

## 2019 Dental Code Set

For dates of service from 1/1/2019-12/31/2019

| HCPCS | Description   | Date will stop being covered |
|-------|---|------------------------------|
| D0120 | PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT                      |                              |
| D0140 | LIMITED ORAL EVALUATION - PROBLEM FOCUSED                           |                              |
| D0150 | COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT          |                              |
| D0160 | DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT |                              |
| D0180 | COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT   |                              |
| D0210 | INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES                  |                              |
| D0220 | INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE                     |                              |
| D0230 | INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE           |                              |
| D0240 | INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE                             |                              |

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|-------|--|------------------------------|
| D0250 | EXTRAORAL - FIRST RADIOGRAPHIC IMAGE           |                              |
| D0251 | Extra-oral posterior dental radiographic image |                              |
| D0270 | BITEWING - SINGLE RADIOGRAPHIC IMAGE           |                              |
| D0272 | BITEWINGS - TWO RADIOGRAPHIC IMAGES            |                              |

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|-------|---|------------------------------|
| D0273 | BITEWINGS - THREE RADIOGRAPHIC IMAGES   |                              |
| D0274 | BITEWINGS - FOUR RADIOGRAPHIC IMAGES  |                              |
| D0277 | VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES                               |                              |
| D0290 | POSTERIOR-ANTERIOR OR LATERAL SKULL AND FACIAL BONE SURVEY RADIOGRAPHIC IMAGE |                              |
| D0310 | SIALOGRAPHY   |                              |

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|-------|--|------------------------------|
| D0330 | PANORAMIC RADIOGRAPHIC IMAGE               |                              |
| D0340 | CEPHALOMETRIC RADIOGRAPHIC IMAGE           |                              |
| D0350 | ORAL/FACIAL PHOTOGRAPHIC IMAGES            |                              |
| D0393 | Treatment simulation using 3D image volume |                              |
| D0470 | DIAGNOSTIC CASTS                           |                              |
| D0502 | OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT |                              |
| D1110 | PROPHYLAXIS-ADULT                          |                              |
| D1206 | TOPICAL APPLICATION OF FLUORIDE VARNISH    |                              |
| D1208 | Topical application of fluoride            |                              |

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|-------|--|------------------------------|
| D1352 | Preventive resin restoration in a moderate to high caries risk patient - permane |                              |
| D2140 | AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT  |                              |
| D2150 | AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT                                       |                              |
| D2160 | AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT                                     |                              |
| D2161 | AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT                              |                              |
| D2330 | RESIN-ONE SURFACE, ANTERIOR  |                              |
| D2331 | RESIN-TWO SURFACES, ANTERIOR   |                              |
| D2332 | RESIN-THREE SURFACES, ANTERIOR   |                              |
| D2335 | RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)                |                              |
| D2390 | RESIN-BASED COMPOSITE CROWN, ANTERIOR  |                              |
| D2391 | RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR                                   |                              |
| D2392 | RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR                                  |                              |
| D2393 | RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR                                |                              |
| D2394 | RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR                         |                              |
| D2740 | CROWN-PORCELAIN/CERAMIC SUBSTRATE  |                              |
| D2751 | CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE METAL                                |                              |
| D2790 | CROWN-FULL CAST HIGH NOBLE METAL   |                              |
| D2920 | RECEMENT CROWN   |                              |
| D2931 | PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH                              |                              |
| D2940 | PROTECTIVE RESTORATION   |                              |
| D2950 | CORE BUILD-UP, INCLUDING ANY PINS  |                              |
| D2954 | PREFABRICATED POST AND CORE IN ADDITION TO CROWN                                 |                              |
| D3110 | PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)                                    |                              |

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| HCPCS | Description  | Date will stop being covered |
|-------|--|------------------------------|
| D3221 | PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH                                  |                              |
| D3310 | ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)                 |                              |
| D3320 | ENDODONTIC THERAPY, BICUSPID TOOTH (EXCLUDING FINAL RESTORATION)                 |                              |
| D3330 | ENDODONTIC THERAPY, MOLAR (EXCLUDING FINAL RESTORATION)                          |                              |
| D3331 | TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS                         |                              |
| D3346 | RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR                              |                              |
| D3347 | RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-BICUSPID                              |                              |
| D3348 | RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR                                 |                              |
| D4210 | GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED S |                              |
| D4211 | GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED S |                              |
| D4240 | GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH  |                              |
| D4241 | GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH  |                              |
| D4260 | OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEE |                              |
| D4261 | OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOUS TEE |                              |
| D4263 | BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT                                  |                              |
| D4264 | BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT                        |                              |
| D4266 | GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, PER SITE                        |                              |
| D4267 | GUIDED TISSUE REGENERATION - NONRESORBABLE BARRIER, PER SITE, (INCLUDES          |                              |
| D4270 | PEDICLE SOFT TISSUE GRAFT PROCEDURE  |                              |
| D4273 | SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURES, PER TOOTH                      |                              |
| D4274 | DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION WITH       |                              |
| D4275 | SOFT TISSUE ALLOGRAFT  |                              |
| D4276 | COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT, PER TOOTH                   |                              |

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| D4341 | PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT           |                              |
| D4342 | PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT          |                              |
| D4355 | FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS          |                              |
| D4910 | PERIODONTAL MAINTENANCE  |                              |
| D4920 | UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST)             |                              |
| D4999 | UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT                                     |                              |
| D7111 | EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOOTH                                   |                              |
| D7140 | EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)     |                              |
| D7210 | SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF |                              |
| D7220 | REMOVAL OF IMPACTED TOOTH-SOFT TISSUE  |                              |
| D7230 | REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY   |                              |
| D7240 | REMOVAL OF IMPACTED TOOTH-COMpletely BONY  |                              |
| D7241 | REMOVAL OF IMPACTED TOOTH-COMpletely BONY, WITH UNUSUAL SURGICAL COMPLICATIONS   |                              |
| D7250 | SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)                     |                              |
| D7260 | ORAL ANTRAL FISTULA CLOSURE  |                              |
| D7261 | PRIMARY CLOSURE OF A SINUS PERFORATION   |                              |
| D7285 | BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)                                       |                              |
| D7286 | BIOPSY OF ORAL TISSUE - SOFT   |                              |
| D7410 | EXCISION OF BENIGN LESION UP TO 1.25 CM  |                              |
| D7411 | EXCISION OF BENIGN LESION GREATER THAN 1.25 CM                                   |                              |
| D7412 | EXCISION OF BENIGN LESION, COMPLICATED   |                              |
| D7413 | EXCISION OF MALIGNANT LESION UP TO 1.25 CM                                       |                              |
| D7414 | EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM                                |                              |

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| D7415 | EXCISION OF MALIGNANT LESION, COMPLICATED  |                              |
| D7440 | EXCISION OF MALIGNANT TUMOR-LESION DIAMETER UP TO 1.25 CM                        |                              |
| D7441 | EXCISION OF MALIGNANT TUMOR-LESION DIAMETER GREATER THAN 1.25 CM                 |                              |
| D7450 | REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM        |                              |
| D7451 | REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN 1.25 CM |                              |
| D7460 | REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM     |                              |
| D7461 | REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN      |                              |
| D7471 | REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)                               |                              |
| D7490 | RADICAL RESECTION OF MAXILLA OR MANDIBLE   |                              |
| D7510 | INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE                           |                              |
| D7511 | INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED           |                              |
| D7520 | INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE                           |                              |
| D7521 | INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED           |                              |
| D7530 | REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE       |                              |
| D7540 | REMOVAL OF REACTION-PRODUCING FOREIGN BODIES-MUSCULOSKELETAL SYSTEM              |                              |
| D7550 | PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE                   |                              |
| D7560 | MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY               |                              |
| D7610 | MAXILLA-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)                            |                              |
| D7620 | MAXILLA-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)                          |                              |
| D7630 | MANDIBLE-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)                           |                              |
| D7640 | MANDIBLE-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)                         |                              |
| D7650 | MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION                                       |                              |
| D7660 | MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION                                     |                              |



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| D7670 | ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH        |                              |
| D7671 | ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH          |                              |
| D7680 | FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL |                              |
| D7710 | MAXILLA-OPEN REDUCTION   |                              |
| D7720 | MAXILLA-CLOSED REDUCTION   |                              |
| D7730 | MANDIBLE-OPEN REDUCTION  |                              |
| D7740 | MANDIBLE-CLOSED REDUCTION  |                              |
| D7750 | MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION                             |                              |
| D7760 | MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION                           |                              |
| D7770 | ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH                       |                              |
| D7771 | ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH                      |                              |
| D7780 | FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL |                              |
| D7810 | OPEN REDUCTION OF DISLOCATION  |                              |
| D7820 | CLOSED REDUCTION OF DISLOCATION  |                              |
| D7830 | MANIPULATION UNDER ANESTHESIA  |                              |
| D7840 | CONDYLECTOMY   |                              |
| D7850 | SURGICAL DISCECTOMY; WITH/WITHOUT IMPLANT                              |                              |
| D7854 | SYNOVECTOMY  |                              |
| D7856 | MYOTOMY  |                              |
| D7858 | JOINT RECONSTRUCTION   |                              |
| D7860 | ARTHROTOMY   |                              |
| D7865 | ARTHROPLASTY   |                              |
| D7870 | ARTHROCENTESIS   |                              |

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| D7871 | NON-ARTHROSCOPIC LYSIS AND LAVAGE  |                              |
| D7872 | ARTHROSCOPY-DIAGNOSIS, WITH OR WITHOUT BIOPSY                                    |                              |
| D7873 | ARTHROSCOPY-SURGICAL: LAVAGE AND LYSIS OF ADHESIONS                              |                              |
| D7874 | ARTHROSCOPY-SURGICAL: DISC REPOSITIONING AND STABILIZATION                       |                              |
| D7875 | ARTHROSCOPY-SURGICAL: SYNOVECTOMY  |                              |
| D7876 | ARTHROSCOPY-SURGICAL: DISCECTOMY   |                              |
| D7877 | ARTHROSCOPY-SURGICAL: DEBRIDEMENT  |                              |
| D7910 | SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM   |                              |
| D7911 | COMPLICATED SUTURE-UP TO 5 CM  |                              |
| D7912 | COMPLICATED SUTURE-GREATER THAN 5 CM   |                              |
| D7940 | OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES   |                              |
| D7941 | OSTEOTOMY - MANDIBULAR RAMI  |                              |
| D7943 | OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE GRAFT        |                              |
| D7944 | OSTEOTOMY-SEGMENTED OR SUBAPICAL   |                              |
| D7945 | OSTEOTOMY-BODY OF MANDIBLE   |                              |
| D7946 | LEFORT I (MAXILLA-TOTAL)   |                              |
| D7947 | LEFORT I (MAXILLA-SEGMENTED)   |                              |
| D7948 | LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR   |                              |
| D7949 | LEFORT II OR LEFORT III-WITH BONE GRAFT  |                              |
| D7950 | OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA - AUTOGE |                              |
| D7955 | REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT                           |                              |
| D7970 | EXCISION OF HYPERPLASTIC TISSUE-PER ARCH   |                              |
| D7971 | EXCISION OF PERICORONAL GINGIVA  |                              |

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| D7972 | SURGICAL REDUCTION OF FIBROUS TUBEROSITY   |                              |
| D7980 | SIALOLITHOTOMY   |                              |
| D7981 | EXCISION OF SALIVARY GLAND, BY REPORT  |                              |
| D7982 | SIALODOCHOPLASTY   |                              |
| D7983 | CLOSURE OF SALIVARY FISTULA  |                              |
| D7990 | EMERGENCY TRACHEOTOMY  |                              |
| D7991 | CORONOIDECTOMY   |                              |
| D9110 | PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES                 |                              |
| D9210 | LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES        |                              |
| D9223 | Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment   |                              |
| D9243 | Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment   |                              |
| D9248 | NON-INTRAVENOUS CONSCIOUS SEDATION   |                              |
| D9310 | CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN RE |                              |
| D9410 | HOUSE/EXTENDED CARE FACILITY CALL  |                              |
| D9420 | HOSPITAL OR AMBULATORY SURGICAL CENTER CALL                                      |                              |
| D9430 | OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS) NO OTHER         |                              |
| D9440 | OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS                                     |                              |
| D9610 | THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION                               |                              |
| D9612 | THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS |                              |
| D9930 | TREATMENT OF COMPLICATIONS (POSTSURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT     |                              |