

Diagnostic, Preventive and Basic Restorative Services	
Procedure Code	Procedure Code Description
D0120	Periodic oral exam
D0140	Limited oral evaluation
D0150	Comprehensive oral evaluation
D0160	Detailed and extensive oral evaluation
D0210	Intraoral - complete series
D0220	Intraoral - periapical 1st film
D0230	Intraoral - periapical each additional
D0270	Bitewing - single film
D0272	Bitewing - two films
D0273	Bitewing - three films
D0274	Bitewing - four films
D0330	Panoramic film
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium
D1110	Prophylaxis – adult
D1206	Fluoride varnish
D1208	Topical Fluoride
D1354	Interim caries arresting medicament (Silver Diamine Fluoride) – per tooth
D2140	Amalgam - 1 surface
D2150	Amalgam - 2 surface
D2160	Amalgam - 3 surface
D2161	Amalgam - 4+ surface
D2330	Composite - 1 surf anterior
D2331	Composite - 2 surf anterior
D2332	Composite - 3 surf anterior
D2335	Composite - 4+ surf anterior
D2391	Composite - 1 surf posterior - permanent tooth
D2392	Composite - 2 surf posterior - permanent tooth
D2393	Composite - 3 surf posterior - permanent tooth
D2394	Composite - 4+ surf posterior - permanent tooth
D2721	Crown - resin/metal base

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D2722	Crown - resin/metal noble
D2740	Crown - porcelain/ceramic
D2750	Crown-proc/metal high noble
D2751	Crown - porc/metal base
D2752	Crown - porc/metal noble
D2753	Crown - porc/titanium and titanium alloys
D2781	Crown - 3/4 metal base
D2782	Crown - 3/4/metal noble
D2783	Crown - 3/4 porc/ceramic
D2791	Crown - full metal base
D2792	Crown - full metal noble
D2920	Recement crown
D2931	Crown - stainless steel permanent
D3310	Endodontic therapy, anterior tooth
D3320	Endodontic therapy, premolar tooth
D3330	Endodontic therapy, molar tooth
D4341	Scaling and root planning - 4+ teeth per quad
D4342	Scaling and root planning - 1 to 3 teeth per quad
D4355	Full mouth debridement to enable a comprehensive oral evaluation
D4910	Periodontal Maintenance
D5110	Complete denture - max

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D5120	Complete denture - mand
D5130	Immediate denture - max
D5140	Immediate denture - mand
D5211	maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)
D5212	mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5282	Removable unilateral partial denture--one piece cast metal (including clasps and teeth), maxillary
D5283	Removable unilateral partial denture--one piece cast metal (including clasps and teeth), mandibular
D5284	removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant
D5286	removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant
D5611	repair resin partial denture base, mandibular
D5612	repair resin partial denture base, maxillary
D5621	repair - cast partial framework, mandibular
D5622	repair - cast partial framework, maxillary
D5630	repair - broken clasp partial denture
D5640	replace - missing/broken teeth - partial
D5650	add tooth - partial denture
D5660	add clasp - partial denture
D5730	Reline- complete denture max chairside (edits against 5750 and 5751)
D5731	Reline - complete denture mand chairside
D5750	Reline- complete denture max lab

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D5751	Reline - complete denture mand lab
D7140	Extraction - erupted tooth or exposed root
D7210	Extraction - surgical
D7220	Impaction - soft tissue
D7250	Surgical removal of residual roots
D7310	alveoloplasty w/ extractions per quad
D7311	alveoloplasty w/ extractions - 1 - 3 teeth/spaces per quad
D7320	alveoloplasty w/o extractions per quad
D7321	alveoloplasty w/o extractions - 1 - 3 teeth/spaces per quad
D7471	removal of lateral exostosis - max or mand
D7472	removal of torus palatinus
D7473	removal of torus mandibularis
D7485	surgical reduction of tuberosity
D9110	Palliative treatment
D9230	Inhalation of nitrous oxide/ analgesia