

## COMMON DENTAL PROCEDURE CODES USED IN DIRECT CARE PROGRAMS

The Dental Data Reporting System of the IHS accepts all procedure codes listed in the Current Dental Terminology (CDT) published by the American Dental Association as well as unique codes (in **boldface**) created by the IHS.

Use of exam codes: The 0114 Screening Exam is used when no dental chart is made (e.g., large groups of school children). The D0140 Problem-focused Examination is limited to diagnosing a specific, urgent problem (dental emergency). It can be reported each time an individual presents with a problem, but not with other exam codes at the same appointment. The D0150 Comprehensive Exam includes the completion of a new oral health record, rather than updating an existing chart, which is when the D0120 Periodic Exam should be reported. The D0160 Extensive Problem-focused Exam may be used after a D0120 or D0150 has been recently reported, when patients require a detailed treatment plan for a specific problem (e.g., a case work-up for periodontics, prosthodontics, orthodontics or oral surgery). The D0160 evaluation may be documented on special forms in lieu of the oral health record used routinely for the D0120 and D0150 codes. The D0180 is used for comprehensive periodontal examinations of patients with signs or symptoms of periodontal disease or risk factors (e.g. diabetes, smoking).

### PERSONS SERVED (ENCOUNTER CODES)

- 0000** First Visit (of fiscal year by the patient)
- 0190** Dental Revisit (For Any Reason)
- 0003** BBTD/ECC Dental Patient
- 0004** Head Start Program Dental Patient
- 0007** High-risk Periodontal Patient
- 9320** Diabetic Screening Procedures
- 9321** Diabetic Referral Or Follow-up
- 9330** Hypertension Screening
- 9331** Hypertension Referral Or Follow-up
- 9340** Dental Visit, Pre-Natal Mother
- 9341** Dental Visit, Nursing Mother
- 9990** Planned Treatment Completed
- 9991** Patient Refuses Recommended Treatment

### DIAGNOSTIC SERVICES

- D0120 Periodic Oral Evaluation (update existing chart)
- D0140 Limited Evaluation-Problem Focused (Emerg. Exam)
- D0145 Oral Evaluation for Patient under 3 years of age
- D0150 Comprehensive Oral Evaluation (new chart made)
- D0160 Extensive Oral Evaluation-Problem Focused
- D0180 Comprehensive Periodontal Evaluation
- D0210 Intraoral Complete Series
- D0220 Intraoral Periapical, Single Film
- D0230 Intraoral Periapical, Additional Film
- D0240 Intraoral Film
- D0270 Bitewings, Single Film
- D0272 Bitewings, Two Films

- D0273 Bitewings, Three Films
- D0274 Bitewings, Four Films
- D0330 Panoramic-Maxilla And Mandible Film
- D0340 Cephalometric Film
- D0350 Oral/Facial Images
- D0425 Caries Susceptibility Test
- D0460 Pulp Vitality Tests (Per Quad)
- D0470 Diagnostic Casts (Per Set)
- D0471 Diagnostic Photographs

### PREVENTIVE SERVICES

- D1110 Prophylaxis, Adult (Permanent Dentition)
- D1120 Prophylaxis, Child (Primary or Mixed Dentition)
- D1203 Topical Fluoride Not Including Prophy-Child
- D1204 Topical Fluoride Not Including Prophy-Adult
- D1206 Topical Fluoride Varnish (mod to high risk pts)
- D1310 Nutritional Counseling For Oral Health
- D1320 Tobacco Use Counseling
- D1330 Oral Hygiene Instructions
- D1351 Sealant (per tooth)
- D1510 Space Maintainer, Fixed Unilateral
- D1515 Space Maintainer, Fixed Bilateral
- D1550 Space Maintainer, Recementation
- D1555 Removal of Fixed Space Maintainer

### RESTORATIVE DENTISTRY

- D2140 Amalgam, One Surface (Perm or Primary)
- D2150 Amalgam, Two Surface (Perm or Primary)
- D2160 Amalgam, Three Surface (Perm or Primary)
- D2161 Amalgam, Four+ Surfaces (Perm or Primary)
- D2330 Composite Resin, One Surface, Anterior
- D2331 Composite Resin, Two Surfaces, Anterior
- D2332 Composite Resin, Three Surfaces, Anterior
- D2335 Composite Resin, Four Surfaces or Incisal
- D2390 Composite Resin Crown, Anterior
- D2391 Comp Resin, One Surf., Post., Perm or Prim (includes PRR)
- D2392 Composite Resin, Two Surfaces, Post. (Perm or Primary)
- D2393 Composite Resin, Three Surfaces, Post. (Perm or Primary)
- D2394 Composite Resin, Four Surfaces, Post. (Perm or Primary)
- D2740 Crown-Porcelain/Ceramic Substrate
- D2750 Crown-Porcelain Fused To High Noble Metal
- D2751 Crown-Porcelain Fused to Base Metal
- D2752 Crown-Porcelain Fused To Noble Metal
- D2790 Crown- Full Cast High Noble Metal
- D2791 Crown-Full Cast Base Metal
- D2792 Crown-Full Cast Noble Metal
- D2799 Provisional Crown
- D2915 Recement Cast/Prefab Post and Core
- D2920 Recement Crowns
- D2930 Crown-Stainless Steel, Primary Tooth
- D2931 Crown-Stainless Steel, Perm. Tooth

- D2932 Crown-Prefab. Resin, Primary Tooth
- D2940 Sedative Filling
- D2950 Core Buildup, Including Any Pins
- D2951 Pin Retention (Per Tooth) Excludes Restoration
- D2954 Post And Core (Prefab.), Excl Crown
- D2970 Temporary Crown (fractured tooth)

### ENDODONTICS

- D3110 Pulp Cap, Direct (Excluding Final Restoration)
- D3220 Vital Pulpotomy, Primary or Perm. Tooth
- D3221 Pulpal Debridement, Primary or Perm Tooth
- D3230 Pulp Therapy, Primary Anterior
- D3240 Pulp Therapy, Primary Posterior
- D3310 Endodontic Fill, Anterior
- D3320 Endodontic Fill, Bicuspid
- D3330 Endodontic Fill, Molar
- D3346 Retreat Previous Endo Fill - Anterior
- D3347 Retreat Previous Endo Fill -Bicuspid
- D3348 Retreat Previous Endo Fill -Molar
- D3351 Apexification/Recalcify, Initial Visit
- D3352 Apexification/Recalcify, Interim Visit
- D3353 Apexification/Recalcify, Final Visit
- D3410 Apicoectomy/Periradicular Surg., Ant. Tooth
- D3430 Retrograde Filling, Per Root
- D3950 Fitting For Preformed Dowel
- D3960 Bleach Discolored Tooth (Vital or Non-Vital)

### PERIODONTICS

- D4210 Gingivectomy Or Gingivoplasty (4 or more contig. teeth)
- D4211 Gingivectomy Or Gingivoplasty (1 to 3 teeth)
- D4240 Gingival Flap Proc. w/ Root Planing (4 or more contig. teeth)
- D4241 Gingival Flap Proc. w/ Root Planing (1 to 3 teeth)
- D4249 Crown Lengthening Proc. - Hard Tissue
- D4260 Osseous Surgery (4 or more contig. teeth)
- D4261 Osseous Surgery (1 to 3 teeth)
- D4263 Bone Replacement Graft, First Site In Quadrant
- D4274 Distal Prox. Wedge Procedure (w/o other Surg)
- D4341 Root Planing (4 or more contig. teeth)
- D4342 Root Planing (1 to 3 teeth)
- D4355 Full Mouth Debridement (For Perio. Evaluation)
- D4381 Controlled Release Of Chemo. Agents, Per Site
- D4910 Periodontal Maintenance After Therapy

**REMOVABLE PROSTHODONTICS**

D5110 Complete Denture - Maxillary  
 D5120 Complete Denture - Mandibular  
 D5130 Immediate Denture - Upper  
 D5140 Immediate Denture - Lower  
 D5211 Upper Partial, Resin Base incl. Clasps  
 D5212 Lower Partial, Resin Base Incl. Clasps  
 D5213 Upper Partial, Cast Frame, Resin Bases, Clasps  
 D5214 Lower Partial, Cast Frame, Resin Bases, Clasps  
 D5410 Adjust Full Denture, Upper or Lower  
 D5421 Adjust Partial Denture, Upper or Lower  
 D5510 Repair Full Denture Base, Upper or Lower  
 D5520 Replace Missing/Broken Denture Teeth (Per Tooth)  
 D5610 Repair Resin Partial Denture Base  
 D5640 Replace Missing/Broken Denture Teeth (Per Tooth)  
 D5710 Rebase, Full Denture  
 D5720 Rebase, Partial Denture  
 D5750 Reline, Full Denture (Laboratory Procedure)  
 D5760 Reline, Partial Denture (Laboratory Procedure)  
 D5850 Tissue Conditioning (Per Arch)  
 D5860 Overdenture, Full

**FIXED PROSTHODONTICS**

D6080 Implant Maintenance Procedures  
 D6210 Pontic – Cast High Noble Metal  
 D6211 Pontic – Cast Base Metal  
 D6212 Pontic – Cast Noble Metal  
 D6240 Pontic - Porcelain Fused To High Noble Metal  
 D6241 Pontic - Porcelain Fused To Base Metal  
 D6242 Pontic - Porcelain Fused To Noble Metal  
 D6545 Retainer-Cast Metal For Resin Bonded Pros.  
 D6740 Abutment-Porcelain/Ceramic  
 D6750 Abutment – Porcelain Fused To High Noble Metal  
 D6751 Abutment – Porcelain Fused To Base Metal  
 D6752 Abutment – Porcelain Fused To Noble Metal  
 D6790 Abutment - Full Cast High Noble Metal  
 D6791 Abutment - Full Cast Base Metal  
 D6792 Abutment - Full Cast Noble Metal  
 D6930 Recement Bridge  
 D6972 Post and Core, (Prefab.) Excl. Retainer  
 D6973 Core Buildup For Retainer, Incl. Pins  
 D6980 Bridge Repair (By Report)

**ORAL SURGERY**

D7111 Coronal Remnants (Primary Tooth)  
 D7140 Extraction (Erupted Tooth or Exposed Root)  
 D7210 Surgical Extraction, Erupted Tooth  
 D7220 Surgical Extraction, Soft Tissue Impaction  
 D7230 Surgical Extraction, Bony Impaction  
 D7240 Surgical Extract, Bony Impact.-Section Tooth  
 D7241 Surgical Extract, Bony Impact-Section-Unusual  
 D7250 Remove Residual Roots, Unexposed  
 D7270 Reimplant/Stabilize Avulsed Teeth

D7280 Surgical Exposure to Attach Ortho Wire  
 D7283 Placement of Device to Facilitate Eruption  
 D7286 Biopsy of Oral Tissue (Soft or Hard Tissue)  
 D7288 Brush Biopsy  
 D7291 Transeptal Fiberotomy  
 D7310 Alveoloplasty w/Extractions (4 or more teeth/spaces)  
 D7311 Alveoloplasty w/Extractions (1-3 teeth/spaces)  
 D7320 Alveoloplasty w/o Extractions (4 or more teeth/spaces)  
 D7321 Alveoloplasty w/oExtractions (1-3 teeth/spaces)  
 D7410 Excision of Benign Lesion (up to 1.25 cm)  
 D7420 Excision of Benign Lesion (greater than 1.25 cm)  
 D7460 Remove Nonodontogenic Cyst  
 D7465 Destroy Lesion by Physical or Chemical Means  
 D7471 Removal of Exostosis, Maxilla or Mandible  
 D7510 Incision And Drainage of Abscess, Intraoral  
 D7520 Incision And Drainage of Abscess, Extraoral  
 D7530 Removal Foreign Body  
 D7620 Fracture, Closed Reduction - Maxilla  
 D7630 Fracture, Open Reduction - Mandible  
 D7640 Fracture, Closed Reduction - Mandible  
 D7650 Fracture, Arch/Open - Malar/Zygomatic  
 D7660 Fracture, Arch/Closed - Malar/Zygomatic  
 D7670 Fracture, Alveolus Open Reduction  
 D7830 Manipulation of TMJ Under Anesthesia  
 D7880 Occlusal Orthotic Appliance  
 D7899 Unspecified TMD Therapy  
 D7910 Suture Traumatic Wounds (Any Size)  
 D7960 Frenectomy, As Separate Procedure  
 D7970 Excise Hyperplastic Tissue/Arch  
 D7971 Excise Pericoronal Gingiva  
 D7997 Appliance Removal (not by dentist who placed app)

**ORTHODONTICS**

D8010 Limited Ortho. TX, Primary Dentition  
 D8020 Limited Ortho. TX, Transitional Dentition  
 D8030 Limited Ortho. TX, Adolescent Dentition  
 D8040 Limited Ortho. TX, Adult Dentition  
 D8050 Interceptive Ortho. TX, Primary Dentition  
 D8060 Interceptive Ortho. TX, Transitional Dentition  
 D8070 Comprehensive Ortho. TX, Transitional Dentition  
 D8080 Comprehensive Ortho. TX, Adolescent Dentition  
 D8090 Comprehensive Ortho. TX, Adult Dentition  
 D8210 Habit Control, Removable Appliance  
 D8220 Habit Control , Fixed Appliance  
 D8660 Pre-Orthodontic Treatment Visit  
 D8670 Periodic Orthodontic Treatment Visit  
 D8680 Ortho. Retention, Remove Appl. & Make Retainer  
 D8691 Repair of Orthodontic Appliance  
 D8692 Replacement of Lost or Broken Retainer  
 D8693 Rebond/Recement/Repair Fixed Retainer

**ADJUNCTIVE GENERAL SERVICES**

D9110 Palliative TX of Dental Pain (Minor Procedure)

**9130 Broken Appointment (No Show)****9140 Canceled Appointment****9170 Emerg. Encounter (Report w/ any exam code)**

D9210 Local Anesthesia, Not In Conjunction w/ Other Proc.  
 D9211 Regional Block Anesthesia  
 D9212 Trigeminal Division Block  
 D9215 Local Anesthesia  
 D9220 General Anesthesia  
 D9221 General Anesthesia, Each Add. 15 Min.  
 D9230 Analgesia, Includes Nitrous Oxide  
 D9241 Intravenous Sedation (first 30 minutes)  
 D9242 Intravenous Sedation (each additional 15 minutes)  
 D9248 Non-intravenous Conscious Sedation (includes IM)  
**9260 Premedication, Oral Only**  
 D9310 Consultation Provided (Per Session)  
 D9420 Hospital Call, Includes Admissions  
 D9430 Office Visit, Observation Only (During Office Hours)  
 D9440 Office Visit, After Office Hours  
 D9610 Therapeutic Injection (Sedatives/Antibiotics)  
 D9630 Other Drugs/Medicaments  
 D9910 Apply Desensitizing Medicaments  
 D9911 Application of Desensitizing Resin for Cervical/Root Surface  
 D9920 Behavior Management  
 D9930 Treat Post-surgical Complications  
 D9940 Occlusal Guard  
 D9941 Athletic Mouth Guard  
 D9942 Repair/reline Occlusal Guard  
 D9951 Occlusal Adjustment, Limited  
 D9973 External Bleaching (per tooth)  
 D9974 Internal Bleaching (per tooth)

**Indian Health (IH) Objectives Patient Monitoring Codes**

The routine use of the IH codes enables dental programs to monitor progress toward long-term health objectives. The IH codes are to be used at least once per patient per year. More than one IH code can be used per patient.

IH70 Patient has been assessed for the objectives  
 IH71 Patient is Caries Free (age < 20)  
 (no decayed, filled or missing teeth due to caries).  
 IH72 Patient with untreated dental decay (age < 20).  
 IH73 Patient with molar sealants (age < 20).  
 IH74 Patient with acceptable periodontal health (age 15-45).  
 IH75 Patient with destructive periodontal disease (age 15-45).  
 IH76 Patient with missing tooth (age 15-45 ).  
 IH77 Patient becomes edentulous (age 15-74).

IH00-32 User-defined codes (with tooth prompt)  
 IH33-49 User-defined codes (without tooth prompt)  
 IH50 Low-risk caries patient  
 IH51 Moderate-risk caries patient  
 IH52 High-risk caries patient  
 IH53 Very high-risk caries patient  
 IH54 High-risk periodontal patient