	TOOTH
D2930	CROWN-STAINLESS STEEL, PRIMARY TOOTH	4.00	3	RESTORATIVE SERVICES	TOOTH
D2931	CROWN-STAINLESS STEEL, PERMANENT TOOTH	2.26	9	RESTORATIVE SERVICES	TOOTH
D2932	PREFABRICATED RESIN CROWN	5.36	4	RESTORATIVE SERVICES	TOOTH
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	5.02	3	RESTORATIVE SERVICES	TOOTH
	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN -				
D2934	PRIMARY TOOTH	2.00	3	RESTORATIVE SERVICES	TOOTH
D2940	SEDATIVE FILLING	1.43	1	RESTORATIVE SERVICES	TOOTH
D2950	CORE BUILDUP, INCLUDING ANY PINS	3.54	4	RESTORATIVE SERVICES	TOOTH
D2951	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	1.12	9	RESTORATIVE SERVICES	TOOTH
D2952	CAST POST AND CORE IN ADDITION TO CROWN	8.93	4	RESTORATIVE SERVICES	TOOTH
D2953	EACH ADDITIONAL CAST POST - SAME TOOTH	7.26	4	RESTORATIVE SERVICES	TOOTH
D2954	POST AND CORE (PREFAB.), EXCLUDING CROWN	4.05	4	RESTORATIVE SERVICES	TOOTH
	POST REMOVAL (NOT IN CONJUNCTION WITH ENDODONTIC				
D2955	THERAPY)	4.47	1	RESTORATIVE SERVICES	TOOTH
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	3.91	4	RESTORATIVE SERVICES	TOOTH
D2960	LABIAL VENEER (RESIN LAMINATE) - CHAIRSIDE	6.70	4	RESTORATIVE SERVICES	TOOTH
D2961	LABIAL VENEER (RESIN LAMINATE) - LABORATORY	11.17	4	RESTORATIVE SERVICES	TOOTH
D2962	LABIAL VENEER (PORCELAIN LAMINATE) - LABORATORY	16.08	4	RESTORATIVE SERVICES	TOOTH
D2970	TEMPORARY CROWN (FRACTURED TOOTH)	3.85	1	RESTORATIVE SERVICES	TOOTH
	ADDITIONAL PROCEDURES TO CONSTRUCT NEW CROWN UNDER				
D2971	EXISTING PARTIAL DENTURE FRAMEWORK	0.53	5	RESTORATIVE SERVICES	TOOTH
D2975	COPING	7.67	4	RESTORATIVE SERVICES	TOOTH
D2980	CROWN REPAIR, BY REPORT	4.58	1	RESTORATIVE SERVICES	TOOTH
D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	0.53	3	RESTORATIVE SERVICES	TOOTH
D3110	PULP CAP DIRECT	0.74	9	ENDODONTICS	TOOTH
D3120	PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION)	1.12	9	ENDODONTICS	TOOTH
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTO	3.00	3	ENDODONTICS	TOOTH
D3221	GROSS PULPAL DEBRIDEMENT, PRIMARY AND PERMAN	3.64	1	ENDODONTICS	TOOTH
	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH				
D3222	WITH INCOMPLETE ROOT DEVELOPMENT	3.00	3	ENDODONTICS	TOOTH
	PULPAL THERAPY (RESORBABLE FILLING) - ANTERIOR, PRIMARY				
D3230	TOOTH (EXCLUDING FINAL RESTORATION)	3.68	3	ENDODONTICS	TOOTH

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D3240	PULPAL THERAPY, POSTERIOR PRIMARY TOOTH	3.70		3	ENDODONTICS	TOOTH
D3310	ENDODONTIC FILL, ANTERIOR	10.20		3	ENDODONTICS	TOOTH
D3320	ENDODONTIC FILL, BICUSPID	10.00		4	ENDODONTICS	TOOTH
D3330	ENDODONTIC FILL, MOLAR	11.24		5	ENDODONTICS	TOOTH
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	11.28		5	ENDODONTICS	TOOTH
D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE OR FRACTURED TOOTH	3.66		4	ENDODONTICS	TOOTH
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	2.90		5	ENDODONTICS	TOOTH
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - ANTERIOR	12.28		3	ENDODONTICS	TOOTH
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - BICUSPID	14.96		4	ENDODONTICS	TOOTH
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - MOLAR	18.42		5	ENDODONTICS	TOOTH
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	12.73		3	ENDODONTICS	TOOTH
D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	15.41		3	ENDODONTICS	TOOTH
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY - APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	8.93		3	ENDODONTICS	TOOTH
D3354	PULPAL REGENERATION - (COMPLETION OF REGENERATIVE TREATMENT IN AN IMMATURE PERMANENT TOOTH WITH A NECROTIC PULP); DOES NOT INCLUDE FINAL RESTORATION	12.00		3	ENDODONTICS	TOOTH
D3410	APICOECTOMY/PERIRADICULAR SURGERY - ANTERIOR	10.16		4	ENDODONTICS	TOOTH
D3421	APICOECTOMY/PERIRADICULAR SURGERY - BICUSPID (FIRST ROOT)	11.72		4	ENDODONTICS	TOOTH
D3425	APICOECTOMY/PERIRADICULAR SURGERY - MOLAR (FIRST ROOT)	13.06		5	ENDODONTICS	TOOTH
D3426	APICOECTOMY/PERIRADICULAR SURGERY (EACH ADDITIONAL ROOT)	10.83		5	ENDODONTICS	TOOTH
D3430	RETROGRADE FILLING - PER ROOT	3.35		4	ENDODONTICS	TOOTH
D3450	ROOT AMPUTATION - PER ROOT	5.58		9	ENDODONTICS	TOOTH
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	17.31		9	ENDODONTICS	TOOTH

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D3470	INTENTIONAL REIMPLANTATION (INCLUDING NECESSARY SPLINTING)	11.17	4	ENDODONTICS	TOOTH
D3910	SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM	2.90	9	ENDODONTICS	TOOTH
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY	7.03	5	ENDODONTICS	TOOTH
D3950	CANAL PREPARATION AND FITTING OF PREFORMED DOWEL OR POST	3.35	4	ENDODONTICS	TOOTH
D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT	1.37	4	ENDODONTICS	TOOTH
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER QUADRANT	10.61	3	PERIODONTICS	QUADRANT
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE TEETH, PER QUADRANT	5.56	4	PERIODONTICS	QUADRANT
D4230	ANATOMICAL CROWN EXPOSURE - FOUR OR MORE CONTIGUOUS TEETH PER QUADRANT	12.50	5	PERIODONTICS	QUADRANT
D4231	ANATOMICAL CROWN EXPOSURE - ONE TO THREE TEETH PER QUADRANT	10.50	5	PERIODONTICS	QUADRANT
D4240	GINGIVAL FLAP PROC W/ ROOT PLANING (QUAD)	7.54	4	PERIODONTICS	QUADRANT
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	2.10	4	PERIODONTICS	QUADRANT
D4245	APICALLY POSITIONED FLAP	14.40	5	PERIODONTICS	QUADRANT
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	11.39	5	PERIODONTICS	TOOTH
D4260	OSSEOUS SURGERY, PER QUAD.	10.63	5	PERIODONTICS	QUADRANT
D4261	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE TEETH, PER QUADRANT	5.42	5	PERIODONTICS	QUADRANT
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	10.61	5	PERIODONTICS	QUADRANT
D4264	BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT	8.71	5	PERIODONTICS	QUADRANT
D4265	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	5.25	5	PERIODONTICS	QUADRANT
D4266	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, PER SITE	15.52	5	PERIODONTICS	QUADRANT
D4267	GUIDED TISSUE REGENERATION - NONRESORBABLE BARRIER, PER SITE (INCLUDES MEMBRANE REMOVAL)	17.87	5	PERIODONTICS	QUADRANT
D4268	SURGICAL REVISION PROCEDURE, PER TOOTH	14.85	5	PERIODONTICS	TOOTH
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	13.62	5	PERIODONTICS	QUADRANT

**IHS/EDR CODE TABLE**  
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CODE	NOMENCLATURE	RELATIVE VALUE UNIT	LEVEL OF CARE	CATEGORY	OPERATIVE SITE
D4271	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY)	14.07	5	PERIODONTICS	QUADRANT
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURES DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA)	11.19	5	PERIODONTICS	QUADRANT
D4274	SOFT TISSUE ALLOGRAFT	11.39	4	PERIODONTICS	QUADRANT
D4275	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT	9.71	5	PERIODONTICS	QUADRANT
D4276	PROVISIONAL SPLINTING - INTRACORONAL	6.44	5	PERIODONTICS	QUADRANT
D4320	PROVISIONAL SPLINTING - EXTRACORONAL	7.59	9	PERIODONTICS	TOOTH
D4321	PERIODONTAL SCALING AND ROOT PLANING, PER QU	6.70	9	PERIODONTICS	TOOTH
D4341	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	4.55	3	PERIODONTICS	QUADRANT
D4342	FULL MOUTH DEBRIDEMENT FOR PERIO EVALUATION	3.01	3	PERIODONTICS	QUADRANT
D4355	CONTROLLED RELEASE OF CHEMO AGENT (BY SITE)	2.71	3	PERIODONTICS	MOUTH
D4381	PERIODONTAL MAINTENANCE PROCEDURES (FOLLOWING UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST))	2.38	3	PERIODONTICS	TOOTH
D4910	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	3.29	2	PERIODONTICS	MOUTH
D4920	DENTURE - COMPLETE UPPER	1.45	1	PERIODONTICS	MOUTH
D4999	DENTURE - COMPLETE LOWER	1.00	5	PERIODONTICS	QUADRANT
D5110	IMMEDIATE DENTURE - MAXILLARY	17.96	5	REMOVABLE PROSTHODONTICS	MOUTH
D5120	IMMEDIATE DENTURE - MANDIBULAR	18.06	5	REMOVABLE PROSTHODONTICS	MOUTH
D5130	MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING ANY MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH))	30.71	5	REMOVABLE PROSTHODONTICS	MOUTH
D5140	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	30.71	5	REMOVABLE PROSTHODONTICS	MOUTH
D5211	UPPER PARTIAL, CAST FRAME, RESIN BASE	13.40	9	REMOVABLE PROSTHODONTICS	MOUTH
D5212	LOWER PARTIAL, CAST FRAME, RESIN BASE	19.76	9	REMOVABLE PROSTHODONTICS	MOUTH
D5213	MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	20.28	5	REMOVABLE PROSTHODONTICS	MOUTH
D5214	MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	20.18	5	REMOVABLE PROSTHODONTICS	MOUTH
D5225	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL (INCLUDING CLASPS AND TEETH)	10.00	9	REMOVABLE PROSTHODONTICS	MOUTH
D5226	ADJUST FULL DENTURE, UPPER	10.00	9	REMOVABLE PROSTHODONTICS	MOUTH
D5281	ADJUST FULL DENTURE, LOWER	14.96	9	REMOVABLE PROSTHODONTICS	QUADRANT
D5410	ADJUST PARTIAL DENTURE, UPPER	1.21	1	REMOVABLE PROSTHODONTICS	MOUTH
D5411	ADJUST PARTIAL DENTURE, LOWER	1.21	1	REMOVABLE PROSTHODONTICS	MOUTH
D5421	ADJUST PARTIAL DENTURE - MANDIBULAR	1.20	1	REMOVABLE PROSTHODONTICS	MOUTH
D5422		1.34	1	REMOVABLE PROSTHODONTICS	MOUTH

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<b>CODE</b>	<b>NOMENCLATURE</b>	<b>RELATIVE VALUE</b>	<b>UNIT</b>	<b>LEVEL OF CARE</b>	<b>CATEGORY</b>	<b>OPERATIVE SITE</b>
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	3.35		1	REMOVABLE PROSTHODONTICS	ARCH
D5520	REPLACE MISSING/BROKEN TEETH (PER TOOTH)	1.92		1	REMOVABLE PROSTHODONTICS	ARCH
D5610	REPAIR RESIN DENTURE BASE	3.35		1	REMOVABLE PROSTHODONTICS	ARCH
D5620	REPAIR CAST FRAMEWORK	4.58		1	REMOVABLE PROSTHODONTICS	ARCH
D5630	REPAIR OR REPLACE BROKEN CLASP	4.13		1	REMOVABLE PROSTHODONTICS	ARCH
D5640	REPLACE BROKEN TEETH - PER TOOTH	3.35		1	REMOVABLE PROSTHODONTICS	ARCH
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	3.35		1	REMOVABLE PROSTHODONTICS	ARCH
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	5.58		1	REMOVABLE PROSTHODONTICS	ARCH
D5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MAXILLARY)	16.64		5	REMOVABLE PROSTHODONTICS	ARCH
D5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MANDIBULAR)	16.64		5	REMOVABLE PROSTHODONTICS	ARCH
D5710	REBASE COMPLETE MAXILLARY DENTURE	11.17		5	REMOVABLE PROSTHODONTICS	MOUTH
D5711	REBASE COMPLETE MANDIBULAR DENTURE	11.17		5	REMOVABLE PROSTHODONTICS	MOUTH
D5720	REBASE MAXILLARY PARTIAL DENTURE	8.93		5	REMOVABLE PROSTHODONTICS	MOUTH
D5721	REBASE MANDIBULAR PARTIAL DENTURE	8.93		5	REMOVABLE PROSTHODONTICS	MOUTH
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	6.70		9	REMOVABLE PROSTHODONTICS	MOUTH
D5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	6.70		9	REMOVABLE PROSTHODONTICS	MOUTH
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	5.58		9	REMOVABLE PROSTHODONTICS	MOUTH
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	5.58		9	REMOVABLE PROSTHODONTICS	MOUTH
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	8.93		4	REMOVABLE PROSTHODONTICS	MOUTH
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	8.93		4	REMOVABLE PROSTHODONTICS	MOUTH
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	8.93		4	REMOVABLE PROSTHODONTICS	MOUTH
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	8.93		4	REMOVABLE PROSTHODONTICS	MOUTH
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	13.40		9	REMOVABLE PROSTHODONTICS	MOUTH
D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	13.40		9	REMOVABLE PROSTHODONTICS	MOUTH
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	11.17		4	REMOVABLE PROSTHODONTICS	MOUTH
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	11.17		4	REMOVABLE PROSTHODONTICS	MOUTH
D5850	TISSUE CONDITIONING, MAXILLARY	2.52		3	REMOVABLE PROSTHODONTICS	MOUTH
D5851	TISSUE CONDITIONING, MANDIBULAR	2.90		3	REMOVABLE PROSTHODONTICS	MOUTH
D5860	OVERDENTURE - COMPLETE, BY REPORT	29.59		5	REMOVABLE PROSTHODONTICS	ARCH
D5861	OVERDENTURE - PARTIAL, BY REPORT	30.15		5	REMOVABLE PROSTHODONTICS	ARCH
D5862	PRECISION ATTACHMENT, BY REPORT	9.94		5	REMOVABLE PROSTHODONTICS	ARCH
D5867	REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT (MALE OR FEMALE COMPONENT)	4.24		5	REMOVABLE PROSTHODONTICS	ARCH
D5875	MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURGERY	5.47		5	REMOVABLE PROSTHODONTICS	ARCH

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CODE	NOMENCLATURE	RELATIVE VALUE UNIT	LEVEL OF CARE	CATEGORY	OPERATIVE SITE
	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY				
D5899	REPORT	1.00	5	REMOVABLE PROSTHODONTICS	ARCH
D5911	FACIAL MOULAGE (SECTIONAL)	4.47	5	REMOVABLE PROSTHODONTICS	MOUTH
D5912	FACIAL MOULAGE (COMPLETE)	6.70	5	REMOVABLE PROSTHODONTICS	MOUTH
D5913	NASAL PROSTHESIS	111.66	5	REMOVABLE PROSTHODONTICS	MOUTH
D5914	AURICULAR PROSTHESIS	111.66	5	REMOVABLE PROSTHODONTICS	MOUTH
D5915	ORBITAL PROSTHESIS	150.74	5	REMOVABLE PROSTHODONTICS	MOUTH
D5916	OCULAR PROSTHESIS	156.32	5	REMOVABLE PROSTHODONTICS	MOUTH
D5919	FACIAL PROSTHESIS	0.00	5	REMOVABLE PROSTHODONTICS	MOUTH
D5922	NASAL SEPTAL PROSTHESIS	72.58	5	REMOVABLE PROSTHODONTICS	MOUTH
D5923	OCULAR PROSTHESIS, INTERIM	89.33	5	REMOVABLE PROSTHODONTICS	MOUTH
D5924	CRANIAL PROSTHESIS	156.32	5	REMOVABLE PROSTHODONTICS	MOUTH
D5925	FACIAL AUGMENTATION IMPLANT PROSTHESIS	156.32	5	REMOVABLE PROSTHODONTICS	MOUTH
D5926	NASAL PROSTHESIS, REPLACEMENT	55.83	5	REMOVABLE PROSTHODONTICS	MOUTH
D5927	AURICULAR PROSTHESIS, REPLACEMENT	55.83	5	REMOVABLE PROSTHODONTICS	MOUTH
D5928	ORBITAL PROSTHESIS, REPLACEMENT	75.37	5	REMOVABLE PROSTHODONTICS	MOUTH
D5929	FACIAL PROSTHESIS, REPLACEMENT	75.37	5	REMOVABLE PROSTHODONTICS	MOUTH
D5931	OBTURATOR PROSTHESIS, SURGICAL	35.73	5	REMOVABLE PROSTHODONTICS	MOUTH
D5932	OBTURATOR PROSTHESIS, DEFINITIVE	83.75	5	REMOVABLE PROSTHODONTICS	MOUTH
D5933	OBTURATOR PROSTHESIS, MODIFICATION	16.75	5	REMOVABLE PROSTHODONTICS	MOUTH
D5934	MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE	83.75	5	REMOVABLE PROSTHODONTICS	MOUTH
D5935	MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE	83.75	5	REMOVABLE PROSTHODONTICS	MOUTH
D5936	OBTURATOR PROSTHESIS, INTERIM	30.71	5	REMOVABLE PROSTHODONTICS	MOUTH
D5937	TRISMUS APPLIANCE (NOT FOR TMD TREATMENT)	55.83	5	REMOVABLE PROSTHODONTICS	MOUTH
D5951	FEEDING AID	33.50	5	REMOVABLE PROSTHODONTICS	MOUTH
D5952	SPEECH AID PROSTHESIS, PEDIATRIC	33.50	5	REMOVABLE PROSTHODONTICS	MOUTH
D5953	SPEECH AID PROSTHESIS, ADULT	33.50	5	REMOVABLE PROSTHODONTICS	MOUTH
D5954	PALATAL AUGMENTATION PROSTHESIS	75.37	5	REMOVABLE PROSTHODONTICS	MOUTH
D5955	PALATAL LIFT PROSTHESIS, DEFINITIVE	72.58	5	REMOVABLE PROSTHODONTICS	MOUTH
D5958	PALATAL LIFT PROSTHESIS, INTERIM	42.43	5	REMOVABLE PROSTHODONTICS	MOUTH
D5959	PALATAL LIFT PROSTHESIS, MODIFICATION	13.40	5	REMOVABLE PROSTHODONTICS	MOUTH
D5960	SPEECH AID PROSTHESIS, MODIFICATION	8.93	5	REMOVABLE PROSTHODONTICS	MOUTH
D5982	SURGICAL STENT	6.03	5	REMOVABLE PROSTHODONTICS	ARCH
D5983	RADIATION CARRIER	55.83	5	REMOVABLE PROSTHODONTICS	MOUTH
D5984	RADIATION SHIELD	55.83	5	REMOVABLE PROSTHODONTICS	MOUTH
D5985	RADIATION CONE LOCATOR	31.26	5	REMOVABLE PROSTHODONTICS	MOUTH
D5986	FLUORIDE GEL CARRIER	3.35	5	REMOVABLE PROSTHODONTICS	MOUTH

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CODE	NOMENCLATURE	RELATIVE VALUE UNIT	LEVEL OF CARE	CATEGORY	OPERATIVE SITE
D5987	COMMISSURE SPLINT	55.83	5	REMOVABLE PROSTHODONTICS	MOUTH
D5988	SURGICAL SPLINT	11.95	5	REMOVABLE PROSTHODONTICS	MOUTH
D5991	TOPICAL MEDICATION CARRIER	3.24	3	REMOVABLE PROSTHODONTICS	ARCH
D5992	ADJUST MAXILLOFACIAL PROSTHETIC APPLIANCE MAINTENANCE AND CLEANING OF A MAXILLOFACIAL PROSTHESIS (EXTRA OR INTRAORAL) OTHER THAN REQUIRED ADJUSTMENTS, BY REPORT	1.50	1	REMOVABLE PROSTHODONTICS	ARCH
D5993	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	0.75	2	REMOVABLE PROSTHODONTICS	ARCH
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	55.83	5	REMOVABLE PROSTHODONTICS	ARCH
D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT	36.85	5	FIXED PROSTHODONTICS	ARCH
D6012	SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL PROSTHESIS: ENDOSTEAL IMPLANT	36.85	5	FIXED PROSTHODONTICS	ARCH
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	164.14	5	FIXED PROSTHODONTICS	ARCH
D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	106.08	5	FIXED PROSTHODONTICS	MOUTH
D6053	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR COMPLETELY EDENTULOUS ARCH	4.47	5	FIXED PROSTHODONTICS	ARCH
D6054	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH	3.35	5	FIXED PROSTHODONTICS	ARCH
D6055	DENTAL IMPLANT SUPPORTED CONNECTING BAR	41.87	5	FIXED PROSTHODONTICS	ARCH
D6056	PREFABRICATED ABUTMENT	8.75	5	FIXED PROSTHODONTICS	TOOTH
D6057	CUSTOM ABUTMENT	10.03	5	FIXED PROSTHODONTICS	TOOTH
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	21.33	5	FIXED PROSTHODONTICS	TOOTH
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)	22.78	5	FIXED PROSTHODONTICS	TOOTH
D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINANTLY BASE METAL)	15.74	5	FIXED PROSTHODONTICS	TOOTH
D6061	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)	20.66	5	FIXED PROSTHODONTICS	TOOTH
D6062	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	19.88	5	FIXED PROSTHODONTICS	TOOTH
D6063	ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY BASE METAL)	19.54	5	FIXED PROSTHODONTICS	TOOTH
D6064	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)	20.55	5	FIXED PROSTHODONTICS	TOOTH
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	27.92	5	FIXED PROSTHODONTICS	TOOTH
D6066	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)	27.92	5	FIXED PROSTHODONTICS	TOOTH
D6067	IMPLANT SUPPORTED METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)	27.92	5	FIXED PROSTHODONTICS	TOOTH

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CODE	NOMENCLATURE	RELATIVE VALUE UNIT	LEVEL OF CARE	CATEGORY	OPERATIVE SITE
D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD	19.88	5	FIXED PROSTHODONTICS	TOOTH
D6069	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE METAL)	19.54	5	FIXED PROSTHODONTICS	TOOTH
D6070	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINANTLY BASE METAL)	17.53	5	FIXED PROSTHODONTICS	TOOTH
D6071	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL)	17.75	5	FIXED PROSTHODONTICS	TOOTH
D6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)	19.88	5	FIXED PROSTHODONTICS	TOOTH
D6073	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINANTLY BASE METAL)	18.87	5	FIXED PROSTHODONTICS	TOOTH
D6074	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)	19.09	5	FIXED PROSTHODONTICS	TOOTH
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	22.56	5	FIXED PROSTHODONTICS	TOOTH
D6076	IMPLANT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (TITANIUM, TITANIUM ALLOY, OR HIGH NOBLE METAL)	21.89	5	FIXED PROSTHODONTICS	TOOTH
D6077	IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD (TITANIUM, TITANIUM ALLOY, OR HIGH NOBLE METAL)	24.34	5	FIXED PROSTHODONTICS	TOOTH
D6078	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR COMPLETELY EDENTULOUS ARCH	55.83	5	FIXED PROSTHODONTICS	TOOTH
D6079	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH	48.13	5	FIXED PROSTHODONTICS	TOOTH
D6080	IMPLANT MAINTENANCE PROCEDURES, INCLUDING REMOVAL OF PROSTHESIS, CLEANSING OF PROSTHESIS AND ABUTMENTS AND REINSERTION OF PROSTHESIS	3.91	5	FIXED PROSTHODONTICS	TOOTH
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS, BY REPORT	12.51	5	FIXED PROSTHODONTICS	TOOTH
D6091	REPLACEMENT OF SEMI-PRECISION OR PRECISION ATTACHMENT (MALE OR FEMALE) OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS, PER ATTACHMENT	9.94	5	FIXED PROSTHODONTICS	TOOTH
D6092	RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN	1.43	1	FIXED PROSTHODONTICS	TOOTH
D6093	RECEMENT IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE	1.92	1	FIXED PROSTHODONTICS	TOOTH
D6094	ABUTMENT SUPPORTED CROWN - TITANIUM	27.92	5	FIXED PROSTHODONTICS	TOOTH
D6095	REPAIR IMPLANT ABUTMENT, BY REPORT	13.51	1	FIXED PROSTHODONTICS	TOOTH
D6100	IMPLANT REMOVAL, BY REPORT	14.40	5	FIXED PROSTHODONTICS	TOOTH
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	11.95	5	FIXED PROSTHODONTICS	TOOTH

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CODE	NOMENCLATURE	RELATIVE VALUE UNIT	LEVEL OF CARE	CATEGORY	OPERATIVE SITE
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD - TITANIUM	27.92	5	FIXED PROSTHODONTICS	TOOTH
D6199	UNSPECIFIED IMPLANT PROCEDURE, BY REPORT	21.89	5	FIXED PROSTHODONTICS	MOUTH
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	2.79	9	FIXED PROSTHODONTICS	TOOTH
D6210	PONTIC - CAST HIGH NOBLE METAL	22.33	5	FIXED PROSTHODONTICS	TOOTH
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	15.63	5	FIXED PROSTHODONTICS	TOOTH
D6212	PONTIC - CAST NOBLE METAL	17.87	5	FIXED PROSTHODONTICS	TOOTH
D6214	PONTIC - TITANIUM	22.23	5	FIXED PROSTHODONTICS	TOOTH
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	24.57	5	FIXED PROSTHODONTICS	TOOTH
D6241	PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	20.10	5	FIXED PROSTHODONTICS	TOOTH
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	22.33	5	FIXED PROSTHODONTICS	TOOTH
D6245	PONTIC - PORCELAIN/CERAMIC	16.86	5	FIXED PROSTHODONTICS	TOOTH
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	22.33	9	FIXED PROSTHODONTICS	TOOTH
D6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	15.63	9	FIXED PROSTHODONTICS	TOOTH
D6252	PONTIC - RESIN WITH NOBLE METAL	20.10	9	FIXED PROSTHODONTICS	TOOTH
D6253	PROVISIONAL PONTIC	2.79	5	FIXED PROSTHODONTICS	TOOTH
D6254	INTERIM PONTIC	2.79	5	FIXED PROSTHODONTICS	TOOTH
D6545	RETAINER - CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	10.61	4	FIXED PROSTHODONTICS	TOOTH
D6548	RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	15.30	4	FIXED PROSTHODONTICS	TOOTH
D6600	INLAY - PORCELAIN/CERAMIC, TWO SURFACES	8.49	9	FIXED PROSTHODONTICS	TOOTH
D6601	INLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	9.04	9	FIXED PROSTHODONTICS	TOOTH
D6602	INLAY - CAST HIGH NOBLE METAL, TWO SURFACES"	9.38	9	FIXED PROSTHODONTICS	TOOTH
D6603	INLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	11.05	9	FIXED PROSTHODONTICS	TOOTH
D6604	INLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	6.03	9	FIXED PROSTHODONTICS	TOOTH
D6605	INLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	7.70	9	FIXED PROSTHODONTICS	TOOTH
D6606	INLAY - CAST NOBLE METAL, TWO SURFACES	7.59	9	FIXED PROSTHODONTICS	TOOTH
D6607	INLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	8.26	9	FIXED PROSTHODONTICS	TOOTH
D6608	ONLAY -PORCELAIN/CERAMIC, TWO SURFACES	9.27	9	FIXED PROSTHODONTICS	TOOTH
D6609	ONLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	9.71	9	FIXED PROSTHODONTICS	TOOTH
D6610	ONLAY - CAST HIGH NOBLE METAL, TWO SURFACES	11.05	9	FIXED PROSTHODONTICS	TOOTH
D6611	ONLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	11.84	9	FIXED PROSTHODONTICS	TOOTH
D6612	ONLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	7.70	9	FIXED PROSTHODONTICS	TOOTH
D6613	ONLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	8.49	9	FIXED PROSTHODONTICS	TOOTH

**IHS/EDR CODE TABLE**  
**CDT 2011-2012/IHS SPECIFIC CODES**  
(IHS specific codes are in **bold**)

<b>CODE</b>	<b>NOMENCLATURE</b>	<b>RELATIVE VALUE</b>	<b>UNIT</b>	<b>LEVEL OF CARE</b>	<b>CATEGORY</b>	<b>OPERATIVE SITE</b>
D6614	ONLAY - CAST NOBLE METAL, TWO SURFACES	8.26		9	FIXED PROSTHODONTICS	TOOTH
D6615	ONLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	8.82		9	FIXED PROSTHODONTICS	TOOTH
D6624	INLAY - TITANIUM	11.05		5	FIXED PROSTHODONTICS	TOOTH
D6634	ONLAY - TITANIUM	11.84		5	FIXED PROSTHODONTICS	TOOTH
D6710	CROWN - INDIRECT RESIN BASED COMPOSITE	18.98		9	FIXED PROSTHODONTICS	TOOTH
D6720	CROWN - RESIN WITH HIGH NOBLE METAL	22.33		9	FIXED PROSTHODONTICS	TOOTH
D6721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	16.75		9	FIXED PROSTHODONTICS	TOOTH
D6722	CROWN - RESIN WITH NOBLE METAL	18.98		9	FIXED PROSTHODONTICS	TOOTH
D6740	CROWN - PORCELAIN/CERAMIC	17.87		5	FIXED PROSTHODONTICS	TOOTH
D6750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	26.80		5	FIXED PROSTHODONTICS	TOOTH
D6751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	17.87		5	FIXED PROSTHODONTICS	TOOTH
D6752	CROWN - PORCELAIN FUSED TO NOBLE METAL	22.33		5	FIXED PROSTHODONTICS	TOOTH
D6780	CROWN - 3/4 CAST HIGH NOBLE METAL	21.22		5	FIXED PROSTHODONTICS	TOOTH
D6781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	17.42		5	FIXED PROSTHODONTICS	TOOTH
D6782	CROWN - 3/4 CAST NOBLE METAL	17.53		5	FIXED PROSTHODONTICS	TOOTH
D6783	CROWN - 3/4 PORCELAIN/CERAMIC	17.64		5	FIXED PROSTHODONTICS	TOOTH
D6790	CROWN - FULL CAST HIGH NOBLE METAL	21.22		5	FIXED PROSTHODONTICS	TOOTH
D6791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	15.63		5	FIXED PROSTHODONTICS	TOOTH
D6792	CROWN - FULL CAST NOBLE METAL	18.98		5	FIXED PROSTHODONTICS	TOOTH
D6793	PROVISIONAL RETAINER CROWN	18.98		5	FIXED PROSTHODONTICS	TOOTH
D6794	CROWN - TITANIUM	21.22		5	FIXED PROSTHODONTICS	TOOTH
D6795	INTERIM RETAINER CROWN	2.79		5	FIXED PROSTHODONTICS	TOOTH
D6920	CONNECTOR BAR	14.96		5	FIXED PROSTHODONTICS	TOOTH
D6930	RECEMENT BRIDGE	1.92		1	FIXED PROSTHODONTICS	TOOTH
D6940	STRESS BREAKER	5.58		9	FIXED PROSTHODONTICS	TOOTH
D6950	PRECISION ATTACHMENT	8.93		9	FIXED PROSTHODONTICS	TOOTH
D6970	CAST POST AND CORE IN ADDITION TO FIXED PARTIAL DENTURE RETAINER	8.93		5	FIXED PROSTHODONTICS	TOOTH
D6972	PREFABRICATED POST AND CORE IN ADDITION TO FIXED PARTIAL DENTURE RETAINER	6.70		5	FIXED PROSTHODONTICS	TOOTH
D6973	CORE BUILD UP FOR RETAINER, INCLUDING ANY PINS	4.58		5	FIXED PROSTHODONTICS	TOOTH
D6975	COPING - METAL	11.72		5	FIXED PROSTHODONTICS	TOOTH
D6976	EACH ADDITIONAL CAST POST - SAME TOOTH	4.80		5	FIXED PROSTHODONTICS	TOOTH
D6977	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	2.57		5	FIXED PROSTHODONTICS	TOOTH
D6980	FIXED PARTIAL DENTURE REPAIR, BY REPORT	5.81		1	FIXED PROSTHODONTICS	TOOTH
D6985	PEDIATRIC PARTIAL DENTURE, FIXED	1.50		5	FIXED PROSTHODONTICS	QUADRANT

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CODE	NOMENCLATURE	RELATIVE VALUE UNIT	LEVEL OF CARE	CATEGORY	OPERATIVE SITE
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE, BY REPORT	3.83	5	FIXED PROSTHODONTICS	TOOTH
D7111	CORONAL REMNANTS - DECIDUOUS TOOTH EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	1.36	1	ORAL SURGERY	TOOTH
D7140	AND/OR FORCEPS REMOVAL)	2.46	1	ORAL SURGERY	TOOTH
D7210	SURGICAL EXTRACTION OF ERUPTED TOOTH	3.72	1	ORAL SURGERY	TOOTH
D7220	SURGICAL EXTRACTION, SOFT TISSUE IMPACTION	4.60	5	ORAL SURGERY	TOOTH
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	6.00	5	ORAL SURGERY	TOOTH
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	7.20	5	ORAL SURGERY	TOOTH
D7241	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	11.17	5	ORAL SURGERY	TOOTH
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	4.47	5	ORAL SURGERY	TOOTH
D7251	CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL	11.17	5	ORAL SURGERY	TOOTH
D7260	OROANTRAL FISTULA CLOSURE	13.40	5	ORAL SURGERY	MOUTH
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	13.40	5	ORAL SURGERY	MOUTH
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH	8.04	1	ORAL SURGERY	TOOTH
D7272	TOOTH TRANSPLANTATION (INCLUDES REIMPLANTATION FROM ONE SITE TO ANOTHER AND SPLINTING AND/OR STABILIZATION)	11.17	9	ORAL SURGERY	TOOTH
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	6.70	5	ORAL SURGERY	TOOTH
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	2.23	5	ORAL SURGERY	TOOTH
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	1.63	5	ORAL SURGERY	TOOTH
D7285	BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)	5.81	3	ORAL SURGERY	QUADRANT
D7286	BIOPSY OF ORAL TISSUE - SOFT (ALL OTHERS)	4.00	3	ORAL SURGERY	MOUTH
D7287	CYTOLOGY SAMPLE COLLECTION	0.17	1	ORAL SURGERY	MOUTH
D7288	BRUSH BIOPSY - TRANSEPIHELIAL SAMPLE COLLECTION	0.17	1	ORAL SURGERY	TOOTH
D7290	SURGICAL REPOSITIONING OF TEETH	7.26	5	ORAL SURGERY	TOOTH
D7291	TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY, BY REPORT	4.24	5	ORAL SURGERY	ARCH
D7292	SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE (SCREW RETAINED PLATE) REQUIRING SURGICAL FLAP	38.85	5	ORAL SURGERY	MOUTH
D7293	SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE REQUIRING SURGICAL FLAP	26.85	5	ORAL SURGERY	MOUTH
D7294	SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE WITHOUT SURGICAL FLAP	14.75	5	ORAL SURGERY	MOUTH

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CODE	NOMENCLATURE	RELATIVE VALUE UNIT	LEVEL OF CARE	CATEGORY	OPERATIVE SITE
D7295	HARVEST OF BONE FOR USE IN AUTOGENOUS GRAFTING PROCEDURE	12.00	5	ORAL SURGERY	MOUTH
D7310	ALVEOLOPLASTY WITH EXTRACTIONS	4.20	4	ORAL SURGERY	QUADRANT
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	3.59	4	ORAL SURGERY	QUADRANT
D7320	ALVEOLOPLASTY WITHOUT EXTRACTIONS	5.30	4	ORAL SURGERY	QUADRANT
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	5.22	4	ORAL SURGERY	QUADRANT
D7340	VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION)	13.40	4	ORAL SURGERY	ARCH
D7350	VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT TISSUE ATTACHMENT AND MANAGEMENT OF HYPERTROPHIED AND HYPERPLASTIC TISSUE)	31.26	5	ORAL SURGERY	ARCH
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	5.58	3	ORAL SURGERY	MOUTH
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	5.47	3	ORAL SURGERY	MOUTH
D7412	EXCISION OF BENIGN LESION, COMPLICATED	7.59	3	ORAL SURGERY	MOUTH
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	11.17	3	ORAL SURGERY	MOUTH
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM	9.83	3	ORAL SURGERY	MOUTH
D7415	EXCISION OF MALIGNANT LESION, COMPLICATED	15.86	3	ORAL SURGERY	MOUTH
D7440	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER UP TO 1.25 CM	8.82	3	ORAL SURGERY	MOUTH
D7441	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	17.87	3	ORAL SURGERY	MOUTH
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	7.59	3	ORAL SURGERY	TOOTH
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	9.83	3	ORAL SURGERY	TOOTH
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	7.48	3	ORAL SURGERY	MOUTH
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	10.61	3	ORAL SURGERY	MOUTH
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHOD, BY REPORT	5.86	3	ORAL SURGERY	MOUTH
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	9.49	4	ORAL SURGERY	ARCH
D7472	REMOVAL OF TORUS PALATINUS	7.82	4	ORAL SURGERY	MOUTH
D7473	REMOVAL OF TORUS MANDIBULARIS	8.04	4	ORAL SURGERY	MOUTH
D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	8.82	5	ORAL SURGERY	ARCH

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CODE	NOMENCLATURE	RELATIVE VALUE UNIT	LEVEL OF CARE	CATEGORY	OPERATIVE SITE
D7490	RADICAL RESECTION OF MANDIBLE WITH BONE GRAFT	84.07	5	ORAL SURGERY	ARCH
D7510	INCISION AND DRAINAGE OF ABSCESS/INTRAORAL	2.48	1	ORAL SURGERY	MOUTH
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	2.48	1	ORAL SURGERY	MOUTH
D7520	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	6.70	1	ORAL SURGERY	MOUTH
D7521	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	6.70	1	ORAL SURGERY	MOUTH
D7530	REMOVAL OF REACTION PRODUCING FOREIGN BODIES, MUSCULOSKELETAL SYSTEM	4.69	3	ORAL SURGERY	MOUTH
D7540	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON- VITAL BONE	9.49	3	ORAL SURGERY	MOUTH
D7550	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	7.82	5	ORAL SURGERY	QUADRANT
D7560	MAXILLA - OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	14.52	5	ORAL SURGERY	MOUTH
D7610	MAXILLA - CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	64.76	1	ORAL SURGERY	MOUTH
D7620	MANDIBLE - OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	53.60	1	ORAL SURGERY	MOUTH
D7630	MANDIBLE - CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	73.70	1	ORAL SURGERY	MOUTH
D7640	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	44.66	1	ORAL SURGERY	MOUTH
D7650	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	70.35	1	ORAL SURGERY	MOUTH
D7660	ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	42.43	1	ORAL SURGERY	MOUTH
D7670	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	22.33	1	ORAL SURGERY	QUADRANT
D7671	FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES	42.43	1	ORAL SURGERY	QUADRANT
D7680	MAXILLA - OPEN REDUCTION	106.08	1	ORAL SURGERY	ARCH
D7710	MAXILLA - CLOSED REDUCTION	77.05	1	ORAL SURGERY	MOUTH
D7720	MANDIBLE - OPEN REDUCTION	49.13	1	ORAL SURGERY	MOUTH
D7730	MANDIBLE - CLOSED REDUCTION	85.98	1	ORAL SURGERY	MOUTH
D7740	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	50.25	1	ORAL SURGERY	MOUTH
D7750		72.58	1	ORAL SURGERY	MOUTH

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CODE	NOMENCLATURE	RELATIVE VALUE UNIT	LEVEL OF CARE	CATEGORY	OPERATIVE SITE
D7760	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	67.00	1	ORAL SURGERY	MOUTH
D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH	42.43	1	ORAL SURGERY	QUADRANT
D7771	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND	4.02	1	ORAL SURGERY	QUADRANT
D7780	MULTIPLE SURGICAL APPROACHES	136.23	1	ORAL SURGERY	MOUTH
D7810	OPEN REDUCTION OF DISLOCATION	70.35	5	ORAL SURGERY	MOUTH
D7820	CLOSED REDUCTION OF DISLOCATION	21.77	1	ORAL SURGERY	MOUTH
D7830	MANIPULATION UNDER ANESTHESIA	10.16	1	ORAL SURGERY	MOUTH
D7840	CONDYLECTOMY	96.03	5	ORAL SURGERY	MOUTH
D7850	SURGICAL DISCECTOMY, WITH/WITHOUT IMPLANT	91.56	5	ORAL SURGERY	MOUTH
D7852	DISC REPAIR	109.43	5	ORAL SURGERY	MOUTH
D7854	SYNOVECTOMY	111.66	5	ORAL SURGERY	MOUTH
D7856	MYOTOMY	111.66	5	ORAL SURGERY	MOUTH
D7858	JOINT RECONSTRUCTION	125.06	5	ORAL SURGERY	MOUTH
D7860	ARTHROTOMY	33.50	5	ORAL SURGERY	MOUTH
D7865	ARTHROPLASTY	93.79	5	ORAL SURGERY	MOUTH
D7870	ARTHROCENTESIS	4.47	5	ORAL SURGERY	MOUTH
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	43.88	5	ORAL SURGERY	MOUTH
D7872	ARTHROSCOPY - DIAGNOSIS, WITH OR WITHOUT BIOPSY	29.03	5	ORAL SURGERY	MOUTH
D7873	ARTHROSCOPY - SURGICAL: LAVAGE AND LYSIS OF ADHESIONS ARTHROSCOPY - SURGICAL: DISC REPOSITIONING AND	31.82	5	ORAL SURGERY	MOUTH
D7874	STABILIZATION	40.20	5	ORAL SURGERY	MOUTH
D7875	ARTHROSCOPY - SURGICAL: SYNOVECTOMY	42.99	5	ORAL SURGERY	MOUTH
D7876	ARTHROSCOPY - SURGICAL: DISCECTOMY	44.66	5	ORAL SURGERY	MOUTH
D7877	ARTHROSCOPY - SURGICAL: DEBRIDEMENT	41.31	5	ORAL SURGERY	MOUTH
D7880	OCCLUSAL ORTHOTIC DEVICE, BY REPORT"	15.86	5	ORAL SURGERY	MOUTH
D7899	UNSPECIFIED TMD THERAPY, BY REPORT"	4.47	5	ORAL SURGERY	MOUTH
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	15.41	1	ORAL SURGERY	MOUTH
D7911	COMPLICATED SUTURE - UP TO 5 CM	6.03	1	ORAL SURGERY	MOUTH
D7912	COMPLICATED SUTURE - GREATER THAN 5 CM SKIN GRAFT (IDENTIFY DEFECT COVERED, LOCATION AND TYPE	8.93	1	ORAL SURGERY	MOUTH
D7920	OF GRAFT)	36.85	5	ORAL SURGERY	MOUTH
D7940	OSTEOPLASTY - FOR ORTHOGNATHIC DEFORMITIES	59.18	5	ORAL SURGERY	MOUTH
D7941	OSTEOTOMY - MANDIBULAR RAMI	156.32	5	ORAL SURGERY	MOUTH
D7943	OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE GRAFT	158.56	5	ORAL SURGERY	MOUTH

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CODE	NOMENCLATURE	RELATIVE VALUE UNIT	LEVEL OF CARE	CATEGORY	OPERATIVE SITE
D7944	OSTEOTOMY - SEGMENTED OR SUBAPICAL – PER SEXTANT OR QUADRANT	125.06	5	ORAL SURGERY	MOUTH
D7945	OSTEOTOMY - BODY OF MANDIBLE	126.18	5	ORAL SURGERY	MOUTH
D7946	LEFORT I (MAXILLA - TOTAL)	139.58	5	ORAL SURGERY	MOUTH
D7947	LEFORT I (MAXILLA - SEGMENTED)	139.58	5	ORAL SURGERY	MOUTH
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION)-WITHOUT BONE GRAFT	156.32	5	ORAL SURGERY	MOUTH
D7949	LEFORT II OR LEFORT III - WITH BONE GRAFT	227.79	5	ORAL SURGERY	MOUTH
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR FACIAL BONES - AUTOGENOUS OR NONAUTOGENOUS, BY REPORT"	48.01	5	ORAL SURGERY	MOUTH
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES	30.51	5	ORAL SURGERY	MOUTH
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE	48.01	5	ORAL SURGERY	QUADRANT
D7955	REPAIR OF MAXILLOFACIAL SOFT AND HARD TISSUE DEFECT	30.51	5	ORAL SURGERY	MOUTH
D7960	FRENULECTOMY (FRENECTOMY OR FRENOTOMY) - SEPARATE PROCEDURE	6.70	4	ORAL SURGERY	ARCH
D7963	FRENULOPLASTY	6.70	5	ORAL SURGERY	ARCH
D7970	EXCISION OF HYPERPLASTIC TISSUE - PER ARCH	53.60	3	ORAL SURGERY	ARCH
D7971	EXCISION OF PERICORONAL GINGIVA	13.51	1	ORAL SURGERY	TOOTH
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	6.70		ORAL SURGERY	QUADRANT
D7980	SIALOLITHOTOMY	9.27	5	ORAL SURGERY	MOUTH
D7981	EXCISION OF SALIVARY GLAND, BY REPORT	44.66	5	ORAL SURGERY	MOUTH
D7982	SIALODOCHOPLASTY	27.36	5	ORAL SURGERY	MOUTH
D7983	CLOSURE OF SALIVARY FISTULA	18.98	5	ORAL SURGERY	MOUTH
D7990	EMERGENCY TRACHEOTOMY	18.54	1	ORAL SURGERY	MOUTH
D7991	CORONOIDECTOMY	69.23	5	ORAL SURGERY	MOUTH
D7995	SYNTHETIC GRAFT - MANDIBLE OR FACIAL BONES, BY REPORT	6.70	5	ORAL SURGERY	MOUTH
D7996	IMPLANT-MANDIBLE FOR AUGMENTATION PURPOSES (EXCLUDING ALVEOLAR RIDGE), BY REPORT	9.27	5	ORAL SURGERY	MOUTH
D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF ARCHBAR	44.66	3	ORAL SURGERY	ARCH
D7998	INTRAOURAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTURE	35.17	5	ORAL SURGERY	MOUTH
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	27.36	5	ORAL SURGERY	MOUTH
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	24.57	4	ORTHODONTICS	MOUTH

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CODE	NOMENCLATURE	RELATIVE VALUE UNIT	LEVEL OF CARE	CATEGORY	OPERATIVE SITE
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	29.03	4	ORTHODONTICS	MOUTH
D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	39.08	4	ORTHODONTICS	MOUTH
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	37.96	5	ORTHODONTICS	MOUTH
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	36.85	4	ORTHODONTICS	MOUTH
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	41.31	4	ORTHODONTICS	MOUTH
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	101.61	5	ORTHODONTICS	MOUTH
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	101.61	5	ORTHODONTICS	MOUTH
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	106.08	5	ORTHODONTICS	MOUTH
D8210	REMOVABLE APPLIANCE THERAPY	13.29	9	ORTHODONTICS	ARCH
D8220	FIXED APPLIANCE THERAPY	15.97	4	ORTHODONTICS	ARCH
D8660	PRE-ORTHODONTIC TX VISIT	3.23	4	ORTHODONTICS	MOUTH
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	1.85	4	ORTHODONTICS	MOUTH
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINER(S))	9.38	4	ORTHODONTICS	MOUTH
D8690	ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO A CONTRACT FEE)	37.07	5	ORTHODONTICS	MOUTH
D8691	REPAIR OF ORTHODONTIC APPLIANCE	3.63	1	ORTHODONTICS	ARCH
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	5.69	4	ORTHODONTICS	ARCH
D8693	REBONDING OR RECEMENTING; AND/OR REPAIR, AS REQUIRED, OF FIXED RETAINERS	3.63	1	ORTHODONTICS	ARCH
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	2.50	5	ORTHODONTICS	ARCH
D9110	EMERGENCY TX DENTAL PAIN (PALLIATIVE)	1.87	1	ADJUNCTIVE SERVICES	TOOTH
D9120	FIXED PARTIAL DENTURE SECTIONING	3.83	4	ADJUNCTIVE SERVICES	QUADRANT
<b>9130</b>	<b>BROKEN APPOINTMENT</b>	<b>0.00</b>	<b>9</b>	<b>ADJUNCTIVE SERVICES</b>	<b>MOUTH</b>
<b>9140</b>	<b>CANCELLED APPOINTMENT</b>	<b>0.00</b>	<b>9</b>	<b>ADJUNCTIVE SERVICES</b>	<b>MOUTH</b>
<b>9170</b>	<b>EMERGENCY ENCOUNTER (REPORT W/ANY EXAM CODE)</b>	<b>0.00</b>	<b>9</b>	<b>ADJUNCTIVE SERVICES</b>	<b>MOUTH</b>
<b>9180</b>	<b>TREATMENT DEFERRED, BASIC CARE</b>	<b>0.00</b>	<b>9</b>	<b>PERSONS SERVED</b>	<b>MOUTH</b>
<b>9185</b>	<b>TREATMENT DEFERRED, REHABILITATIVE CARE</b>	<b>0.00</b>	<b>9</b>	<b>PERSONS SERVED</b>	<b>MOUTH</b>
<b>9190</b>	<b>TREATMENT REFERRED, BASIC CARE</b>	<b>0.00</b>	<b>9</b>	<b>PERSONS SERVED</b>	<b>MOUTH</b>
<b>9195</b>	<b>TREATMENT REFERRED, REHABILITATIVE CARE</b>	<b>0.00</b>	<b>9</b>	<b>PERSONS SERVED</b>	<b>MOUTH</b>

**IHS/EDR CODE TABLE**  
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(IHS specific codes are in **bold**)

CODE	NOMENCLATURE	RELATIVE VALUE UNIT	LEVEL OF CARE	CATEGORY	OPERATIVE SITE
	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR				
D9210	SURGICAL PROCEDURES	1.00	1	ADJUNCTIVE SERVICES	MOUTH
D9211	REGIONAL BLOCK ANESTHESIA	0.91	5	ADJUNCTIVE SERVICES	MOUTH
D9212	TRIGEMINAL DIVISION BLOCK	2.24	5	ADJUNCTIVE SERVICES	MOUTH
D9215	LOCAL ANESTHESIA	0.52	9	ADJUNCTIVE SERVICES	MOUTH
D9220	GENERAL ANESTHESIA	3.82	5	ADJUNCTIVE SERVICES	MOUTH
	DEEP SEDATION/GENERAL ANESTHESIA - EACH ADDITIONAL 15				
D9221	MINUTES	2.23	5	ADJUNCTIVE SERVICES	MOUTH
D9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS	1.94	5	ADJUNCTIVE SERVICES	MOUTH
D9241	INTRAVENOUS SEDATION/ANALGESIA - FIRST 30 MI	4.05	5	ADJUNCTIVE SERVICES	MOUTH
D9242	INTRAVENOUS SEDATION/ANALGESIA - EACH ADDITI	1.70	5	ADJUNCTIVE SERVICES	MOUTH
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	4.97	5	ADJUNCTIVE SERVICES	MOUTH
<b>9260</b>	PREMEDICATION, ORAL ONLY	0.00	9	<b>ADJUNCTIVE SERVICES</b>	<b>MOUTH</b>
D9310	CONSULTATION BY DENTIST OR MD (PER SESSION)	1.77	5	ADJUNCTIVE SERVICES	MOUTH
<b>9320</b>	<b>DIABETIC SCREENING PROCEDURES</b>	<b>0.00</b>	<b>9</b>	<b>PERSONS SERVED</b>	<b>MOUTH</b>
<b>9321</b>	<b>DIABETIC REFERRAL OR FOLLOW UP</b>	<b>0.00</b>	<b>9</b>	<b>PERSONS SERVED</b>	<b>MOUTH</b>
<b>9330</b>	<b>HYPERTENSION SCREENING PROCEDURES</b>	<b>0.00</b>	<b>9</b>	<b>PERSONS SERVED</b>	<b>MOUTH</b>
<b>9331</b>	<b>HYPERTENSION REFERRAL OR FOLLOW UP</b>	<b>0.00</b>	<b>9</b>	<b>PERSONS SERVED</b>	<b>MOUTH</b>
<b>9340</b>	<b>DENTAL VISIT, PRE-NATAL MOTHER</b>	<b>0.00</b>	<b>9</b>	<b>PERSONS SERVED</b>	<b>MOUTH</b>
<b>9341</b>	<b>DENTAL VISIT, NURSING MOTHER</b>	<b>0.00</b>	<b>9</b>	<b>PERSONS SERVED</b>	<b>MOUTH</b>
<b>9345</b>	<b>CLEFT LIP/PALATE PATIENT</b>	<b>0.00</b>	<b>9</b>	<b>PERSONS SERVED</b>	<b>MOUTH</b>
D9410	HOUSE/EXTENDED CARE FACILITY CALL	3.35	5	ADJUNCTIVE SERVICES	MOUTH
D9420	HOSPITAL CALL	3.35	1	ADJUNCTIVE SERVICES	MOUTH
D9430	OFFICE VISIT, OBSERVATION ONLY	1.19	1	ADJUNCTIVE SERVICES	MOUTH
D9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	2.23	1	ADJUNCTIVE SERVICES	MOUTH
	CASE PRESENTATION, DETAILED AND EXTENSIVE TREATMENT				
D9450	PLANNING	0.50	3	ADJUNCTIVE SERVICES	MOUTH
D9610	THERAPEUTIC DRUG INJECTION	0.96	1	ADJUNCTIVE SERVICES	MOUTH
	THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE				
D9612	ADMINISTRATIONS, DIFFERENT MEDICATIONS	0.96	1	ADJUNCTIVE SERVICES	MOUTH
D9630	OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT	0.52	1	ADJUNCTIVE SERVICES	MOUTH
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	1.50	1	ADJUNCTIVE SERVICES	TOOTH
	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR				
D9911	ROOT SURFACE, PER TOOTH	1.23	1	ADJUNCTIVE SERVICES	TOOTH
D9920	BEHAVIOR MANAGEMENT (BY REPORT)	1.51	9	ADJUNCTIVE SERVICES	MOUTH
D9930	COMPLICATIONS (POSTSURGICAL)	1.72	1	ADJUNCTIVE SERVICES	MOUTH
D9940	OCCLUSAL GUARD (BY REPORT)	8.87	1	ADJUNCTIVE SERVICES	MOUTH
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	3.24	2	ADJUNCTIVE SERVICES	MOUTH

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CODE	NOMENCLATURE	RELATIVE VALUE UNIT	LEVEL OF CARE	CATEGORY	OPERATIVE SITE
D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	1.21	1	ADJUNCTIVE SERVICES	ARCH
D9950	OCCLUSION ANALYSIS - MOUNTED CASE	5.02	5	ADJUNCTIVE SERVICES	MOUTH
D9951	OCCLUSAL ADJUSTMENT - LIMITED	1.91	4	ADJUNCTIVE SERVICES	MOUTH
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	8.93	5	ADJUNCTIVE SERVICES	MOUTH
D9970	ENAMEL MICROABRASION	3.01	3	ADJUNCTIVE SERVICES	TOOTH
D9971	ODONTOPLASTY 1 - 2 TEETH; INCLUDES REMOVAL OF ENAMEL PROJECTIONS	3.01	4	ADJUNCTIVE SERVICES	QUADRANT
D9972	EXTERNAL BLEACHING - PER ARCH	6.25	5	ADJUNCTIVE SERVICES	ARCH
D9973	EXTERNAL BLEACHING - PER TOOTH	4.02	5	ADJUNCTIVE SERVICES	TOOTH
D9974	INTERNAL BLEACHING - PER TOOTH	4.58	4	ADJUNCTIVE SERVICES	TOOTH
<b>9990</b>	<b>PLANNED TREATMENT COMPLETED</b>	<b>0.00</b>	<b>9</b>	<b>PERSONS SERVED</b>	<b>MOUTH</b>
<b>9991</b>	<b>PATIENT REFUSES RECOMMENDED TREATMENT</b>	<b>0.00</b>	<b>9</b>	<b>PERSONS SERVED</b>	<b>MOUTH</b>
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	0.33	1	ADJUNCTIVE SERVICES	MOUTH
<b>IH00</b>	<b>USER DEFINED CODES W/TOOTH PROMPT</b>	<b>0.00</b>	<b>9</b>	<b>USER DEFINED</b>	<b>MOUTH</b>
<b>IH01</b>	<b>USER DEFINED CODES W/TOOTH PROMPT</b>	<b>0.00</b>	<b>9</b>	<b>USER DEFINED</b>	<b>MOUTH</b>
<b>IH02</b>	<b>USER DEFINED CODES W/TOOTH PROMPT</b>	<b>0.00</b>	<b>9</b>	<b>USER DEFINED</b>	<b>MOUTH</b>
<b>IH03</b>	<b>USER DEFINED CODES W/TOOTH PROMPT</b>	<b>0.00</b>	<b>9</b>	<b>USER DEFINED</b>	<b>MOUTH</b>
<b>IH04</b>	<b>USER DEFINED CODES W/TOOTH PROMPT</b>	<b>0.00</b>	<b>9</b>	<b>USER DEFINED</b>	<b>MOUTH</b>
<b>IH05</b>	<b>USER DEFINED CODES W/TOOTH PROMPT</b>	<b>0.00</b>	<b>9</b>	<b>USER DEFINED</b>	<b>MOUTH</b>
<b>IH06</b>	<b>USER DEFINED CODES W/TOOTH PROMPT</b>	<b>0.00</b>	<b>9</b>	<b>USER DEFINED</b>	<b>MOUTH</b>
<b>IH07</b>	<b>USER DEFINED CODES W/TOOTH PROMPT</b>	<b>0.00</b>	<b>9</b>	<b>USER DEFINED</b>	<b>MOUTH</b>
<b>IH08</b>	<b>USER DEFINED CODES W/TOOTH PROMPT</b>	<b>0.00</b>	<b>9</b>	<b>USER DEFINED</b>	<b>MOUTH</b>
<b>IH09</b>	<b>USER DEFINED CODES W/TOOTH PROMPT</b>	<b>0.00</b>	<b>9</b>	<b>USER DEFINED</b>	<b>MOUTH</b>
<b>IH10</b>	<b>USER DEFINED CODES W/TOOTH PROMPT</b>	<b>0.00</b>	<b>9</b>	<b>USER DEFINED</b>	<b>MOUTH</b>
<b>IH11</b>	<b>USER DEFINED CODES W/TOOTH PROMPT</b>	<b>0.00</b>	<b>9</b>	<b>USER DEFINED</b>	<b>MOUTH</b>
<b>IH12</b>	<b>USER DEFINED CODES W/TOOTH PROMPT</b>	<b>0.00</b>	<b>9</b>	<b>USER DEFINED</b>	<b>MOUTH</b>
<b>IH13</b>	<b>USER DEFINED CODES W/TOOTH PROMPT</b>	<b>0.00</b>	<b>9</b>	<b>USER DEFINED</b>	<b>MOUTH</b>
<b>IH14</b>	<b>USER DEFINED CODES W/TOOTH PROMPT</b>	<b>0.00</b>	<b>9</b>	<b>USER DEFINED</b>	<b>MOUTH</b>
<b>IH15</b>	<b>USER DEFINED CODES W/TOOTH PROMPT</b>	<b>0.00</b>	<b>9</b>	<b>USER DEFINED</b>	<b>MOUTH</b>
<b>IH16</b>	<b>USER DEFINED CODES W/TOOTH PROMPT</b>	<b>0.00</b>	<b>9</b>	<b>USER DEFINED</b>	<b>MOUTH</b>
<b>IH17</b>	<b>USER DEFINED CODES W/TOOTH PROMPT</b>	<b>0.00</b>	<b>9</b>	<b>USER DEFINED</b>	<b>MOUTH</b>
<b>IH18</b>	<b>USER DEFINED CODES W/TOOTH PROMPT</b>	<b>0.00</b>	<b>9</b>	<b>USER DEFINED</b>	<b>MOUTH</b>
<b>IH19</b>	<b>USER DEFINED CODES W/TOOTH PROMPT</b>	<b>0.00</b>	<b>9</b>	<b>USER DEFINED</b>	<b>MOUTH</b>
<b>IH20</b>	<b>USER DEFINED CODES W/TOOTH PROMPT</b>	<b>0.00</b>	<b>9</b>	<b>USER DEFINED</b>	<b>MOUTH</b>
<b>IH21</b>	<b>USER DEFINED CODES W/TOOTH PROMPT</b>	<b>0.00</b>	<b>9</b>	<b>USER DEFINED</b>	<b>MOUTH</b>
<b>IH22</b>	<b>USER DEFINED CODES W/TOOTH PROMPT</b>	<b>0.00</b>	<b>9</b>	<b>USER DEFINED</b>	<b>MOUTH</b>
<b>IH23</b>	<b>USER DEFINED CODES W/TOOTH PROMPT</b>	<b>0.00</b>	<b>9</b>	<b>USER DEFINED</b>	<b>MOUTH</b>
<b>IH24</b>	<b>USER DEFINED CODES W/TOOTH PROMPT</b>	<b>0.00</b>	<b>9</b>	<b>USER DEFINED</b>	<b>MOUTH</b>

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(IHS specific codes are in **bold**)

CODE	NOMENCLATURE	RELATIVE VALUE UNIT	LEVEL OF CARE	CATEGORY	OPERATIVE SITE
IH25	USER DEFINED CODES W/TOOTH PROMPT	0.00	9	USER DEFINED	MOUTH
IH26	USER DEFINED CODES W/TOOTH PROMPT	0.00	9	USER DEFINED	MOUTH
IH27	USER DEFINED CODES W/TOOTH PROMPT	0.00	9	USER DEFINED	MOUTH
IH28	USER DEFINED CODES W/TOOTH PROMPT	0.00	9	USER DEFINED	MOUTH
IH29	USER DEFINED CODES W/TOOTH PROMPT	0.00	9	USER DEFINED	MOUTH
IH30	USER DEFINED CODES W/TOOTH PROMPT	0.00	9	USER DEFINED	MOUTH
IH31	USER DEFINED CODES W/TOOTH PROMPT	0.00	9	USER DEFINED	MOUTH
IH32	USER DEFINED CODES W/TOOTH PROMPT	0.00	9	USER DEFINED	MOUTH
IH33	USER DEFINED CODES WITHOUT TOOTH PROMPT	0.00	9	USER DEFINED	MOUTH
IH34	USER DEFINED CODES WITHOUT TOOTH PROMPT	0.00	9	USER DEFINED	MOUTH
IH35	USER DEFINED CODES WITHOUT TOOTH PROMPT	0.00	9	USER DEFINED	MOUTH
IH36	USER DEFINED CODES WITHOUT TOOTH PROMPT	0.00	9	USER DEFINED	MOUTH
IH37	USER DEFINED CODES WITHOUT TOOTH PROMPT	0.00	9	USER DEFINED	MOUTH
IH38	USER DEFINED CODES WITHOUT TOOTH PROMPT	0.00	9	USER DEFINED	MOUTH
IH39	USER DEFINED CODES WITHOUT TOOTH PROMPT	0.00	9	USER DEFINED	MOUTH
IH40	USER DEFINED CODES WITHOUT TOOTH PROMPT	0.00	9	USER DEFINED	MOUTH
IH41	USER DEFINED CODES WITHOUT TOOTH PROMPT	0.00	9	USER DEFINED	MOUTH
IH42	USER DEFINED CODES WITHOUT TOOTH PROMPT	0.00	9	USER DEFINED	MOUTH
IH43	USER DEFINED CODES WITHOUT TOOTH PROMPT	0.00	9	USER DEFINED	MOUTH
IH44	USER DEFINED CODES WITHOUT TOOTH PROMPT	0.00	9	USER DEFINED	MOUTH
IH45	USER DEFINED CODES WITHOUT TOOTH PROMPT	0.00	9	USER DEFINED	MOUTH
IH46	USER DEFINED CODES WITHOUT TOOTH PROMPT	0.00	9	USER DEFINED	MOUTH
IH47	USER DEFINED CODES WITHOUT TOOTH PROMPT	0.00	9	USER DEFINED	MOUTH
IH48	USER DEFINED CODES WITHOUT TOOTH PROMPT	0.00	9	USER DEFINED	MOUTH
IH49	USER DEFINED CODES WITHOUT TOOTH PROMPT	0.00	9	USER DEFINED	MOUTH