

IHS/EDR CODE TABLE
 CDT 2009-2010/IHS SPECIFIC CODES
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CODE	NOMENCLATURE	RELATIVE VALUE UNIT	LEVEL OF CARE	CATEGORY
0000	FIRST VISIT (OF THE CURRENT FISCAL YEAR)	0.00	9	ENCOUNTER
0003	BBTD/ECC DENTAL PATIENT	0.00	9	ENCOUNTER
0004	HEADSTART DENTAL PATIENT	0.00	9	ENCOUNTER
0007	SEALANTS PRESENT; NO ADDITIONAL SEALANTS INDICATED	0.00	9	ENCOUNTER
0190	DENTAL REVISIT (FOR ANY REASON)	0.00	9	ENCOUNTER
D0120	ORAL EVALUATION, PERIODIC	0.70	3	
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	0.92	1	
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	0.70	3	
D0150	COMPREHENSIVE ORAL EVALUATION	1.00	3	
D0160	EXTENSIVE ORAL EVAL-PROBLEM FOCUSED	2.27	4	
D0170	RE-EVALUATION - LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT)	1.00	3	
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	1.12	4	
D0210	INTRAORAL COMPLETE SERIES	1.95	3	
D0220	INTRAORAL PERIAPICAL, SINGLE FILM	0.45	1	
D0230	INTRAORAL PERIAPICAL, ADDITIONAL FILM	0.23	3	
D0240	INTRAORAL OCCLUSAL FILM	0.54	3	
D0250	EXTRAORAL - FIRST FILM	1.12	1	
D0260	EXTRAORAL - EACH ADDITIONAL FILM	0.78	1	
D0270	BITEWINGS, SINGLE FILM	0.46	3	
D0272	BITEWINGS - TWO FILMS	0.67	3	
D0273	BITEWINGS - THREE FILMS	0.79	3	
D0274	BITEWINGS, FOUR FILMS	0.91	3	
D0277	VERTICAL BITEWINGS - 7 TO 8 FILMS	1.34	3	
D0290	POSTERIOR-ANTERIOR OR LATERAL SKULL AND FACIAL BONE SURVEY FILM	2.01	1	
D0310	SIALOGRAPHY	4.69	5	
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION	11.17	5	
D0321	OTHER TEMPOROMANDIBULAR JOINT FILMS, BY REPORT	3.46	5	
D0322	TOMOGRAPHIC SURVEY	6.25	5	
D0330	PANORAMIC-MAXILLA AND MANDIBLE FILM	1.44	3	
D0340	CEPHALOMETRIC FILM	1.39	5	
D0350	ORAL/FACIAL IMAGES (INCLUDES INTRA AND EXTRAORAL IMAGES)	0.68	5	
D0360	CONE BEAM CT - CRANIOFACIAL DATA CAPTURE	10.00	5	
D0362	CONE BEAM - TWO-DIMENSIONAL IMAGE RECONSTRUCTION USING EXISTING DATA, INCLUDES MULTIPLE IMAGES	12.00	5	
D0363	CONE BEAM - THREE-DIMENSIONAL IMAGE RECONSTRUCTION USING EXISTING DATA, INCLUDES MULTIPLE IMAGES	12.50	5	
D0415	BACTERIOLOGIC STUDIES FOR PATHOLOGIC AGENTS	1.55	1	

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D0416	VIRAL CULTURE	0.60	9	
D0417	COLLECTION AND PREPARATION OF SALIVA SAMPLE FOR LABORATORY DIAGNOSTIC TESTING	0.00	9	
D0418	ANALYSIS OF SALIVA SAMPLE	0.00	9	
D0421	GENETIC TEST FOR SUSCEPTIBILITY TO ORAL DISEASES	0.00	9	
D0425	CARIES SUSCEPTIBILITY TESTS	1.45	9	
D0431	ADJUNCTIVE PRE-DIAGNOSTIC TEST	1.30	1	
D0460	PULP VITALITY TESTS (PER VISIT)	0.76	1	
D0470	DIAGNOSTIC CASTS (PER SET)	1.25	3	
D0472	ACCESSION OF TISSUE, GROSS EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	1.67	9	
D0473	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	0.00	9	
D0474	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, INCLUDING ASSESSMENT OF SURGICAL MARGINS FOR PRESENCE OF DISEASE, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	0.00	9	
D0475	DECALCIFICATION PROCEDURE	0.00	9	
D0476	SPECIAL STAINS FOR MICROORGANISMS	0.00	9	
D0477	SPECIAL STAINS, NOT FOR MICROORGANISMS	0.00	9	
D0478	IMMUNOHISTOCHEMICAL STAINS	0.00	9	
D0479	TISSUE IN-SITU HYBRIDIZATION, INCLUDING INTERPRETATION	0.00	9	
D0480	PROCESSING AND INTERPRETATION OF CYTOLOGIC SMEARS, INCLUDING THE PREPARATION AND TRANSMISSION OF WRITTEN REPORT	0.00	9	
D0481	ELECTRON MICROSCOPY - DIAGNOSTIC	0.00	9	
D0482	DIRECT IMMUNOFLUORESCENCE	0.00	9	
D0483	INDIRECT IMMUNOFLUORESCENCE	0.00	9	
D0484	CONSULTATION ON SLIDES PREPARED ELSEWHERE	0.00	9	
D0485	CONSULTATION, INCLUDING PREPARATION OF SLIDES FROM BIOPSY MATERIAL SUPPLIED BY REFERRING SOURCE	0.00	9	
D0486	ACCESSION OF BRUSH BIOPSY SAMPLE, MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF REPORT	0.00	9	
D0502	OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT	3.01	3	
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT	0.30	9	
D1110	ADULT PROPHYLAXIS, (PERMANENT DENTITION)	1.99	2	
D1120	PROPHYLAXIS - CHILD	1.02	2	
D1203	TOPICAL FLUORIDE W/O PROPHY-CHILD	0.56	2	
D1204	TOPICAL FLUORIDE W/O PROPHY-ADULT	0.56	2	

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D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARIES RISK PATIENTS	0.80	2	
D1310	NUTRITIONAL COUNSELING FOR ORAL HEALTH	1.43	2	
D1320	TOBACCO USE INTERVENTION TO PREVENT DISEASE	0.69	2	
D1330	PREVENTIVE PLAN AND INSTRUCTION	1.03	2	
D1351	SEALANT - PER TOOTH	0.80	2	
D1510	SPACE MAINTAINER - FIXED - UNILATERAL	4.47	3	
D1515	SPACE MAINTAINER - FIXED - BILATERAL	6.70	3	
D1520	SPACE MAINTAINER - REMOVABLE - UNILATERAL	5.58	9	
D1525	SPACE MAINTAINER - REMOVABLE - BILATERAL	7.82	3	
D1550	RE-CEMENTATION OF SPACE MAINTAINER	1.34	1	
D1555	REMOVAL OF FIXED SPACE MAINTAINER	0.50	3	
D2140	AMALGAM - ONE SURFACE, PERMANENT	2.00	3	
D2150	AMALGAM - TWO SURFACES, PERMANENT	2.20	3	
D2160	AMALGAM - THREE SURFACES, PERMANENT	2.70	3	
D2161	AMALGAM - FOUR OR MORE SURFACES, PERMANENT	3.30	4	
D2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIO	2.00	3	
D2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERI	3.00	3	
D2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTE	3.50	3	
D2335	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACE	4.00	4	
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	3.13	4	
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	2.34	3	
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	3.01	9	
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	3.46	9	
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	3.80	9	
D2410	GOLD FOIL - ONE SURFACE	8.93	9	
D2420	GOLD FOIL - TWO SURFACES	10.61	9	
D2430	GOLD FOIL - THREE SURFACES	13.18	9	
D2510	INLAY - METALLIC - ONE SURFACE	12.73	9	
D2520	INLAY - METALLIC - TWO SURFACES	14.40	9	
D2530	INLAY - METALLIC - THREE OR MORE SURFACES	13.40	9	
D2542	ONLAY - METALLIC-TWO SURFACES	16.53	4	
D2543	ONLAY - METALLIC-THREE SURFACES	17.31	4	
D2544	ONLAY - METALLIC-FOUR OR MORE SURFACES	18.98	4	
D2610	INLAY - PORCELAIN/CERAMIC - ONE SURFACE	13.96	9	
D2620	INLAY - PORCELAIN/CERAMIC - TWO SURFACES	14.52	9	
D2630	INLAY - PORCELAIN/CERAMIC - THREE OR MORE SURFACES	18.98	9	
D2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	15.63	5	
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	17.87	5	
D2644	ONLAY - PORCELAIN/CERAMIC - FOUR OR MORE SURFACES	20.66	5	

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D2650	INLAY - RESIN-BASED COMPOSITE - ONE SURFACE	12.84	5	
D2651	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES	14.52	5	
D2652	INLAY - RESIN-BASED COMPOSITE - THREE OR MORE SURFACES	18.98	5	
D2662	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES	14.52	5	
D2663	ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES	17.87	5	
D2664	ONLAY - - RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES	18.98	5	
D2710	CROWN - RESIN (INDIRECT)	6.78	9	
D2712	CROWN - 3/4 RESIN-BASED COMPOSITE (INDIRECT)	6.78	9	
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	22.33	9	
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	16.75	9	
D2722	CROWN - RESIN WITH NOBLE METAL	18.98	9	
D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	22.33	5	
D2750	CROWN-PORCELAIN WITH GOLD	14.96	4	
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	17.87	4	
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	20.10	4	
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	20.10	4	
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	14.52	4	
D2782	CROWN - 3/4 CAST NOBLE METAL	16.75	4	
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	21.22	4	
D2790	CROWN-GOLD (FULL CAST)	13.36	4	
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	15.63	4	
D2792	CROWN - FULL CAST NOBLE METAL	17.87	4	
D2794	CROWN - TITANIUM	7.67	4	
D2799	PROVISIONAL CROWN	11.17	9	
D2910	RECEMENT INLAY	1.02	1	
D2915	RECEMENT CAST OR PREFABRICATED POST AND CORE	1.00	1	
D2920	RECEMENT CROWNS	1.43	1	
D2930	CROWN-STAINLESS STEEL, PRIMARY TOOTH	4.00	3	
D2931	CROWN-STAINLESS STEEL, PERMANENT TOOTH	2.26	9	
D2932	PREFABRICATED RESIN CROWN	5.36	4	
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN VENEER	5.02	3	
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	2.00	3	
D2940	SEDATIVE FILLING	1.43	1	
D2950	CORE BUILDUP, INCLUDING ANY PINS	3.54	4	
D2951	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	1.12	9	
D2952	CAST POST AND CORE IN ADDITION TO CROWN	8.93	4	
D2953	EACH ADDITIONAL CAST POST - SAME TOOTH	7.26	4	
D2954	POST AND CORE (PREFAB.), EXCLUDING CROWN	4.05	4	
D2955	POST REMOVAL (NOT IN CONJUNCTION WITH ENDODONTIC THERAPY)	4.47	1	
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	3.91	4	

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D2960	LABIAL VENEER (RESIN LAMINATE) - CHAIRSIDE	6.70	4	
D2961	LABIAL VENEER (RESIN LAMINATE) - LABORATORY	11.17	4	
D2962	LABIAL VENEER (PORCELAIN LAMINATE) - LABORATORY	16.08	4	
D2970	TEMPORARY CROWN (FRACTURED TOOTH)	3.85	1	
D2971	ADDITIONAL PROCEDURES TO CONSTRUCT NEW CROWN UNDER EXISTING PARTIAL DENTURE FRAMEWORK	0.53	5	
D2975	COPING	7.67	4	
D2980	CROWN REPAIR, BY REPORT	4.58	1	
D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	0.53	3	
D3110	PULP CAP DIRECT	0.74	9	
D3120	PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION)	1.12	9	
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTO	3.00	3	
D3221	GROSS PULPAL DEBRIDEMENT, PRIMARY AND PERMAN	3.64	1	
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT	3.00	3	
D3230	PULPAL THERAPY (RESORBABLE FILLING) - ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	3.68	3	
D3240	PULPAL THERAPY, POSTERIOR PRIMARY TOOTH	3.70	3	
D3310	ENDODONTIC FILL, ANTERIOR	10.20	3	
D3320	ENDODONTIC FILL, BICUSPID	10.00	4	
D3330	ENDODONTIC FILL, MOLAR	11.24	5	
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION; NON- SURGICAL ACCESS	11.28	5	
D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE OR FRACTURED TOOTH	3.66	4	
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	2.90	5	
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - ANTERIOR	12.28	3	
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - BICUSPID	14.96	4	
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - MOLAR	18.42	5	
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	12.73	3	
D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	15.41	3	

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D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY - APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	8.93	3	
D3410	APICOECTOMY/PERIRADICULAR SURGERY - ANTERIOR	10.16	4	
D3421	APICOECTOMY/PERIRADICULAR SURGERY - BICUSPID (FIRST ROOT)	11.72	4	
D3425	APICOECTOMY/PERIRADICULAR SURGERY - MOLAR (FIRST ROOT)	13.06	5	
D3426	APICOECTOMY/PERIRADICULAR SURGERY (EACH ADDITIONAL ROOT)	10.83	5	
D3430	RETROGRADE FILLING - PER ROOT	3.35	4	
D3450	ROOT AMPUTATION - PER ROOT	5.58	9	
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	17.31	9	
D3470	INTENTIONAL REIMPLANTATION (INCLUDING NECESSARY SPLINTING)	11.17	4	
D3910	SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM	2.90	9	
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY	7.03	5	
D3950	CANAL PREPARATION AND FITTING OF PREFORMED DOWEL OR POST	3.35	4	
D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT	1.37	4	
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER QUADRANT	10.61	3	
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE TEETH, PER QUADRANT	5.56	4	
D4230	ANATOMICAL CROWN EXPOSURE - FOUR OR MORE CONTIGUOUS TEETH PER QUADRANT	12.50	5	
D4231	ANATOMICAL CROWN EXPOSURE - ONE TO THREE TEETH PER QUADRANT	10.50	5	
D4240	GINGIVAL FLAP PROC W/ ROOT PLANING (QUAD)	7.54	4	
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	2.10	4	
D4245	APICALLY POSITIONED FLAP	14.40	5	
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	11.39	5	
D4260	OSSEOUS SURGERY, PER QUAD.	10.63	5	
D4261	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE TEETH, PER QUADRANT	5.42	5	
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	10.61	5	
D4264	BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT	8.71	5	
D4265	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	5.25	5	

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D4266	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, PER SITE	15.52	5	
D4267	GUIDED TISSUE REGENERATION - NONRESORBABLE BARRIER, PER SITE (INCLUDES MEMBRANE REMOVAL)	17.87	5	
D4268	SURGICAL REVISION PROCEDURE, PER TOOTH	14.85	5	
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	13.62	5	
D4271	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY)	14.07	5	
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURES	11.19	5	
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA)	11.39	4	
D4275	SOFT TISSUE ALLOGRAFT	9.71	5	
D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT	6.44	5	
D4320	PROVISIONAL SPLINTING - INTRACORONAL	7.59	9	
D4321	PROVISIONAL SPLINTING - EXTRACORONAL	6.70	9	
D4341	PERIODONTAL SCALING AND ROOT PLANING, PER QU	4.55	3	
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	3.01	3	
D4355	FULL MOUTH DEBRIDEMENT FOR PERIO EVALUATION	2.71	3	
D4381	CONTROLLED RELEASE OF CHEMO AGENT (BY SITE)	2.38	3	
D4910	PERIODONTAL MAINTENANCE PROCEDURES (FOLLOWIN	3.29	2	
D4920	UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST)	1.45	1	
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	1.00	5	
D5110	DENTURE - COMPLETE UPPER	17.96	5	
D5120	DENTURE - COMPLETE LOWER	18.06	5	
D5130	IMMEDIATE DENTURE - MAXILLARY	30.71	5	
D5140	IMMEDIATE DENTURE - MANDIBULAR	30.71	5	
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE (INCL	13.40	9	
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	19.76	9	
D5213	UPPER PARTIAL, CAST FRAME, RESIN BASE	20.28	5	
D5214	LOWER PARTIAL, CAST FRAME, RESIN BASE	20.18	5	
D5225	MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	10.00	9	
D5226	MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	10.00	9	
D5281	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL (INCLUDING CLASPS AND TEETH)	14.96	9	
D5410	ADJUST FULL DENTURE, UPPER	1.21	1	
D5411	ADJUST FULL DENTURE, LOWER	1.21	1	

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D5421	ADJUST PARTIAL DENTURE, UPPER	1.20	1	
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	1.34	1	
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	3.35	1	
D5520	REPLACE MISSING/BROKEN TEETH (PER TOOTH)	1.92	1	
D5610	REPAIR RESIN DENTURE BASE	3.35	1	
D5620	REPAIR CAST FRAMEWORK	4.58	1	
D5630	REPAIR OR REPLACE BROKEN CLASP	4.13	1	
D5640	REPLACE BROKEN TEETH - PER TOOTH	3.35	1	
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	3.35	1	
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	5.58	1	
D5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MAXILLARY)	16.64	5	
D5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MANDIBULAR)	16.64	5	
D5710	REBASE COMPLETE MAXILLARY DENTURE	11.17	5	
D5711	REBASE COMPLETE MANDIBULAR DENTURE	11.17	5	
D5720	REBASE MAXILLARY PARTIAL DENTURE	8.93	5	
D5721	REBASE MANDIBULAR PARTIAL DENTURE	8.93	5	
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	6.70	9	
D5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	6.70	9	
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	5.58	9	
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	5.58	9	
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	8.93	4	
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	8.93	4	
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	8.93	4	
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	8.93	4	
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	13.40	9	
D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	13.40	9	
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	11.17	4	
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	11.17	4	
D5850	TISSUE CONDITIONING, MAXILLARY	2.52	3	
D5851	TISSUE CONDITIONING, MANDIBULAR	2.90	3	
D5860	OVERDENTURE - COMPLETE, BY REPORT	29.59	5	
D5861	OVERDENTURE - PARTIAL, BY REPORT	30.15	5	
D5862	PRECISION ATTACHMENT, BY REPORT	9.94	5	
D5867	REPLACEMENT OF REPLACEABLE PART OF SEMI- PRECISION OR PRECISION ATTACHMENT (MALE OR FEMALE COMPONENT)	4.24	5	
D5875	MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURGERY	5.47	5	
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT	1.00	5	
D5911	FACIAL MOULAGE (SECTIONAL)	4.47	5	
D5912	FACIAL MOULAGE (COMPLETE)	6.70	5	

IHS/EDR CODE TABLE
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CODE	NOMENCLATURE	RELATIVE VALUE UNIT	LEVEL OF CARE	CATEGORY
D5913	NASAL PROSTHESIS	111.66	5	
D5914	AURICULAR PROSTHESIS	111.66	5	
D5915	ORBITAL PROSTHESIS	150.74	5	
D5916	OCULAR PROSTHESIS	156.32	5	
D5919	FACIAL PROSTHESIS	0.00	5	
D5922	NASAL SEPTAL PROSTHESIS	72.58	5	
D5923	OCULAR PROSTHESIS, INTERIM	89.33	5	
D5924	CRANIAL PROSTHESIS	156.32	5	
D5925	FACIAL AUGMENTATION IMPLANT PROSTHESIS	156.32	5	
D5926	NASAL PROSTHESIS, REPLACEMENT	55.83	5	
D5927	AURICULAR PROSTHESIS, REPLACEMENT	55.83	5	
D5928	ORBITAL PROSTHESIS, REPLACEMENT	75.37	5	
D5929	FACIAL PROSTHESIS, REPLACEMENT	75.37	5	
D5931	OBTURATOR PROSTHESIS, SURGICAL	35.73	5	
D5932	OBTURATOR PROSTHESIS, DEFINITIVE	83.75	5	
D5933	OBTURATOR PROSTHESIS, MODIFICATION	16.75	5	
D5934	MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE	83.75	5	
D5935	MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE	83.75	5	
D5936	OBTURATOR PROSTHESIS, INTERIM	30.71	5	
D5937	TRISMUS APPLIANCE (NOT FOR TMD TREATMENT)	55.83	5	
D5951	FEEDING AID	33.50	5	
D5952	SPEECH AID PROSTHESIS, PEDIATRIC	33.50	5	
D5953	SPEECH AID PROSTHESIS, ADULT	33.50	5	
D5954	PALATAL AUGMENTATION PROSTHESIS	75.37	5	
D5955	PALATAL LIFT PROSTHESIS, DEFINITIVE	72.58	5	
D5958	PALATAL LIFT PROSTHESIS, INTERIM	42.43	5	
D5959	PALATAL LIFT PROSTHESIS, MODIFICATION	13.40	5	
D5960	SPEECH AID PROSTHESIS, MODIFICATION	8.93	5	
D5982	SURGICAL STENT	6.03	5	
D5983	RADIATION CARRIER	55.83	5	
D5984	RADIATION SHIELD	55.83	5	
D5985	RADIATION CONE LOCATOR	31.26	5	
D5986	FLUORIDE GEL CARRIER	3.35	5	
D5987	COMMISSURE SPLINT	55.83	5	
D5988	SURGICAL SPLINT	11.95	5	
D5991	TOPICAL MEDICATMENT CARRIER	3.24	3	
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	55.83	5	
D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT	36.85	5	
D6012	SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL PROSTHESIS: ENDOSTEAL IMPLANT	36.85	5	
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	164.14	5	
D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	106.08	5	

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CODE	NOMENCLATURE	RELATIVE VALUE UNIT	LEVEL OF CARE	CATEGORY
D6053	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR COMPLETELY EDENTULOUS ARCH	4.47	5	
D6054	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH	3.35	5	
D6055	DENTAL IMPLANT SUPPORTED CONNECTING BAR	41.87	5	
D6056	PREFABRICATED ABUTMENT	8.75	5	
D6057	CUSTOM ABUTMENT	10.03	5	
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	21.33	5	
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)	22.78	5	
D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINANTLY BASE METAL)	15.74	5	
D6061	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)	20.66	5	
D6062	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	19.88	5	
D6063	ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY BASE METAL)	19.54	5	
D6064	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)	20.55	5	
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	27.92	5	
D6066	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)	27.92	5	
D6067	IMPLANT SUPPORTED METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)	27.92	5	
D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD	19.88	5	
D6069	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE METAL)	19.54	5	
D6070	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINANTLY BASE METAL)	17.53	5	
D6071	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL)	17.75	5	
D6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)	19.88	5	
D6073	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINANTLY BASE METAL)	18.87	5	
D6074	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)	19.09	5	
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	22.56	5	
D6076	IMPLANT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (TITANIUM, TITANIUM ALLOY, OR HIGH NOBLE METAL)	21.89	5	

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CODE	NOMENCLATURE	RELATIVE VALUE UNIT	LEVEL OF CARE	CATEGORY
D6077	IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD (TITANIUM, TITANIUM ALLOY, OR HIGH NOBLE METAL)	24.34	5	
D6078	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR COMPLETELY EDENTULOUS ARCH	55.83	5	
D6079	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH	48.13	5	
D6080	IMPLANT MAINTENANCE PROCEDURES, INCLUDING REMOVAL OF PROSTHESIS, CLEANSING OF PROSTHESIS AND ABUTMENTS AND REINSERTION OF PROSTHESIS	3.91	5	
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS, BY REPORT	12.51	5	
D6091	REPLACEMENT OF SEMI-PRECISION OR PRECISION ATTACHMENT (MALE OR FEMALE) OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS, PER ATTACHMENT	9.94	5	
D6092	RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN	1.43	1	
D6093	RECEMENT IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE	1.92	1	
D6094	ABUTMENT SUPPORTED CROWN - TITANIUM	27.92	5	
D6095	REPAIR IMPLANT ABUTMENT, BY REPORT	13.51	1	
D6100	IMPLANT REMOVAL, BY REPORT	14.40	5	
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	11.95	5	
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD - TITANIUM	27.92	5	
D6199	UNSPECIFIED IMPLANT PROCEDURE, BY REPORT	21.89	5	
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	2.79	9	
D6210	PONTIC - CAST HIGH NOBLE METAL	22.33	5	
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	15.63	5	
D6212	PONTIC - CAST NOBLE METAL	17.87	5	
D6214	PONTIC - TITANIUM	22.23	5	
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	24.57	5	
D6241	PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	20.10	5	
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	22.33	5	
D6245	PONTIC - PORCELAIN/CERAMIC	16.86	5	
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	22.33	9	
D6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	15.63	9	
D6252	PONTIC - RESIN WITH NOBLE METAL	20.10	9	
D6253	PROVISIONAL PONTIC	2.79	5	
D6545	RETAINER - CAST METAL FOR RESIN BONDED FIXED PROS	10.61	4	
D6548	RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	15.30	4	
D6600	INLAY - PORCELAIN/CERAMIC, TWO SURFACES	8.49	9	
D6601	INLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	9.04	9	

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CODE	NOMENCLATURE	RELATIVE VALUE UNIT	LEVEL OF CARE	CATEGORY
D6602	INLAY - CAST HIGH NOBLE METAL, TWO SURFACES"	9.38	9	
D6603	INLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	11.05	9	
D6604	INLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	6.03	9	
D6605	INLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	7.70	9	
D6606	INLAY - CAST NOBLE METAL, TWO SURFACES	7.59	9	
D6607	INLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	8.26	9	
D6608	ONLAY - PORCELAIN/CERAMIC, TWO SURFACES	9.27	9	
D6609	ONLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	9.71	9	
D6610	ONLAY - CAST HIGH NOBLE METAL, TWO SURFACES	11.05	9	
D6611	ONLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	11.84	9	
D6612	ONLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	7.70	9	
D6613	ONLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	8.49	9	
D6614	ONLAY - CAST NOBLE METAL, TWO SURFACES	8.26	9	
D6615	ONLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	8.82	9	
D6624	INLAY - TITANIUM	11.05	5	
D6634	ONLAY - TITANIUM	11.84	5	
D6710	CROWN - INDIRECT RESIN BASED COMPOSITE	18.98	9	
D6720	CROWN - RESIN WITH HIGH NOBLE METAL	22.33	9	
D6721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	16.75	9	
D6722	CROWN - RESIN WITH NOBLE METAL	18.98	9	
D6740	CROWN - PORCELAIN/CERAMIC	17.87	5	
D6750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	26.80	5	
D6751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	17.87	5	
D6752	CROWN - PORCELAIN FUSED TO NOBLE METAL	22.33	5	
D6780	CROWN - 3/4 CAST HIGH NOBLE METAL	21.22	5	
D6781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	17.42	5	
D6782	CROWN - 3/4 CAST NOBLE METAL	17.53	5	
D6783	CROWN - 3/4 PORCELAIN/CERAMIC	17.64	5	
D6790	CROWN - FULL CAST HIGH NOBLE METAL	21.22	5	
D6791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	15.63	5	
D6792	CROWN - FULL CAST NOBLE METAL	18.98	5	
D6793	PROVISIONAL RETAINER CROWN	1.67	5	
D6794	CROWN - TITANIUM	21.22	5	
D6920	CONNECTOR BAR	14.96	5	
D6930	RECEMENT BRIDGE	1.92	1	
D6940	STRESS BREAKER	5.58	9	
D6950	PRECISION ATTACHMENT	8.93	9	

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CODE	NOMENCLATURE	RELATIVE VALUE UNIT	LEVEL OF CARE	CATEGORY
D6970	CAST POST AND CORE IN ADDITION TO FIXED PARTIAL DENTURE RETAINER	8.93	5	
D6972	PREFABRICATED POST AND CORE IN ADDITION TO FIXED PARTIAL DENTURE RETAINER	6.70	5	
D6973	CORE BUILD UP FOR RETAINER, INCLUDING ANY PINS	4.58	5	
D6975	COPING - METAL	11.72	5	
D6976	EACH ADDITIONAL CAST POST - SAME TOOTH	4.80	5	
D6977	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	2.57	5	
D6980	FIXED PARTIAL DENTURE REPAIR, BY REPORT	5.81	1	
D6985	PEDIATRIC PARTIAL DENTURE, FIXED	1.50	5	
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE, BY REPORT	3.83	5	
D7111	CORONAL REMNANTS - DECIDUOUS TOOTH	1.36	1	
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	2.46	1	
D7210	SURGICAL EXTRACTION OF ERUPTED TOOTH	3.72	1	
D7220	SURGICAL EXTRACTION, SOFT TISSUE IMPACTION	4.60	5	
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	6.00	5	
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	7.20	5	
D7241	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	11.17	5	
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	4.47	5	
D7260	OROANTRAL FISTULA CLOSURE	13.40	5	
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	13.40	5	
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH	8.04	1	
D7272	TOOTH TRANSPLANTATION (INCLUDES REIMPLANTATION FROM ONE SITE TO ANOTHER AND SPLINTING AND/OR STABILIZATION)	11.17	9	
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	6.70	5	
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	2.23	5	
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	1.63	5	
D7285	BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)	5.81	3	
D7286	BIOPSY OF ORAL TISSUE - SOFT (ALL OTHERS)	4.00	3	
D7287	CYTOLOGY SAMPLE COLLECTION	0.17	1	
D7288	BRUSH BIOPSY - TRANSEPIHELIAL SAMPLE COLLECTION	0.17	1	
D7290	SURGICAL REPOSITIONING OF TEETH	7.26	5	
D7291	TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY, BY REPORT	4.24	5	
D7292	SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE (SCREW RETAINED PLATE) REQUIRING SURGICAL FLAP	38.85	5	

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CODE	NOMENCLATURE	RELATIVE VALUE UNIT	LEVEL OF CARE	CATEGORY
D7293	SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE REQUIRING SURGICAL FLAP	26.85	5	
D7294	SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE WITHOUT SURGICAL FLAP	14.75	5	
D7310	ALVEOLOPLASTY WITH EXTRACTIONS	4.20	4	
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	3.59	4	
D7320	ALVEOLOPLASTY WITHOUT EXTRACTIONS	5.30	4	
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	5.22	4	
D7340	VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION)	13.40	4	
D7350	VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT TISSUE ATTACHMENT AND MANAGEMENT OF HYPERTROPHIED AND HYPERPLASTIC TISSUE)	31.26	5	
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	5.58	3	
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	5.47	3	
D7412	EXCISION OF BENIGN LESION, COMPLICATED	7.59	3	
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	11.17	3	
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM	9.83	3	
D7415	EXCISION OF MALIGNANT LESION, COMPLICATED	15.86	3	
D7440	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER UP TO 1.25 CM	8.82	3	
D7441	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	17.87	3	
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	7.59	3	
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	9.83	3	
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	7.48	3	
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	10.61	3	
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHOD, BY REPORT	5.86	3	
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	9.49	4	
D7472	REMOVAL OF TORUS PALATINUS	7.82	4	
D7473	REMOVAL OF TORUS MANDIBULARIS	8.04	4	
D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	8.82	5	
D7490	RADICAL RESECTION OF MANDIBLE WITH BONE GRAFT	84.07	5	
D7510	INCISION AND DRAINAGE OF ABSCESS/INTRAORAL	2.48	1	

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CODE	NOMENCLATURE	RELATIVE VALUE UNIT	LEVEL OF CARE	CATEGORY
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	2.48	1	
D7520	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE	6.70	1	
D7521	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	6.70	1	
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	4.69	3	
D7540	REMOVAL OF REACTION PRODUCING FOREIGN BODIES, MUSCULOSKELETAL SYSTEM	9.49	3	
D7550	PARTIAL OSTEOTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	7.82	5	
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	14.52	5	
D7610	MAXILLA - OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	64.76	1	
D7620	MAXILLA - CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	53.60	1	
D7630	MANDIBLE - OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	73.70	1	
D7640	MANDIBLE - CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	44.66	1	
D7650	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	70.35	1	
D7660	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	42.43	1	
D7670	ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	22.33	1	
D7671	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	42.43	1	
D7680	FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES	106.08	1	
D7710	MAXILLA - OPEN REDUCTION	77.05	1	
D7720	MAXILLA - CLOSED REDUCTION	49.13	1	
D7730	MANDIBLE - OPEN REDUCTION	85.98	1	
D7740	MANDIBLE - CLOSED REDUCTION	50.25	1	
D7750	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	72.58	1	
D7760	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	67.00	1	
D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH	42.43	1	
D7771	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH	4.02	1	
D7780	FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES	136.23	1	
D7810	OPEN REDUCTION OF DISLOCATION	70.35	5	
D7820	CLOSED REDUCTION OF DISLOCATION	21.77	1	

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CODE	NOMENCLATURE	RELATIVE VALUE UNIT	LEVEL OF CARE	CATEGORY
D7830	MANIPULATION UNDER ANESTHESIA	10.16	1	
D7840	CONDYLECTOMY	96.03	5	
D7850	SURGICAL DISCECTOMY, WITH/WITHOUT IMPLANT	91.56	5	
D7852	DISC REPAIR	109.43	5	
D7854	SYNOVECTOMY	111.66	5	
D7856	MYOTOMY	111.66	5	
D7858	JOINT RECONSTRUCTION	125.06	5	
D7860	ARTHROTOMY	33.50	5	
D7865	ARTHROPLASTY	93.79	5	
D7870	ARTHROCENTESIS	4.47	5	
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	43.88	5	
D7872	ARTHROSCOPY - DIAGNOSIS, WITH OR WITHOUT BIOPSY	29.03	5	
D7873	ARTHROSCOPY - SURGICAL: LAVAGE AND LYSIS OF ADHESIONS	31.82	5	
D7874	ARTHROSCOPY - SURGICAL: DISC REPOSITIONING AND STABILIZATION	40.20	5	
D7875	ARTHROSCOPY - SURGICAL: SYNOVECTOMY	42.99	5	
D7876	ARTHROSCOPY - SURGICAL: DISCECTOMY	44.66	5	
D7877	ARTHROSCOPY - SURGICAL: DEBRIDEMENT	41.31	5	
D7880	OCCLUSAL ORTHOTIC DEVICE, BY REPORT"	15.86	5	
D7899	UNSPECIFIED TMD THERAPY, BY REPORT"	4.47	5	
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	15.41	1	
D7911	COMPLICATED SUTURE - UP TO 5 CM	6.03	1	
D7912	COMPLICATED SUTURE - GREATER THAN 5 CM	8.93	1	
D7920	SKIN GRAFT (IDENTIFY DEFECT COVERED, LOCATION AND TYPE OF GRAFT)	36.85	5	
D7940	OSTEOPLASTY - FOR ORTHOGNATHIC DEFORMITIES	59.18	5	
D7941	OSTEOTOMY - MANDIBULAR RAMI	156.32	5	
D7943	OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE GRAFT	158.56	5	
D7944	OSTEOTOMY - SEGMENTED OR SUBAPICAL – PER SEXTANT OR QUADRANT	125.06	5	
D7945	OSTEOTOMY - BODY OF MANDIBLE	126.18	5	
D7946	LEFORT I (MAXILLA - TOTAL)	139.58	5	
D7947	LEFORT I (MAXILLA - SEGMENTED)	139.58	5	
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION)- WITHOUT BONE GRAFT	156.32	5	
D7949	LEFORT II OR LEFORT III - WITH BONE GRAFT	227.79	5	
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR FACIAL BONES - AUTOGENOUS OR NONAUTOGENOUS, BY REPORT"	48.01	5	
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES	30.51	5	
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION PER SITE	48.01	5	

IHS/EDR CODE TABLE
CDT 2009-2010/IHS SPECIFIC CODES
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CODE	NOMENCLATURE	RELATIVE VALUE UNIT	LEVEL OF CARE	CATEGORY
D7955	REPAIR OF MAXILLOFACIAL SOFT AND HARD TISSUE DEFECT	30.51	5	
D7960	FRENULECTOMY (FRENECTOMY OR FRENOTOMY) - SEPARATE PROCEDURE	6.70	4	
D7963	FRENULOPLASTY	6.70	5	
D7970	EXCISION OF HYPERPLASTIC TISSUE - PER ARCH	53.60	3	
D7971	EXCISION OF PERICORONAL GINGIVA	13.51	1	
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	6.70		
D7980	SIALOLITHOTOMY	9.27	5	
D7981	EXCISION OF SALIVARY GLAND, BY REPORT	44.66	5	
D7982	SIALODOCHOPLASTY	27.36	5	
D7983	CLOSURE OF SALIVARY FISTULA	18.98	5	
D7990	EMERGENCY TRACHEOTOMY	18.54	1	
D7991	CORONOIDECTOMY	69.23	5	
D7995	SYNTHETIC GRAFT - MANDIBLE OR FACIAL BONES, BY REPORT	6.70	5	
D7996	IMPLANT-MANDIBLE FOR AUGMENTATION PURPOSES (EXCLUDING ALVEOLAR RIDGE), BY REPORT	9.27	5	
D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF ARCHBAR	44.66	3	
D7998	INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTURE	35.17	5	
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	27.36	5	
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	24.57	4	
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	29.03	4	
D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	39.08	4	
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	37.96	5	
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	36.85	4	
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	41.31	4	
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	101.61	5	
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	101.61	5	
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	106.08	5	
D8210	REMOVABLE APPLIANCE THERAPY	13.29	9	
D8220	FIXED APPLIANCE THERAPY	15.97	4	
D8660	PRE-ORTHODONTIC TX VISIT	3.23	4	
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	1.85	4	

IHS/EDR CODE TABLE
CDT 2009-2010/IHS SPECIFIC CODES
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CODE	NOMENCLATURE	RELATIVE VALUE UNIT	LEVEL OF CARE	CATEGORY
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINER(S))	9.38	4	
D8690	ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO A CONTRACT FEE)	37.07	5	
D8691	REPAIR OF ORTHODONTIC APPLIANCE	3.63	1	
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	5.69	4	
D8693	REBONDING OR RECEMENTING; AND/OR REPAIR, AS REQUIRED, OF FIXED RETAINERS	3.63	1	
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	2.50	5	
D9110	EMERGENCY TX DENTAL PAIN (PALLIATIVE)	1.87	1	
D9120	FIXED PARTIAL DENTURE SECTIONING	3.83	4	
9130	BROKEN APPOINTMENT	0.00	9	ADJUNCTIVE SERVICES
9140	CANCELLED APPOINTMENT	0.00	9	ADJUNCTIVE SERVICES
9170	EMERGENCY ENCOUNTER (REPORT W/ANY EXAM CODE)	0.00	9	ADJUNCTIVE SERVICES
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	1.00	1	
D9211	REGIONAL BLOCK ANESTHESIA	0.91	5	
D9212	TRIGEMINAL DIVISION BLOCK	2.24	5	
D9215	LOCAL ANESTHESIA	0.52	9	
D9220	GENERAL ANESTHESIA	3.82	5	
D9221	DEEP SEDATION/GENERAL ANESTHESIA - EACH ADDITIONAL 15 MINUTES	2.23	5	
D9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS	1.94	5	
D9241	INTRAVENOUS SEDATION/ANALGESIA - FIRST 30 MI	4.05	5	
D9242	INTRAVENOUS SEDATION/ANALGESIA - EACH ADDITI	1.70	5	
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	4.97	5	
9260	PREMEDICATION, ORAL ONLY	0.00	9	ADJUNCTIVE SERVICES
D9310	CONSULTATION BY DENTIST OR MD (PER SESSION)	1.77	5	
9320	DIABETIC SCREENING PROCEDURES	0.00	9	ADJUNCTIVE SERVICES
9321	DIABETIC REFERRAL OR FOLLOW UP	0.00	9	ADJUNCTIVE SERVICES
9330	HYPERTENSION SCREENING PROCEDURES	0.00	9	ADJUNCTIVE SERVICES
9331	HYPERTENSION REFERRAL OR FOLLOW UP	0.00	9	ADJUNCTIVE SERVICES
9340	DENTAL VISIT, PRE-NATAL MOTHER	0.00	9	ADJUNCTIVE SERVICES
9341	DENTAL VISIT, NURSING MOTHER	0.00	9	ADJUNCTIVE SERVICES
D9410	HOUSE/EXTENDED CARE FACILITY CALL	3.35	5	
D9420	HOSPITAL CALL	3.35	1	

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 CDT 2009-2010/IHS SPECIFIC CODES
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CODE	NOMENCLATURE	RELATIVE VALUE UNIT	LEVEL OF CARE	CATEGORY
D9430	OFFICE VISIT, OBSERVATION ONLY	1.19	1	
D9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	2.23	1	
D9450	CASE PRESENTATION, DETAILED AND EXTENSIVE TREATMENT PLANNING	0.50	3	
D9610	THERAPEUTIC DRUG INJECTION	0.96	1	
D9612	THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS	0.96	1	
D9630	OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT	0.52	1	
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	1.50	1	
D9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE, PER TOOTH	1.23	1	
D9920	BEHAVIOR MANAGEMENT (BY REPORT)	1.51	9	
D9930	COMPLICATIONS (POSTSURGICAL)	1.72	1	
D9940	OCCLUSAL GUARD (BY REPORT)	8.87	1	
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	3.24	2	
D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	1.21	1	
D9950	OCCLUSION ANALYSIS - MOUNTED CASE	5.02	5	
D9951	OCCLUSAL ADJUSTMENT - LIMITED	1.91	4	
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	8.93	5	
D9970	ENAMEL MICROABRASION	3.01	3	
D9971	ODONTOPLASTY 1 - 2 TEETH; INCLUDES REMOVAL OF ENAMEL PROJECTIONS	3.01	4	
D9972	EXTERNAL BLEACHING - PER ARCH	6.25	5	
D9973	EXTERNAL BLEACHING - PER TOOTH	4.02	5	
D9974	INTERNAL BLEACHING - PER TOOTH	4.58	4	
9990	PLANNED TREATMENT COMPLETED	0.00	9	ENCOUNTER
9991	PATIENT REFUSES RECOMMENDED TREATMENT	0.00	9	ENCOUNTER
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	0.33	1	
IH00-32	USER DEFINED CODES W/TOOTH PROMPT	0.00	9	N/A
IH33-49	USER DEFINED CODES WITHOUT TOOTH PROMPT	0.00	9	N/A