

CROSSWALK
CDT-4 to Local

CDT-4 Codes	Description	Denti-Cal Codes	Description	Comments
DIAGNOSTIC				
D0120	Periodic oral evaluation	015	Periodic examination	
D0140	Limited oral evaluation - problem focused	551	Initial orthodontic examination/Handicapping Labio-Lingual Deviation Index	
D0150	Comprehensive oral evaluation - new or established patient	010	Complete examination, initial episode of treatment only	
D0160	Detailed and extensive oral evaluation - problem focused, by report	950	Clinical examination and consultation, including study models	For HCC denote, 950
		952	Prosthetic evaluation and treatment plan, including study models	
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	996	Post-operative visits, symptomatic care and counseling	
D0180	Comprehensive periodontal evaluation - new or established patient	010	Complete exam - initial	Global per Q -As of 04/29/03
D0210	Intraoral - complete series (including bitewings)	112	Intraoral, complete series	
D0220	Intraoral - periapical first film	110	Intraoral periapical, single, first film	
D0230	Intraoral - periapical each additional film	111	Intraoral periapical, each additional film (maximum 10 films)	
D0240	Intraoral - occlusal film	113	Intraoral, occlusal, each film	
D0250	Extraoral - first film	114	Extraoral, single, head or lateral jaw	
D0260	Extraoral - each additional film	115	Extraoral, each additional head or lateral jaw	
D0270	Bitewing - single film	118	Bitewings, anterior, one film	
D0272	Bitewings - two films	116	Bitewings, two films	
D0274	Bitewings - four films	117	Bitewings, four films	Global
D0277	Vertical bitewings - 7 to 8 films			
D0290	Posterior - anterior or lateral skull and facial bone survey film	114	Extraoral, single, head or lateral jaw	
		115	Extraoral, each additional head or lateral jaw	
D0310	Sialography	998	Unlisted therapeutic service	
D0320	Temporomandibular joint arthrogram, including injection			
D0321	Other temporomandibular joint films, by report	955	TMJ series radiographs	Not a benefit per Q-As of 04/29/03
D0322	Tomographic survey			
D0330	Panoramic film	125	Panographic type film, single film	
D0340	Cephalometric film	956	Cephalometric Head film, single first films including tracings	For HCC purposes, denote 956 first CSL and 957 for each subsequent CSL, same DOS.
		957	Cephalometric Head film, each additional film including tracings	
		119	Photograph or slide, first	
D0350	Oral/facial images (including intra and extraoral images)	120	Photograph or slide, each additional (maximum five)	
D0415	Bacteriologic studies for determination of pathologic agents	NLC		Not a benefit (CDA & Prov FB) 6/04
D0425	Caries susceptibility tests	NLC		Not a benefit as of RS 10/03
D0460	Pulp vitality tests	080	Emergency treatment, palliative	Global
D0470	Diagnostic casts	558	Study models	
D0472	Accession of tissue, gross examination, preparation and transmission of written report	NLC		Not a benefit
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	NLC		Not a benefit
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	NLC		Not a benefit
D0480	Processing and interpretation of cytologic smears, including the preparation and transmission of written report	NLC		Not a benefit
D0502	Other oral pathology procedures, by report	160	Gross and microscopic histopathological report	
		299	Unlisted surgical service or procedure	
D0999	Unspecified diagnostic procedure, by report	999	Unlisted procedures - fees to be determined	
D1110	Prophylaxis - adult	050	Prophylaxis, beneficiaries 13 years of age and over	
D1120	Prophylaxis - child	049	Prophylaxis, beneficiaries through age 12	

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D1201	Topical application of fluoride (including prophylaxis) - child	061	Prophylaxis, including topical application of fluoride, beneficiaries age 5 and under	
D1203	Topical application of fluoride (prophylaxis not included) child	NLC		New benefit
D1204	Topical application of fluoride (prophylaxis not included) adult	NLC		New benefit
D1205	Topical application of fluoride (including prophylaxis) - adult	062	Prophylaxis, including topical application of fluoride, beneficiaries age 6 through 17 years of age	
D1310	Nutritional counseling for control of dental disease	NLC		Global
D1320	Tobacco counseling for the control and prevention of oral disease	NLC		Global
D1330	Oral hygiene instructions	NLC		Global
D1351	Sealant - per tooth	045	Pit and fissure dental sealants for permanent first molars, beneficiaries to age 21	For HCC purposes, denote 045 when permanent first molar (03,14,19,30) submitted
		046	Pit and fissure dental sealants for permanent second molars, beneficiaries to age 21	For HCC purposes, denote 046 when permanent second molar (02,15,18,31) submitted
D1510	Space maintainer - fixed - unilateral	800	Fixed, unilateral band type space maintainer (including band)	
		811	Fixed, unilateral, stainless steel crown type space maintainer; (including crown procedures 670 or 671)	
D1515	Space maintainer - fixed - bilateral	812	Fixed, bilateral, lingual or palatal bar type	
D1520	Space maintainer - removable - unilateral	801	Removable, plastic with two stainless steel round wire clasps or rests	
D1525	Space maintainer - removable - bilateral	801	Removable, plastic with two stainless steel round wire clasps or rests	For HCC purposes, denote 801
		802	Each additional clasp or rest (801 only)	
D1550	Re-cementation of space maintainer	686	Recement crown	For HCC purposes, denote 686 when 800 is in HCC in same quadrant
		687	Recement bridge	For HCC purposes, denote 687 when 812 is in HCC for same arch

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RESTORATIVE				
D2140	Amalgam - one surface, primary or permanent	600	Amalgam restorations- one surface, primary tooth	
		611	Amalgam restorations - one surface, permanent tooth	
D2150	Amalgam - two surfaces, primary or permanent	601	Amalgam restorations - two surfaces, primary tooth	
		612	Amalgam restorations - two surfaces, permanent tooth	
D2160	Amalgam - three surfaces, primary or permanent	602	Amalgam restorations - three surfaces, primary tooth	
		613	Amalgam restorations - three surfaces, permanent tooth	
D2161	Amalgam - four or more surfaces, primary or permanent	603	Amalgam restorations - four or more surfaces, primary tooth (maximum)	
		614	Amalgam restorations - four or more surfaces, permanent tooth (maximum)	
D2330	Resin-based composite - one surface, anterior	645	Composite or plastic restoration	
D2331	Resin-based composite - two surfaces, anterior			
D2332	Resin-based composite - three surfaces, anterior			
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	646	Composite or plastic restorations, two or more in a single tooth (maximum)	
D2390	Resin-based composite crown, anterior	670	Crown, stainless steel, primary	
		671	Crown, stainless steel, permanent	
D2391	Resin-based composite - one surface, posterior	645	Composite or plastic restoration	New benefit
D2392	Resin-based composite - two surfaces, posterior	646	Composite or plastic restorations, two or more in a single tooth (maximum)	New benefit
D2393	Resin-based composite - three surfaces, posterior			New benefit
D2394	Resin-based composite - four or more surfaces, posterior			New benefit
D2410	Gold foil - one surface	NLC		Not a benefit
D2420	Gold foil - two surfaces	NLC		Not a benefit
D2430	Gold foil - three surfaces	NLC		Not a benefit
D2510	Inlay - metallic - one surface	NLC		Not a benefit
D2520	Inlay - metallic - two surfaces	NLC		Not a benefit
D2530	Inlay - metallic - three surfaces	NLC		Not a benefit
D2542	Onlay - metallic - two surfaces	NLC		Not a benefit
D2543	Onlay - metallic - three surfaces	NLC		Not a benefit
D2544	Onlay - metallic - four or more surfaces	NLC		Not a benefit
D2610	Inlay - porcelain/ceramic - one surface	NLC		Not a benefit
D2620	Inlay - porcelain/ceramic - two surfaces	NLC		Not a benefit
D2630	Inlay - porcelain/ceramic - three or more surfaces	NLC		Not a benefit
D2642	Onlay - porcelain/ceramic - two surfaces	NLC		Not a benefit
D2643	Onlay - porcelain/ceramic - three surfaces	NLC		Not a benefit
D2644	Onlay - porcelain/ceramic - four or more surfaces	NLC		Not a benefit
D2650	Inlay - resin-based composite - one surface	NLC		Not a benefit
D2651	Inlay - resin-based composite - two surfaces	NLC		Not a benefit
D2652	Inlay - resin-based composite - three or more surfaces	NLC		Not a benefit
D2662	Onlay - resin-based composite - two surfaces	NLC		Not a benefit
D2663	Onlay - resin-based composite - three surfaces	NLC		Not a benefit
D2664	Onlay - resin-based composite - four or more surfaces	NLC		Not a benefit

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D2710	Crown - resin (indirect)	650	Crown, plastic (laboratory processed)	
D2720	Crown - resin with high noble metal	651	Crown, plastic with metal	Not a benefit (CDA & Prov FB) 6/04
D2721	Crown - resin with predominantly base metal			
D2722	Crown - resin with noble metal			
D2740	Crown - porcelain/ceramic substrate	652	Crown, porcelain	Porcelain crowns will be allowable on any permanent tooth
D2750	Crown - porcelain fused to high noble metal	653	Crown, porcelain fused to metal	Not a benefit (CDA & Prov FB) 6/04
D2751	Crown - porcelain fused to predominantly base metal			
D2752	Crown - porcelain fused to noble metal			
D2780	Crown - 3/4 cast high noble metal	663	Crown, cast, three-quarters	Not a benefit (CDA & Prov FB) 6/04
D2781	Crown - 3/4 cast predominantly base metal			
D2782	Crown - 3/4 cast noble metal			
D2783	Crown - 3/4 porcelain/ceramic	652	Crown, porcelain	Porcelain crowns will be allowable on any permanent tooth
D2790	Crown - full cast high noble metal	660	Crown, cast, full	Not a benefit (CDA & Prov FB) 6/04
D2791	Crown - full cast predominantly base metal			
D2792	Crown - full cast noble metal			
D2799	Provisional crown	NLC		Global
D2910	Recement inlay	685	Recement Inlay, facing, pontic	
D2920	Recement crown	686	Recement crown	
D2930	Prefabricated stainless steel crown - primary tooth	670	Crown, stainless steel, primary	
D2931	Prefabricated stainless steel crown - permanent tooth	671	Crown, stainless steel, permanent	
D2932	Prefabricated resin crown	670	Crown, stainless steel, primary	CD-MMIS will verify tooth code, if primary will denote 670.
		671	Crown, stainless steel, permanent	CD-MMIS will verify tooth code, if permanent will denote 671.
D2933	Prefabricated stainless steel crown with resin window	670	Crown, stainless steel, primary	CD-MMIS will verify tooth code, if primary will denote 670.
		671	Crown, stainless steel, permanent	CD-MMIS will verify tooth code, if permanent will denote 671.
D2940	Sedative filling	080	Emergency treatment, palliative	
D2950	Core buildup, including any pins	NLC		Global
D2951	Pin retention - per tooth, in addition to restoration	648	Pin retention (per pin), maximum three pins per tooth	
D2952	Cast post and core in addition to crown	672	Cast metal dowel post	
D2953	Each additional cast post - same tooth			
D2954	Prefabricated post and core in addition to crown			
D2955	Post removal (not in conjunction with endodontic therapy)	080	Emergency treatment, palliative	Global
D2957	Each additional prefabricated post - same tooth	672	Cast metal dowel post	Global
D2960	Labial veneer (resin laminate) - chairside	NLC		Not a benefit
D2961	Labial veneer (resin laminate) - laboratory	NLC		Not a benefit
D2962	Labial veneer (porcelain laminate) - laboratory	NLC		Not a benefit
D2970	Temporary crown (fractured tooth)	080	Emergency treatment, palliative	Add back benefit as of RS 10/03
D2980	Crown repair, by report	999	Unlisted procedures - fees to be determined	
D2999	Unspecified restorative procedure, by report			

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ENDODONTIC				
D3110	Pulp cap - direct (excluding final restoration)	NLC		Not a benefit as of RS 10/03
D3120	Pulp cap - indirect (excluding final restoration)			Not a benefit as of RS 10/03
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction application of medicament	501	Therapeutic pulpotomy	
		502	Vital pulpotomy	
D3221	Pulpal debridement, primary and permanent teeth	080	Emergency treatment, palliative	
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	501	Therapeutic pulpotomy	
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)			
D3310	Anterior (excluding final restoration)	511	Anterior root canal therapy	
D3320	Bicuspid (excluding final restoration)	512	Bicuspid root canal therapy	
D3330	Molar (excluding final restoration)	513	Molar root canal therapy	
D3331	Treatment of root canal obstruction; non-surgical access	NLC		Global
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	NLC		Global
D3333	Internal root repair of perforation defects	999	Unlisted procedures - fees to be determined	Global
D3346	Retreatment of previous root canal therapy - anterior	511	Anterior root canal therapy	
D3347	Retreatment of previous root canal therapy - bicuspid	512	Bicuspid root canal therapy	
D3348	Retreatment of previous root canal therapy - molar	513	Molar root canal therapy	
D3351	Apexification/recalcification - initial visit (apical closure/calific repair of perforations, root resorption, etc.)	534	Apexification/apexogenesis (therapeutic apical closure, per treatment)	
D3352	Apexification/recalcification - interim medication replacement (apical closure/calific repair of perforations, root resorption, etc.)			Add benefit (CDA & Prov FB) 6/04
D3353	Apexification/recalcification - final visit (apical closure/calific repair of perforations, root resorption, etc.)			Not a benefit (CDA & Prov FB) 6/04
D3410	Apicoectomy/periradicular surgery - anterior	531	Apicoectomy (separate surgical procedure) per tooth	
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)			
D3425	Apicoectomy/periradicular surgery - molar (first root)			
D3426	Apicoectomy/periradicular surgery - (each additional root)			
D3430	Retrograde filling - per root	NLC		Not a benefit as of RS 10/03- Global
D3450	Root amputation - per root	NLC		Not a benefit
D3460	Endodontic endosseous implant	NLC		Not a benefit
D3470	Intentional reimplantation (including necessary splinting)	NLC		Not a benefit
D3910	Surgical procedure for isolation of tooth with rubber dam	NLC		Global
D3920	Hemisection (including any root removal), not including root canal therapy	NLC		Not a benefit
D3950	Canal preparation and fitting of preformed dowel or post	NLC		Global
D3999	Unspecified endodontic procedure, by report	999	Unlisted procedures - fees to be determined	

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PERIODONTIC				
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	472	Gingivectomy or gingivoplasty per quadrant	
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	474	Gingivectomy or gingivoplasty treatment per tooth (fewer than six teeth)	
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	NLC		Not a benefit as of RS 10/03
D4241	Gingival flap procedure, including root planing - one to three teeth per quadrant	NLC		Not a benefit as of RS 10/03
D4245	Apically positioned flap	NLC		Not a benefit
D4249	Clinical crown lengthening - hard tissue	NLC		Not a benefit-As of 5/20/03
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	473	Osseous and mucogingival surgery per quadrant	
D4261	Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant			
D4263	Bone replacement graft - first site in quadrant	NLC		Not a benefit-As of 5/20/03
D4264	Bone replacement graft - each additional site in quadrant	NLC		Not a benefit-As of 5/20/03
D4265	Biologic materials to aid in soft and osseous tissue regeneration	NLC		Global
D4266	Guided tissue regeneration - resorbable barrier, per site	NLC		Not a benefit-As of 5/20/03
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	NLC		Not a benefit-As of 5/20/03
D4268	Surgical revision procedure, per tooth	NLC		Not a benefit
D4270	Pedicle soft tissue graft procedure	NLC		Not a benefit-As of 5/20/03
D4271	Free soft tissue graft procedure (including donor site surgery)	NLC		Not a benefit-As of 5/20/03
D4273	Subepithelial connective tissue graft procedures	NLC		Not a benefit-As of 5/20/03
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	NLC		Not a benefit
D4275	Soft tissue allograft	NLC		Not a benefit-As of 5/20/03
D4276	Combined connective tissue and double pedicle graft	NLC		Not a benefit-As of 5/20/03
D4320	Provisional splinting - intracoronal	NLC		Not a benefit
D4321	Provisional splinting - extracoronal	NLC		Not a benefit
D4341	Periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	452	Subgingival curettage and root planing, per full mouth treatment	
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant			
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	NLC		Global
D4381	Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	NLC		Global
D4910	Periodontal maintenance	NLC		Not a benefit-As of 5/20/03
D4920	Unscheduled dressing change (by someone other than treating dentist)	080	Emergency treatment, palliative	
D4999	Unspecified periodontal procedure, by report	999	Unlisted procedures - fees to be determined	

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PROSTHODONTICS				
D5110	Complete denture - maxillary	700	Complete maxillary denture	
D5120	Complete denture - mandibular	701	Complete mandibular denture	
D5130	Immediate denture - maxillary	700	Complete maxillary denture	
D5140	Immediate denture - mandibular	701	Complete mandibular denture	
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	706	Partial upper or lower stayplate, acrylic-base fee, teeth and clasps extra	For HCC purposes, denote 706 and Upper arch.
		716	Clasp or teeth, each for procedure 706	
D5212	Mandibular partial denture - resin base (including any conventional clasps, rest and teeth)	706	Partial upper or lower stayplate, acrylic-base fee, teeth and clasps extra	For HCC purposes, denote 706 and Lower arch.
		716	Clasp or teeth, each for procedure 706	
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rest and teeth)	703	Partial upper or lower denture with cast chrome skeleton, two cast clasps, and necessary teeth	For HCC purposes denote 703 and Upper arch.
		702	Partial upper or lower denture with two assembled chrome cobalt wrought or cast chrome clasps with occlusal rests and necessary teeth, acrylic base	
		708	Partial upper or lower denture, all acrylic with tow assembled chrome cobalt wrought wire clasps having two clasp arms, but no rests an necessary teeth	
		704	Clasps, third and each additional clasp, for procedure 703	
		709	Clasp, third and each additional for procedure 708	
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rest and teeth)	703	Partial upper or lower denture with cast chrome skeleton, two cast clasps, and necessary teeth	For HCC purposes denote 703 and Lower arch.
		702	Partial upper or lower denture with two assembled chrome cobalt wrought or cast chrome clasps with occlusal rests and necessary teeth, acrylic base	
		708	Partial upper or lower denture, all acrylic with tow assembled chrome cobalt wrought wire clasps having two clasp arms, but no rests an necessary teeth	
		704	Clasps, third and each additional clasp, for procedure 703	
		709	Clasp, third and each additional for procedure 708	
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	NLC		Not a benefit
D5410	Adjust complete denture - maxillary	720	Denture adjustment, per visit	For HCC purposes, denote applicable arch.
D5411	Adjust complete denture - mandibular			
D5421	Adjust partial denture - maxillary			
D5422	Adjust partial denture - mandibular			
D5510	Repair broken complete denture base	750	Repair broken denture base only (complete or partial)	For HCC purposes, denote 750
		751	Repair broken denture base and replace one broken tooth	
		752	Each additional denture tooth replaced on procedure 751 repair (max 2)	
D5520	Replace missing or broken teeth - complete denture (each tooth)	753	Replace one broken denture tooth only (complete or partial)	For HCC purposes, denote 753 first CSL and 754 for each subsequent CSL, same DOS.
		754	Each additional denture tooth replaced on 753 repair (maximum two)	
		751	Repair broken denture base and replace one broken tooth	
		752	Each additional denture tooth replaced on procedure 751 repair (max 2)	
D5610	Repair resin denture base	750	Repair broken denture base only (complete or partial)	
D5620	Repair cast framework	999	Unlisted miscellaneous procedure	
D5630	Repair or replace broken clasp	759	Add a new or replace a broken clasp...existing 708	For HCC purposes, denote 759 first CSL and 760 for each subsequent CSL, same DOS.
		761	Reattaching clasp on partial denture, clasp intact, each (maximum two)	
		760	Each additional new or replacement clasp for repair 759 (maximum two)	

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D5640	Replace broken teeth - per tooth	753	Replace one broken denture tooth only (complete or partial)	
D5650	Add tooth to existing partial denture	755	Adding first tooth to partial denture to replace newly extracted natural	
		756	Each additional natural tooth replaced on 755 repair (maximum two)	
D5660	Add clasp to existing partial denture	716	Clasp or teeth, each for procedure 706	For HCC purposes, denote 762 first CSL and 763 for each subsequent CSL, same DOS.
		760	Each additional new or replacement clasp for repair 759 (maximum two)	
		762	Add a new clasp or replace a broken cast chrome cobalt clasp with two clasp arms and rest to an existing 703 partial	
		763	Each additional new or replacement clasp for repair 762 (maximum two)	
		757	Add a new clasp or replace broken clasp...existing 702	
		758	Each additional new or replacement clasp for repair 757 (max 2)	
		759	Add a new or replace a broken clasp...existing 708	
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	724	Denture duplication (Jump, reconstruction) Denture base including necessary tooth replacement, per denture	Not a benefit
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)			Not a benefit
D5710	Rebase complete maxillary denture	NLC		Not a benefit
D5711	Rebase complete mandibular denture	NLC		Not a benefit
D5720	Rebase maxillary partial denture	NLC		Not a benefit
D5721	Rebase mandibular partial denture	NLC		Not a benefit
D5730	Reline complete maxillary denture (chairside)	721	Reline-office, cold cure	For HCC purposes, denote applicable arch.
D5731	Reline complete mandibular denture (chairside)			
D5740	Reline maxillary partial denture (chairside)			
D5741	Reline mandibular partial denture (chairside)			
D5750	Reline complete maxillary denture (laboratory)			
D5751	Reline complete mandibular denture (laboratory)	722	Reline-laboratory processed	For HCC purposes, denote applicable arch.
D5760	Reline maxillary partial denture (laboratory)			
D5761	Reline mandibular partial denture (laboratory)			
D5810	Interim complete denture (maxillary)	NLC		Not a benefit
D5811	Interim complete denture (mandibular)	NLC		Not a benefit
D5820	Interim partial denture (maxillary)	NLC		Not a benefit
D5821	Interim partial denture (mandibular)	NLC		Not a benefit
D5850	Tissue conditioning, maxillary	723	Tissue conditioning, per denture	For HCC purposes, denote applicable arch.
D5851	Tissue conditioning, mandibular			
D5860	Overdenture - complete, by report	700	Complete maxillary denture	System to verify arch code if U denote 700, if L denote 701.
		701	Complete mandibular denture	
D5861	Overdenture - partial, by report	NLC		Not a benefit
D5862	Precision attachment, by report	NLC		Global
D5867	Replacement of replaceable part of semi-precision or precision attachment (male or female component)	NLC		Not a benefit
D5875	Modification of removable prosthesis following implant surgery	NLC		Not a benefit
D5899	Unspecified removable prosthodontic procedure, by report	999	Unlisted miscellaneous procedure	

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MAXILLOFACIAL PROSTHETICS				
D5911	Facial moulage (sectional)	998	Unlisted therapeutic service	
D5912	Facial moulage (complete)			
D5913	Nasal prosthesis	977	Removable facial prosthesis	
D5914	Auricular prosthesis			
D5915	Orbital prosthesis			
D5916	Ocular prosthesis			
D5919	Facial prosthesis			
D5922	Nasal septal prosthesis			
D5923	Ocular prosthesis, interim			
D5924	Cranial prosthesis	985	Maxillofacial surgical procedures	
D5925	Facial augmentation implant prosthesis	998	Unlisted therapeutic service	
D5926	Nasal prosthesis, replacement	977	Removable facial prosthesis, by report	
D5927	Auricular prosthesis, replacement			
D5928	Orbital prosthesis, replacement			
D5929	Facial prosthesis, replacement			
D5931	Obturator prosthesis, surgical	970	Obturator, immediate surgical routine	
		971	Obturator, immediate surgical, complex	
D5932	Obturator prosthesis, definitive	972	Obturator, permanent, complex	
D5933	Obturator prosthesis, modification	981	Rebase laboratory processed, maxillofacial prosthesis	
D5934	Mandibular resection prosthesis with guide flange	973	Resection prosthesis, permanent, edentulous, complex	For HCC purposes, denote 973
		974	Resection, prosthesis permanent edentulous routine	
		975	Resection prosthesis, permanent, partially edentulous, complex	
D5935	Mandibular resection prosthesis without guide flange	973	Resection prosthesis, permanent, edentulous, complex	For HCC purposes, denote 973
		974	Resection, prosthesis permanent edentulous routine	
		975	Resection prosthesis, permanent, partially edentulous, complex	
D5936	Obturator prosthesis, interim	972	Obturator, permanent, complex	
D5937	Trismus appliance (not for TMD treatment)	978	Splints and stents	
D5951	Feeding aid	998	Unlisted therapeutic service	
D5952	Speech aid prosthesis, pediatric	960	Speech appliance, transitional, with or without pharyngeal extension	
D5953	Speech aid prosthesis, adult	962	Speech appliance, permanent, edentulous, with or without pharyngeal extension	For HCC purposes, denote 962
		964	Speech appliance, permanent partially edentulous cast frame work...	
D5954	Palatal augmentation prosthesis	998	Unlisted therapeutic service	
D5955	Palatal lift prosthesis, definitive	968	Palatal lift permanent, cast framework	
D5958	Palatal lift prosthesis, interim	966	Palatal lift, interim	
D5959	Palatal lift prosthesis, modification	998	Unlisted therapeutic service	
D5960	Speech aid prosthesis, modification			
D5982	Surgical stent	978	Splints and stents	
D5983	Radiation carrier	979	Radiation therapy fluoride carrier	
D5984	Radiation shield	978	Splints and stents	
D5985	Radiation cone locator	998	Unlisted therapeutic service	
D5986	Fluoride gel carrier	979	Radiation therapy fluoride carrier	
D5987	Commissure splint	978	Splints and stents	
D5988	Surgical splint			
D5999	Unspecified maxillofacial prosthesis, by report	977	Removable facial prosthesis, by report	For HCC purposes, denote 977
		976	Repositioner, mandibular, two piece	
		980	Repairs, maxillofacial prosthesis	
		982	Balancing (opposing) maxillofacial prosthesis	

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CROSSWALK
CDT-4 to Local

CDT-4 Codes	Description	Denti-Cal Codes	Description	Comments
IMPLANT SERVICES				
D6010	Surgical placement of implant body: endosteal implant	NLC		Not a benefit
D6020	Abutment placement of substitution: endosteal implant	NLC		Not a benefit
D6040	Surgical placement: eosteal implant	NLC		Not a benefit
D6050	Surgical placement: transosteal implant	NLC		Not a benefit
D6053	Implant/abutment supported removable denture for completely edentulous arch	NLC		Not a benefit
D6054	Implant/abutment supported removable denture for partially edentulous arch	NLC		Not a benefit
D6055	Dental implant supported connecting bar	NLC		Not a benefit
D6056	Prefabricated abutment	NLC		Not a benefit
D6057	Custom abutment	NLC		Not a benefit
D6058	Abutment supported porcelain/ceramic crown	NLC		Not a benefit
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	NLC		Not a benefit
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	NLC		Not a benefit
D6061	Abutment supported porcelain fused to metal crown (noble metal)	NLC		Not a benefit
D6062	Abutment supported cast metal crown (high noble metal)	NLC		Not a benefit
D6063	Abutment supported cast metal crown (predominantly base metal)	NLC		Not a benefit
D6064	Abutment supported cast metal crown (noble metal)	NLC		Not a benefit
D6065	Implant supported porcelain/ceramic crown	NLC		Not a benefit
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	NLC		Not a benefit
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	NLC		Not a benefit
D6068	Abutment supported retainer for porcelain/ceramic FPD	NLC		Not a benefit
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	NLC		Not a benefit
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	NLC		Not a benefit
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	NLC		Not a benefit
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	NLC		Not a benefit
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	NLC		Not a benefit
D6074	Abutment supported retainer for cast metal FPD (noble metal)	NLC		Not a benefit
D6075	Implant supported retainer for ceramic FPD	NLC		Not a benefit
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	NLC		Not a benefit
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	NLC		Not a benefit
D6078	Implant/abutment supported fixed denture for completely edentulous arch	NLC		Not a benefit
D6079	Implant/abutment supported fixed denture for partially edentulous arch	NLC		Not a benefit
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	NLC		Not a benefit
D6090	Repair implant supported prosthesis, by report	NLC		Not a benefit
D6095	Repair implant abutment, by report	NLC		Not a benefit
D6100	Implant removal, by report	999	Unlisted procedures - fees to be determined	
D6199	Unspecified implant procedure, by report	NLC		Not a benefit

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CROSSWALK
CDT-4 to Local

CDT-4 Codes	Description	Denti-Cal Codes	Description	Comments
PROSTHODONTIC FIXED				
D6210	Pontic - cast high noble metal	680	Fixed bridge pontic, cast metal	Not a benefit (CDA & Prov FB) 6/04
D6211	Pontic - cast predominantly base metal			
D6212	Pontic - cast noble metal			Not a benefit (CDA & Prov FB) 6/04
D6240	Pontic - porcelain fused to high noble metal	692	Fixed bridge pontic, porcelain fused to metal	Not a benefit (CDA & Prov FB) 6/04
D6241	Pontic - porcelain fused to predominantly base metal			
D6242	Pontic - porcelain fused to noble metal			Not a benefit (CDA & Prov FB) 6/04
D6245	Pontic - porcelain/ceramic			
D6250	Pontic - resin with high noble metal	693	Fixed bridge pontic, plastic fused to metal	Not a benefit (CDA & Prov FB) 6/04
D6251	Pontic - resin with predominantly base metal			
D6252	Pontic - resin with noble metal			Not a benefit (CDA & Prov FB) 6/04
D6253	Provisional pontic	NLC		Not a benefit
D6545	Retainer - cast metal for resin bonded fixed prosthesis	NLC		Not a benefit
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	NLC		Not a benefit
D6600	Inlay - porcelain/ceramic, two surfaces	NLC		Not a benefit
D6601	Inlay - porcelain/ceramic, three or more surfaces	NLC		Not a benefit
D6602	Inlay - cast high noble metal, two surfaces	NLC		Not a benefit
D6603	Inlay - cast high noble metal, three or more surfaces	NLC		Not a benefit
D6604	Inlay - cast predominantly base metal, two surfaces	NLC		Not a benefit
D6605	Inlay - cast predominantly base metal, three or more surfaces	NLC		Not a benefit
D6606	Inlay - cast noble metal, two surfaces	NLC		Not a benefit
D6607	Inlay - cast noble metal, three or more surfaces	NLC		Not a benefit
D6608	Onlay - porcelain/ceramic, two surfaces	NLC		Not a benefit
D6609	Onlay - porcelain/ceramic, three or more surfaces	NLC		Not a benefit
D6610	Onlay - cast high noble metal, two surfaces	NLC		Not a benefit
D6611	Onlay - cast high noble metal, three or more surfaces	NLC		Not a benefit
D6612	Onlay - cast predominantly base metal, two surfaces	NLC		Not a benefit
D6613	Onlay - cast predominantly base metal, three or more surfaces	NLC		Not a benefit
D6614	Onlay - cast noble metal, two surfaces	NLC		Not a benefit
D6615	Onlay - cast noble metal, three or more surfaces	NLC		Not a benefit
D6720	Crown - resin with high noble metal	651	Crown, plastic with metal	Not a benefit (CDA & Prov FB) 6/04
D6721	Crown - resin with predominantly base metal			
D6722	Crown - resin with noble metal			Not a benefit (CDA & Prov FB) 6/04
D6740	Crown - porcelain/ceramic	653	Crown, porcelain fused to metal	
D6750	Crown - porcelain fused to high noble metal			Not a benefit (CDA & Prov FB) 6/04
D6751	Crown - porcelain fused to predominantly base metal			
D6752	Crown - porcelain fused to noble metal			Not a benefit (CDA & Prov FB) 6/04
D6780	Crown - 3/4 cast high noble metal	663	Crown, cast, three-quarters	Not a benefit (CDA & Prov FB) 6/04
D6781	Crown - 3/4 cast predominantly base metal			
D6782	Crown - 3/4 cast noble metal			Not a benefit (CDA & Prov FB) 6/04
D6783	Crown - 3/4 porcelain/ceramic	652	Crown, porcelain	
D6790	Crown - full cast high noble metal	660	Crown, cast, full	Not a benefit (CDA & Prov FB) 6/04
D6791	Crown - full cast predominantly base metal			
D6792	Crown - full cast noble metal			Not a benefit (CDA & Prov FB) 6/04
D6793	Provisional retainer crown	NLC		Not a benefit
D6920	Connector bar	NLC		Not a benefit
D6930	Recement fixed partial denture	687	Recement bridge	
D6940	Stress breaker	NLC		Not a benefit
D6950	Precision attachment	NLC		Not a benefit

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CROSSWALK
CDT-4 to Local

CDT-4 Codes	Description	Denti-Cal Codes	Description	Comments
D6970	Cast post and core in addition to fixed partial denture retainer	672	Cast metal dowel post	
D6971	Cast post as part of fixed partial denture retainer			
D6972	Prefabricated post and core in addition to fixed partial denture retainer			
D6973	Core build up for retainer, including any pins	NLC		Global
D6975	Coping - metal	NLC		Not a benefit
D6976	Each additional cast post - same tooth	672	Cast metal dowel post	Global
D6977	Each additional prefabricated post - same tooth			
D6980	Fixed partial denture repair, by report	690	Repair fixed bridge	
D6985	Pediatric partial denture, fixed	NLC		Not a benefit
D6999	Unspecified fixed prosthodontic procedure, by report	080	Emergency treatment, palliative	Will create a new local code.
		681	Fixed bridge pontic, slotted facing	
		682	Fixed bridge pontic, slotted pontic	
		690	Repair fixed bridge	
		694	Replace broken tru-pontic	
		695	Replace broken facing, post intact	
		696	Replace broken facing, post backing broken	
999	Unlisted miscellaneous procedure			

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CROSSWALK
CDT-4 to Local

CDT-4 Codes	Description	Denti-Cal Codes	Description	Comments
ORAL AND MAXILLOFACIAL SURGERY				
D7111	Coronal remnants - deciduous tooth	200	Removal of erupted tooth, uncomplicated, first tooth	Add back benefit per RS 10/03
		201	Removal of erupted tooth, uncomplicated, each additional tooth	
		204	Removal of root or root tip, not complicated covered by bone	
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	200	Removal of erupted tooth, uncomplicated, first tooth	Add back benefit per RS 10/03
		201	Removal of erupted tooth, uncomplicated, each additional tooth	
		204	Removal of root or root tip, not complicated covered by bone	
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	202	Removal of erupted tooth, surgical	
D7220	Removal of impacted tooth - soft tissue	230	Removal of impacted tooth soft tissue	
D7230	Removal of impacted tooth - partially bony	231	Removal of impacted tooth partially bony	
D7240	Removal of impacted tooth - completely bony	232	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)	203	Removal of root or root tip, completely covered by bone	
D7260	Oroantral fistula closure	279	Oral antral fistula closure	
D7261	Primary closure of a sinus perforation	299	Unlisted surgical service or procedure	
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	273	Reimplantation and/or stabilization of accidentally evulsed or displaced permanent tooth and/or alveolus	
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	275	Transplantation of tooth or tooth bud	Not a benefit
D7280	Surgical access of an unerupted tooth	296	Surgical exposure of impacted or unerupted tooth to aid eruption, soft tissue	
		297	Surgical exposure of impacted or unerupted tooth to aid eruption, partial bony	
		298	Surgical exposure of impacted or unerupted tooth to aid eruption, complete bony or ectopic eruption	
D7281	Surgical exposure of impacted or unerupted tooth to aid eruption	296	Surgical exposure of impacted or unerupted tooth to aid eruption, soft tissue	
		297	Surgical exposure of impacted or unerupted tooth to aid eruption, partial bony	
		298	Surgical exposure of impacted or unerupted tooth to aid eruption, complete bony or ectopic eruption	
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	NLC		Not a benefit
D7285	Biopsy of oral tissue - hard (bone, tooth)	150	Biopsy of oral tissue	
D7286	Biopsy of oral tissue - soft (all others)			
D7287	Cytology sample collection	NLC		Not a benefit
D7290	Surgical repositioning of teeth	299	Unlisted surgical service or procedure	
D7291	Transseptal fibrotomy/supra crestal fibrotomy, by report			
D7310	Alveoloplasty in conjunction with extractions - per quadrant	252	Alveoloplasty per quadrant, in conjunction with extractions	
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	250	Alveoloplasty per quadrant, edentulous	
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	256	Alveoloplasty with ridge extension, secondary epithelialization (per arch)	
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	255	Vestibuloplasty, submucosal resection (not to include grafts)	
D7410	Excision of benign lesion up to 1.25 cm	299	Unlisted surgical service or procedure	
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			
D7415	Excision of malignant lesion, complicated			

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CROSSWALK
CDT-4 to Local

CDT-4 Codes	Description	Denti-Cal Codes	Description	Comments
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	271	Excision of malignant tumor	
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	280	Excision of cyst, up to 1.25 cm	For HCC purposes, denote 269
		269	Excision of benign tumor up to 1.25 cm	
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	281	Excision of cyst, over 1.25 cm	For HCC purposes, denote 270
		270	Excision of benign tumor, larger than 1.25 cm	
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	280	Excision of cyst, up to 1.25 cm	For HCC purposes, denote 269
		269	Excision of benign tumor up to 1.25 cm	
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	281	Excision of cyst, over 1.25 cm	For HCC purposes, denote 270
		270	Excision of benign tumor, larger than 1.25 cm	
D7465	Destruction of lesion(s) by physical or chemical method, by report	985	Maxillofacial surgical procedures	
D7471	Removal of lateral exostosis (maxilla or mandible)	258	Removal of mandibular exostosis (torus) per quadrant	
D7472	Removal of torus palatinus	257	Removal of palatal exostosis (torus)	
D7473	Removal of torus mandibularis	258	Removal of mandibular exostosis (torus) per quadrant	
D7485	Surgical reduction of osseous tuberosity	267	Reduction of tuberosity, unilateral	
D7490	Radical resection of mandible with bone graft	277	Radical resection of bone for tumor with bone graft	
D7510	Incision and drainage of abscess - intraoral soft tissue	260	Incision and drainage of abscess, intraoral	
D7520	Incision and drainage of abscess - extraoral soft tissue	261	Incision and drainage of abscess, extraoral	
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	290	Excision of foreign body, soft tissue	
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	276	Removal of foreign body from bone (independent procedure)	
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	282	Sequestrectomy	
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	278	Maxillary sinusotomy for removal of tooth fragment or foreign body	
D7610	Maxilla - open reduction (teeth immobilized, if present)	900	Maxilla open reduction, simple	
D7620	Maxilla - closed reduction (teeth immobilized, if present)	901	Maxilla, closed reduction, simple	
D7630	Mandible - open reduction (teeth immobilized, if present)	902	Mandible, open reduction, simple	
D7640	Mandible - closed reduction (teeth immobilized, if present)	903	Mandible, closed reduction, simple	
D7650	Malar and/or zygomatic arch - open reduction	916	Treatment of malar fracture, simple, or compound depressed, open reduction	
D7660	Malar and/or zygomatic arch - closed reduction	915	Treatment of malar fracture, simple, closed reduction	
D7670	Alveolus - closed reduction, may include stabilization of teeth	273	Reimplantation and/or stabilization of accidentally evulsed or displaced permanent tooth and/or alveolus	
D7671	Alveolus - open reduction, may include stabilization of teeth			
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	985	Maxillofacial surgical procedures	
D7710	Maxilla - open reduction	905	Maxilla open reduction, compound	
D7720	Maxilla - closed reduction	904	Maxilla, closed reduction, compound	
D7730	Mandible - open reduction	907	Mandible, open reduction, compound	
D7740	Mandible - closed reduction	906	Mandible, closed reduction, compound	
D7750	Malar and/or zygomatic arch - open reduction	916	Treatment of malar fracture, simple or compound depressed, open reduction	
D7760	Malar and/or zygomatic arch - closed reduction	915	Treatment of malar fracture, simple, closed reduction	
D7770	Alveolus - open reduction stabilization of teeth	900	Maxilla - open reduction, simple	
D7771	Alveolus, closed reduction stabilization of teeth	901	Maxilla - closed reduction, simple	
D7780	Facial bones - complicated reduction with fixation and multiple surgical approaches	985	Maxillofacial surgical procedures	
D7810	Open reduction of dislocation	913	Reduction of dislocation of temporomandibular joint	
D7820	Closed reduction of dislocation			
D7830	Manipulation under anesthesia			
D7840	Condylectomy	285	Condylectomy of mandible, unilateral	
D7850	Surgical disectomy, with/without implant	289	Meniscectomy of temporomandibular joint, unilateral	

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CROSSWALK
CDT-4 to Local

CDT-4 Codes	Description	Denti-Cal Codes	Description	Comments			
D7852	Disc repair	985	Maxillofacial surgical procedures	Global			
D7854	Synovectomy						
D7856	Myotomy						
D7858	Joint reconstruction						
D7860	Arthrotomy						
D7865	Arthroplasty						
D7870	Arthrocentesis						
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: debridement						
D7877	Arthroscopy - surgical: debridement						
D7880	Occlusal orthotic device, by report				995	Orthopedic stabilizing appliance, disocclusion splint	
D7899	Unspecified TMD therapy, by report	294	Injection of sclerosing agent into temporomandibular joint				
D7910	Suture of recent small wounds up to 5 cm	292	Suture of soft tissue wound or injury				
D7911	Complicated suture - up to 5 cm						
D7912	Complicated suture - greater than 5 cm						
D7920	Skin graft (identify defect covered, location and type of graft)	985	Maxillofacial surgical procedures				
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 - per sextant or quadrant						
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 retrusion) - without bone graft						
D7949	LeFort II or LeFort III - with bone graft						
D7950	Osseous, osteoperiosteal, or cartilage graft of mandible or facial bones - autogenous or nonautogenous, by report	291	Frenectomy, or frenotomy, separate procedure				
D7955	Repair of maxillofacial soft and hard tissue defect						
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure						
D7970	Excision of hyperplastic tissue - per arch				259	Excision of hyperplastic tissue (per arch)	
D7971	Excision of pericoronal gingiva				262	Excision pericoronal gingiva, operculectomy	
D7972	Surgical reduction of fibrous tuberosity				259	Excision of hyperplastic tissue (per arch)	
D7980	Sialolithotomy				263	Sialolithotomy intraoral	For HCC purposes, denote 263
					264	Sialolithotomy extraoral	
D7981	Excision of salivary gland, by report	985	Maxillofacial surgical procedures				
D7982	Sialodochoplasty						
D7983	Closure of salivary fistula	265	Closure of salivary fistula				
D7990	Emergency tracheotomy	299	Unlisted surgical service or procedure				
D7991	Coronoidectomy	985	Maxillofacial surgical procedures				
D7995	Synthetic graft - mandible or facial bones, by report	985	Maxillofacial surgical procedures	Not a benefit			
D7996	Implant - mandible for augmentation purposes (excluding alveolar ridge), by report						
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar						

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CROSSWALK
CDT-4 to Local

CDT-4 Codes	Description	Denti-Cal Codes	Description	Comments
D7999	Unspecified oral surgery procedure, by report	299	Unlisted surgical service or procedure	For HCC purposes, denote 299
		266	Dilation of salivary duct	
ORTHODONTICS				
D8010	Limited orthodontic treatment of the primary dentition	NLC		Not a benefit
D8020	Limited orthodontic treatment of the transitional dentition	NLC		Not a benefit
D8030	Limited orthodontic treatment of the adolescent dentition	NLC		Not a benefit
D8040	Limited orthodontic treatment of the adult dentition	NLC		Not a benefit
D8050	Interceptive orthodontic treatment of the primary dentition	NLC		Not a benefit
D8060	Interceptive orthodontic treatment of the transitional dentition	NLC		Not a benefit
D8070	Comprehensive orthodontic treatment of the transitional dentition	NLC		Not a benefit
D8080	Comprehensive orthodontic treatment of the adolescent dentition	552	Banding and materials (malocclusion)	For HCC purposes, denote 552
		562	Banding and materials (cleft palate primary dentition)	
		570	Banding and materials (cleft palate mixed dentition)	
		580	Banding and materials (cleft palate permanent dentition)	
		596	Banding and materials (facial growth management)	
		557	Diagnostic workup and photographs	
		560	Diagnostic workup and photos and study models	
		590	Diagnostic workup and photos and study models (FGM)	
		594	Progress records prior to treatment	
D8090	Comprehensive orthodontic treatment of the adult dentition	NLC		Not a benefit
D8210	Removable appliance therapy	832	Fixed or removable appliance to control harmful habit	
D8220	Fixed appliance therapy			
D8660	Pre-orthodontic treatment visit			
D8670		592	Quarterly observation (pretreatment for FGM)	FGM cases only
		554	Per treatment visit - 24 months maximum	For HCC purposes, denote 554
		564	Per treatment visit - 10 visits maximum. One visit maximum per calendar month.	
		572	Per treatment visit - 14 visits maximum. One visit maximum per calendar month	
		582	Per treatment visit - 30 visits maximum. One visit per calendar month.	
		598	Per treatment visit - 24 visits maximum. One visit maximum per calendar month.	
		556	Quarterly observation	
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	599	Retainer, removable, for each upper and lower	
D8690	Orthodontic treatment (alternative billing to a contract fee)	NLC		Not a benefit
D8691	Repair of orthodontic appliance	999	Unlisted procedures - fees to be determined	
D8692	Replacement of lost or broken retainer			
D8999	Unspecified orthodontic procedure, by report			

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CDT-4 to Local

CDT-4 Codes	Description	Denti-Cal Codes	Description	Comments
ADJUNCTIVE GENERAL SERVICES				
D9110	Palliative (emergency) treatment of dental pain - minor procedure	080 451	Emergency treatment, palliative Emergency treatment (periodontal abscess, acute periodontitis, etc)	For HCC purposes, denote 080.
D9210	Local anesthesia not in conjunction with operative or surgical procedures	080	Emergency treatment, palliative	
D9211	Regional block anesthesia	NLC		Global
D9212	Trigeminal division block anesthesia	NLC		Global
D9215	Local anesthesia	NLC		Global
D9220	Deep sedation/general anesthesia - first 30 minutes	400	General anesthesia	
D9221	Deep sedation/general anesthesia - each additional 15 minutes			
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	301	Conscious sedation, relative analgesia (nitrous oxide), per visit	
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	400	General anesthesia	
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes			
D9248	Non-intravenous conscious sedation	301	Conscious sedation, relative analgesia (nitrous oxide), per visit	
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	040	Specialist consultation	Global
D9410	House/extended care facility call	030	Professional visit after regular office hours, or to bedside	
D9420	Hospital call	035	Hospital care	
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	020	Office visit during regular office hours for treatment and observation of injuries to the teeth and supporting structures	
D9440	Office visit - after regularly scheduled hours	030	Professional visit after regular office hours, or to bedside	
D9450	Case presentation, detailed and extensive treatment planning	NLC		Not a benefit
D9610	Therapeutic drug injection, by report	300	Injectable drugs	
D9630	Other drugs and/or medicaments, by report	NLC		Not a benefit
D9910	Application of desensitizing medicament	080	Emergency treatment, palliative	Add back benefit per RS 10/03
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth			Not a benefit
D9920	Behavior management, by report	999	Unlisted miscellaneous procedure	Not a benefit as of RS 10/03
D9930	Treatment of complications (post - surgical) - unusual circumstances, by report	220	Postoperative visit, complication (e.g. osteitis)	
D9940	Occlusal guard, by report	995	Orthopedic stabilizing appliance, disocclusion splint	Not a benefit
D9941	Fabrication of athletic mouthguard	NLC		Not a benefit
D9950	Occlusion analysis - mounted case	990	Occlusal analysis, including report and/or models	
D9951	Occlusal adjustment - limited	453	Occlusal adjustment (limited) per quadrant (minor spot grinding)	
D9952	Occlusal adjustment - complete	994	Occlusal balancing, altering centric relation, including record and/or models	
D9970	Enamel microabrasion	NLC		Not a benefit
D9971	Odontoplasty 1-2 teeth; includes removal of enamel projections	NLC		Not a benefit
D9972	External bleaching - per arch	NLC		Not a benefit
D9973	External bleaching - per tooth	NLC		Not a benefit
D9974	Internal bleaching - per tooth	NLC		Not a benefit
D9999	Unspecified adjunctive procedure, by report	999	Unlisted procedures - fees to be determined	

NLC - No local code
Global - Included in other procedures; not payable separately
RS - rate setting changes
6/04 - CDA/Provider feedback changes
8/04- revisions see proc code comments