

OPIOID PRESCRIBING TO DENTAL PATIENTS IN THE MILITARY HEALTH
SYSTEM

by

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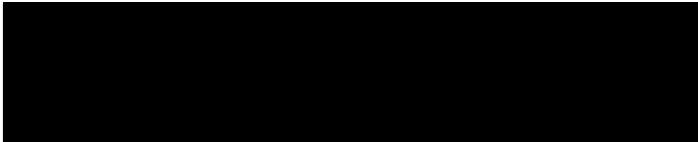
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ABSTRACT

OPIOID PRESCRIBING TO DENTAL PATIENTS IN THE MILITARY HEALTH SYSTEM

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Introduction: Opioid abuse is an epidemic in the United States. Misuse and diversion of prescription medications contribute to the problem. Dentists are the fifth leading specialty for the prescription of immediate release opioids, writing over 18.5 million prescriptions each year. If prescribed inappropriately, in quantities that exceed need or for young and opioid naïve patients at risk of developing addiction, these prescriptions have the potential to lead to misuse and diversion. **Objective:** The objective of this study was to describe opioid prescription rates, patient characteristics, and type of dental visit at which dentists more frequently prescribe opioids to patients treated in the Military Health System. **Methods:** Retrospective analysis of dental encounter and pharmacy data were conducted for patients aged 18-64 who received dental treatment at a Military Treatment Facility between October 1, 2017 and September 30, 2018. 3,451,694 distinct patient-provider visits met the inclusion criteria and each was assessed for whether an opiate agonist was prescribed by any dentist within two days of the dental visit. **Results:** Preliminary results indicate 3.9% of all dental visits across the Military Health System in 2018 resulted in an opioid being dispensed. Opioid prescription rates appear highest for

surgical procedure categories, including the extraction of impacted (82.3%) and erupted teeth (61.1%), implant surgery (51.6%) and periodontal surgery (50.1%). A substantial portion of the total number of opioids dispensed for dental patients appear to be for non-surgical visits, including diagnostic (13.9%) and restorative visits (4.7%). Opioid prescribing rates appear highest for patients 18-24 years old (5.9%), African Americans (4.5%), and dependents of active duty service members (5.4%). **Conclusions:** This information will establish a baseline for current opioid prescribing and be an important resource for policymakers and future research directions.

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LIST OF ABBREVIATIONS

1. PDMP	Prescription Drug Monitoring Program
2. APAP	Acetaminophen
3. SAMHSA	Substance Abuse and Mental Health Services Administration
4. NSAID	Non-Steroidal Anti-Inflammatory Drug
5. AAE	American Association of Endodontists
6. PEARL	Practitioners Engaged in Research and Learning
7. MEPS	Medical Expenditure Panel Survey
8. MDR	Military Health System Data Repository
9. DED	Direct Care Dental Encounter Data table
10. PDTS	Pharmacy Detail Transaction Service
11. CDS	Corporate Dental System
12. CHS	Composite Health Care System
13. CDT	Current Dental Terminology
14. CPT	Current Procedural Terminology

CHAPTER I: LITERATURE REVIEW

Background:

The Problem: The abuse of opioids in the United States is an epidemic. In 2015, 52,404 deaths were caused by drug overdoses (Rudd, Seth, David, & Scholl, 2016). Over 60% of those overdose deaths were attributed to opioids and about one-half of those deaths involved a prescription opioid (Centers for Disease Control [CDC], 2017). An estimated two million people in the United States have an opioid use disorder associated with prescription opioids (Substance Abuse and Mental Health Services Administration [SAMHSA], 2016). The annual cost of prescription opioid abuse, overdose and dependence is estimated to be \$78.5 billion in the United States (Florence, Zhou, Luo, & Xu, 2016).

The misuse and abuse of opioid prescription medications contributes to the opioid problem. Prescription opioid-related overdose deaths and admissions for treatment of opioid use disorders increases directly with increases in the amount of opioids prescribed (Paulozzi, Jones, Mack, & Rudd, 2011; Ballantine & Stannard, 2013). The amount of prescribed opioids in the United States peaked in 2010 at an average of 81.2 prescriptions per 100 persons and then decreased by 13% from 2012 to 2015 to 70.6 prescriptions per 100 persons; however, the amount of prescribed opioids remains three times as high as in 1999 (Guy et al., 2017). The significant adverse economic, social and health effects of the opioid epidemic have caused many healthcare organizations, including the American Dental Association, to recommend policy changes to improve the safety of prescribing practices for acute dental pain, reduce access to opioid prescription medications, and improve understanding of the opioid problem (American Dental Association, 2016;

Dowell, Haegerich, & Chou, 2016). The American Dental Association recently released the Interim Board Policy on Opioid Prescribing that supports mandatory opioid prescriber continuing education and recommends limits on the dosage for seven days or less for acute pain (American Dental Association, 2018).

Dentists' Relationship to the Problem: Pain & Anticipated Pain

The most frequently abused prescription opioids are immediate-release hydrocodone, oxycodone, codeine and propoxyphene. Individuals who abuse prescription medicines most often obtain them from physicians, dentists or family members (Tufts Health Care Institute Program on Opioid Risk Management, 2010). A substantial number of opioids for dental patients are prescribed by non-dental providers (McCauley et al. 2016) and in emergency rooms (C. Okunseri, E. Okunseri, Xiang, Thorpe, & Szabo, 2015; Sun et al., 2015). In two studies of opioid prescribing in emergency rooms, 45% and 56% of patients visiting an emergency room for non-traumatic dental pain were prescribed an opioid (C. Okunseri et al., 2015; Sun et al., 2015).

While dental patients may receive a substantial portion of their pain medications from non-dental providers, dentists are responsible for a significant proportion of opioid prescriptions, in particular, those for immediate release opioids. In a recent analysis of prescribing patterns of dentists in South Carolina, dentists composed 9% of prescribers, but wrote 45% of initial fill prescriptions for opioids (McCauley et al., 2016). Analyses of nationally representative administrative claims of privately insured dental patients from 2010 to 2015 found opioid prescription rates were increasing from 131 to 147 per 1000 patients (Gupta, Vujicic, & Blatz, 2018). The median quantity prescribed was 20

tablets (Gupta et al., 2018). The majority of opioid prescriptions were associated with surgical procedures (68%) and the majority of surgical procedures were for oral and maxillofacial surgery (59%). However, thirty-one percent of opioid prescriptions were associated with a non-surgical procedures and the majority of those prescriptions were for restorative services (56%) (Gupta et al., 2018).

In South Carolina, individuals under 21 years of age accounted for 12.5% of all patients receiving opioid prescriptions (McCauley et al., 2016). Among prescribers of opioids for adolescents, dentists are proportionately the most prevalent prescribers (Volkow et al., 2009). Dentists write approximately 31% of opioid prescriptions for patients between 10 to 19 years old (Densico et al., 2011). Analyses of privately insured dental claims between 2010 and 2015 found opioid prescription rates among those aged 11 to 18 increased from approximately 100 prescriptions per 1000 dental patients to 166 per 1000 dental patients (Gupta, et al., 2018). An estimated 56 million tablets of 5 mg hydrocodone are prescribed after third molar extractions each year in the United States (Densico et al., 2011). Young adults between the ages of 18 and 23 years who receive an opioid prescription are 33% more likely to misuse opioids (Miech, Johnston, O'Malley, Keyes, & Heard, 2015).

A few studies described the opioid prescribing habits of dentists. In South Carolina, dentists wrote more than 150 opioid scripts per dentist per year (McCauley et al., 2016). Based on a survey of West Virginia dentists, 88% prescribed opioids in the past year (Tufts Health Care Institute Program on Opioid Risk Management, 2010). Typically a 3-day supply was prescribed after dental surgery. Ninety percent of dentists wrote up to 25 immediate release opioid prescriptions per week and over one-

third expected patients to have leftover medicine. Fifty-eight percent of dentists believed they were the victim of prescription fraud or theft (Tufts Health Care Institute Program on Opioid Risk Management, 2010).

Dentists are consistently among the top five health care specialties for the amount of opioids prescribed (Levy, Paulozzi, Mack, & Jones 2015; Moore, Nahouri, Zovko, & Wisniewski, 2006; Volkow, McLellan, Cotto, Karithanom, & Weiss, 2009; Wong et al., 2016). Dentists were the second leading specialty behind internists for the prescription of immediate release opioids and accounted for 12% of opioid prescriptions (Moore et al., 2006). Dentistry had the second largest percentage decrease in opioid prescribing rates among healthcare specialties between 2007 and 2012 (-5.7%) (Levy et al., 2015). Despite this decline from the second to the fifth leading specialty of opioid prescriptions, a substantial portion of prescriptions for opioid medications are written for dental patients (Guy et al., 2017). All these statistics indicate that dentists are prescribing a substantial proportion of opioids for pain management, whether or not those medications are prescribed appropriately remains in question.

Pain Medication Prescribing Patterns among Dental Specialties and for Specific Dental Procedures:

To determine if pain medication prescribing practices of dentists deviate from safe prescribing guidelines, it is important to describe the opioid and non-opioid medications prescribed, dosages, the number of tablets or days of analgesic prescribed, refills, number of tablets unused, patient demographics, including age, and dental procedure or specialty and anticipated pain level. Few studies evaluated all of these

indicators of appropriate prescribing; however, the research evidence will be useful to describe current prescribing practices among general dentists and specialists.

Oral surgeons' pain medication prescribing patterns have been extensively studied and represent the majority of evidence for dental providers (Weiland et al., 2015; Maughan et al., 2016). Excluding those performed by general dentists, an estimated 3.5 million third molar extractions by oral surgeons occur each year in the United States and 85% to 99% of those patients receive a prescription for an opioid (Moore et al., 2006; Mutlu, Abubaker, & Laskin, 2013). The majority of prescriptions were written for immediate release acetaminophen and hydrocodone or acetaminophen and oxycodone. Oral surgeons in the United States appear to be more likely to prescribe hydrocodone, an opiate that has more potential for abuse and dependence, than their Canadian counterparts who are more likely to prescribe codeine (Pynn & Laskin, 2014). The typical dose of hydrocodone in the United States was 5 mg and the typical number of tablets prescribed was 20 (Range 10 to 40) (Mutlu et al. 2013). Twenty tablets is recommended for safe opioid prescribing based on a 4 to 6 hour dosing schedule for pain that will last the patient 3 to 4 days (Moore et al., 2006). The recommendation is based on clinical impressions that the pain will be highest on the first day and generally last 3 to 4 days. Twenty-two percent of oral surgeons prescribed more than the 20 tablets that would likely be necessary to control pain post-operatively (Mutlu et al. 2013). Additionally, US oral surgeons were less likely to prescribe a non-steroidal anti-inflammatory drug (NSAID) in combination with the opioid postoperatively. Sixty-six percent of US oral surgeons and 80% of Canadian oral surgeons reported prescribing an NSAID after treatment (Pynn & Laskin, 2014).

A retrospective analysis of a national Medicaid database for patients undergoing tooth extraction between 2000 and 2010 showed that opioid prescribing rates varied by procedure (Baker et al. 2016). Less invasive extractions for teeth that were not impacted (32%) and residual roots (32%) generally had lower opioid use rates than more invasive procedures, such as soft tissue impactions (57%), partial bony impactions (64%) and full bony impactions (68-70%). The number of morphine equivalents prescribed followed a similar trend (Baker et al. 2016). Retrospective analyses of commercial administrative data from 2009 to 2015 revealed that 79.9% of patients undergoing tooth extraction were dispensed an opioid analgesic (Harbaugh et al., 2018).

Nondiscriminatory prescribing practices may result in dispensing more medication than a patient needs. A survey of adolescent and young adult patients undergoing third molar extraction at a dental school's oral surgery clinic revealed patients are typically prescribed 20 tablets (median=20, range 10 to 40 tablets) of opioid or combination opioid pain medication (Weiland et al., 2015). The median usage over seven days was 8 tablets (range 0 to 34), leaving a median of 12 unused tablets per patient (Weiland et al., 2015). Ten percent of patients did not take any opioid medications. None of the patients reported disposing of the unused medication. The majority of patients reported the unused medications were stored in their homes (83%) or the locale was unknown (17%) (Weiland et al., 2015).

A recent study examined opioid prescription practices by oral surgeons following third molar extraction at a university-affiliated oral surgery clinic (Maughan et al., 2016). Ninety-four percent of patients received a prescription for an opioid. Most were for immediate release formulations of hydrocodone (73%) or oxycodone (21%) combined

with acetaminophen. Eighty-two percent of patients also received an NSAID prescription (Maughan et al 2017). The average number of opioid tablets prescribed for patients who did not develop dry socket was 28. On average, 15 tablets or 54% were left unused 21 days after surgery. Ninety-one percent of patients had unused opioid medications. Dry socket developed in five patients. These patients were prescribed 36 tablets on average and had 18 remaining at day 21. Four of the five patients who developed dry socket had opioid medication left over. One day after surgery, 53% of patients reported experiencing low pain (0-3 of 10). Seven days post-operatively, 79% of patients reported low pain levels. Providing instructions to patients regarding drug disposal resulted in a 22% increase in patients who disposed of or reported intent to dispose of unused medications (Maughan et al., 2016).

Medication prescribing practices for pain associated with endodontic treatment has also been studied. Based upon recommended guidelines, endodontists tend to utilize ibuprofen as the primary analgesic in the treatment of acute pain (American Association of Endodontists [AAE], 2015). Evidence based reviews of analgesics to treat pain of endodontic origin recommend NSAIDS be prescribed as the drug of choice to control pain at doses of 400 to 600 mg (Aminoshariae et al., 2016). If NSAIDS do not adequately control pain, a combination of NSAIDS and acetaminophen, Tramadol or an opioid was recommended. Analyses of endodontists prescribing patterns concluded that non-narcotics were preferred over narcotics for all clinical situations (Mickel et al., 2006). Respondents to a survey of prescribing patterns were much more likely to prescribe 600 mg of ibuprofen four times per day regardless of the severity of pre-operative or post-operative pain, endodontic diagnosis or treatment provided to the

patient. Narcotics were prescribed after a surgical procedure (28%), postoperative flare-up (31%), and for severe pain associated with a necrotic pulp and periradicular abscess (34%) (Mickel et al., 2006).

Few data exist to examine the prescribing practices of other specialties, including periodontics and orthodontics. Orofacial pain specialists may treat patients for longer periods of time and may prescribe opioid medications for a longer duration (Tufts Health Care Institute Program on opioid Risk Management, 2010). While the effectiveness of opioids needs further study for patients with orofacial pain, including temporomandibular disorders (Kucuk, Kaya, Motro, & Oral, 2014), these medications may be prescribed at high rates for long periods of time for some patients, but no studies were found to address this issue.

General dentists' pain medication prescribing patterns have not been studied extensively. The Practitioners Engaged in Research and Learning (PEARL) network, a practice based research collaborative, collected information from over 2300 patients regarding their pain levels and analgesic medications before and five days after specific procedures including crown preparation, extraction, endodontic therapy, periodontal surgery, pulp capping (direct and indirect), onlay restoration and treatment of abscesses (Wong et al., 2016). The patients were treated by 56 general dentists. The dentists completed questionnaires regarding their expected level of pain for each patient and prescribing practices. Because of their dedication to research and quality assurance, the PEARL Network dentists prescribing practices were expected to be a best-case scenario (Wong et al., 2016).

Overall, 91% of patients were recommended an over-the-counter or prescribed an analgesic (Wong et al., 2016). Twenty-eight percent of all patients recommended or prescribed a medication were given a prescription for an opioid. Opioids were most commonly prescribed for procedures for which more severe pain was anticipated, including tooth extraction (53%), non-surgical root canals (42%) and treatment of abscesses (38%). Higher percentages of patients for which dentists anticipated moderate (49%), severe (96%) and very severe (80%) pain levels were prescribed opioids. General dentists overestimated pain levels experienced by patients and their prescribing patterns were not consistent with the actual pain experienced by the patient. The majority of opioid prescriptions were for hydrocodone (69%), codeine (23%) or oxycodone (6%). Tramadol and propoxyphene were also prescribed occasionally (Wong et al., 2016).

Analysis of prescribing practices at a dental school clinic for selected procedures predicted to result in moderate to severe post-operative pain demonstrated dental extractions resulted in significantly more prescriptions for opioids than periodontal or endodontic surgery (Barasch, Safford, McNeal, Robinson, Grant, & Gilbert, 2011). Eighty-one percent of patients presenting for a molar root canal were not prescribed medication, while 16% received a narcotic prescription. Between four and nine percent of patients undergoing an extraction were not prescribed medication, while 90% to 96% received an opioid prescription. Twenty-five percent of patients undergoing osseous surgery and 57% having a surgical implant placed received a prescription for an opioid, while 75% and 29% did not receive a prescription for pain medications (Barasch

et al., 2011). It appears dentists' anticipation of patient post-operative pain levels and prescription of pain medications varies significantly across surgical procedures.

Analyses of dental prescribing patterns in the United States confirm that patients undergoing surgical dental procedures (Odds Ratio (OR) 12.4; 95% Confidence Interval (CI), 11.2-13.7) were most likely to receive opioid prescriptions, followed by root canals (OR 4.7, 95% CI 4.1-5.3), implant procedures (OR 2.8, 95% CI 2.2-3.7), and periodontal procedures (OR 2.1, 95% CI 1.8-2.5) after controlling for patient characteristics (Steinmetz, Zheng, Okunseri, Szabo & Okunseri 2017). After exclusion of preventive and diagnostic services, analyses of commercial dental claims from 2010 to 2015 revealed 68.4% of surgical and 31.1% of non-surgical dental visits resulted in an opioid prescription (Gupta, Vujicic, Blatz, 2018). Most surgical procedures for which an opioid was prescribed were for oral and maxillofacial surgeries (59.1%) and adjunctive general services (20.0%). Less than 10% of all surgery-associated opioid prescriptions were for endodontic, periodontal, implant, restorative and other surgical procedures (Gupta, Vujicic, Blatz, 2018). Most opioid prescriptions for non-surgical visits were for restorative services (55.6%) and adjunctive general services (20.4%) (Gupta, Vujicic, Blatz, 2018). Analyses of Washington State Medicaid patient data using similar protocols for calendar years 2014 and 2015 revealed 10.3% of dental visits were associated with a dispensed opioid prescription (Obadan-Udoh, Lupulescu-Mann, Charlesworth, Muench, Jura et al., 2019). Oral and maxillofacial surgery visits (94.4%) had the highest proportion of opioid prescriptions while diagnostic visits had the highest rate for non-invasive procedures (30.1%). The opioid prescription rates for the most frequently used oral surgery procedural codes varied from 39.5% to 57.0%. The highest

rate was for removal of complete bony impacted teeth (57.0%) and lowest for extraction of erupted teeth or exposed roots (39.5%). Rates for endodontic procedures ranged from 12.1% (endodontic therapy – molar tooth) to 19.4% (endodontic therapy – anterior tooth). Opioid prescription rates for the most frequently used periodontal procedures were more variable and ranged from 8.8% (guided tissue regeneration, non-resorbable barrier per site) to 52.9% (guided tissue regeneration – resorbable barrier per site). The rate of opioid prescriptions for surgical implant placement was 43.6%. The median days' supply for all visits resulting in a dispensed opioid prescription was 3 days and the median number of tablets was 16 (Obadan-Udoh, et al., 2019). The mean opioid duration and dosage was significantly higher for noninvasive visits compared to invasive visits. Preventive visits had the highest mean days (9.1 days) and quantity (27.2 tablets) supply. Restorative visits had the highest mean daily dose. However, controlling for patient characteristics (age, sex, prior high risk opioid prescription use, coverage type), patients undergoing invasive procedures were 35.6% more likely to receive an opioid analgesic compared to those undergoing non-invasive procedures. Patient with prior high-risk prescription use undergoing invasive procedures were 14.3% more likely to receive an opioid analgesic than if the visit was non-invasive.

Additionally, it appears from these data, dentists generally provide a 2-3 day supply of immediate release opioids in appropriate dosages and utilize NSAIDS with combination opioid products to alleviate patients' pain. However, dentists prescribing patterns may overestimate the pain experienced by the patient and a significant amount of medication is leftover and is not properly disposed. Unused medications, in particular

opioids, could be a source for abuse, misuse, and diversion to those who may abuse or misuse the medications.

Characteristics of Dental Patients, Providers and Health Care Systems Associated with Opioid Prescriptions:

Patient Characteristics: Few research studies have investigated the relationship between opioid prescriptions and patient and provider characteristics. A recent review of the opioid prescribing practices of dental professionals in the United States identified a paucity of research describing the characteristics of patients, dentists and health care entities despite the large number of opioid prescriptions (Lutfiyya, Gross, Schvaneveldt, Woo & Lipsky 2018). An analysis of a representative sample of dental patients in the United States using the Medical Expenditure Panel Survey (MEPS) from 1996 to 2013 revealed an opioid was prescribed for 2.75% of visits (Steinmetz, Zheng, Okunseri, Szabo & Okunseri 2017). African Americans were more likely than whites and Asians and Hispanics were less likely than whites to receive an opioid prescription after adjusting for the type of procedure, patient age, education, marital and socioeconomic status (Steinmetz et al. 2017). Divorced patients were more likely and never married patients were less likely than married patients to be prescribed an opioid. Patients with incomes below the poverty level were more likely to receive an opioid prescription than the wealthiest patients and those with advanced degrees were less likely to receive an opioid prescription. Analyses of a national database of commercial insurance claims between 2009 and 2015 for patients undergoing tooth extractions showed that patients dispensed an opioid were more likely to be younger and female with higher rates of chronic pain, depression, anxiety, pre-operative prescription use and tooth impaction

(Harbaugh et al., 2018.). Analyses of prescribing patterns at a dental school's clinics showed patients older than 45 years, those with insurance and those with pre-existing pain were more likely to receive an opioid analgesic prescription (Barasch et al., 2013). There were no differences in prescribing by race or gender in this study. Female, younger and African-American patients were more likely to be prescribed an opioid for pain by dentists when virtual human technology was utilized to study dentists' prescribing patterns (Wandner, Hirsh, Torres, Lok, Scipio, Heft & Robinson, 2013). The difference in prescribing opioids for Caucasian and African-Americans was more pronounced for younger than older patients. Patients presenting in greater pain were also more likely to receive an opioid analgesic (Wandner, Hirsh, Torres et al., 2013). Analyses of opioid prescribing after dental visits in 2014 and 2015 for Medicaid patients in Washington State revealed the probability of receiving an opioid analgesic was significantly higher when the patient was younger (18-39 years), female and under managed care coverage (Obadan-Udoh, et al., 2019). Hispanics and Asians were less likely than Caucasians and American Indians were more likely than Caucasians to receive opioid prescriptions. Those with high-risk prescriptions in the past 12 months were 11.1% more likely to receive an opioid than those without high-risk prescriptions (Obadan-Udoh, et al., 2019).

A recent scoping review concluded dentists' opioid prescribing patterns are affected by patient demographic characteristics, including patient age, sex, race and ethnicity (Lutfiyya et al., 2018). In addition, surgical, root canal and implant procedures were associated with the highest rates of opioid prescriptions.

Provider Characteristics: After controlling for patient age, gender and race, female dentists were more likely to rate pain higher and to prescribe opioid analgesics than male dentists utilizing virtual human technology to present a clinical scenario to dentists. Age of the dentist was not a significant covariate (Wandner, Hirsh, Torres et al., 2013). Other studies using virtual human technology found the interaction of provider and patient characteristics were important determinants of pain management decisions (Boissoneault, Mundt, Bartley, Wandner, Hirsh & Robinson, 2016). Dentists' analgesic prescribing tended to be less influenced by patient gender, age and race than those of physicians. However, other research using virtual human technology to assess physician and dentist prescribing patterns found practitioner gender, race, age and years of experience were associated with pain management decisions (Bartley, Boissoneault, Vargovich, Wandner, Hirsh, Lok, Heft, & Robinson, 2015).

Healthcare Entity Characteristics: Few data exist regarding practice characteristics that may affect opioid prescribing by dentists. Few dentists utilize Prescription Drug Monitoring Programs (PDMPs) to assess patient prescriptions history for drug abuse potential (McCauley, Leite, Gordan et al, 2018). PDMPs have been associated with lower rates of opioid prescribing. Integration of pharmacy services with clinical services has been shown to lower opioid prescription rates. Analyses of opioid prescribing during periods of no, partial and full pharmacy services integration at a single free dental clinic for medically underserved patients after exclusion of oral surgeons' prescribing revealed opioid prescription rates were 81% lower during periods of full integration and 74% lower during partial integration compared to no integration (Stewart, Zborovancik & Stiely, 2017). During full integration, dentists were required to have a discussion with

the pharmacy team that typically addressed issues related to drug interactions, dosing, allergies, alternative medicines and the clinic policy limiting opioid prescriptions to a 2-day supply. The pharmacist entered the prescription and the dentists approved it in the clinic's electronic medical record. During partial integration, pharmacists were available, but interactions were not required before ordering that could be completed independently by the dentist (Stewart et al., 2017). Prescribing rates were five times higher when pharmacy services were not integrated.

Temporal Characteristics: In general, opioid prescribing rates declined amid the focus placed on the epidemic between 2012 and 2017 (Zhu, Chernew, Sherry and Maestas, 2019). Specifically, initial opioid prescriptions for patients who had not previously used an opioid analgesic decreased by 54% and the number of health care providers initiating opioid therapy with patients decreased by 29%.

Why do dentists prescribe opioids?

Provision of a prescription for pain control is multifaceted. It involves social and legal considerations, considerations of the efficacy of treatment provided to alleviate pain, estimation of the level of pain, and estimation of the analgesia provided by different pain medications. The choice of treatment modality or medication is influenced by the provider's training and level of expertise. Specialists may choose different treatments than those provided by general dentists and those in a large group practice with access to after-hours coverage may make different decisions than those providers who do not have a substantive support structure. Additionally, the dentist may be influenced by the patient's desires or expectations.

The provider side: In order to provide a medication for effective postoperative pain control following a dental procedure, providers estimate the level of pain the patient will experience and match that level of pain to an analgesic that will provide adequate pain relief (Hersh et al., 2011). Dentists typically overestimate the level of pain that will be experienced by patients (Wong et al., 2016) and therefore may prescribe stronger medications and/or more tablets than the patient needs (Maughan et al., 2016). Dentists who were trained in the 1970s and early 1980s may be more likely to prescribe an opioid because they were educated when acetaminophen combined with codeine, hydrocodone or oxycodone were the drugs of choice for postoperative pain control before the effectiveness of NSAIDS was widely disseminated (Aminoshariae et al., 2016; Dionne, Gordon, & Moore, 2016; Hersh, Dionne & Moore, 2017; Hersh et al. 2011; Moore, Dionne, Cooper, & Hersh, 2016; Moore & Hersh EV, 2013;). Because the most frequently prescribed opioids are classified as Schedule II medications by the Drug Enforcement Agency, dentists and patients may perceive them to be more effective than other medications (Moore et al., 2016). Additionally, because prescriptions for these medications cannot legally be called into a pharmacy, they may be indiscriminately prescribed as a matter of convenience to the patient and provider. Patient characteristics, such as past experience with post-operative pain, may also influence dentists' choice of pain medications. A study of prescribing patterns at a dental school clinic revealed that patients over 45 years of age, those with insurance that covered a narcotic, and those in acute pain prior to their appointments were more likely to receive a prescription for a narcotic medication (Barasch et al., 2011).

The patient side: Patients may request pain medications to ensure they are comfortable after treatment. In the 1980s, concern was perpetuated that chronic pain sufferers were being undertreated by the healthcare profession (Chester, 2017). In the 1990s, pain grew into a political rights issue and pressure was placed on medical providers to treat pain (Chester, 2017). Patient entitlement and drive to have freedom from pain may also contribute to the increase in prescriptions for pain and more specifically for opioid medications. Additionally, patients may seek opioid medications for abuse and/or diversion. As previously mentioned, over two million people have an opioid use disorder associated with prescription opioids (SAMHSA, 2016). Individuals with drug seeking behaviors increase demand for opioid medications.

Current practice recommendations for prescribing medications for acute pain in dentistry:

Dentists, including oral surgeons, typically prescribe 20 tablets of opioids for pain anticipated to be moderate or severe (Hersh et al., 2011). Different studies have found that patients took NSAIDS for an average of 4 to 6 days after removal of impacted third molars, however, almost 25% of patients in a separate study took analgesics 10 days after third molar removal (Hersh et al., 1993; Snyder, Shugars, White, & Phillips, 2005). A more recent analysis found average pain levels were low three days after surgery for 50% of patients and for 80% of patients by day five (Maughan et al., 2016).

Current recommendations for pain medication prescribing are based on the flexible analgesic strategy for the management of acute pain developed in 1995 by the American Association of Endodontists (American Association of Endodontists Endodontics Colleagues for Excellence 1995; Dionne et al., 2016a; Hersh et al., 2011;

Moore & Hersh, 2013). The recommendations were developed for procedures anticipated to induce mild, moderate or severe pain. More recent modifications to these guidelines were implemented to reduce opioid abuse (Dionne et al., 2016b). These new guidelines utilize NSAIDS as the primary analgesic based on research indicating optimal doses are superior to single-entity opioids and at least as effective as acetaminophen (APAP)/opioid combinations and have less side effects (Hersh et al., 2011; Moore, Zeigler, Lipman et al. 2018). Opioids are recommended only for severe, continuing pain and the number of tablets prescribed should not exceed a 2 or 3 day supply (Dionne et al., 2016a; Hersh et al., 2017).

. Opioids prescriptions are recommended only as a supplement to NSAIDS and APAP and to be filled only if pain is not adequately suppressed by first line medications. Refills are strongly discouraged and should not be provided even for legitimate reasons until the patient has been reassessed by the dentist (Dionne et al., 2016a; Dionne et al., 2016b). These guidelines also recommend tramadol be prescribed as a combination opioid because of the reduced risk of abuse or dependence compared to hydrocodone and oxycodone. Additionally, to delay the onset of post-operative dental pain, administration of NSAIDs before the procedure and a long acting local anesthetic, such as bupivacaine, after the procedure are recommended (Dionne et al., 2016a).

Prescribing Opioids in the Military Health System:

A scoping review of opioid prescribing patterns by dentists revealed a paucity of data (Lutfiyya, Gross, Schvaneveldt, Woo & Lipsky 2018). Few studies, especially those with regional or national data were available. Current research was mostly conducted at the state level with limited generalizability. In addition, the majority of evidence regarding

pain medication prescribing patterns by dentists is based upon information from the private or civilian sector and public dental schools. A significant amount of dental care is provided by Active Duty and civilian dentists at Military Treatment Facilities to military members and their dependents at locations throughout the world. In 2017, approximately 1.5 million active duty personnel and their dependents were treated by active duty and civilian dentists employed by the United States Navy. Despite the similarity in training and techniques between civilian and military dental providers, significant differences exist in the structure and organization of these services that may affect pain medication prescribing practices. This is important because a significant proportion of active duty patients and dependents are young adults who have a greater narcotic abuse potential (Miech et al. 2015). Opioid prescriptions after third molar surgery or other dental procedures may be their first exposure to narcotics

Active Duty dentists' pain medication prescriptions are generally not affected by patients' economic or insurance status considerations since the cost of all prescriptions is covered through Military Treatment Facilities and the Active Duty Dental Plan. Insurance coverage for specific medications, including opioids, may limit opioid prescriptions for some patients in the private sector (Barasch et al., 2011). Additionally, while a significant portion of prescriptions for dental patients are written by non-dental providers after-hours in emergency departments (McCauley et al., 2016; C. Okunseri et al., 2014), Active Duty dentists generally provide 24-hour service coverage to provide immediate treatment outside of normal working hours. These services and the provision of immediate treatment (e.g. extractions and pulpectomies) to alleviate the patient's pain may decrease the prescription of pain medications and limit opioid prescriptions.

However, a patient may not see their original dentist after normal working hours or for a sick call appointment for emergency treatment. Prescriptions in Military Treatment Facilities are tracked through a centralized prescription system. The system warns providers of duplicate prescriptions, patient allergies and the patient's current active and prescription history to ensure safe prescribing practices that limit abuse potential. The database also allows providers to enter prescriptions sets in order to prescribe the same medications and dosages to multiple patients. The Military Health System is also able to orchestrate and mandate provider training sessions to ensure safe pain medication prescribing. In May 2017, the United States Navy Dental Corps orchestrated a training of all active duty and civilian contract dentists to educate providers about the importance of safe prescribing with respect to opioid medications. In addition, literature was recently disseminated regarding safe and effective use of opioids to US Navy and affiliated dentists (Hargitai, Khorassani, Roman & Suffridge, 2018). The Defense Health Agency and US Navy Bureau of Medicine and Surgery released instructions to guide safe opioid prescribing by limiting the days of medication supplied (Defense Health Agency, 2018; Bureau of Medicine and Surgery, 2018). Active Duty patients and providers are also subject to routine urinalysis screening for the detection and prevention of substance abuse, including opioids. Positive test results without a valid prescription for a narcotic may result in disciplinary actions against the member.

Currently, few data exist regarding Active Duty dentists pain medication prescribing practices, including the amount of opioid medications prescribed. Because of the substantial number of young patients with high abuse potential and procedures administered that are likely to result in the prescription tablets prescribed that if unused

could be diverted for misuse, it is important to determine if military dentists follow appropriate pain medication prescribing guidelines. Specifically, the objective of this study was to describe opioid prescription rates, patient characteristics, and type of dental visit at which dentists more frequently prescribe opioids to patients treated in the Military Health System.

CHAPTER II: MATERIALS AND METHODS

To accomplish the research objective, a retrospective analysis of dental encounters and dispensed analgesic medications was conducted using the Military Health System's Data Repository (MDR).

Military Health System Data Repository (MDR):

The MDR contains personnel and health records for over 10 million beneficiaries from over 260 Department of Defense healthcare facilities worldwide and the Tri-Care Direct Purchase Program (Military Health System, 2019). The MDR processes over 60 billion records annually. Procedures from dental encounters and dispensed prescription medications are two of the many components of the MDR. These data are available in the Dental Encounter Data (DED) and the Pharmacy Detail Transaction Service tables (PDTS). The dental procedures and pharmacy data in MDR are a cleaned version of the appointment, procedure and prescription information entered into the Corporate Dental System (CDS) and Composite Healthcare System (CHCS) by dentists at healthcare facilities throughout the world. Both of these systems are used by the Air Force, Army, and Navy Dental Corps.

Prescription Opioid Medications:

The PDTS contains information about dispensed medications for Military Treatment Facilities, mail order, and prescriptions that were filled at commercial pharmacies and paid for by Tri-Care. Prescriptions dispensed in deployed environments, such as in combat zones and on ships, and those that were not paid for by Tri-Care will not be reflected in these data. Medications in the American Hospital Formulary Service

(AHFS) opiate agonists therapeutic class (280808) were used to identify opioid medications selected for this study.

Dental Visits and Procedure Categories:

Procedure codes are entered into CDS after a dental encounter is completed. Multiple procedure codes may be entered for each visit. The information from CDS is available in the MDR DED table. Current Dental Terminology (CDT) and Current Procedural Terminology (CPT) codes were compiled from the 2017 and 2018 Defense Health Agency's guidelines for dental and surgical procedural codes and dental weighted values (Defense Health Agency 2017, 2018). The codes were classified as surgical or non-surgical based upon whether or not the procedure involved the incision, reflection, or removal of the hard and soft tissues of the periodontium or surrounding hard and soft tissues. Each procedure was also categorized into one of fifteen service categories (Table 1) based on the Defense Health Agency's procedural code categorization, expert review and an analysis of frequencies for the codes. A complete listing of codes, including those that were excluded from the analysis, are listed in Appendix A. In general, codes that were excluded were for dental procedures that were not directly involved in patient care (oral pathology, dental case management, and laboratory or administrative codes) and procedures that required other procedures to be performed (bone graft for ridge preservation after extraction and administration of anesthesia or sedation).

Procedural codes were categorized for each dental visit. Each dental visit may have codes in multiple categories. Six of the procedure categories developed were surgical. A tooth extraction procedure was categorized as an impacted extraction if any tooth extracted was soft tissue or at least partial bony impacted. Nine non-surgical

procedure categories were developed. Diagnostic and preventive categories were associated with a visit only if no other type of procedure was performed. If a visit included only diagnostic and preventive services, the visit was classified as preventive.

Dental visits were constructed from multiple procedure entries and defined for a specific date as unique provider-patient combinations. If a patient saw the same provider twice on a given day, it was counted as one visit. Visits with two different providers on the same day were counted as two visits.

Linking Dental Procedures and Dispensed Analgesic Prescriptions:

To identify analgesic prescriptions associated with dental treatment, dispensed analgesic medications were linked to dental procedures. A direct record identifier was not available to link dispensed medications and dental encounters. Dental visits were linked to dispensed opioid analgesics if the visit occurred within two days of the opioid being dispensed and the prescription was written by a dentist.

Inclusion Criteria:

Patients aged 18-64 years old who received dental treatment at a Military Treatment Facility between October 1, 2017 and September 30, 2018 were selected for this study.

Institutional Review Board Approval:

This research protocol was reviewed by the Institutional Review Board (IRB) at the Walter Reed National Military Medical Center (WRNMMC). The approval number is WRNMMC-EDO-2018-0237. Only de-identified information was used for this study.

Data Analyses:

Patient, provider and facility characteristics available in MDR were abstracted for these analyses. Descriptive statistics were computed for active duty patients who had a dental visit between October 1, 2017 and September 30, 2018. The total number of each procedure category was also computed for the study period. Opioid prescription rates were computed for patient gender, age, race/ethnicity, dependent status, dental procedure category, rank (if active duty), branch of service (if active duty), and facility service affiliation. The total number of opioid prescriptions dispensed was also computed for each procedure category. Because of the large number of cases, the variability in these data will be small and many differences that are not meaningful will be statistically significant.

Table 1. Dental procedure code classifications.

Procedure Category	Surgical or Non-Surgical
Diagnostic	Non-Surgical
Endodontic	Non-Surgical
Endodontic	Surgical
Implant	Non-Surgical
Implant	Surgical
Orofacial Pain*	Non-Surgical
Oral Surgery – Extraction – Impacted	Surgical
Oral Surgery – Extraction – Erupted	Surgical
Oral Surgery – Other Procedure	Surgical
Orthodontic	Non-Surgical
Periodontal	Non-Surgical
Periodontal	Surgical
Preventive	Non-Surgical
Removable/Maxillofacial Prosthetics/Obstructive Sleep Apnea	Non-Surgical
Restorative	Non-Surgical

*Includes diagnostic, counseling, management, trigger point injection, anesthetic blocks and other treatment modalities for orofacial pain.

CHAPTER III: RESULTS

Between October 1, 2017 and September 30, 2018, there were approximately 3.45 million dental visits across all Military Treatment Facilities for patients aged 18 to 64 years. Approximately 3.25 million (94%) of those visits were by 1.36 million active duty members. The six most frequent procedure categories associated with dental visits were non-surgical (Figure 1). Most of the dental visits to military treatment facilities were for diagnostic (n=1,535,571) or preventive services only (n=783,841). Many visits also involved restorative services (n=633,174). The most prevalent surgical procedure categories were extraction of impacted (n=67,349) and erupted teeth (n=39,253).

Demographic Characteristics:

Most active duty patients were male (82.62%; Table 2). Most patients were under 35 years old (75.8%), over forty-one percent were 18-24 years old (41.83%) and 34% were 25-34 years old. Approximately 70.6% were Caucasian, 17.5% were African American and over 80% were junior or senior enlisted active duty members. Army was the branch of service for 39.2% of patients, 20.6% Navy, 25.6% Air Force and 14.0% Marines.

Opioid prescription rates for specific groups of patients:

Overall, 3.93% of all dental visits or 135,642 visits between October 1, 2017 and September 30, 2018 resulted in an opioid being dispensed.

In general, rates for specific groups of patients are fairly similar. No difference between patient subgroups was larger than 3-4%. Because of the large number of cases, the variability in these data is small and many differences that are not meaningful were

detected as statistically significant. Rates for males (3.87%) and females (4.15%) were similar (Figure 2). Rates of opioid prescriptions were somewhat higher for younger patients (18-24 years old; 5.89%) than patients in older age groups (2.15% to 3.05%; Figure 3). African Americans (4.48%) had slightly higher rates than Caucasians (3.73%), Asian and Pacific Islanders (3.87%), and American Indians and Alaskan Natives (3.28%; Figure 4). However, the difference between African Americans and Caucasians was only 0.75%. The largest difference, 1.28%, was between African Americans and American Indians or Alaskan Natives. Additionally, opioid prescription rates for patient beneficiary status revealed rates for dependents were generally highest (5.38%) and lowest for active duty members (3.88%), however, the magnitude of these differences is small (Figure 5).

Opioid prescription rates were highest for junior enlisted patients (5.89%) and lowest for senior officers (1.55%; Figure 6). Active duty members in the Marines (5.65%) and Navy (4.55%, 3.97%) had somewhat higher rates than those in the Army (3.78%) and Air Force (2.75%; Figure 7). The Military Treatment Facility service branch affiliation showed similar trends (Figure 8). Rates were highest at Navy facilities (5.13%) and lowest at Air Force facilities (2.91%).

Opioid Prescription Rates for Procedure Categories:

A larger magnitude of opioid prescribing rates were demonstrated when dental procedure categories were evaluated (Figure 9). Rates varied between 0.32% (preventive only) and 82.34% (extraction of impacted teeth) across the procedure categories. The surgical procedure categories, depicted with red bars, generally had higher rates of opioids dispensed than the non-surgical procedure categories, depicted with lighter blue

bars. The highest rates were 82.34% for extraction of impacted teeth, 61.14% for extraction of non-impacted teeth and about 50% for implant and periodontal surgeries. The highest rates for non-surgical procedures were for the removable prosthodontics, obstructive sleep apnea (OSA), maxillofacial prosthetics category (10.82%) and orofacial pain (6.52%).

Total Opioid prescriptions dispensed for dental procedure categories:

The ranking sequence changes somewhat when the total number of opioids prescriptions dispensed between October 1, 2017 and September 30, 2019 were analyzed (Figure 10). Most of the opioids dispensed are associated with extractions (n=55,453 for impacted and n=23,999 for erupted), however, a significant portion of opioids were associated with the non-surgical visit categories, diagnostic only (n=20,446) and restorative (n=6,832). Diagnostic only services ranked third highest for the total number of opioid prescriptions dispensed. Restorative services were ranked sixth overall.

Table 2. Population characteristics of active duty patients (n=1,356,145).

Patient Characteristic		Percent
Gender	Male	82.62%
	Female	17.38%
Age	18-24	41.83%
	25-34	33.99%
	35-44	17.28%
	45-64	6.91%
Race/Ethnicity	Caucasian	70.57%
	African American	17.47%
	Asian or Pacific Islander	5.99%
	American Indian or Alaskan Native	1.09%
	Other	3.39%
	Unknown	1.49%
Service Branch	Army	39.17%
	Coast Guard	0.62%
	Air Force	25.61%
	Marines	13.98%
	Navy	13.15%
	Navy Afloat	7.42%
	Unknown	0.04%
Rank	Enlisted: E4 and below	44.25%
	Enlisted: E5 and above	36.63%
	Officer: O1-O3	9.23%
	Officer: O4 and above	6.44%
	Warrant Officer	1.44%
	Cadet	0.76%
	Unknown	1.26%

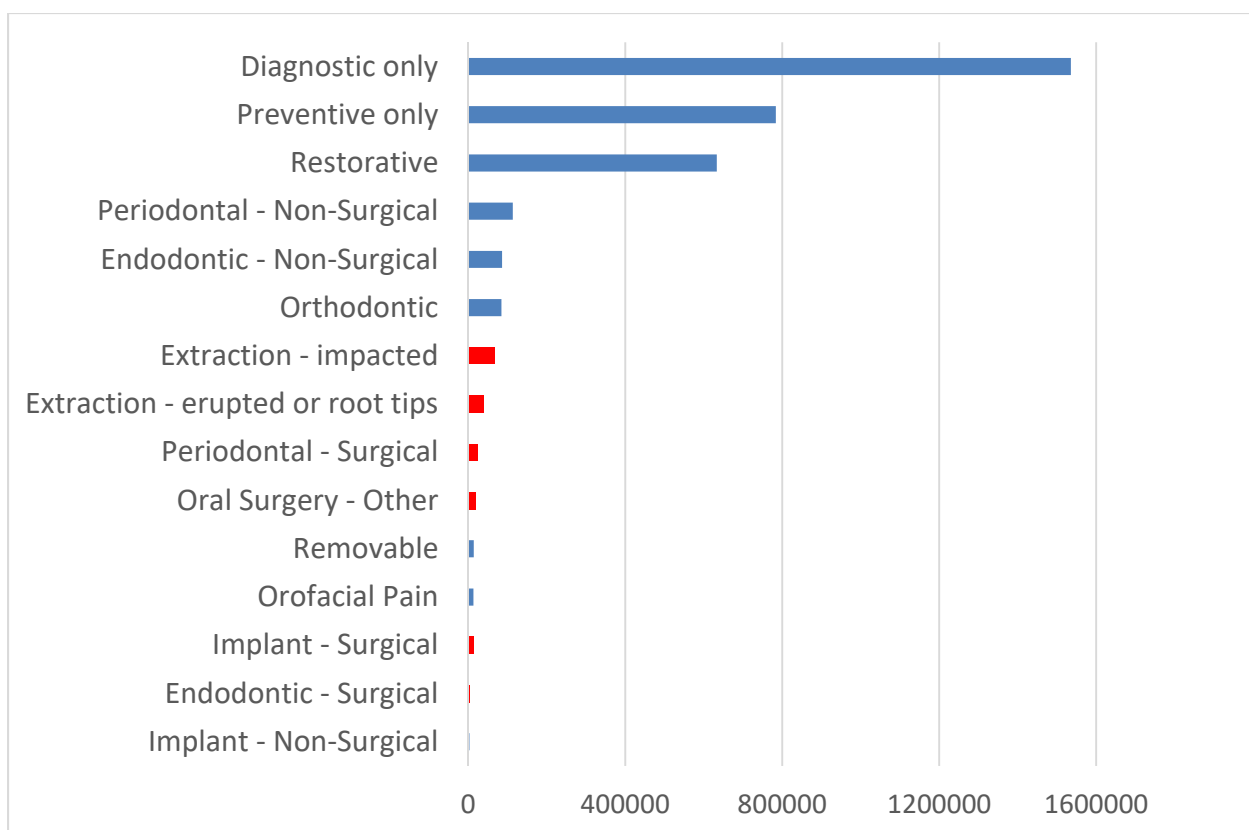


Figure 1. Number of procedures performed at military treatment facilities between October 1, 2017 and September 30, 2018 (Red bars indicate surgical procedure categories and blue bars indicate non-surgical procedure categories).

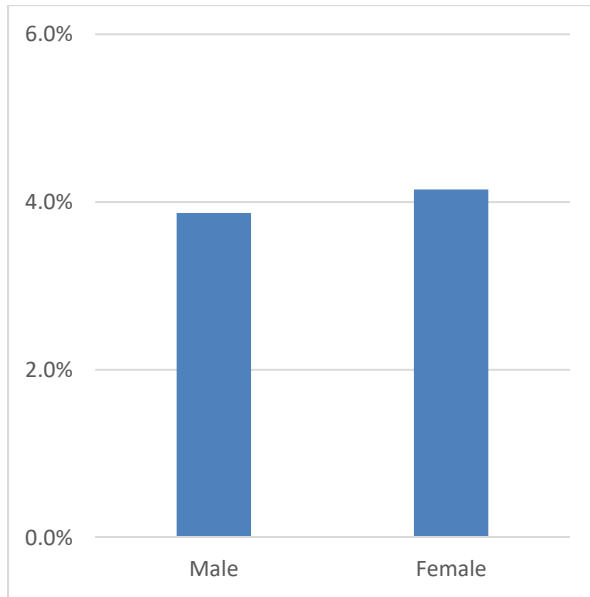


Figure 2. Opioid prescription rates for male and female patients.

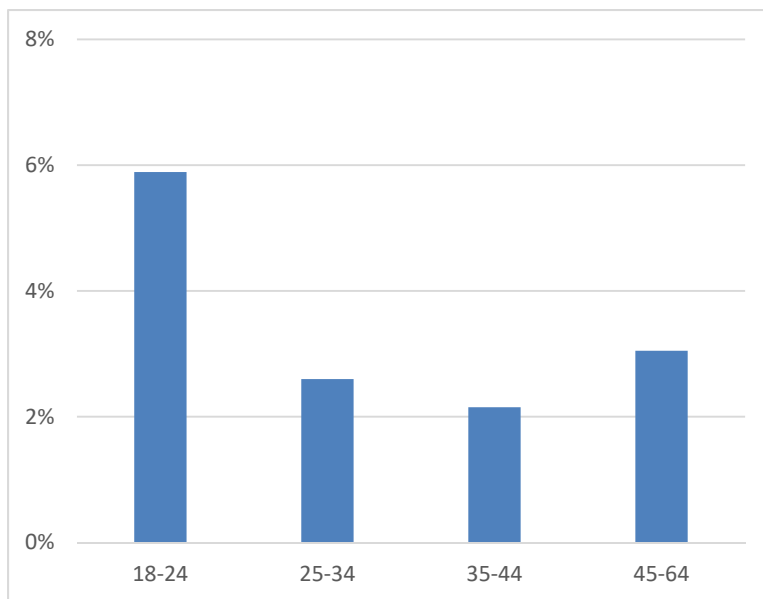


Figure 3. Opioid prescription rate by patient age category.

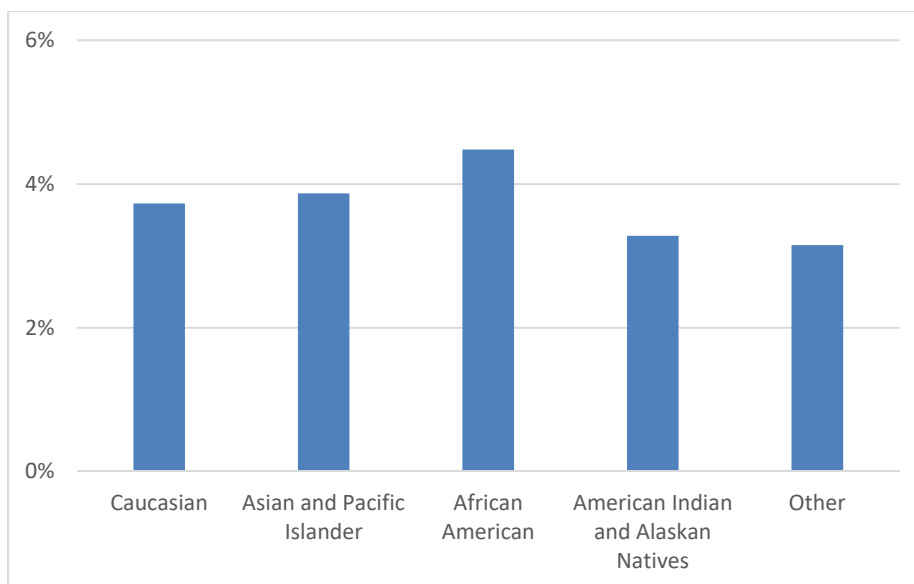


Figure 4. Opioid prescription rates by patient race/ethnicity (Active duty patients only).

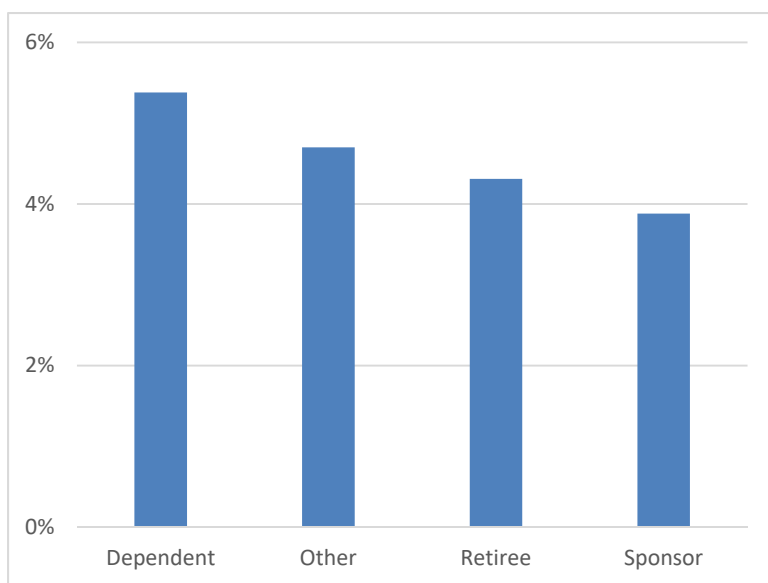


Figure 5. Opioid prescription rate by patient beneficiary status.

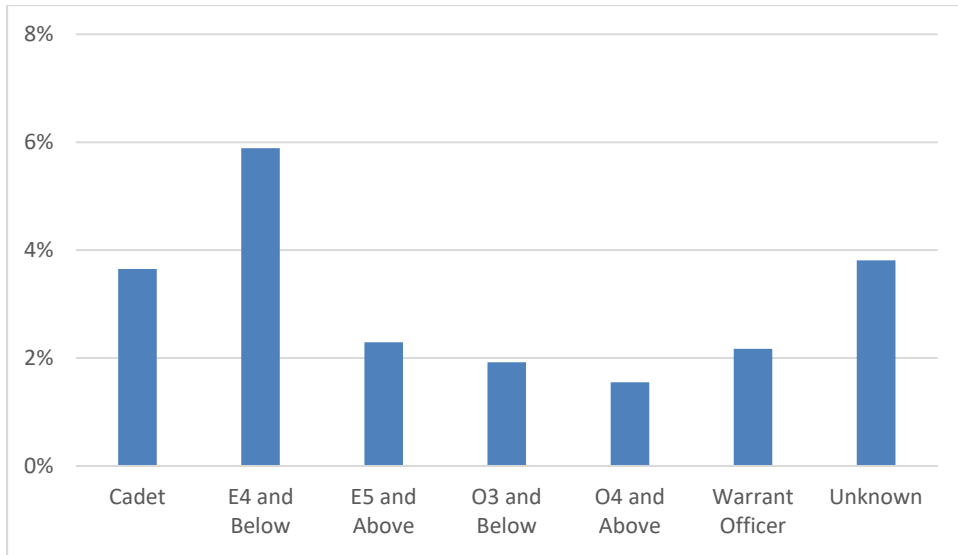


Figure 6. Opioid prescription rate by patient rank (active duty patients only).

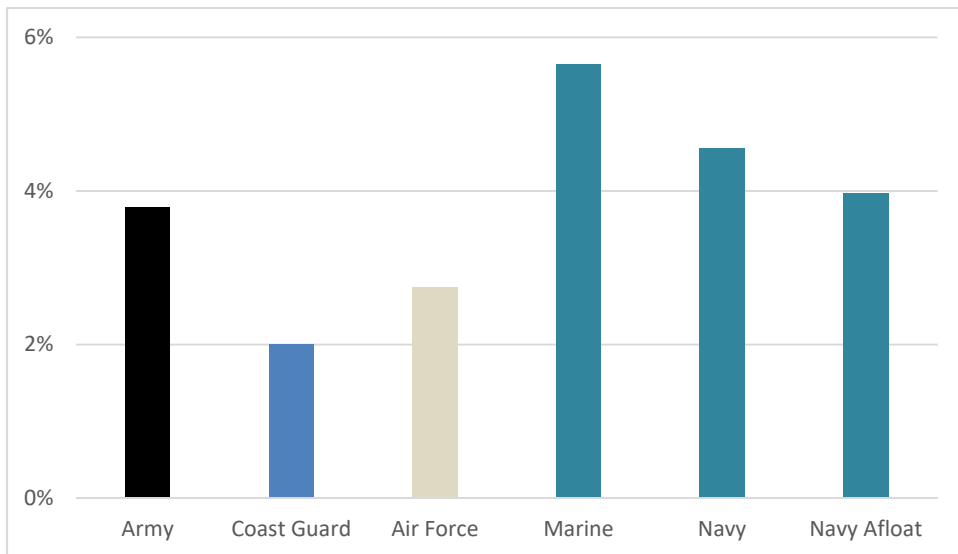


Figure 7. Opioid prescription rate for patient branch of service (active duty patients only; medium blue bars indicate service members primarily served at Navy facilities).

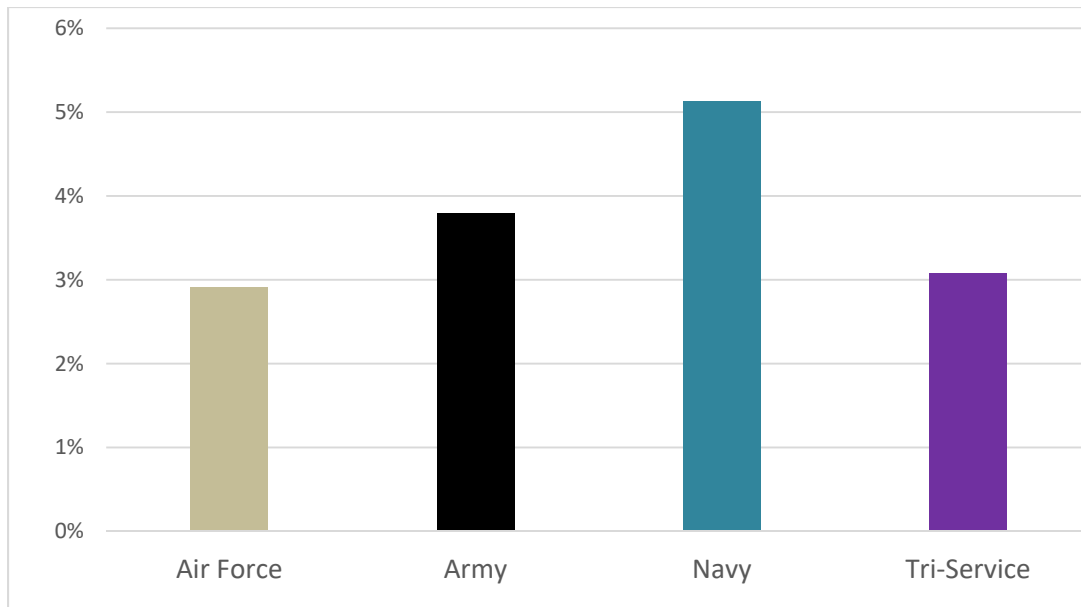


Figure 8. Opioid prescription rate by Military Treatment Facility service branch affiliation.

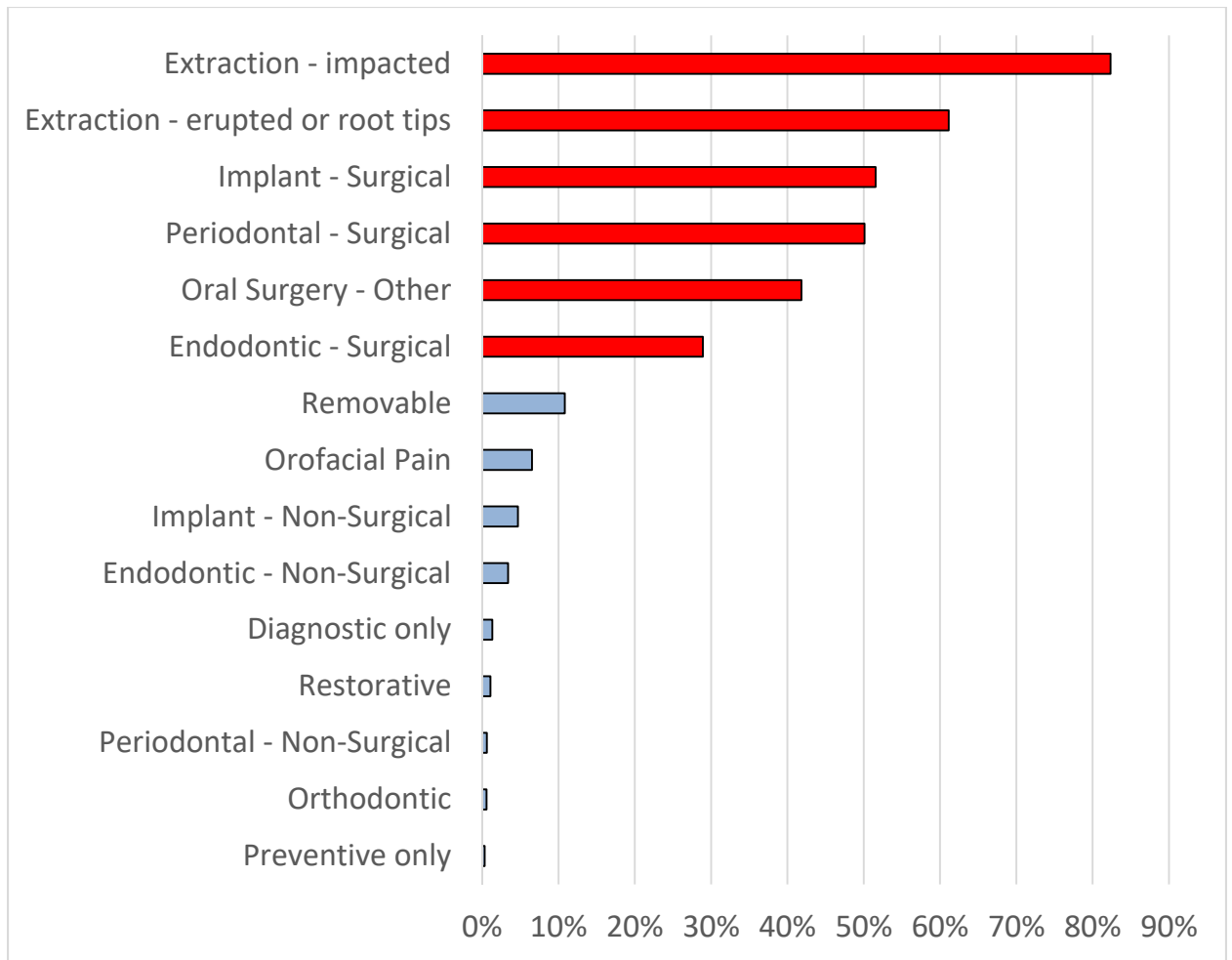


Figure 9. Opioid prescriptions rates for dental procedure categories (surgical categories depicted with red bars; non-surgical categories depicted with light blue bars).

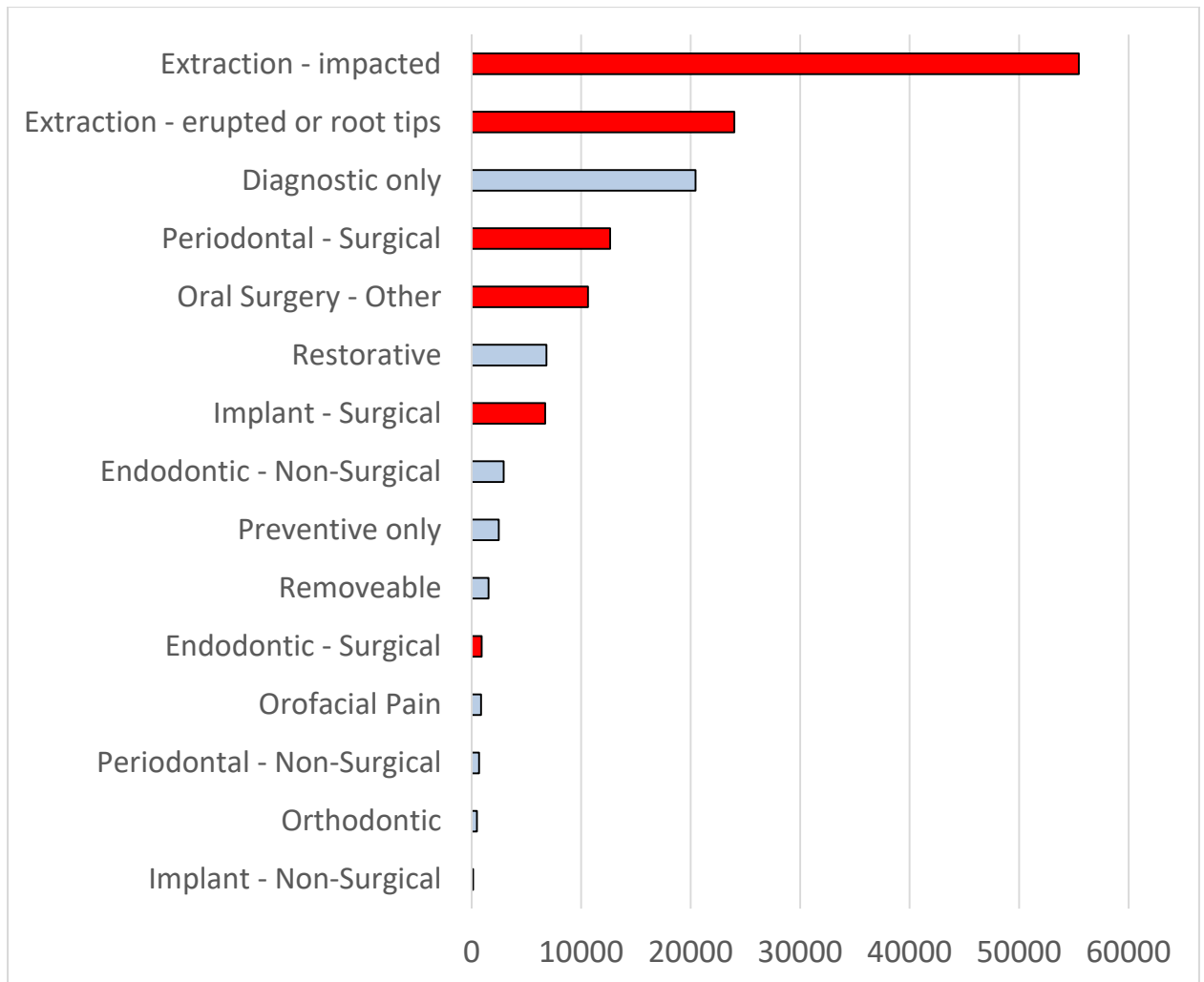


Figure 10. Number of opioids dispensed by procedure category (surgical categories depicted with red bars; non-surgical categories depicted with light blue bars).

CHAPTER IV: DISCUSSION

Because of the large proportion of younger patients undergoing tooth extraction procedures in the military patient population, rates of opioid analgesic prescriptions by dentists are expected to be higher than the general population. These preliminary data suggest the overall rate of opioid prescriptions for dental treatment in the Military Health System (3.9%) is comparable or somewhat lower than other populations (Figure 11). Rates for a national sample of privately insured patients in 2010 and 2015 were 5.0% and 5.9% respectively (Gupta et al. 2018). Additionally, 2.75% of dental visits resulted in an opioid being prescribed in a national sample based on responses to the Medical Expenditure Panel Survey from 1996 to 2013 (Steinmetz et al. 2017).

Rates for specific procedure categories were generally consistent with the results of previous research. Surgical procedures were associated with higher rates of opioid prescribing than non-surgical procedures (Baker et al. 2016, Gupta et al. 2018, Obadan-Udoh et al. 2019). In particular, the highest rates have been associated with more invasive procedures, such as extraction of impacted teeth. Opioid prescription rates for this study were comparable to other analyses for more complex and impacted extractions, however, rates for the extraction of erupted teeth were somewhat higher than in studies of privately and publicly insured patients (Baker et al. 2016, Harbaugh et al. 2018). In addition, consistent with previous research, a high proportion of opioids were dispensed for non-surgical procedures associated with diagnostic only and restorative treatment (Gupta et al. 2018, Obadan-Udoh et al. 2019). These findings should initiate subsequent research to determine why less invasive extractions resulted in a high rate of opioid

prescriptions and whether diagnostic and restorative visits for which opioids were prescribed are pre-surgical or post-surgical visits or associated with other treatment.

In general, prior research indicates females are more likely to receive an opioid prescription than males (Harbaugh et al. 2018, Obadan-Udoh et al. 2019, Wandner et al. 2013). The results for this study do not support this finding. Rates for males and females are both near the overall rate of 3.9%. Consistent with prior research, in this study younger patients had higher rates of opioid prescriptions than older patients because of the frequency of third molar extractions in these patients (Harbaugh et al. 2018, Obadan-Udoh et al. 2019, Wandner et al. 2013). Also, consistent with prior research, African Americans were more likely than Caucasians to receive an opioid after dental treatment in the Military Health System, although the difference is less than 0.75% (Obadan-Udoh et al. 2019, Steinmetz et al. 2017, Wandner et al. 2013). Prior research also indicates Asians are less likely than Caucasians to receive an opioid, but that finding is not supported by these data.

The results of this study provide preliminary research results about opioid prescribing for dental patients in Military Treatment Facilities. Further research is needed. Specifically, the types, amounts, days and dosages of opioid medications must be investigated to determine if safe prescribing practices are being followed. Analyzing these data across multiple years will provide important information about trends in opioid prescribing to dental patients treated in the Military Health System. In addition, while the bivariate analyses presented provide important information, multivariate models need to be developed to further refine the relationships between the independent variables studied and opioid prescribing.

Interpretation of the results of this study may be limited by the population studied, providers studied and database utilized. These results may not be generalizable to the larger population because this study analyzed only the dental analgesic prescribing practices of dentists working in the Military Health System. While these dentists receive their training in civilian dental schools, the pharmacy system they utilize, and the prescribing guidelines and additional training they receive in the military system may not be comparable to private practice, public or other government practices. Additionally, opioid prescribing to the generally younger population served by dentists in the Military Health System may not be comparable to other practice settings. Finally, this research project analyzed only dispensed medications. No information is available about prescriptions that were written but not dispensed.

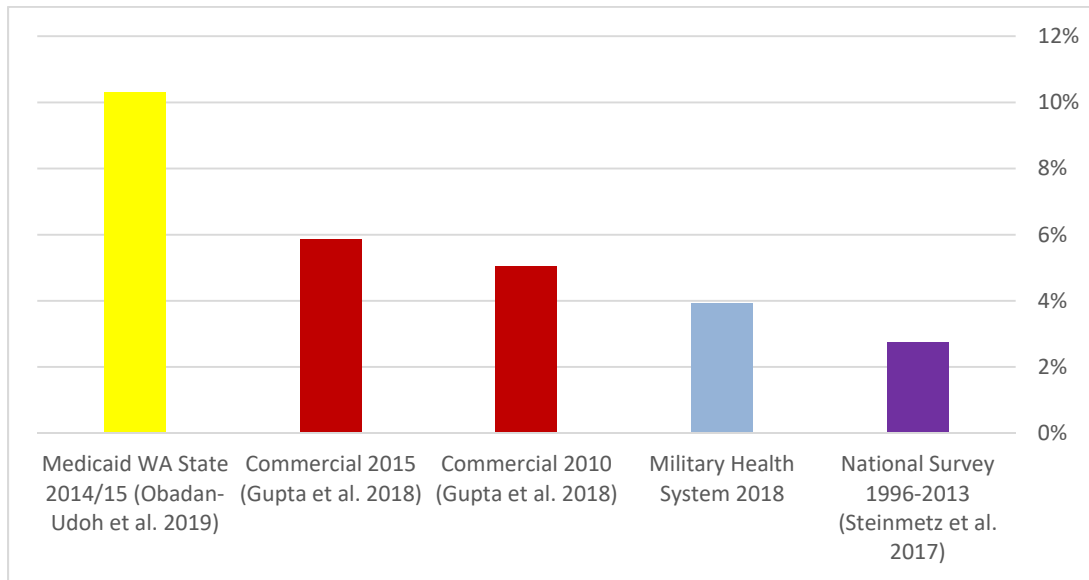


Figure 11. Opioid prescribing rates in different populations.

CHAPTER V: CONCLUSION

Preliminary results indicate the opioid prescribing rate for dental patients treated in the Military Health System is appropriate. Further research is needed for specific procedure categories to determine if opioid prescribing is appropriate. Once complete, information from this study will establish a baseline for current opioid prescribing and be an important resource for policymakers and future research directions.

APPENDIX A: CDT and CPT Procedural Code Categorization

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
10021	Fine needle aspiration; without imaging guidance	Oral Surgery - other procedure	S	
10022	Fine needle aspiration; with imaging guidance	Oral Surgery - other procedure	S	
11010	Debridement including removal of foreign body	Oral Surgery - other procedure	S	
11011	Skin debride including foreign materials w/sq tissue & muscle – from fracture / disloc	Oral Surgery - other procedure	S	
11012	Skin debride including foreign materials w/sq tissue – muscle & bone – from fracture / disloc	Oral Surgery - other procedure	S	
11042	Debridement, skin, skin and subcut tissue – wound care	Oral Surgery - other procedure	S	
11043	Debridement, skin, subcut tissue, muscle – wound care	Oral Surgery - other procedure	S	
11044	Debridement, skin, subcut tissue, muscle, bone– wound care	Oral Surgery - other procedure	S	
11440	Excision, benign lesion, face, ears, eyes, nose, lips (< 0.5 cm)	Oral Surgery - other procedure	S	
11441	Excision, benign lesion, face, ears, eyes, nose, lips (0.6 to 1.0 cm)	Oral Surgery - other procedure	S	
11442	Excision, benign lesion, face, ears, eyes, nose, lips (1.1 to 2.0 cm)	Oral Surgery - other procedure	S	
11443	Excision, benign lesion, face, ears, eyes, nose, lips (2.1 to 3.0 cm)	Oral Surgery - other procedure	S	
11444	Excision, benign lesion, face, ears, eyes, nose, lips (3.1 to 4.0 cm)	Oral Surgery - other procedure	S	
11446	Excision, benign lesion, face, ears, eyes, nose, lips (> 4.0 cm)	Oral Surgery - other procedure	S	
11900	Injection, intralesional; up to and including 7 lesions	Oral Surgery - other procedure	S	
11901	Injection, intralesional; more than 7 lesions	Oral Surgery - other procedure	S	
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	Oral Surgery - other procedure	S	
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	Oral Surgery - other procedure	S	
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	Oral Surgery - other procedure	S	
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	Oral Surgery - other procedure	S	
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	Oral Surgery - other procedure	S	
11970	Replacement of tissue expander with permanent prosthesis	Oral Surgery - other procedure	S	
11971	Removal of tissue expander(s) without insertion of prosthesis	Oral Surgery - other procedure	S	
12020	Treatment of superficial wound dehiscence; simple closure	Oral Surgery - other procedure	S	
12021	Treatment of superficial wound dehiscence; with packing	Oral Surgery - other procedure	S	
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated	Oral Surgery - other procedure	S	
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	Oral Surgery - other procedure	S	
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	Oral Surgery - other procedure	S	
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	Oral Surgery - other procedure	S	
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm	Oral Surgery - other procedure	S	

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	Oral Surgery - other procedure	S	
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	Oral Surgery - other procedure	S	
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children	Oral Surgery - other procedure	S	
15005	Surgical preparation for skin graft, open wounds, face, each 100 sq cm	Oral Surgery - other procedure	S	
15120	Skin graft, full	Oral Surgery - other procedure	S	
15220	Full thickness graft / hair transplant less than 20 sq cm	Oral Surgery - other procedure	S	
15221	Full thickness graft scalp – each additional 20 sq cm	Oral Surgery - other procedure	S	
15574	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet	Oral Surgery - other procedure	S	
15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral	Oral Surgery - other procedure	S	
15630	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips	Oral Surgery - other procedure	S	
15731	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)	Oral Surgery - other procedure	S	
15732	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)	Oral Surgery - other procedure	S	
15740	Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel	Oral Surgery - other procedure	S	
15750	Flap; neurovascular pedicle	Oral Surgery - other procedure	S	
15756	Free muscle or myocutaneous flap with microvascular anastomosis	Oral Surgery - other procedure	S	
15757	Free skin flap with microvascular anastomosis	Oral Surgery - other procedure	S	
15758	Free fascial flap with microvascular anastomosis	Oral Surgery - other procedure	S	
15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area	Oral Surgery - other procedure	S	
15770	Graft; derma-fat-fascia	Oral Surgery - other procedure	S	
15775	Punch graft for hair transplant; 1 to 15 punch grafts	Oral Surgery - other procedure	S	y
15776	Punch graft for hair transplant; more than 15 punch grafts	Oral Surgery - other procedure	S	y
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	Oral Surgery - other procedure	S	
15781	Dermabrasion; segmental, face	Oral Surgery - other procedure	S	
15782	Dermabrasion; regional, other than face	Oral Surgery - other procedure	S	
15783	Dermabrasion; superficial, any site (eg, tattoo removal)	Oral Surgery - other procedure	S	
15786	Abrasion; single lesion (eg, keratosis, scar)	Oral Surgery - other procedure	S	
15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)	Oral Surgery - other procedure	S	
15788	Chemical peel, facial; epidermal	Oral Surgery - other procedure	S	
15789	Chemical peel, facial; dermal	Oral Surgery - other procedure	S	
15792	Chemical peel/non-facial/epidermal	Oral Surgery - other procedure	S	
15793	Chemical peel/non-facial/dermal	Oral Surgery - other procedure	S	
15819	Cervicoplasty	Oral Surgery - other procedure	S	

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
15820	Blepharoplasty, lower eyelid	Oral Surgery - other procedure	S	
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	Oral Surgery - other procedure	S	
15822	Blepharoplasty, upper eyelid	Oral Surgery - other procedure	S	
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	Oral Surgery - other procedure	S	
15824	Rhytidectomy; forehead	Oral Surgery - other procedure	S	
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	Oral Surgery - other procedure	S	
15828	Rhytidectomy, cheek, chin and neck	Oral Surgery - other procedure	S	
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	Oral Surgery - other procedure	S	
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	Oral Surgery - other procedure	S	
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	Oral Surgery - other procedure	S	
15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)	Oral Surgery - other procedure	S	
15841	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)	Oral Surgery - other procedure	S	
15842	Graft for facial nerve paralysis; free muscle flap by microsurgical technique	Oral Surgery - other procedure	S	
15845	Graft for facial nerve paralysis; regional muscle transfer	Oral Surgery - other procedure	S	
15860	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft	Oral Surgery - other procedure	S	
15876	Suction assisted lipectomy; head and neck	Oral Surgery - other procedure	S	
17000	Dermatological surgery electrodes & curettage or destruction of premalignant lesion by any method – first lesion	Oral Surgery - other procedure	S	
17003	Dermatological surgery electrodes & curettage or destruction of premalignant lesion by any method – 2 to 14 lesions	Oral Surgery - other procedure	S	
17004	Dermatological surgery electrodes & curettage or destruction of premalignant lesion by any method – 15 or more lesions, by report	Oral Surgery - other procedure	S	
17250	Chemical cauterization of granulation tissue	Oral Surgery - other procedure	S	
17280	Destruction of malignant lesion ears – eyelids, face, lips, mucous membrane or nose – 0.5 cm or Less	Oral Surgery - other procedure	S	
17281	Destruction of malignant lesion ears – eyelids, face, lips, mucous membrane or nose – 0.6 cm to 1.0 cm	Oral Surgery - other procedure	S	
17282	Destruction of malignant lesion ears – eyelids, face, lips, mucous membrane or nose – 1.1 cm to 2.0 cm	Oral Surgery - other procedure	S	
20100	Exploration of penetrating wound (separate procedure); neck	Oral Surgery - other procedure	S	
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")	OFP- diagnostic/counseling/management/TP injection/block/other modality	NS	
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	OFP- diagnostic/counseling/management/TP injection/block/other modality	NS	
20553	Injection(s); single or multiple trigger point(s), 3 or more muscles	OFP- diagnostic/counseling/management/TP injection/block/other modality	NS	
20605	Arthrocentesis/local anesthesia injection TMJ	Oral Surgery - other procedure	S	
20661	Application / removal of halo cranial	Oral Surgery - other procedure	S	
20670	Removal of implant /hardware – internal	Oral Surgery - other procedure	S	
20680	Removal of implant – deep	Oral Surgery - other procedure	S	
20690	Application of a uniplane (pins or wires in 1 plane), unilateral, external fixation system	Oral Surgery - other procedure	S	

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
20692	Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)	Oral Surgery - other procedure	S	
20693	Adjustment or revision of external fixation system requiring anesthesia (eg, new pin[s] or wire[s] and/or new ring[s] or bar[s])	Oral Surgery - other procedure	S	
20694	Removal, under anesthesia, of external fixation system	Oral Surgery - other procedure	S	
20900	Harvest, bone graft, any site	Oral Surgery - other procedure	S	
20926	Tissue grafts, other (eg, paratenon, fat, dermis)	Oral Surgery - other procedure	S	
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe	Oral Surgery - other procedure	S	
20970	Harvest, bone graft, iliac crest	Oral Surgery - other procedure	S	
21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	Oral Surgery - other procedure	S	
21016	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater	Oral Surgery - other procedure	S	
21025	Excision of bone (eg, for osteomyelitis or bone abscess); mandible	Oral Surgery - other procedure	s	
21026	Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)	Oral Surgery - other procedure	s	
21029	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)	Oral Surgery - other procedure	s	
21030	Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage	Oral Surgery - other procedure	s	
21040	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage	Oral Surgery - other procedure	s	
21046	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])	Oral Surgery - other procedure	s	
21047	Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion[s])	Oral Surgery - other procedure	s	
21048	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])	Oral Surgery - other procedure	s	
21049	Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion[s])	Oral Surgery - other procedure	s	
21050	Condylectomy	Oral Surgery - other procedure	S	
21060	Meniscectomy, partial or complete (TMJ)	Oral Surgery - other procedure	S	
21070	Coronoidectomy	Oral Surgery - other procedure	S	
21110	Application, interdental fixation device, except for fracture	Oral Surgery - other procedure	S	
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	Oral Surgery - other procedure	S	
21121	Genioplasty; sliding osteotomy, single piece	Oral Surgery - other procedure	S	
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	Oral Surgery - other procedure	S	
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	Oral Surgery - other procedure	S	
21125	Augmentation, mandibular body or angle; prosthetic material	Oral Surgery - other procedure	S	
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	Oral Surgery - other procedure	S	
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	Oral Surgery - other procedure	S	

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
21141.62	Co-surgeons - Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	Oral Surgery - other procedure	S	y
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	Oral Surgery - other procedure	S	
21142.52	Surgical sectioning of the maxilla without downfracture-LeFort I, SARPE procedure	Oral Surgery - other procedure	S	
21142.62	Co-surgeons - Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	Oral Surgery - other procedure	S	y
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	Oral Surgery - other procedure	S	
21143.62	Co-surgeons - Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	Oral Surgery - other procedure	S	y
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	Oral Surgery - other procedure	S	
21145.62	Co-surgeons - Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	Oral Surgery - other procedure	S	y
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	Oral Surgery - other procedure	S	
21146.62	Co-surgeons - Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	Oral Surgery - other procedure	S	y
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	Oral Surgery - other procedure	S	
21147.62	Co-surgeons - Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	Oral Surgery - other procedure	S	y
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	Oral Surgery - other procedure	S	
21150.62	Co-surgeons - Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	Oral Surgery - other procedure	S	y
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	Oral Surgery - other procedure	S	
21151.62	Co-surgeons - Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	Oral Surgery - other procedure	S	y
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	Oral Surgery - other procedure	S	
21154.62	Co-surgeons - Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	Oral Surgery - other procedure	S	y
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	Oral Surgery - other procedure	S	

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
21155.62	Co-surgeons - Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	Oral Surgery - other procedure	S	y
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	Oral Surgery - other procedure	S	
21159.62	Co-surgeons - Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	Oral Surgery - other procedure	S	y
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	Oral Surgery - other procedure	S	
21160.62	Co-surgeons - Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	Oral Surgery - other procedure	S	y
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	Oral Surgery - other procedure	S	
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	Oral Surgery - other procedure	S	
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	Oral Surgery - other procedure	S	
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	Oral Surgery - other procedure	S	
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	Oral Surgery - other procedure	S	
21182	Reconstruction, orbit, bone graft	Oral Surgery - other procedure	S	
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	Oral Surgery - other procedure	S	
21193.62	Co-surgeons - Reconstruction of mandibular ramus (unilateral), horizontal, vertical, C, or L osteotomy; without bone graft	Oral Surgery - other procedure	S	y
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	Oral Surgery - other procedure	S	
21194.62	Co-surgeons - Reconstruction of mandibular ramus, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	Oral Surgery - other procedure	S	y
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	Oral Surgery - other procedure	S	
21195.62	Co-surgeons - Reconstruction of mandibular ramus and/or body, sagittal split; without internal rigid fixation	Oral Surgery - other procedure	S	y
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	Oral Surgery - other procedure	S	
21196.62	Co-surgeons - Reconstruction of mandibular ramus and/or body, sagittal split; with internal rigid fixation	Oral Surgery - other procedure	S	y
21198	Segmental osteotomy of mandible	Oral Surgery - other procedure	S	
21199	Segmental osteotomy of mandible with genioglossus advancement	Oral Surgery - other procedure	S	
21208	Osteotomy, facial bone, augmentation	Oral Surgery - other procedure	S	
21209	Reduction facial osteoplasty	Oral Surgery - other procedure	S	

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	Oral Surgery - other procedure	S	
21215	Graft, bone; mandible (includes obtaining graft)	Oral Surgery - other procedure	S	
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	Oral Surgery - other procedure	S	
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	Oral Surgery - other procedure	S	
21242	Arthroplasty of temporomandibular joint with allograft	Oral Surgery - other procedure	S	
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	Oral Surgery - other procedure	S	
21244	Reconstruction, mandible, staple	Oral Surgery - other procedure	S	
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	Oral Surgery - other procedure	S	
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-opthalmia)	Oral Surgery - other procedure	S	
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	Oral Surgery - other procedure	S	
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	Oral Surgery - other procedure	S	
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	Oral Surgery - other procedure	S	
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	Oral Surgery - other procedure	S	
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	Oral Surgery - other procedure	S	
21270	Augmentation, malar, prosthetic	Oral Surgery - other procedure	S	
21275	Secondary revision of orbitocraniofacial reconstruction	Oral Surgery - other procedure	S	
21280	Medial canthopexy (separate procedure)	Oral Surgery - other procedure	S	
21282	Lateral canthopexy	Oral Surgery - other procedure	S	
21310	Closed treatment of nasal bone fracture without manipulation	Oral Surgery - other procedure	S	
21315	Closed treatment of nasal bone fracture without stabilization	Oral Surgery - other procedure	S	
21320	Closed treatment of nasal bone fracture with stabilization	Oral Surgery - other procedure	S	
21325	Open treatment of nasal fracture; uncomplicated	Oral Surgery - other procedure	S	
21330	Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation	Oral Surgery - other procedure	S	
21335	Open treatment of nasal fracture; with concomitant open treatment of fractured septum	Oral Surgery - other procedure	S	
21336	Open treatment of nasal septal fracture; with or without stabilization	Oral Surgery - other procedure	S	
21337	Closed treatment of nasal septal fracture, with or without stabilization	Oral Surgery - other procedure	S	
21338	Open treatment of nasoethmoid fracture; without external fixation	Oral Surgery - other procedure	S	
21339	Open treatment of nasoethmoid fracture; with external fixation	Oral Surgery - other procedure	S	
21340	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus	Oral Surgery - other procedure	S	
21343	Open treatment of depressed frontal sinus fracture	Oral Surgery - other procedure	S	
21344	Open treatment of complicated frontal sinus fracture	Oral Surgery - other procedure	S	

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
21385	Open treatment of orbital floor blowout fracture, transantral approach (Caldwell-Luc type operation)	Oral Surgery - other procedure	S	
21386	Open treatment of orbital floor blowout fracture, periorbital approach	Oral Surgery - other procedure	S	
21387	Open treatment of orbital floor blowout fracture, combined approach	Oral Surgery - other procedure	S	
21390	Open treatment of orbital floor blowout fracture, periorbital approach, with alloplastic or other implant	Oral Surgery - other procedure	S	
21395	Open treatment of orbital floor blowout fracture, periorbital approach, with bone graft (includes obtaining graft)	Oral Surgery - other procedure	S	
21406	Open treatment of fracture of orbit, except blowout; without implant	Oral Surgery - other procedure	S	
21407	Open treatment of fracture of orbit, except blowout; with implant	Oral Surgery - other procedure	S	
21408	Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)	Oral Surgery - other procedure	S	
21436	Treat craniofacial separation compl mult approach bone graft	Oral Surgery - other procedure	S	
21452	Percutaneous treatment mandibular fracture – external fixation	Oral Surgery - other procedure	S	
21454	Open treatment of mandibular fracture with external fixation	Oral Surgery - other procedure	S	
21465	Open treatment of mandibular condylar fracture	Oral Surgery - other procedure	S	
21480	Reset dislocated TMJ sheath, closed reduction, uncomplicated	Oral Surgery - other procedure	S	
21485	Closed treatment TMJ dislocation – complicated	Oral Surgery - other procedure	S	
21490	Reduction, TMJ dislocation, open	Oral Surgery - other procedure	S	
21497	Interdental wiring, other than fracture	Oral Surgery - other procedure	S	
21501	Incision and drainage deep abscess or hematoma soft tissue neck or thorax	Oral Surgery - other procedure	S	
21685	Hyoid myotomy and suspension	Oral Surgery - other procedure	S	
30130	Excision inferior turbinate, partial or complete, any method	Oral Surgery - other procedure	S	
30140	Submucous resection inferior turbinate, partial or complete, any method	Oral Surgery - other procedure	S	
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	Oral Surgery - other procedure	S	
30410	Rhinoplasty, primary; complete; external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	Oral Surgery - other procedure	S	
30420	Rhinoplasty, primary, including major septal repair	Oral Surgery - other procedure	S	
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	Oral Surgery - other procedure	S	
30435	Rhinoplasty, intermediate revision (bony work with osteotomies)	Oral Surgery - other procedure	S	
30450	Rhinoplasty, major revision (nasal tip work and osteotomies)	Oral Surgery - other procedure	S	
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	Oral Surgery - other procedure	S	
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	Oral Surgery - other procedure	S	
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	Oral Surgery - other procedure	S	
30600	Repair, oronasal fistula	Oral Surgery - other procedure	S	
30630	Repair nasal septal perforations	Oral Surgery - other procedure	S	
30801	Superficial cauterization of turbinate mucosa	Oral Surgery - other procedure	S	

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)	Oral Surgery - other procedure	S	
30901	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method	Oral Surgery - other procedure	S	
30903	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method	Oral Surgery - other procedure	S	
30905	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial	Oral Surgery - other procedure	S	
30906	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent	Oral Surgery - other procedure	S	
30930	Fracture nasal inferior turbinate(s), therapeutic	Oral Surgery - other procedure	S	
31020	Nasal antrostomy	Oral Surgery - other procedure	S	
31030	Caldwell Luc	Oral Surgery - other procedure	S	
31085	Frontal sinusotomy – oblit, coronal incision, osteoplastic flap	Oral Surgery - other procedure	S	
31231	Endoscopy, nasal	Oral Surgery - other procedure	S	
31575	Laryngoscopy, flexible fiberoptic; diagnostic	Oral Surgery - other procedure	S	
31600	Tracheostomy, planned (separate procedure)	Oral Surgery - other procedure	S	
31603	Tracheostomy, emergency	Oral Surgery - other procedure	S	
35500	Harvest of upper extremity vein, one segment	Oral Surgery - other procedure	S	
35800	Exploration for postoperative hemorrhage, thrombosis or infection, neck	Oral Surgery - other procedure	S	
35875	Thrombectomy of arterial or venous graft	Oral Surgery - other procedure	S	
36000	Introduction of needle or intracatheter, vein	Anesthesia/Sedation-IV/Parenteral		y
38500	Biopsy or excision of lymph node(s); open, superficial	Oral Surgery - other procedure	S	
38505	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)	Oral Surgery - other procedure	S	
38700	Suprahyoid lymphadenectomy	Oral Surgery - other procedure	S	
38724	Cervical lymphadenectomy (modified radical neck dissection)	Oral Surgery - other procedure	S	
40500	Vermillionectomy	Oral Surgery - other procedure	S	
40510	Excision of lip – transverse wedge excision w/primary closure	Oral Surgery - other procedure	S	
40520	Lip V–excision of with direct primary closure	Oral Surgery - other procedure	S	
40525	Lip excision – reconstruction with local flap	Oral Surgery - other procedure	S	
40527	Lip excision – reconstruction with cross lip flap	Oral Surgery - other procedure	S	
40530	Resection, lip	Oral Surgery - other procedure	S	
40650	Cheiloplasty	Oral Surgery - other procedure	S	
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral	Oral Surgery - other procedure	S	
40701	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure	Oral Surgery - other procedure	S	
40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, one of two stages	Oral Surgery - other procedure	S	
40720	Plastic repair of cleft lip/nasal deformity; secondary repair of cleft lip/nasal, by recreation of defect and reclosure	Oral Surgery - other procedure	S	
40761	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle	Oral Surgery - other procedure	S	
40818	Excision of mucosa of vestibule of mouth as donor graft	Oral Surgery - other procedure	S	
40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)	Oral Surgery - other procedure	S	
41015	I & D, extraoral, sublingual space	Oral Surgery - other procedure	S	
41016	I & D, extraoral, submental space	Oral Surgery - other procedure	S	
41017	I & D, extraoral, submandibular space	Oral Surgery - other procedure	S	
41018	I & D, extraoral, masticator space	Oral Surgery - other procedure	S	

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
41115	Excision of lingual frenum	Oral Surgery - other procedure	S	
41120	Glossectomy; less than one-half tongue	Oral Surgery - other procedure	S	
41130	Glossectomy; hemiglossectomy	Oral Surgery - other procedure	S	
41135	Glossectomy; partial, with unilateral radical neck dissection	Oral Surgery - other procedure	S	
41140	Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection	Oral Surgery - other procedure	S	
41145	Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection	Oral Surgery - other procedure	S	
41150	Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection	Oral Surgery - other procedure	S	
41153	Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection	Oral Surgery - other procedure	S	
41155	Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)	Oral Surgery - other procedure	S	
41510	Suture of tongue to lip for micrognathia (Douglas type procedure)	Oral Surgery - other procedure	S	
41800	Surgery of dentoalveolar structures drainage of abscess – cyst or hematoma	Oral Surgery - other procedure	S	
41806	Surgery of dentoalveolar structures removed embedded foreign body bone	Oral Surgery - other procedure	S	
41821	Surgery dentoalveolar structures – operculectomy	Oral Surgery - other procedure	S	
41823	Tuberosity reduction	Oral Surgery - other procedure	S	
41830	Alveolectomy, including curettage of osteitis or sequestrectomy	Oral Surgery - other procedure	S	
42104	Otolaryngologic surgery – excision of palate	Oral Surgery - other procedure	S	
42106	Excision of palate with simple closure	Oral Surgery - other procedure	S	
42107	Excision of palate with flap closure	Oral Surgery - other procedure	S	
42120	Resection of palate	Oral Surgery - other procedure	S	
42140	Uvulectomy	Oral Surgery - other procedure	S	
42200	Palatoplasty for cleft palate, soft and/or hard palate only	Oral Surgery - other procedure	S	
42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only	Oral Surgery - other procedure	S	
42210	Palatoplasty for cleft palate, with bone graft to alveolar ridge (includes obtaining graft)	Oral Surgery - other procedure	S	
42215	Palatoplasty for cleft palate; major revision	Oral Surgery - other procedure	S	
42220	Palatoplasty for cleft palate; secondary lengthening procedure	Oral Surgery - other procedure	S	
42225	Palatoplasty for cleft palate; attachment pharyngeal flap	Oral Surgery - other procedure	S	
42226	Lengthening of palate, and pharyngeal flap	Oral Surgery - other procedure	S	
42235	Repair of anterior palate, including vomer flap	Oral Surgery - other procedure	S	
42260	Repair of nasolabial fistula	Oral Surgery - other procedure	S	
42405	Biopsy of salivary gland; incisional	Oral Surgery - other procedure	S	
42408	Excision of sublingual salivary cyst (ranula)	Oral Surgery - other procedure	S	
42409	Marsupialization of sublingual salivary cyst (ranula)	Oral Surgery - other procedure	S	
42410	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection	Oral Surgery - other procedure	S	
42415	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve	Oral Surgery - other procedure	S	
42420	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve	Oral Surgery - other procedure	S	
42425	Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve	Oral Surgery - other procedure	S	
42426	Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection	Oral Surgery - other procedure	S	

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
42440	Excision of submandibular (submaxillary) gland	Oral Surgery - other procedure	S	
42450	Excision of sublingual gland	Oral Surgery - other procedure	S	
42550	Sialography	Oral Surgery - other procedure	S	
42600	Closure, salivary fistula	Oral Surgery - other procedure	S	
42650	Dilation salivary duct	Oral Surgery - other procedure	S	
42660	Dilation and catheterization of salivary duct, with or without injection	Oral Surgery - other procedure	S	
42720	Surgery incision and drainage of abscess paraphar or retrophar internal approach	Oral Surgery - other procedure	S	
42725	Surgery incision and drainage of abscess paraphar or retrophar external approach	Oral Surgery - other procedure	S	
42810	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues	Oral Surgery - other procedure	s	
42815	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx	Oral Surgery - other procedure	s	
42820	Tonsillectomy under 12	Oral Surgery - other procedure	S	
42821	Tonsillectomy and adenoidectomy; age 12 or over	Oral Surgery - other procedure	S	
42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)	Oral Surgery - other procedure	S	
42960	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple	Oral Surgery - other procedure	S	
42961	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization	Oral Surgery - other procedure	S	
42962	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention	Oral Surgery - other procedure	S	
64400	Local anes inj neuromuscul, trig or any branch	Anesthesia/Sedation-Local/Block	NS	y
64402	Local anes inj facial nerve	Anesthesia/Sedation-Local/Block	NS	y
64405	Local anesthesia Greater Occipital Nerve block- Reserved for orofacial pain specialists	OFP- diagnostic/counseling/management/TP injection/block/other modality	NS	
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch	Oral Surgery - other procedure	S	
64716	Neuroplasty and/or transposition; cranial nerve (specify)	Oral Surgery - other procedure	S	
64722	Decompression; unspecified nerve(s) (specify)	Oral Surgery - other procedure	S	
64727	Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)	Oral Surgery - other procedure	S	
64732	Transection or avulsion of; supraorbital nerve	Oral Surgery - other procedure	S	
64734	Transection or avulsion of; infraorbital nerve	Oral Surgery - other procedure	S	
64736	Transection or avulsion of; mental nerve	Oral Surgery - other procedure	S	
64738	Transection or avulsion of; inferior alveolar nerve by osteotomy	Oral Surgery - other procedure	S	
64740	Transection or avulsion of; lingual nerve	Oral Surgery - other procedure	S	
64774	Excision of neuroma; cutaneous nerve, surgically identifiable	Oral Surgery - other procedure	S	
64864	Suture of facial nerve; extracranial	Oral Surgery - other procedure	S	
64872	Suture of nerve; requiring secondary or delayed suture (List separately in addition to code for primary neurorrhaphy)	Oral Surgery - other procedure	S	
64874	Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture)	Oral Surgery - other procedure	S	
64885	Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length	Oral Surgery - other procedure	S	
64910	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	Oral Surgery - other procedure	S	
67715	Canthotomy (separate procedure)	Oral Surgery - other procedure	S	

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
67875	Temporary closure of eyelids by suture (eg, Frost suture)	Oral Surgery - other procedure	S	
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	Oral Surgery - other procedure	S	
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)	Oral Surgery - other procedure	S	
67916	Repair of ectropion; excision tarsal wedge	Oral Surgery - other procedure	S	
67923	Repair of entropion; excision tarsal wedge	Oral Surgery - other procedure	S	
67930	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness	Oral Surgery - other procedure	S	
69300	Otoplasty, protruding ear, with or without size reduction	Oral Surgery - other procedure	S	
76101	Tomogram TMJ unilateral	OFP-diagnostic/counseling/management/TP injection/block/other modality	NS	
76102	Tomogram TMJ bilateral	OFP-diagnostic/counseling/management/TP injection/block/other modality	NS	
87220	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (e.g., scabies)	Oral Path		y
88160	Cytopathology, smears, any other source; screening and interpretation	Oral Path		y
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	Oral Path		y
88184	Flow cytometry, cell surf, first marker	Oral Path		y
88185	Flow cytometry, cell surf, each additional marker	Oral Path		y
88230	Tissue culture for non-neoplastic disorders; lymphocyte	Oral Path		y
88233	Tissue culture for non-neoplastic disorders; skin or other solid tissue biopsy	Oral Path		y
88300	Level I - Surgical pathology, gross examination only	Oral Path		y
88302	Surg path gross/micro lev 2	Oral Path		y
88304	Level III - Surgical pathology, gross and microscopic examination	Oral Path		y
88305	Level IV - Surgical pathology, gross and microscopic examination	Oral Path		y
88307	Level V - Surgical pathology, gross and microscopic examination	Oral Path		y
88309	Level VI - Surgical pathology, gross and microscopic examination	Oral Path		y
88325	Consultation, comprehensive, with review of records and specimens, with report on referred material	Oral Path		y
88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen	Oral Path		y
88332	Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)	Oral Path		y
88358	Morphometric analysis; tumor (eg, DNA ploidy)	Oral Path		y
90791	Psychiatric Diagnostic Evaluation			y
90832	Psychotherapy 30 min			y
90834	Psychotherapy 45 min			y
90837	Psychotherapy 60 min			y
90901	Biofeedback training, any modality	OFP-diagnostic/counseling/management/TP injection/block/other modality	NS	
92511	Nasopharyngoscopy with endoscope (separate procedure)	Oral Surgery - other procedure	S	

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
95806	Sleep monitoring without a technician present			
95831	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk	OFP-diagnostic/counseling/management/TP injection/block/other modality	NS	
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)	OFP-diagnostic/counseling/management/TP injection/block/other modality	NS	
96150	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment	OFP-diagnostic/counseling/management/TP injection/block/other modality	NS	
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual	OFP-diagnostic/counseling/management/TP injection/block/other modality	NS	
96154	Health and Behavior Intervention – family with patient (each 15 minutes)			y
96155	Health and Behavior Intervention – family without patient (each 15 minutes)			y
97010	Application of a modality to 1 or more areas; hot or cold packs	OFP-diagnostic/counseling/management/TP injection/block/other modality	NS	
97014	Application of electrical stimulation to 1 or more areas (unattended)			y
97032	Application of electrical stimulation to 1 or more areas (manual), each 15 minutes	OFP-diagnostic/counseling/management/TP injection/block/other modality	NS	
97035	Application of a modality to one or more areas, ultrasound, each 15 minutes	OFP-diagnostic/counseling/management/TP injection/block/other modality	NS	
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	OFP-diagnostic/counseling/management/TP injection/block/other modality	NS	
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	OFP-diagnostic/counseling/management/TP injection/block/other modality	NS	
97140	Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	OFP-diagnostic/counseling/management/TP injection/block/other modality	NS	
97535	Training and self-care skills			y
97597	Removal of tissue, wound, selective debridement,			y
97598	Removal of tissue, wound, selective debridement, each additional 20 sq cm			y
97762	Checkout for orthotic/prosthetic use, established patient, each 15 minutes			y
97810	Acupuncture, one or more needles without electrical stim, first 15 min	OFP-diagnostic/counseling/management/TP injection/block/other modality	NS	
97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)	OFP-diagnostic/counseling/management/TP injection/block/other modality	NS	
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	OFP-diagnostic/counseling/management/TP injection/block/other modality	NS	
97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient,	OFP-diagnostic/counseling/management/TP injection/block/other modality	NS	

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
	with re-insertion of needle(s) (List separately in addition to code for primary procedure)			
99024	Postoperative visit			y
99050	Services provided after office hours			y
99075	Medical testimony			y
99078	Educational services rendered pts in group setting			y
99080	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form			y
99090	Analysis of clinical data stored in computer			y
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	Diagnostic	NS	
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Diagnostic	NS	
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	Diagnostic	NS	
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high	Diagnostic	NS	

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
	severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.			
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	Diagnostic	NS	
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	Diagnostic	NS	
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	Diagnostic	NS	
99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	Inpatient		y
99222	Admission hospital			y
99223	Initial inpatient care – Level 3			y
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making	Inpatient		y

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
	that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.			
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	Inpatient	NS	y
99233	Subsequent inpatient care – Level 3			y
99234	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.	OFP- diagnostic/counseling/management/TP injection/block/other modality	NS	y
99281	Emergency department visit – Level 1			y
99282	Emergency department visit – Level 2			y
99283	Emergency department visit – Level 3			y
99284	Emergency department visit – Level 4			y
99285	Emergency department visit – Level 5			y
99358	Prolonged evaluation and management service before and/or after direct (face-to-face) patient care first hour-Extensive review of medical records/tests and professional communications must be documented in the patient's service treatment record	OFP- diagnostic/counseling/management/TP injection/block/other modality	NS	
99359	Prolonged evaluation and management service before and/or after direct (face-to-face) patient care, each additional 30 minutes.-Extensive review of medical records/tests and professional communications must be documented in the patient's service treatment record	OFP- diagnostic/counseling/management/TP injection/block/other modality	NS	
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	OFP- diagnostic/counseling/management/TP injection/block/other modality	NS	
99402	Prevent med ind counseling (30 min)			y
99403	Prevent med ind counseling (45 min)			y

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	OFP-diagnostic/counseling/management/TP injection/block/other modality	NS	
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	OFP-diagnostic/counseling/management/TP injection/block/other modality	NS	
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	OFP-diagnostic/counseling/management/TP injection/block/other modality	NS	
99455	Work related or medical disability examination by the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report	OFP-diagnostic/counseling/management/TP injection/block/other modality	NS	y
D0120	Periodic oral evaluation – established patient	Diagnostic	NS	
D0140	Limited oral evaluation – problem focused	Diagnostic	NS	
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	Diagnostic	NS	
D0150	Comprehensive oral evaluation – new or established patient	Diagnostic	NS	
D0160	Detailed and extensive oral evaluation – problem focused, by report	Diagnostic	NS	
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	Diagnostic	NS	
D0171	Re-evaluation – post-operative office visit	Diagnostic	NS	
D0180	Comprehensive periodontal evaluation – new or established patient	Diagnostic	NS	
D0190	Screening of a patient	Diagnostic	NS	
D0191	Assessment of a patient	Diagnostic	NS	
D0210	Intraoral – complete series of radiographic images	Diagnostic	NS	
D0220	Intraoral – periapical first radiographic image	Diagnostic	NS	
D0230	Intraoral – periapical each additional radiographic image	Diagnostic	NS	
D0240	Intraoral – occlusal radiographic image	Diagnostic	NS	
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	Diagnostic	NS	

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
D0251	Extra-oral posterior dental radiographic image	Diagnostic	NS	
D0270	Bitewing – single radiographic image	Diagnostic	NS	
D0272	Bitewings – two radiographic images	Diagnostic	NS	
D0273	Bitewings – three radiographic images	Diagnostic	NS	
D0274	Bitewings – four radiographic images	Diagnostic	NS	
D0277	Vertical bitewings – 7 to 8 radiographic images	Diagnostic	NS	
D0290	Posterior–anterior or lateral skull and facial bone survey radiographic image	Diagnostic	NS	
D0310	Sialography	Diagnostic	NS	
D0320	Temporomandibular joint arthrogram, including injection	Diagnostic	NS	
D0321	Other temporomandibular joint radiographic images, by report	Diagnostic	NS	
D0322	Tomographic survey	Diagnostic	NS	
D0330	Panoramic radiographic image	Diagnostic	NS	
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	Diagnostic	NS	
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	Diagnostic	NS	
D0351	3D photographic image	Diagnostic	NS	
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw	Diagnostic	NS	
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible	Diagnostic	NS	
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	Diagnostic	NS	
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	Diagnostic	NS	
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	Diagnostic	NS	
D0369	Maxillofacial MRI capture and interpretation	Diagnostic	NS	
D0370	Maxillofacial ultrasound capture and interpretation	Diagnostic	NS	
D0371	Sialoendoscopy capture and interpretation	Diagnostic	NS	
D0380	Cone beam CT image capture with limited field of view – less than one whole jaw	Diagnostic	NS	
D0381	Cone beam CT image capture with field of view of one full dental arch – mandible	Diagnostic	NS	
D0382	Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium	Diagnostic	NS	
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium	Diagnostic	NS	
D0384	Cone beam CT image capture for TMJ series including two or more exposures	Diagnostic	NS	
D0385	Maxillofacial MRI image capture	Diagnostic	NS	
D0386	Maxillofacial ultrasound image capture	Diagnostic	NS	
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	Diagnostic	NS	
D0393	Treatment simulation using 3D image volume	Diagnostic	NS	
D0394	Digital subtraction of two or more images or image volumes of the same modality	Diagnostic	NS	
D0395	Fusion of two or more 3D image volumes of one or more modalities	Diagnostic	NS	
D0411	HbA1c in-office point of service testing	Diagnostic	NS	
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	Diagnostic	NS	
D0415	Collection of microorganisms for culture and sensitivity	Diagnostic	NS	
D0416	Viral culture	Diagnostic	NS	

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	Diagnostic	NS	
D0418	Analysis of saliva sample	Diagnostic	NS	
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	Diagnostic	NS	
D0423	Genetic test for susceptibility to diseases – specimen analysis	Diagnostic	NS	
D0425	Caries susceptibility tests	Diagnostic	NS	
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	Diagnostic	NS	
D0460	Pulp vitality tests	Diagnostic	NS	
D0470	Diagnostic casts	Diagnostic	NS	
D0472	Accession of tissue, gross examination, preparation and transmission of written report	Oral Path Lab		y
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	Oral Path Lab		y
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	Oral Path Lab		y
D0475	Decalcification procedure	Oral Path Lab		y
D0476	Special stains for microorganisms	Oral Path Lab		y
D0477	Special stains, not for microorganisms	Oral Path Lab		y
D0478	Immunohistochemical stains	Oral Path Lab		y
D0479	Tissue in-situ hybridization, including interpretation	Oral Path Lab		y
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	Oral Path Lab		y
D0481	Electron microscopy	Oral Path Lab		y
D0482	Direct immunofluorescence	Oral Path Lab		y
D0483	Indirect immunofluorescence	Oral Path Lab		y
D0484	Consultation on slides prepared elsewhere	Oral Path Lab		y
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	Oral Path Lab		y
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	Oral Path Lab		y
D0502	Other oral pathology procedures, by report	Oral Path Lab		y
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	Diagnostic	NS	
D0601	Caries risk assessment and documentation, with a finding of low risk	Diagnostic	NS	
D0602	Caries risk assessment and documentation, with a finding of moderate risk	Diagnostic	NS	
D0603	Caries risk assessment and documentation, with a finding of high risk	Diagnostic	NS	
D0999	Unspecified diagnostic procedure, by report	Diagnostic	NS	
D1110	Prophylaxis Adult	Preventive	NS	
D1120	Prophylaxis Child	Preventive	NS	
D1206	Topical Application of Fluoride Varnish	Preventive	NS	
D1208	Topical Application of Fluoride - Excluding Varnish	Preventive	NS	
D1310	Nutritional counseling for control of dental disease	Preventive	NS	
D1320	Tobacco counseling for the control and prevention of oral disease	Preventive	NS	
D1330	Oral hygiene instructions	Preventive	NS	
D1351	Sealant – per tooth	Preventive	NS	

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	Preventive	NS	
D1353	Sealant repair – per tooth	Preventive	NS	
D1354	Interim caries arresting medicament application- per tooth	Preventive	NS	
D1510	Space maintainer – fixed – unilateral	Preventive	NS	
D1515	Space maintainer – fixed – bilateral	Preventive	NS	
D1520	Space maintainer – removable – unilateral	Preventive	NS	
D1525	Space maintainer – removable – bilateral	Preventive	NS	
D1550	Re-cement or re-bond space maintainer	Preventive	NS	
D1555	Removal of fixed space maintainer	Preventive	NS	
D1575	Distal shoe space maintainer – fixed – unilateral	Preventive	NS	
D1999	Unspecified preventive procedure, by report	Preventive	NS	
D2140	Amalgam – one surface, primary or permanent	Restorative	NS	
D2150	Amalgam – two surfaces, primary or permanent	Restorative	NS	
D2160	Amalgam – three surfaces, primary or permanent	Restorative	NS	
D2161	Amalgam – four or more surfaces, primary or permanent	Restorative	NS	
D2330	Resin-based composite – one surface, anterior	Restorative	NS	
D2331	Resin-based composite – two surfaces, anterior	Restorative	NS	
D2332	Resin-based composite – three surfaces, anterior	Restorative	NS	
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	Restorative	NS	
D2390	Resin-based composite crown, anterior	Restorative	NS	
D2391	Resin-based composite – one surface, posterior	Restorative	NS	
D2392	Resin-based composite – two surfaces, posterior	Restorative	NS	
D2393	Resin-based composite – three surfaces, posterior	Restorative	NS	
D2394	Resin-based composite – four or more surfaces, posterior	Restorative	NS	
D2410	Gold foil – one surface	Restorative	NS	
D2420	Gold foil – two surfaces	Restorative	NS	
D2430	Gold foil – three surfaces	Restorative	NS	
D2510	Inlay – metallic – one surface	Restorative	NS	
D2520	Inlay – metallic – two surfaces	Restorative	NS	
D2530	Inlay – metallic – three or more surfaces	Restorative	NS	
D2542	Onlay – metallic – two surfaces	Restorative	NS	
D2543	Onlay – metallic – three surfaces	Restorative	NS	
D2544	Onlay – metallic – four or more surfaces	Restorative	NS	
D2610	Inlay – porcelain/ceramic – one surface	Restorative	NS	
D2620	Inlay – porcelain/ceramic – two surfaces	Restorative	NS	
D2630	Inlay – porcelain/ceramic – three or more surfaces	Restorative	NS	
D2642	Onlay – porcelain/ceramic – two surfaces	Restorative	NS	
D2643	Onlay – porcelain/ceramic – three surfaces	Restorative	NS	
D2644	Onlay – porcelain/ceramic – four or more surfaces	Restorative	NS	
D2650	Inlay – resin-based composite – one surface	Restorative	NS	
D2651	Inlay – resin-based composite – two surfaces	Restorative	NS	
D2652	Inlay – resin-based composite – three or more surfaces	Restorative	NS	
D2662	Onlay – resin-based composite – two surfaces	Restorative	NS	
D2663	Onlay – resin-based composite – three surfaces	Restorative	NS	
D2664	Onlay – resin-based composite – four or more surfaces	Restorative	NS	
D2710	Crown – resin-based composite (indirect)	Restorative	NS	
D2712	Crown – ¾ resin-based composite (indirect)	Restorative	NS	
D2720	Crown – resin with high noble metal	Restorative	NS	
D2721	Crown – resin with predominantly base metal	Restorative	NS	
D2722	Crown – resin with noble metal	Restorative	NS	
D2740	Crown – porcelain/ceramic	Restorative	NS	
D2750	Crown – porcelain fused to high noble metal	Restorative	NS	

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
D2751	Crown – porcelain fused to predominantly base metal	Restorative	NS	
D2752	Crown – porcelain fused to noble metal	Restorative	NS	
D2780	Crown – ¾ cast high noble metal	Restorative	NS	
D2781	Crown – ¾ cast predominantly base metal	Restorative	NS	
D2782	Crown – ¾ cast noble metal	Restorative	NS	
D2783	Crown – ¾ porcelain/ceramic	Restorative	NS	
D2790	Crown – full cast high noble metal	Restorative	NS	
D2791	Crown – full cast predominantly base metal	Restorative	NS	
D2792	Crown – full cast noble metal	Restorative	NS	
D2794	Crown – titanium	Restorative	NS	
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	Restorative	NS	
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	Restorative	NS	
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	Restorative	NS	
D2920	Re-cement or re-bond crown	Restorative	NS	
D2921	Reattachment of tooth fragment, incisal edge or cusp	Restorative	NS	
D2929	Prefabricated porcelain/ceramic crown – primary tooth	Restorative	NS	
D2930	Prefabricated stainless steel crown – primary tooth	Restorative	NS	
D2931	Prefabricated stainless steel crown – permanent tooth	Restorative	NS	
D2932	Prefabricated resin crown	Restorative	NS	
D2933	Prefabricated stainless steel crown with resin window	Restorative	NS	
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	Restorative	NS	
D2940	Protective restoration	Restorative	NS	
D2941	Interim therapeutic restoration – primary dentition	Restorative	NS	
D2949	Restorative foundation for an indirect restoration	Restorative	NS	
D2950	Core buildup, including any pins when required	Restorative	NS	
D2951	Pin retention – per tooth, in addition to restoration	Restorative	NS	
D2952	Post and core in addition to crown, indirectly fabricated	Restorative	NS	
D2953	Each additional indirectly fabricated post – same tooth	Restorative	NS	
D2954	Prefabricated post and core in addition to crown	Restorative	NS	
D2955	Post removal	Restorative	NS	
D2957	Each additional prefabricated post – same tooth	Restorative	NS	
D2960	Labial veneer (resin laminate) – chairside	Restorative	NS	
D2961	Labial veneer (resin laminate) – laboratory	Restorative	NS	
D2962	Labial veneer (porcelain laminate) – laboratory	Restorative	NS	
D2971	Additional procedures to construct new crown under existing partial denture framework	Restorative	NS	
D2975	Coping	Restorative	NS	
D2980	Crown repair necessitated by restorative material failure	Restorative	NS	
D2981	Inlay repair necessitated by restorative material failure	Restorative	NS	
D2982	Onlay repair necessitated by restorative material failure	Restorative	NS	
D2983	Veneer repair necessitated by restorative material failure	Restorative	NS	
D2990	Resin infiltration of incipient smooth surface lesions	Restorative	NS	
D2999	Unspecified restorative procedure, by report	Restorative	NS	
D3110	Pulp cap – direct (excluding final restoration)	Endodontic	NS	

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
D3120	Pulp cap – indirect (excluding final restoration)	Endodontic	NS	
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	Endodontic	NS	
D3221	Pulpal debridement, primary and permanent teeth	Endodontic	NS	
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	Endodontic	NS	
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	Endodontic	NS	
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	Endodontic	NS	
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	Endodontic	NS	
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	Endodontic	NS	
D3330	Endodontic therapy, molar tooth (excluding final restoration)	Endodontic	NS	
D3331	Treatment of root canal obstruction; non-surgical access	Endodontic	NS	
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	Endodontic	NS	
D3333	Internal root repair of perforation defects	Endodontic	NS	
D3346	Retreatment of previous root canal therapy – anterior	Endodontic	NS	
D3347	Retreatment of previous root canal therapy – premolar	Endodontic	NS	
D3348	Retreatment of previous root canal therapy – molar	Endodontic	NS	
D3351	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	Endodontic	NS	
D3352	Apexification/recalcification – interim medication replacement	Endodontic	NS	
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	Endodontic	NS	
D3355	Pulpal regeneration – initial visit	Endodontic	NS	
D3356	Pulpal regeneration – interim medication replacement	Endodontic	NS	
D3357	Pulpal regeneration – completion of treatment	Endodontic	NS	
D3410	Apicoectomy – anterior	Endodontic	S	
D3421	Apicoectomy – premolar (first root)	Endodontic	S	
D3425	Apicoectomy – molar (first root)	Endodontic	S	
D3426	Apicoectomy (each additional root)	Endodontic	S	
D3427	Periradicular surgery without apicoectomy	Endodontic	S	
D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site	Endodontic	S	
D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site.	Endodontic	S	
D3430	Retrograde filling – per root	Endodontic	S	
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Endodontic	S	
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	Endodontic	S	
D3450	Root amputation – per root	Endodontic	S	
D3460	Endodontic endosseous implant	Endodontic	S	
D3470	Intentional reimplantation (including necessary splinting)	Endodontic	S	

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
D3910	Surgical procedure for isolation of tooth with rubber dam	Endodontic	S	
D3920	Hemisection (including any root removal), not including root canal therapy	Endodontic	S	
D3950	Canal preparation and fitting of preformed dowel or post	Endodontic	NS	
D3999	Unspecified endodontic procedure, by report	Endodontic	NS	
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	Periodontal	S	
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	Periodontal	S	
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	Periodontal	S	
D4230	Anatomical crown exposure – four or more contiguous teeth or bounded tooth spaces per quadrant	Periodontal	S	
D4231	Anatomical crown exposure – one to three teeth or bounded tooth spaces per quadrant	Periodontal	S	
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	Periodontal	S	
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	Periodontal	S	
D4245	Apically positioned flap	Periodontal	S	
D4249	Clinical crown lengthening – hard tissue	Periodontal	S	
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	Periodontal	S	
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	Periodontal	S	
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	Periodontal	S	
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	Periodontal	S	
D4265	Biologic materials to aid in soft and osseous tissue regeneration	Periodontal	S	
D4266	Guided tissue regeneration – resorbable barrier, per site	Periodontal	S	
D4267	Guided tissue regeneration – non-resorbable barrier, per site (includes membrane removal)	Periodontal	S	
D4268	Surgical revision procedure, per tooth	Periodontal	S	
D4270	Pedicle soft tissue graft procedure	Periodontal	S	
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous position	Periodontal	S	
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	Periodontal	S	
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	Periodontal	S	
D4276	Combined connective tissue and double pedicle graft, per tooth	Periodontal	S	
D4277	Free soft tissue graft procedure (including recipient and donor surgical site) first tooth, implant, or edentulous tooth position in graft	Periodontal	S	
D4278	Free soft tissue graft procedure (including recipient donor surgical site) each additional	Periodontal	S	

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
	contiguous tooth, implant, or edentulous tooth position in same graft site			
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	Periodontal	S	
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	Periodontal	S	
D4320	Provisional splinting – intracoronal	Periodontal	NS	
D4321	Provisional splinting – extracoronal	Periodontal	NS	
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	Periodontal	NS	
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	Periodontal	NS	
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	Periodontal	NS	
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis on a subsequent visit	Periodontal	NS	
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	Periodontal	NS	
D4910	Periodontal maintenance	Periodontal	NS	
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	Periodontal	NS	
D4921	Gingival irrigation – per quadrant	Periodontal	NS	
D4999	Unspecified periodontal procedure, by report	Periodontal	NS	y
D5110	Complete denture – maxillary	Removable/Maxillofacial Prosthetics/OSA	NS	
D5120	Complete denture – mandibular	Removable/Maxillofacial Prosthetics/OSA	NS	
D5130	Immediate denture – maxillary	Removable/Maxillofacial Prosthetics/OSA	NS	
D5140	Immediate denture – mandibular	Removable/Maxillofacial Prosthetics/OSA	NS	
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	Removable/Maxillofacial Prosthetics/OSA	NS	
D5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	Removable/Maxillofacial Prosthetics/OSA	NS	
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Removable/Maxillofacial Prosthetics/OSA	NS	
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Removable/Maxillofacial Prosthetics/OSA	NS	
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	Removable/Maxillofacial Prosthetics/OSA	NS	
D5222	Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	Removable/Maxillofacial Prosthetics/OSA	NS	
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Removable/Maxillofacial Prosthetics/OSA	NS	
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Removable/Maxillofacial Prosthetics/OSA	NS	
D5225	Maxillary partial denture – flexible base (including any clasps, rests and teeth)	Removable/Maxillofacial Prosthetics/OSA	NS	
D5226	Mandibular partial denture – flexible base (including any clasps, rests and teeth)	Removable/Maxillofacial Prosthetics/OSA	NS	
D5281	Removable unilateral partial denture – one piece cast metal (including clasps and teeth)	Removable/Maxillofacial Prosthetics/OSA	NS	

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
D5410	Adjust complete denture – maxillary	Removable/Maxillofacial Prosthetics/OSA	NS	
D5411	Adjust complete denture – mandibular	Removable/Maxillofacial Prosthetics/OSA	NS	
D5421	Adjust partial denture – maxillary	Removable/Maxillofacial Prosthetics/OSA	NS	
D5422	Adjust partial denture – mandibular	Removable/Maxillofacial Prosthetics/OSA	NS	
D5510	Repair broken complete denture	Removable/Maxillofacial Prosthetics/OSA	NS	
D5511	Repair broken complete denture base, mandibular	Removable/Maxillofacial Prosthetics/OSA	NS	
D5512	Repair broken complete denture base, maxillary	Removable/Maxillofacial Prosthetics/OSA	NS	
D5520	Replace missing or broken teeth – complete denture (each tooth)	Removable/Maxillofacial Prosthetics/OSA	NS	
D5610	Repair resin denture base	Removable/Maxillofacial Prosthetics/OSA	NS	
D5611	Repair resin partial denture base, mandibular	Removable/Maxillofacial Prosthetics/OSA	NS	
D5612	Repair resin partial denture base, maxillary	Removable/Maxillofacial Prosthetics/OSA	NS	
D5620	Repair cast framework	Removable/Maxillofacial Prosthetics/OSA	NS	
D5621	Repair cast partial framework, mandibular	Removable/Maxillofacial Prosthetics/OSA	NS	
D5622	Repair cast partial framework, maxillary	Removable/Maxillofacial Prosthetics/OSA	NS	
D5630	Repair or replace broken clasp – per tooth	Removable/Maxillofacial Prosthetics/OSA	NS	
D5640	Replace broken teeth – per tooth	Removable/Maxillofacial Prosthetics/OSA	NS	
D5650	Add tooth to existing partial denture	Removable/Maxillofacial Prosthetics/OSA	NS	
D5660	Add clasp to existing partial denture – per tooth	Removable/Maxillofacial Prosthetics/OSA	NS	
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	Removable/Maxillofacial Prosthetics/OSA	NS	
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	Removable/Maxillofacial Prosthetics/OSA	NS	
D5710	Rebase complete maxillary denture	Removable/Maxillofacial Prosthetics/OSA	NS	
D5711	Rebase complete mandibular denture	Removable/Maxillofacial Prosthetics/OSA	NS	
D5720	Rebase maxillary partial denture	Removable/Maxillofacial Prosthetics/OSA	NS	
D5721	Rebase mandibular partial denture	Removable/Maxillofacial Prosthetics/OSA	NS	
D5730	Reline complete maxillary denture (chairside)	Removable/Maxillofacial Prosthetics/OSA	NS	
D5731	Reline complete mandibular denture (chairside)	Removable/Maxillofacial Prosthetics/OSA	NS	
D5740	Reline maxillary partial denture (chairside)	Removable/Maxillofacial Prosthetics/OSA	NS	
D5741	Reline mandibular partial denture (chairside)	Removable/Maxillofacial Prosthetics/OSA	NS	
D5750	Reline complete maxillary denture (laboratory)	Removable/Maxillofacial Prosthetics/OSA	NS	
D5751	Reline complete mandibular denture (laboratory)	Removable/Maxillofacial Prosthetics/OSA	NS	
D5760	Reline maxillary partial denture (laboratory)	Removable/Maxillofacial Prosthetics/OSA	NS	
D5761	Reline mandibular partial denture (laboratory)	Removable/Maxillofacial Prosthetics/OSA	NS	
D5810	Interim complete denture (maxillary)	Removable/Maxillofacial Prosthetics/OSA	NS	
D5811	Interim complete denture (mandibular)	Removable/Maxillofacial Prosthetics/OSA	NS	
D5820	Interim partial denture (maxillary)	Removable/Maxillofacial Prosthetics/OSA	NS	
D5821	Interim partial denture (mandibular)	Removable/Maxillofacial Prosthetics/OSA	NS	
D5850	Tissue conditioning, maxillary	Removable/Maxillofacial Prosthetics/OSA	NS	
D5851	Tissue conditioning, mandibular	Removable/Maxillofacial Prosthetics/OSA	NS	
D5862	Precision attachment, by report	Removable/Maxillofacial Prosthetics/OSA	NS	
D5863	Overdenture – complete maxillary	Removable/Maxillofacial Prosthetics/OSA	NS	
D5864	Overdenture – partial maxillary	Removable/Maxillofacial Prosthetics/OSA	NS	
D5865	Overdenture – complete mandibular	Removable/Maxillofacial Prosthetics/OSA	NS	
D5866	Overdenture – partial mandibular	Removable/Maxillofacial Prosthetics/OSA	NS	
D5867	Replacement of replaceable part of semi-precision or precision attachment (male or female component)	Removable/Maxillofacial Prosthetics/OSA	NS	
D5875	Modification of removable prosthesis following implant surgery	Removable/Maxillofacial Prosthetics/OSA	NS	
D5899	Unspecified removable prosthodontic procedure, by report	Removable/Maxillofacial Prosthetics/OSA	NS	
D5911	Facial moulage (sectional)	Removable/Maxillofacial Prosthetics/OSA	NS	
D5912	Facial moulage (complete)	Removable/Maxillofacial Prosthetics/OSA	NS	
D5913	Nasal prosthesis	Removable/Maxillofacial Prosthetics/OSA	NS	
D5914	Auricular prosthesis	Removable/Maxillofacial Prosthetics/OSA	NS	
D5915	Orbital prosthesis	Removable/Maxillofacial Prosthetics/OSA	NS	
D5916	Ocular prosthesis	Removable/Maxillofacial Prosthetics/OSA	NS	
D5919	Facial prosthesis	Removable/Maxillofacial Prosthetics/OSA	NS	
D5922	Nasal septal prosthesis	Removable/Maxillofacial Prosthetics/OSA	NS	
D5923	Ocular prosthesis, interim	Removable/Maxillofacial Prosthetics/OSA	NS	

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
D5924	Cranial prosthesis	Removable/Maxillofacial Prosthetics/OSA	S	y
D5925	Facial augmentation implant prosthesis	Removable/Maxillofacial Prosthetics/OSA	NS	
D5926	Nasal prosthesis, replacement	Removable/Maxillofacial Prosthetics/OSA	NS	
D5927	Auricular prosthesis, replacement	Removable/Maxillofacial Prosthetics/OSA	NS	
D5928	Orbital prosthesis, replacement	Removable/Maxillofacial Prosthetics/OSA	NS	
D5929	Facial prosthesis, replacement	Removable/Maxillofacial Prosthetics/OSA	NS	
D5931	Obturator prosthesis, surgical	Removable/Maxillofacial Prosthetics/OSA	NS	
D5932	Obturator prosthesis, definitive	Removable/Maxillofacial Prosthetics/OSA	NS	
D5933	Obturator prosthesis, modification	Removable/Maxillofacial Prosthetics/OSA	NS	
D5934	Mandibular resection prosthesis with guide flange	Removable/Maxillofacial Prosthetics/OSA	NS	
D5935	Mandibular resection prosthesis without guide flange	Removable/Maxillofacial Prosthetics/OSA	NS	
D5936	Obturator prosthesis, interim	Removable/Maxillofacial Prosthetics/OSA	NS	
D5937	Trismus appliance (not for TMD treatment)	Removable/Maxillofacial Prosthetics/OSA	NS	
D5951	Feeding aid	Removable/Maxillofacial Prosthetics/OSA	NS	
D5952	Speech aid prosthesis, pediatric	Removable/Maxillofacial Prosthetics/OSA	NS	
D5953	Speech aid prosthesis, adult	Removable/Maxillofacial Prosthetics/OSA	NS	
D5954	Palatal augmentation prosthesis	Removable/Maxillofacial Prosthetics/OSA	NS	
D5955	Palatal lift prosthesis, definitive	Removable/Maxillofacial Prosthetics/OSA	NS	
D5958	Palatal lift prosthesis, interim	Removable/Maxillofacial Prosthetics/OSA	NS	
D5959	Palatal lift prosthesis, modification	Removable/Maxillofacial Prosthetics/OSA	NS	
D5960	Speech aid prosthesis, modification	Removable/Maxillofacial Prosthetics/OSA	NS	
D5982	Surgical stent	Removable/Maxillofacial Prosthetics/OSA	NS	
D5983	Radiation carrier	Removable/Maxillofacial Prosthetics/OSA	NS	
D5984	Radiation shield	Removable/Maxillofacial Prosthetics/OSA	NS	
D5985	Radiation cone locator	Removable/Maxillofacial Prosthetics/OSA	NS	
D5986	Fluoride gel carrier	Removable/Maxillofacial Prosthetics/OSA	NS	
D5987	Commissure splint	Removable/Maxillofacial Prosthetics/OSA	NS	
D5988	Surgical splint	Removable/Maxillofacial Prosthetics/OSA	NS	
D5991	Vesiculobullous disease medicament carrier	Removable/Maxillofacial Prosthetics/OSA	NS	
D5992	Adjust maxillofacial prosthetic appliance, by report	Removable/Maxillofacial Prosthetics/OSA	NS	
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra- or intra-oral) other than required adjustments, by report	Removable/Maxillofacial Prosthetics/OSA	NS	
D5994	Periodontal medicament carrier with peripheral seal – laboratory processed	Removable/Maxillofacial Prosthetics/OSA	NS	
D5999	Unspecified maxillofacial prosthesis, by report	Removable/Maxillofacial Prosthetics/OSA	NS	Y
D6010	Surgical placement of implant body: endosteal implant	Implant	S	
D6011	Second stage implant surgery	Implant	S	
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	Implant	S	
D6013	Surgical placement of mini implant	Implant	S	
D6040	Surgical placement: eposteal implant	Implant	S	
D6050	Surgical placement: transosteal implant	Implant	S	
D6051	Interim abutment	Restorative	NS	
D6052	Semi-precision attachment abutment	Restorative	NS	
D6055	Connecting bar – implant supported or abutment supported	Restorative	NS	
D6056	Prefabricated abutment – includes modification and placement	Restorative	NS	
D6057	Custom fabricated abutment – includes placement	Restorative	NS	
D6058	Abutment supported porcelain/ceramic crown	Restorative	NS	
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	Restorative	NS	
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	Restorative	NS	
D6061	Abutment supported porcelain fused to metal crown (noble metal)	Restorative	NS	

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
D6062	Abutment supported cast metal crown (high noble metal)	Restorative	NS	
D6063	Abutment supported cast metal crown (predominantly base metal)	Restorative	NS	
D6064	Abutment supported cast metal crown (noble metal)	Restorative	NS	
D6065	Implant supported porcelain/ceramic crown	Restorative	NS	
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	Restorative	NS	
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	Restorative	NS	
D6068	Abutment supported retainer for porcelain/ceramic FPD	Restorative	NS	
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	Restorative	NS	
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	Restorative	NS	
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	Restorative	NS	
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	Restorative	NS	
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	Restorative	NS	
D6074	Abutment supported retainer for cast metal FPD (noble metal)	Restorative	NS	
D6075	Implant supported retainer for ceramic FPD	Restorative	NS	
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	Restorative	NS	
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	Restorative	NS	
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	Implant	NS	
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	Periodontal	NS	
D6085	Provisional implant crown	Restorative	NS	
D6090	Repair implant supported prosthesis, by report	Removable/Maxillofacial Prosthetics/OSA	NS	
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	Removable/Maxillofacial Prosthetics/OSA	NS	
D6092	Re-cement or re-bond implant/abutment supported crown	Restorative	NS	
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	Restorative	NS	
D6094	Abutment supported crown – (titanium)	Restorative	NS	
D6095	Repair implant abutment, by report	Restorative	NS	
D6096	Remove broken implant retaining screw	Restorative	NS	
D6100	Implant removal, by report	Implant	S	
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	Implant	S	
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	Implant	S	
D6103	Bone graft for repair of peri-implant defect – does not include flap entry and closure	Implant	S	

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
D6104	Bone graft at time of implant placement	Implant	S	
D6110	Implant/abutment supported removable denture for edentulous arch – maxillary	Removable/Maxillofacial Prosthetics/OSA	NS	
D6111	Implant/abutment supported removable denture for edentulous arch – mandibular	Removable/Maxillofacial Prosthetics/OSA	NS	
D6112	Implant/abutment supported removable denture for partially edentulous arch – maxillary	Removable/Maxillofacial Prosthetics/OSA	NS	
D6113	Implant/abutment supported removable denture for partially edentulous arch – mandibular	Removable/Maxillofacial Prosthetics/OSA	NS	
D6114	Implant/abutment supported fixed denture for edentulous arch – maxillary	Restorative	NS	
D6115	Implant/abutment supported fixed denture for edentulous arch – mandibular	Restorative	NS	
D6116	Implant/abutment supported fixed denture for partially edentulous arch – maxillary	Restorative	NS	
D6117	Implant/abutment supported fixed denture for partially edentulous arch – mandibular	Restorative	NS	
D6118	Implant/abutment supported interim fixed denture for edentulous arch – mandibular	Restorative	NS	
D6119	Implant/abutment supported interim fixed denture for edentulous arch – maxillary	Restorative	NS	
D6190	Radiographic/surgical implant index, by report	Implant	NS	
D6194	Abutment supported retainer crown for FPD (titanium)	Restorative	NS	
D6199	Unspecified implant procedure, by report	Implant		Y
D6205	Pontic – indirect resin based composite	Restorative	NS	
D6210	Pontic – cast high noble metal	Restorative	NS	
D6211	Pontic – cast predominantly base metal	Restorative	NS	
D6212	Pontic – cast noble metal	Restorative	NS	
D6214	Pontic – titanium	Restorative	NS	
D6240	Pontic – porcelain fused to high noble metal	Restorative	NS	
D6241	Pontic – porcelain fused to predominantly base metal	Restorative	NS	
D6242	Pontic – porcelain fused to noble metal	Restorative	NS	
D6245	Pontic – porcelain/ceramic	Restorative	NS	
D6250	Pontic – resin with high noble metal	Restorative	NS	
D6251	Pontic – resin with predominantly base metal	Restorative	NS	
D6252	Pontic – resin with noble metal	Restorative	NS	
D6253	Provisional pontic – further treatment or completion of diagnosis necessary prior to final impression	Restorative	NS	
D6545	Retainer – cast metal for resin bonded fixed prosthesis	Restorative	NS	
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	Restorative	NS	
D6549	Resin retainer – for resin bonded fixed prosthesis	Restorative	NS	
D6600	Retainer inlay – porcelain/ceramic, two surfaces	Restorative	NS	
D6601	Retainer inlay – porcelain/ceramic, three or more surfaces	Restorative	NS	
D6602	Retainer inlay – cast high noble metal, two surfaces	Restorative	NS	
D6603	Retainer inlay – cast high noble metal, three or more surfaces	Restorative	NS	
D6604	Retainer inlay – cast predominantly base metal, two surfaces	Restorative	NS	
D6605	Retainer inlay – cast predominantly base metal, three or more surfaces	Restorative	NS	
D6606	Retainer inlay – cast noble metal, two surfaces	Restorative	NS	
D6607	Retainer inlay – cast noble metal, three or more surfaces	Restorative	NS	
D6608	Retainer onlay – porcelain/ceramic, two surfaces	Restorative	NS	
D6609	Retainer onlay – porcelain/ceramic, three or more surfaces	Restorative	NS	

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
D6610	Retainer onlay – cast high noble metal, two surfaces	Restorative	NS	
D6611	Retainer onlay – cast high noble metal, three or more surfaces	Restorative	NS	
D6612	Retainer onlay – cast predominantly base metal, two surfaces	Restorative	NS	
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces	Restorative	NS	
D6614	Retainer onlay – cast noble metal, two surfaces	Restorative	NS	
D6615	Retainer onlay – cast noble metal, three or more surfaces	Restorative	NS	
D6624	Retainer inlay – titanium	Restorative	NS	
D6634	Retainer onlay – titanium	Restorative	NS	
D6710	Retainer crown – indirect resin based composite	Restorative	NS	
D6720	Retainer crown – resin with high noble metal	Restorative	NS	
D6721	Retainer crown – resin with predominantly base metal	Restorative	NS	
D6722	Retainer crown – resin with noble metal	Restorative	NS	
D6740	Retainer crown – porcelain/ceramic	Restorative	NS	
D6750	Retainer crown – porcelain fused to high noble metal	Restorative	NS	
D6751	Retainer crown – porcelain fused to predominantly base metal	Restorative	NS	
D6752	Retainer crown – porcelain fused to noble metal	Restorative	NS	
D6780	Retainer crown – 3/4 cast high noble metal	Restorative	NS	
D6781	Retainer crown – 3/4 cast predominantly base metal	Restorative	NS	
D6782	Retainer crown – 3/4 cast noble metal	Restorative	NS	
D6783	Retainer crown – 3/4 porcelain/ceramic	Restorative	NS	
D6790	Retainer crown – full cast high noble metal	Restorative	NS	
D6791	Retainer crown – full cast predominantly base metal	Restorative	NS	
D6792	Retainer crown – full cast noble metal	Restorative	NS	
D6793	Provisional retainer crown – further treatment or completion of diagnosis necessary prior to final impression	Restorative	NS	
D6794	Retainer crown – titanium	Restorative	NS	
D6920	Connector bar	Restorative	NS	
D6930	Re-cement or re-bond fixed partial denture	Restorative	NS	
D6940	Stress breaker	Restorative	NS	
D6950	Precision attachment	Restorative	NS	
D6980	Fixed partial denture repair necessitated by restorative material failure	Restorative	NS	
D6985	Pediatric partial denture, fixed	Restorative	NS	
D6999	Unspecified fixed prosthodontic procedure, by report	Restorative	NS	y
D7111	Extraction, coronal remnants – primary tooth	Oral Surgery - Extraction Erupted	S	
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Oral Surgery - Extraction Erupted	S	
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	Oral Surgery - Extraction Erupted	S	
D7220	Removal of impacted tooth – soft tissue	Oral Surgery - Extraction - Impacted	S	
D7230	Removal of impacted tooth – partially bony	Oral Surgery - Extraction - Impacted	S	
D7240	Removal of impacted tooth – completely bony	Oral Surgery - Extraction - Impacted	S	
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	Oral Surgery - Extraction - Impacted	S	
D7250	Removal of residual tooth roots (cutting procedure)	Oral Surgery - Extraction - Impacted	S	
D7251	Coronectomy – intentional partial tooth removal	Oral Surgery - Extraction - Impacted	S	
D7260	Oroantral fistula closure	Oral Surgery - other procedure	S	
D7261	Primary closure of a sinus perforation	Oral Surgery - other procedure	S	
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	Oral Surgery - other procedure	S	

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
D7272	Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)	Oral Surgery - other procedure	S	
D7280	Exposure of an unerupted tooth	Oral Surgery - other procedure	S	
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	Oral Surgery - other procedure	S	
D7283	Placement of device to facilitate eruption of impacted tooth	Oral Surgery - other procedure	S	
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)	Oral Surgery - other procedure	S	
D7286	Incisional biopsy of oral tissue – soft	Oral Surgery - other procedure	S	
D7287	Exfoliative cytological sample collection	Oral Surgery - other procedure	S	
D7288	Brush biopsy – transepithelial sample collection	Oral Surgery - other procedure	S	
D7290	Surgical repositioning of teeth	Oral Surgery - other procedure	S	
D7291	Transseptal fibrotomy/supra crestal fibrotomy, by report	Oral Surgery - other procedure	S	
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap; includes device removal	Oral Surgery - other procedure	S	
D7293	Placement of temporary anchorage device requiring flap; includes device removal	Oral Surgery - other procedure	S	
D7294	Placement of temporary anchorage device without flap; includes device removal	Oral Surgery - other procedure	S	
D7295	Harvest of bone for use in autogenous grafting procedure	Oral Surgery - other procedure	S	
D7296	Corticotomy – one to three teeth or tooth spaces, per quadrant	Oral Surgery - other procedure	S	
D7297	Corticotomy – four or more teeth or tooth spaces, per quadrant	Oral Surgery - other procedure	S	
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	Oral Surgery - other procedure	S	
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	Oral Surgery - other procedure	S	
D7320	Alveoloplasty not in conjunction with extractions –four or more teeth or tooth spaces, per quadrant	Oral Surgery - other procedure	S	
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	Oral Surgery - other procedure	S	
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	Oral Surgery - other procedure	S	
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	Oral Surgery - other procedure	S	
D7410	Excision of benign lesion up to 1.25 cm	Oral Surgery - other procedure	S	
D7411	Excision of benign lesion greater than 1.25 cm	Oral Surgery - other procedure	S	
D7412	Excision of benign lesion, complicated	Oral Surgery - other procedure	S	
D7413	Excision of malignant lesion up to 1.25 cm	Oral Surgery - other procedure	S	
D7414	Excision of malignant lesion greater than 1.25 cm	Oral Surgery - other procedure	S	
D7415	Excision of malignant lesion, complicated	Oral Surgery - other procedure	S	
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm	Oral Surgery - other procedure	S	
D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm	Oral Surgery - other procedure	S	
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	Oral Surgery - other procedure	S	
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	Oral Surgery - other procedure	S	
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	Oral Surgery - other procedure	S	
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	Oral Surgery - other procedure	S	

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
D7465	Destruction of lesion(s) by physical or chemical method, by report	Oral Surgery - other procedure	S	
D7471	Removal of lateral exostosis (maxilla or mandible)	Oral Surgery - other procedure	S	
D7472	Removal of torus palatinus	Oral Surgery - other procedure	S	
D7473	Removal of torus mandibularis	Oral Surgery - other procedure	S	
D7485	Reduction of osseous tuberosity	Oral Surgery - other procedure	S	
D7490	Radical resection of maxilla or mandible	Oral Surgery - other procedure	S	
D7510	Incision and drainage of abscess – intraoral soft tissue	Oral Surgery - other procedure	S	
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	Oral Surgery - other procedure	S	
D7520	Incision and drainage of abscess – extraoral soft tissue	Oral Surgery - other procedure	S	
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	Oral Surgery - other procedure	S	
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	Oral Surgery - other procedure	S	
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	Oral Surgery - other procedure	S	
D7550	Partial osteotomy/sequestrectomy for removal of non-vital bone	Oral Surgery - other procedure	S	
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	Oral Surgery - other procedure	S	
D7610	Maxilla – open reduction (teeth immobilized, if present)	Oral Surgery - other procedure	S	
D7620	Maxilla – closed reduction (teeth immobilized, if present)	Oral Surgery - other procedure	S	
D7630	Mandible – open reduction (teeth immobilized, if present)	Oral Surgery - other procedure	S	
D7640	Mandible – closed reduction (teeth immobilized, if present)	Oral Surgery - other procedure	S	
D7650	Malar and/or zygomatic arch – open reduction	Oral Surgery - other procedure	S	
D7660	Malar and/or zygomatic arch – closed reduction	Oral Surgery - other procedure	S	
D7670	Alveolus – closed reduction may include stabilization of teeth	Oral Surgery - other procedure	S	
D7671	Alveolus – open reduction may include stabilization of teeth	Oral Surgery - other procedure	S	
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches	Oral Surgery - other procedure	S	
D7710	Maxilla – open reduction	Oral Surgery - other procedure	S	
D7720	Maxilla – closed reduction	Oral Surgery - other procedure	S	
D7730	Mandible – open reduction	Oral Surgery - other procedure	S	
D7740	Mandible – closed reduction	Oral Surgery - other procedure	S	
D7750	Malar and/or zygomatic arch – open reduction	Oral Surgery - other procedure	S	
D7760	Malar and/or zygomatic arch – closed reduction	Oral Surgery - other procedure	S	
D7770	Alveolus – open reduction stabilization of teeth	Oral Surgery - other procedure	S	
D7771	Alveolus, closed reduction stabilization of teeth	Oral Surgery - other procedure	S	
D7780	Facial bones – complicated reduction with fixation and multiple approaches	Oral Surgery - other procedure	S	
D7810	Open reduction of dislocation	Oral Surgery - other procedure	S	
D7820	Closed reduction of dislocation	Oral Surgery - other procedure	S	
D7830	Manipulation under anesthesia	Oral Surgery - other procedure	S	
D7840	Condylectomy	Oral Surgery - other procedure	S	
D7850	Surgical discectomy, with/without implant	Oral Surgery - other procedure	S	
D7852	Disc repair	Oral Surgery - other procedure	S	
D7854	Synovectomy	Oral Surgery - other procedure	S	
D7856	Myotomy	Oral Surgery - other procedure	S	
D7858	Joint reconstruction	Oral Surgery - other procedure	S	
D7860	Arthrotomy	Oral Surgery - other procedure	S	
D7865	Arthroplasty	Oral Surgery - other procedure	S	
D7870	Arthrocentesis	Oral Surgery - other procedure	S	

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
D7871	Non-arthroscopic lysis and lavage	Oral Surgery - other procedure	S	
D7872	Arthroscopy – diagnosis, with or without biopsy	Oral Surgery - other procedure	S	
D7873	Arthroscopy: lavage and lysis of adhesions	Oral Surgery - other procedure	S	
D7874	Arthroscopy: disc repositioning and stabilization	Oral Surgery - other procedure	S	
D7875	Arthroscopy: synovectomy	Oral Surgery - other procedure	S	
D7876	Arthroscopy: discectomy	Oral Surgery - other procedure	S	
D7877	Arthroscopy: debridement	Oral Surgery - other procedure	S	
D7880	Occlusal orthotic device, by report	Preventive	NS	
D7881	Occlusal orthotic device adjustment	Preventive	NS	
D7899	Unspecified TMD therapy, by report	Oral Surgery - other procedure	S	y
D7910	Suture of recent small wounds up to 5 cm	Oral Surgery - other procedure	S	
D7911	Complicated suture – up to 5 cm	Oral Surgery - other procedure	S	
D7912	Complicated suture – greater than 5 cm	Oral Surgery - other procedure	S	
D7920	Skin graft (identify defect covered, location and type of graft)	Oral Surgery - other procedure	S	
D7921	Collection and application of autologous blood concentrate product	Oral Surgery - other procedure	S	
D7940	Osteoplasty – for orthognathic deformities	Oral Surgery - other procedure	S	
D7941	Osteotomy – mandibular rami	Oral Surgery - other procedure	S	
D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft	Oral Surgery - other procedure	S	
D7944	Osteotomy – segmented or subapical	Oral Surgery - other procedure	S	
D7945	Osteotomy – body of mandible	Oral Surgery - other procedure	S	
D7946	LeFort I (maxilla – total)	Oral Surgery - other procedure	S	
D7947	LeFort I (maxilla – segmented)	Oral Surgery - other procedure	S	
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft	Oral Surgery - other procedure	S	
D7949	LeFort II or LeFort III – with bone graft	Oral Surgery - other procedure	S	
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report	Oral Surgery - other procedure	S	
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	Oral Surgery - other procedure	S	
D7952	Sinus augmentation via a vertical approach	Oral Surgery - other procedure	S	
D7953	Bone replacement graft for ridge preservation – per site	Oral Surgery - other procedure	S	y
D7955	Repair of maxillofacial soft and/or hard tissue defect	Oral Surgery - other procedure	S	
D7960	Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	Oral Surgery - other procedure	S	
D7963	Frenuloplasty	Oral Surgery - other procedure	S	
D7970	Excision of hyperplastic tissue – per arch	Oral Surgery - other procedure	S	
D7971	Excision of pericoronal gingiva	Oral Surgery - other procedure	S	
D7972	Surgical reduction of fibrous tuberosity	Oral Surgery - other procedure	S	
D7979	Non-surgical sialolithotomy	Oral Surgery - other procedure	S	
D7980	Surgical sialolithotomy	Oral Surgery - other procedure	S	
D7981	Excision of salivary gland, by report	Oral Surgery - other procedure	S	
D7982	Sialodochoplasty	Oral Surgery - other procedure	S	
D7983	Closure of salivary fistula	Oral Surgery - other procedure	S	
D7990	Emergency tracheotomy	Oral Surgery - other procedure	S	
D7991	Coronoidectomy	Oral Surgery - other procedure	S	
D7995	Synthetic graft – mandible or facial bones, by report	Oral Surgery - other procedure	S	
D7996	Implant-mandible for augmentation purposes (excluding alveolar ridge), by report	Oral Surgery - other procedure	S	
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	Oral Surgery - other procedure	S	
D7999	Unspecified oral surgery procedure, by report	Oral Surgery - other procedure	S	y
D8010	Limited orthodontic treatment of the primary dentition	Orthodontic	NS	
D8020	Limited orthodontic treatment of the transitional dentition	Orthodontic	NS	

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
D8030	Limited orthodontic treatment of the adolescent dentition	Orthodontic	NS	
D8040	Limited orthodontic treatment of the adult dentition	Orthodontic	NS	
D8050	Interceptive orthodontic treatment of the primary dentition	Orthodontic	NS	
D8060	Interceptive orthodontic treatment of the transitional dentition	Orthodontic	NS	
D8070	Comprehensive orthodontic treatment of the transitional dentition	Orthodontic	NS	
D8080	Comprehensive orthodontic treatment of the adolescent dentition	Orthodontic	NS	
D8090	Comprehensive orthodontic treatment of the adult dentition	Orthodontic	NS	
D8210	Removable appliance therapy	Orthodontic	NS	
D8220	Fixed appliance therapy	Orthodontic	NS	
D8660	Pre-orthodontic treatment examination to monitor growth and development	Orthodontic	NS	
D8670	Periodic orthodontic treatment visit	Orthodontic	NS	
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	Orthodontic	NS	
D8681	Removable orthodontic retainer adjustment	Orthodontic	NS	
D8690	Orthodontic treatment (alternative billing to a contract fee)	Orthodontic	NS	
D8691	Repair of orthodontic appliance	Orthodontic	NS	
D8692	Replacement of lost or broken retainer	Orthodontic	NS	
D8693	Re-cement or re-bond fixed retainer	Orthodontic	NS	
D8694	Repair of fixed retainers, includes reattachment	Orthodontic	NS	
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment	Orthodontic	NS	
D8999	Unspecified orthodontic procedure, by report	Orthodontic	NS	Y
D9110	Palliative (emergency) treatment of dental pain – minor procedure	Diagnostic	NS	
D9120	Fixed partial denture sectioning	Restorative	NS	
D9210	Local anesthesia not in conjunction with operative or surgical procedures	Anesthesia/Sedation-Local/Block	NS	y
D9211	Regional block anesthesia	Anesthesia/Sedation-Local/Block	NS	y
D9212	Trigeminal division block anesthesia	Anesthesia/Sedation-Local/Block	NS	y
D9215	Local anesthesia in conjunction with operative or surgical procedures	Anesthesia/Sedation-Local/Block	NS	y
D9219	Evaluation for deep sedation or general anesthesia	Diagnostic	NS	
D9222	Deep sedation/general anesthesia – first 15 minutes	Anesthesia/Sedation-IV/Parenteral		y
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	Anesthesia/Sedation-IV/Parenteral		y
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	Anesthesia/Sedation-non-IV		y
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	Anesthesia/Sedation-IV/Parenteral		y
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	Anesthesia/Sedation-IV/Parenteral		y
D9248	Non-intravenous conscious sedation	Anesthesia/Sedation-non-IV		y
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician			Y
D9311	Consultation with a medical health care professional			Y
D9410	House/extended care facility call			Y
D9420	Hospital or ambulatory surgical center call			Y
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed			Y
D9440	Office visit – after regularly scheduled hours			Y

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
D9450	Case presentation, detailed and extensive treatment planning			Y
D9610	Therapeutic parenteral drug, single administration	Anesthesia/Sedation-IV/Parenteral		y
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	Anesthesia/Sedation-IV/Parenteral		y
D9630	Drugs or medicaments dispensed in the office for home use			y
D9910	Application of desensitizing medicament	Preventive	NS	
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	Preventive	NS	
D9920	Behavior management, by report			Y
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report			y
D9932	Cleaning and inspection of removable complete denture, maxillary	Removable/Maxillofacial Prosthetics/OSA	NS	
D9933	Cleaning and inspection of removable complete denture, mandibular	Removable/Maxillofacial Prosthetics/OSA	NS	
D9934	Cleaning and inspection of removable partial denture, maxillary	Removable/Maxillofacial Prosthetics/OSA	NS	
D9935	Cleaning and inspection of removable partial denture, mandibular	Removable/Maxillofacial Prosthetics/OSA	NS	
D9940	Occlusal guard, by report	Preventive	NS	
D9941	Fabrication of athletic mouthguard	Preventive	NS	
D9942	Repair and/or relines of occlusal guard	Preventive	NS	
D9943	Occlusal guard adjustment	Preventive	NS	
D9950	Occlusion analysis – mounted case	Diagnostic	NS	
D9951	Occlusal adjustment – limited	Restorative	NS	
D9952	Occlusal adjustment – complete	Restorative	NS	
D9970	Enamel microabrasion	Restorative	NS	
D9971	Odontoplasty 1-2 teeth; includes removal of enamel projections	Restorative	NS	
D9972	External bleaching – per arch – performed in office	Restorative	NS	
D9973	External bleaching – per tooth	Restorative	NS	
D9974	Internal bleaching – per tooth	Restorative	NS	
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	Restorative	NS	
D9985	Sales tax			Y
D9986	Missed appointment			Y
D9987	Cancelled appointment			Y
D9991	Dental case management – addressing appointment compliance barriers			Y
D9992	Dental case management – care coordination			Y
D9993	Dental case management – motivational interviewing			Y
D9994	Dental case management – patient education to improve oral health literacy			Y
D9995	Teledentistry – synchronous; real-time encounter			Y
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review			Y
D9999	Unspecified adjunctive procedure, by report			Y
FD7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar			Y
W0119	Record meets initial – go-standard			Y
W0141	Postmortem examination			Y
W0142	Bite mark analysis			Y
W0199	Dental emergency visit	Diagnostic	NS	
W0385	TECHNICIAN: Cone beam CT image capture with limited field of view – less than one whole jaw	Diagnostic	NS	

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
W0386	TECHNICIAN: Cone beam CT image capture with field of view of one full dental arch – mandible	Diagnostic	NS	
W0387	TECHNICIAN: Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium	Diagnostic	NS	
W0388	TECHNICIAN: Cone beam CT image capture with field of view of both jaws, with or without cranium	Diagnostic	NS	
W0389	TECHNICIAN: Cone beam CT image capture for TMJ series including two or more exposures	Diagnostic	NS	
W0401	Oral Cancer Screening, assessment and documentation, with a finding of low risk	Diagnostic	NS	
W0402	Oral Cancer Screening, assessment and documentation, with a finding of moderate risk	Diagnostic	NS	
W0403	Oral Cancer Screening, assessment and documentation, with a finding of high risk	Diagnostic	NS	
W0470	Diagnostic casts – chairside scanned	Diagnostic	NS	
W0901	Periodontal screening and documentation, with finding of low risk	Diagnostic	NS	
W0902	Periodontal screening and documentation, with finding of moderate risk	Diagnostic	NS	
W0903	Periodontal screening and documentation, with finding of high risk	Diagnostic	NS	
W1312	Nutrition counseling referral	Preventive	NS	
W1322	Tobacco cessation referral	Preventive	NS	
W1331	Group oral health counseling			Y
W2610	Inlay – chairside milled porcelain/ceramic – one surface CAD/CAM	Restorative	NS	
W2620	Inlay – chairside milled porcelain/ceramic – two surfaces CAD/CAM	Restorative	NS	
W2630	Inlay – chairside milled porcelain/ceramic – three or more surfaces CAD/CAM	Restorative	NS	
W2642	Onlay – chairside milled porcelain/ceramic – two surfaces CAD/CAM	Restorative	NS	
W2643	Onlay – chairside milled porcelain/ceramic – three surfaces CAD/CAM	Restorative	NS	
W2644	Onlay – chairside milled porcelain/ceramic – four or more surfaces CAD/CAM	Restorative	NS	
W2650	Inlay – chairside milled composite – one surface CAD/CAM	Restorative	NS	
W2651	Inlay – chairside milled composite – two surfaces CAD/CAM	Restorative	NS	
W2652	Inlay – chairside milled composite – three or more surfaces CAD/CAM	Restorative	NS	
W2662	Onlay – chairside milled composite – two surfaces CAD/CAM	Restorative	NS	
W2663	Onlay – chairside milled composite – three surfaces CAD/CAM	Restorative	NS	
W2664	Onlay – chairside milled composite – four or more surfaces CAD/CAM	Restorative	NS	
W2700	Preparation of a tooth for a single crown	Restorative	NS	
W2710	Crown – chairside milled composite CAD/CAM	Restorative	NS	
W2712	3/4 crown – chairside milled composite CAD/CAM	Restorative	NS	
W2740	Crown – chairside milled porcelain/ceramic CAD/CAM	Restorative	NS	
W2795	Endo–crown – chairside milled (combination core and crown) CAD/CAM	Restorative	NS	
W2799	Provisional crown – chairside milled, further treatment or completion of diagnosis necessary prior to final impression CAD/CAM	Restorative	NS	
W2961	Labial veneer – chairside milled composite CAD/CAM	Restorative	NS	

Code	Description	Procedure Category	Surgical (S) or Non-Surgical (NS)	Exclude (y=yes)
W2962	Labial veneer – chairside milled porcelain/ceramic CAD/CAM	Restorative	NS	
W4240	Laser periodontal therapy, per quadrant	Periodontal	S	
W4260	Corticotomies to facilitate orthodontic tooth movement, per quadrant	Periodontal	S	
W5999	Custom ear piece			Y
W6057	Custom fabricated abutment – chairside milled – includes placement CAD/CAM	Restorative	NS	
W6058	Abutment supported porcelain/ceramic crown – chairside milled CAD/CAM	Restorative	NS	
W6065	Implant supported porcelain/ceramic crown – chairside milled CAD/CAM	Restorative	NS	
W6068	Abutment supported retainer for porcelain/ceramic FPD – chairside milled CAD/CAM	Restorative	NS	
W6075	Implant supported retainer for ceramic FPD – chairside milled CAD/CAM	Restorative	NS	
W6200	Preparation of teeth for a fixed partial denture	Restorative	NS	
W6245	Pontic – porcelain/ceramic – chairside milled CAD/CAM	Restorative	NS	
W6600	Inlay – porcelain/ceramic FPD retainer, two surfaces – chairside milled CAD/CAM	Restorative	NS	
W6601	Inlay – porcelain/ceramic FPD retainer, three or more surfaces – chairside milled CAD/CAM	Restorative	NS	
W6608	Onlay – porcelain/ceramic FPD retainer, two surfaces – chairside milled CAD/CAM	Restorative	NS	
W6609	Onlay – porcelain/ceramic FPD retainer, three or more surfaces – chairside milled CAD/CAM	Restorative	NS	
W6740	Crown – porcelain/ceramic FPD retainer – chairside milled CAD/CAM	Restorative	NS	
W6999	Occlusal analysis with pantographic tracing	Diagnostic	NS	
W7880	Prefabricated Oral Appliance for Non-OSA, Readiness Limiting Sleep Disordered Breathing	Removable/Maxillofacial Prosthetics/OSA	NS	
W7881	Custom Fabricated Oral Appliance for Obstructive Sleep Apnea	Removable/Maxillofacial Prosthetics/OSA	NS	
W7903	Pericoronitis treatment			y
W9000	Resident staffing, each 15 minutes			Y
W9100	Boil and bite mouth protector	Preventive	NS	
W9624	Prescription drugs for high/moderate caries risk patients	Preventive	NS	
W9875	Botox, per site, per 10 units			y
W9900	Prep/Impression/Scan-Used in MHS GENESIS (Dentrix Enterprise) to start the lab case continuing care module which allows the dental treatment facility to internally track the status of lab work			Y
W9926	Lab procedures, adjunctive medical			Y
W9987	Clinic cancelled appointment			Y
W9996	Readiness training (hours/dentist)			Y
W9999	Patient treated	Visit		

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