

CROSSWALK
Local to CDT-4

DC Code	Description	CDT-4 Codes	Description	Comments
010	Complete examination, initial episode of treatment only	D0150	Comprehensive oral evaluation - new or established patient	
010	Complete exam - initial	D0180	Comprehensive periodontal evaluation - new or established patient	04/29/03 - Global, per Q
015	Periodic examination	D0120	Periodic oral evaluation	
020	Office visit during regular office hours for treatment and observation of injuries to the teeth and supporting structures	D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	
030	Professional visit after regular office hours, or to bedside	D9410	House/extended care facility call	
030	Professional visit after regular office hours, or to bedside	D9440	Office visit - after regularly scheduled hours	
035	Hospital care	D9420	Hospital call	
040	Specialist consultation	D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	Global
045	Pit and fissure dental sealants for permanent first molars, beneficiaries to age 21	D1351	Sealant - per tooth	surface is required
046	Pit and fissure dental sealants for permanent second molars, beneficiaries to age 21	D1351	Sealant - per tooth	surface is required
049	Prophylaxis, beneficiaries through age 12	D1120	Prophylaxis - child	
050	Prophylaxis, beneficiaries 13 years of age and over	D1110	Prophylaxis - adult	
061	Prophylaxis, including topical application of fluoride, beneficiaries age 5 and under	D1201	Topical application of fluoride (including prophylaxis) - child	
062	Prophylaxis, including topical application of fluoride, beneficiaries age 6 through 17 years of age	D1205	Topical application of fluoride (including prophylaxis) - adult	
080	Emergency treatment, palliative	D0460	Pulp vitality tests	Global
080	Emergency treatment, palliative	D2940	Sedative filling	
080	Emergency treatment, palliative	D2970	Temporary crown (fractured tooth)	Add back benefit as of RS 10/03
080	Emergency treatment, palliative	D2955	Post removal (not in conjunction with endodontic therapy)	Global
080	Emergency treatment, palliative	D3221	Pulpal debridement, primary and permanent teeth	
080	Emergency treatment, palliative	D4920	Unscheduled dressing change (by someone other than treating dentist)	
080	Emergency treatment, palliative	D6999	Unspecified fixed prosthodontic procedure, by report	
080	Emergency treatment, palliative	D9110	Palliative (emergency) treatment of dental pain - minor procedure	
080	Emergency treatment, palliative	D9210	Local anesthesia not in conjunction with operative or surgical procedures	
080	Emergency treatment, palliative	D9910	Application of desensitizing medicament	Add back benefit as of RS 10/03
080	Emergency treatment, palliative	D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	Not a benefit
110	Intraoral periapical, single, first film	D0220	Intraoral - periapical first film	
111	Intraoral periapical, each additional film (maximum 10 films)	D0230	Intraoral - periapical each additional film	
112	Intraoral, complete series	D0210	Intraoral - complete series (including bitewings)	
113	Intraoral, occlusal, each film	D0240	Intraoral - occlusal film	
114	Extraoral, single, head or lateral jaw	D0250	Extraoral - first film	
114	Extraoral, single, head or lateral jaw	D0290	Posterior - anterior or lateral skull and facial bone survey film	
115	Extraoral, each additional head or lateral jaw	D0260	Extraoral - each additional film	
115	Extraoral, each additional head or lateral jaw	D0290	Posterior - anterior or lateral skull and facial bone survey film	
116	Bitewings, two films	D0272	Bitewings - two films	
117	Bitewings, four films	D0274	Bitewings - four films	
117	Bitewings, four films	D0277	Vertical bitewings - 7 to 8 films	Global
118	Bitewings, anterior, one film	D0270	Bitewing - single film	
119	Photograph or slide, first	D0350	Oral/facial images (including intra and extraoral images)	
120	Photograph or slide, each additional (maximum five)	D0350	Oral/facial images (including intra and extraoral images)	
125	Panographic type film, single film	D0330	Panoramic film	
150	Biopsy of oral tissue	D7285	Biopsy of oral tissue - hard (bone, tooth)	
150	Biopsy of oral tissue	D7286	Biopsy of oral tissue - soft (all others)	
160	Gross and microscopic histopathological report	D0502	Other oral pathology procedures, by report	

NLC - No local code
5/20/03- Changes Per Dr K
RS - rate setting changes
6/04 CDA /Provider feedback changes

CROSSWALK
Local to CDT-4

DC Code	Description	CDT-4 Codes	Description	Comments
200	Removal of erupted tooth, uncomplicated, first tooth	D7111	Coronal remnants - deciduous tooth	Add back benefit as of RS 10/03
200	Removal of erupted tooth, uncomplicated, first tooth	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Add back benefit as of RS 10/03
201	Removal of erupted tooth, uncomplicated, each additional tooth	D7111	Coronal remnants - deciduous tooth	Add back benefit as of RS 10/03
201	Removal of erupted tooth, uncomplicated, each additional tooth	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Add back benefit as of RS 10/03
202	Removal of erupted tooth, surgical	D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	
203	Removal of root or root tip, completely covered by bone	D7250	Surgical removal of residual tooth roots (cutting procedure)	
204	Removal of root or root tip, not complicated covered by bone	D7111	Coronal remnants - deciduous tooth	Add back benefit as of RS 10/03
204	Removal of root or root tip, not complicated covered by bone	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Add back benefit as of RS 10/03
220	Postoperative visit, complication (e.g. osteitis)	D9930	Treatment of complications (post - surgical) - unusual circumstances, by report	
230	Removal of impacted tooth soft tissue	D7220	Removal of impacted tooth - soft tissue	
231	Removal of impacted tooth partially bony	D7230	Removal of impacted tooth - partially bony	
232	Removal of impacted tooth, completely 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	
250	Alveoloplasty per quadrant, edentulous	D7320	Alveoloplasty not in conjunction with extractions - per quadrant	
252	Alveoloplasty per quadrant, in conjunction with extractions	D7310	Alveoloplasty in conjunction with extractions - per quadrant	
255	Vestibuloplasty, submucosal resection (not to include grafts)	D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	
256	Alveoloplasty with ridge extension, secondary epithelialization (per arch)	D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	
257	Removal of palatal exostosis (torus)	D7472	Removal of torus palatinus	
258	Removal of mandibular exostosis (torus) per quadrant	D7471	Removal of lateral exostosis (maxilla or mandible)	
258	Removal of mandibular exostosis (torus) per quadrant	D7473	Removal of torus mandibularis	
259	Excision of hyperplastic tissue (per arch)	D7970	Excision of hyperplastic tissue - per arch	
259	Excision of hyperplastic tissue (per arch)	D7972	Surgical reduction of fibrous tuberosity	
260	Incision and drainage of abscess, intraoral	D7510	Incision and drainage of abscess - intraoral soft tissue	
261	Incision and drainage of abscess, extraoral	D7520	Incision and drainage of abscess - extraoral soft tissue	
262	Excision pericoronal gingiva, operculectomy	D7971	Excision of pericoronal gingiva	
263	Sialolithotomy intraoral	D7980	Sialolithotomy	
264	Sialolithotomy extraoral	D7980	Sialolithotomy	
265	Closure of salivary fistula	D7983	Closure of salivary fistula	
266	Dilation of salivary duct	D7999	Unspecified oral surgery procedure, by report	
267	Reduction of tuberosity, unilateral	D7485	Surgical reduction of osseous tuberosity	
269	Excision of benign tumor up to 1.25 cm	D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm	
269	Excision of benign tumor up to 1.25 cm	D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	
270	Excision of benign tumor, larger than 1.25 cm	D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	
270	Excision of benign tumor, larger than 1.25 cm	D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	
271	Excision of malignant tumor	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	
273	Reimplantation and/or stabilization of accidentally evulsed or displaced permanent tooth and/or alveolus	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	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	
275	Transplantation of tooth or tooth bud	D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	Not a benefit

NLC - No local code
5/20/03- Changes Per Dr K
RS - rate setting changes
6/04 CDA /Provider feedback changes

CROSSWALK
Local to CDT-4

DC Code	Description	CDT-4 Codes	Description	Comments
276	Removal of foreign body from bone (independent procedure)	D7540	Removal of reaction producing foreign bodies, musculoskeletal system	
277	Radical resection of bone for tumor with bone graft	D7490	Radical resection of mandible with bone graft	
278	Maxillary sinusotomy for removal of tooth fragment or foreign body	D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	
279	Oral antral fistula closure	D7260	Oroantral fistula closure	
280	Excision of cyst, up to 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	D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	
281	Excision of cyst, over 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	D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	
282	Sequestrectomy	D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	
285	Condylectomy of mandible, unilateral	D7840	Condylectomy	
289	Meniscectomy of temporomandibular joint, unilateral	D7850	Surgical discectomy, with/without implant	
290	Excision of foreign body, soft tissue	D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	
291	Frenectomy, or frenotomy, separate procedure	D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	
292	Suture of soft tissue wound or injury	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	
292	Suture of soft tissue wound or injury	D7912	Complicated suture - greater than 5 cm	
294	Injection of sclerosing agent into temporomandibular joint	D7899	Unspecified TMD therapy, by report	
295	Injection of trigeminal nerve branches for destruction			Not a benefit
296	Surgical exposure of impacted or unerupted tooth to aid eruption, soft tissue	D7280	Surgical access of an unerupted tooth	
296	Surgical exposure of impacted or unerupted tooth to aid eruption, soft tissue	D7281	Surgical exposure of impacted or unerupted tooth to aid eruption	
297	Surgical exposure of impacted or unerupted tooth to aid eruption, partial bony	D7280	Surgical access of an unerupted tooth	
297	Surgical exposure of impacted or unerupted tooth to aid eruption, partial bony	D7281	Surgical exposure of impacted or unerupted tooth to aid eruption	
298	Surgical exposure of impacted or unerupted tooth to aid eruption, complete bony or ectopic eruption	D7280	Surgical access of an unerupted tooth	
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	
299	Unlisted surgical service or procedure	D0999	Unspecified diagnostic procedure, by report	
299	Unlisted surgical service or procedure	D7261	Primary closure of a sinus perforation	
299	Unlisted surgical service or procedure	D7290	Surgical repositioning of teeth	
299	Unlisted surgical service or procedure	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	
299	Unlisted surgical service or procedure	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	
299	Unlisted surgical service or procedure	D7412	Excision of benign lesion, complicated	
299	Unlisted surgical service or procedure	D7413	Excision of malignant lesion up to 1.25 cm	
299	Unlisted surgical service or procedure	D7414	Excision of malignant lesion greater than 1.25 cm	
299	Unlisted surgical service or procedure	D7415	Excision of malignant lesion, complicated	
299	Unlisted surgical service or procedure	D7990	Emergency tracheotomy	
299	Unlisted surgical service or procedure	D7999	Unspecified oral surgery procedure, by report	
300	Injectable drugs	D9610	Therapeutic drug injection, by report	
301	Conscious sedation, relative analgesia (nitrous oxide), per visit	D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	
301	Conscious sedation, relative analgesia (nitrous oxide), per visit	D9248	Non-intravenous conscious sedation	
400	General anesthesia	D9220	Deep sedation/general anesthesia - first 30 minutes	
400	General anesthesia	D9221	Deep sedation/general anesthesia - each additional 15 minutes	
400	General anesthesia	D9241	Intravenous conscious sedation/analgesia - first 30 minutes	
400	General anesthesia	D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	

NLC - No local code
5/20/03- Changes Per Dr K
RS - rate setting changes
6/04 CDA /Provider feedback changes

CROSSWALK
Local to CDT-4

DC Code	Description	CDT-4 Codes	Description	Comments
451	Emergency treatment (periodontal abscess, acute periodontitis, etc)	D9110	Palliative (emergency) treatment of dental pain - minor procedure	
452	Subgingival curettage and root planing, per full mouth treatment	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	
453	Occlusal adjustment (limited) per quadrant (minor spot grinding)	D9951	Occlusal adjustment - limited	
472	Gingivectomy or gingivoplasty per quadrant	D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	
473	Osseous and mucogingival surgery per quadrant	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	
474	Gingivectomy or gingivoplasty treatment per tooth (fewer than six teeth)	D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	

CROSSWALK
Local to CDT-4

DC Code	Description	CDT-4 Codes	Description	Comments
501	Therapeutic pulpotomy	D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction application of medicament	
501	Therapeutic pulpotomy	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)	
502	Vital pulpotomy	D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction application of medicament	
503	Recalcification, includes temporary restoration, per tooth			Not a benefit as of RS 10/03
511	Anterior root canal therapy	D3310	Anterior (excluding final restoration)	
511	Anterior root canal therapy	D3346	Retreatment of previous root canal therapy - anterior	
512	Bicuspid root canal therapy	D3320	Bicuspid (excluding final restoration)	
512	Bicuspid root canal therapy	D3347	Retreatment of previous root canal therapy - bicuspid	
513	Molar root canal therapy	D3330	Molar (excluding final restoration)	
513	Molar root canal therapy	D3348	Retreatment of previous root canal therapy - molar	
530	Apicoectomy (surgical procedure in conjunction with RCT filling)			
531	Apicoectomy (separate surgical procedure) per tooth	D3410	Apicoectomy/periradicular surgery - anterior	
531	Apicoectomy (separate surgical procedure) per tooth	D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	
531	Apicoectomy (separate surgical procedure) per tooth	D3425	Apicoectomy/periradicular surgery - molar (first root)	
531	Apicoectomy (separate surgical procedure) per tooth	D3426	Apicoectomy/periradicular surgery - (each additional root)	
534	Apexification/apexogenesis (therapeutic apical closure, per treatment)	D3351	Apexification/recalcification - initial visit (apical closure/calccific repair of perforations, root resorption, etc.)	Not a benefit
534	Apexification/apexogenesis (therapeutic apical closure, per treatment)	D3352	Apexification/recalcification - interim medication replacement (apical closure/calccific repair of perforations, root resorption, etc.)	Add back Benefit (CDA & Prov FB) 6/04
534	Apexification/apexogenesis (therapeutic apical closure, per treatment)	D3353	Apexification/recalcification - final visit (apical closure/calccific repair of perforations, root resorption, etc.)	Not a Benefit (CDA & Prov FB) 6/04

NLC - No local code
5/20/03- Changes Per Dr K
RS - rate setting changes
6/04 CDA /Provider feedback changes

CROSSWALK
Local to CDT-4

DC Code	Description	CDT-4 Codes	Description	Comments
551	Initial orthodontic examination/Handicapping Labio-Lingual Deviation Index	D0140	Limited oral evaluation - problem focused	
552	Banding and materials (malocclusion)	D8080	Comprehensive orthodontic treatment of the adolescent dentition	
554	Per treatment visit - 24 months maximum	D8670	Periodic orthodontic treatment visit (as part of contract)	
556	Quarterly observation	D8670	Periodic orthodontic treatment visit (as part of contract)	
557	Diagnostic workup and photographs	D8080	Comprehensive orthodontic treatment of the adolescent dentition	
558	Study models	D0470	Diagnostic casts	
560	Diagnostic workup and photos and study models	D8080	Comprehensive orthodontic treatment of the adolescent dentition	
562	Banding and materials (cleft palate primary dentition)	D8080	Comprehensive orthodontic treatment of the adolescent dentition	
564	Per treatment visit - 10 visits maximum. One visit maximum per calendar month.	D8670	Periodic orthodontic treatment visit (as part of contract)	
570	Banding and materials (cleft palate mixed dentition)	D8080	Comprehensive orthodontic treatment of the adolescent dentition	
572	Per treatment visit - 14 visits maximum. One visit maximum per calendar month	D8670	Periodic orthodontic treatment visit (as part of contract)	
580	Banding and materials (cleft palate permanent dentition)	D8080	Comprehensive orthodontic treatment of the adolescent dentition	
582	Per treatment visit - 30 visits maximum. One visit per calendar month.	D8670	Periodic orthodontic treatment visit (as part of contract)	
590	Diagnostic workup and photos and study models (FGM)	D8080	Comprehensive orthodontic treatment of the adolescent dentition	
592	Quarterly observation (pretreatment for FGM)	D8660	Pre-orthodontic treatment visit	FGM cases only
594	Progress records prior to treatment	D8080	Comprehensive orthodontic treatment of the adolescent dentition	
596	Banding and materials (facial growth management)	D8080	Comprehensive orthodontic treatment of the adolescent dentition	
598	Per treatment visit - 24 visits maximum. One visit maximum per calendar month.	D8670	Periodic orthodontic treatment visit (as part of contract)	
599	Retainer, removable, for each upper and lower	D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	

NLC - No local code
5/20/03- Changes Per Dr K
RS - rate setting changes
6/04 CDA /Provider feedback changes

CROSSWALK
Local to CDT-4

DC Code	Description	CDT-4 Codes	Description	Comments
600	Amalgam restorations- one surface, primary tooth	D2140	Amalgam - one surface, primary or permanent	
601	Amalgam restorations - two surfaces, primary tooth	D2150	Amalgam - two surfaces, primary or permanent	
602	Amalgam restorations - three surfaces, primary tooth	D2160	Amalgam - three surfaces, primary or permanent	
603	Amalgam restorations - four or more surfaces, primary tooth (maximum)	D2161	Amalgam - four or more surfaces, primary or permanent	
611	Amalgam restorations - one surface, permanent tooth	D2140	Amalgam - one surface, primary or permanent	
612	Amalgam restorations - two surfaces, permanent tooth	D2150	Amalgam - two surfaces, primary or permanent	
613	Amalgam restorations - three surfaces, permanent tooth	D2160	Amalgam - three surfaces, primary or permanent	
614	Amalgam restorations - four or more surfaces, permanent tooth (maximum)	D2161	Amalgam - four or more surfaces, primary or permanent	
645	Composite or plastic restoration	D2330	Resin-based composite - one surface, anterior	
645	Composite or plastic restoration	D2391	Resin-based composite - one surface, posterior	New benefit
645	Composite or plastic restorations, two or more in a single tooth (maximum)	D2331	Resin-based composite - two surfaces, anterior	
646	Composite or plastic restorations, two or more in a single tooth (maximum)	D2332	Resin-based composite - three surfaces, anterior	
646	Composite or plastic restorations, two or more in a single tooth (maximum)	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)	D2392	Resin-based composite - two surfaces, posterior	New benefit
646	Composite or plastic restorations, two or more in a single tooth (maximum)	D2393	Resin-based composite - three surfaces, posterior	New benefit
646	Composite or plastic restorations, two or more in a single tooth (maximum)	D2394	Resin-based composite - four or more surfaces, posterior	New benefit
648	Pin retention (per pin), maximum three pins per tooth	D2951	Pin retention - per tooth, in addition to restoration	

NLC - No local code
5/20/03- Changes Per Dr K
RS - rate setting changes
6/04 CDA /Provider feedback changes

CROSSWALK
Local to CDT-4

DC Code	Description	CDT-4 Codes	Description	Comments
650	Crown, plastic (laboratory processed)	D2710	Crown - resin (indirect)	
651	Crown, plastic with metal	D2720	Crown - resin with high noble metal	Not a benefit (CDA & Prov FB) 6/04
651	Crown, plastic with metal	D2721	Crown - resin with predominantly base metal	
651	Crown, plastic with metal	D2722	Crown - resin with noble metal	Not a benefit (CDA & Prov FB) 6/04
651	Crown, plastic with metal	D6720	Crown - resin with high noble metal	Not a benefit (CDA & Prov FB) 6/04
651	Crown, plastic with metal	D6721	Crown - resin with predominantly base metal	
651	Crown, plastic with metal	D6722	Crown - resin with noble metal	Not a benefit (CDA & Prov FB) 6/04
652	Crown, porcelain	D2740	Crown - porcelain/ceramic substrate	
652	Crown, porcelain	D2783	Crown - 3/4 porcelain/ceramic	
652	Crown, porcelain	D6783	Crown - 3/4 porcelain/ceramic	
653	Crown, porcelain fused to metal	D2750	Crown - porcelain fused to high noble metal	Not a benefit (CDA & Prov FB) 6/04
653	Crown, porcelain fused to metal	D2751	Crown - porcelain fused to predominantly base metal	
653	Crown, porcelain fused to metal	D2752	Crown - porcelain fused to noble metal	Not a benefit (CDA & Prov FB) 6/04
653	Crown, porcelain fused to metal	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
653	Crown, porcelain fused to metal	D6751	Crown - porcelain fused to predominantly base metal	
653	Crown, porcelain fused to metal	D6752	Crown - porcelain fused to noble metal	Not a benefit (CDA & Prov FB) 6/04
660	Crown, cast, full	D2790	Crown - full cast high noble metal	Not a benefit (CDA & Prov FB) 6/04
660	Crown, cast, full	D2791	Crown - full cast predominantly base metal	
660	Crown, cast, full	D2792	Crown - full cast noble metal	Not a benefit (CDA & Prov FB) 6/04
660	Crown, cast, full	D6790	Crown - full cast high noble metal	Not a benefit (CDA & Prov FB) 6/04
660	Crown, cast, full	D6791	Crown - full cast predominantly base metal	
660	Crown, cast, full	D6792	Crown - full cast noble metal	Not a benefit (CDA & Prov FB) 6/04
663	Crown, cast, three-quarters	D2780	Crown - 3/4 cast high noble metal	Not a benefit (CDA & Prov FB) 6/04
663	Crown, cast, three-quarters	D2781	Crown - 3/4 cast predominantly base metal	
663	Crown, cast, three-quarters	D2782	Crown - 3/4 cast noble metal	Not a benefit (CDA & Prov FB) 6/04
663	Crown, cast, three-quarters	D6780	Crown - 3/4 cast high noble metal	Not a benefit (CDA & Prov FB) 6/04
663	Crown, cast, three-quarters	D6781	Crown - 3/4 cast predominantly base metal	
663	Crown, cast, three-quarters	D6782	Crown - 3/4 cast noble metal	Not a benefit (CDA & Prov FB) 6/04
670	Crown, stainless steel, primary	D2390	Resin-based composite crown, anterior	
670	Crown, stainless steel, primary	D2930	Prefabricated stainless steel crown - primary tooth	
670	Crown, stainless steel, primary	D2932	Prefabricated resin crown	
670	Crown, stainless steel, primary	D2933	Prefabricated stainless steel crown with resin window	
671	Crown, stainless steel, permanent	D2390	Resin-based composite crown, anterior	
671	Crown, stainless steel, permanent	D2931	Prefabricated stainless steel crown - permanent tooth	
671	Crown, stainless steel, permanent	D2932	Prefabricated resin crown	
671	Crown, stainless steel, permanent	D2933	Prefabricated stainless steel crown with resin window	
672	Cast metal dowel post	D2952	Cast post and core in addition to crown	
672	Cast metal dowel post	D2953	Each additional cast post - same tooth	Global
672	Cast metal dowel post	D2954	Prefabricated post and core in addition to crown	
672	Cast metal dowel post	D2957	Each additional prefabricated post -same tooth	Global
672	Cast metal dowel post	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	
672	Cast metal dowel post	D6972	Prefabricated post and core in addition to fixed partial denture retainer	
672	Cast metal dowel post	D6976	Each additional cast post - same tooth	Global
672	Cast metal dowel post	D6977	Each additional prefabricated post -same tooth	Global

NLC - No local code
5/20/03- Changes Per Dr K
RS - rate setting changes
6/04 CDA /Provider feedback changes

CROSSWALK
Local to CDT-4

DC Code	Description	CDT-4 Codes	Description	Comments
680	Fixed bridge pontic, cast metal	D6210	Pontic - cast high noble metal	Not a benefit (CDA & Prov FB) 6/04
680	Fixed bridge pontic, cast metal	D6211	Pontic - cast predominantly base metal	
680	Fixed bridge pontic, cast metal	D6212	Pontic - cast noble metal	Not a benefit (CDA & Prov FB) 6/04
681	Fixed bridge pontic, slotted facing	D6999	Unspecified fixed prosthodontic procedure, by report	
682	Fixed bridge pontic, slotted pontic	D6999	Unspecified fixed prosthodontic procedure, by report	
685	Recement Inlay, facing, pontic	D2910	Recement inlay	
686	Recement crown	D1550	Re-cementation of space maintainer	
686	Recement crown	D2920	Recement crown	
687	Recement bridge	D1550	Re-cementation of space maintainer	
687	Recement bridge	D6930	Recement fixed partial denture	
690	Repair fixed bridge	D6980	Fixed partial denture repair, by report	
690	Repair fixed bridge	D6999	Unspecified fixed prosthodontic procedure, by report	
692	Fixed bridge pontic, porcelain fused to metal	D6240	Pontic - porcelain fused to high noble metal	Not a benefit (CDA & Prov FB) 6/04
692	Fixed bridge pontic, porcelain fused to metal	D6241	Pontic - porcelain fused to predominantly base metal	
692	Fixed bridge pontic, porcelain fused to metal	D6242	Pontic - porcelain fused to noble metal	Not a benefit (CDA & Prov FB) 6/04
692	Fixed bridge pontic, porcelain fused to metal	D6245	Pontic - porcelain/ceramic	
693	Fixed bridge pontic, plastic fused to metal	D6250	Pontic - resin with high noble metal	Not a benefit (CDA & Prov FB) 6/04
693	Fixed bridge pontic, plastic fused to metal	D6251	Pontic - resin with predominantly base metal	
693	Fixed bridge pontic, plastic fused to metal	D6252	Pontic - resin with noble metal	Not a benefit (CDA & Prov FB) 6/04
694	Replace broken tru-pontic	D6999	Unspecified fixed prosthodontic procedure, by report	
695	Replace broken facing, post intact	D6999	Unspecified fixed prosthodontic procedure, by report	
696	Replace broken facing, post backing broken	D6999	Unspecified fixed prosthodontic procedure, by report	

NLC - No local code
5/20/03- Changes Per Dr K
RS - rate setting changes
6/04 CDA /Provider feedback changes

CROSSWALK
Local to CDT-4

DC Code	Description	CDT-4 Codes	Description	Comments
700	Complete maxillary denture	D5110	Complete denture - maxillary	
700	Complete maxillary denture	D5130	Immediate denture - maxillary	
700	Complete maxillary denture	D5860	Overdenture - complete, by report	
701	Complete mandibular denture	D5120	Complete denture - mandibular	
701	Complete mandibular denture	D5140	Immediate denture - mandibular	
701	Complete mandibular denture	D5860	Overdenture - complete, by report	
702	Partial upper or lower denture with two assembled chrome cobalt wrought or cast chrome clasps with occlusal rests and necessary teeth, acrylic base	D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rest and teeth)	
702	Partial upper or lower denture with two assembled chrome cobalt wrought or cast chrome clasps with occlusal rests and necessary teeth, acrylic base	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	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	D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rest and teeth)	
704	Clasps, third and each additional clasp, for procedure 703	D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rest and teeth)	
704	Clasps, third and each additional clasp, for procedure 703	D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rest and teeth)	
706	Partial upper or lower stayplate, acrylic-base fee, teeth and clasps extra	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	D5212	Mandibular partial denture - resin base (including any conventional clasps, rest and teeth)	
708	Partial upper or lower denture, all acrylic with two assembled chrome cobalt wrought wire clasps having two clasp arms, but no rests an necessary teeth	D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rest and teeth)	
708	Partial upper or lower denture, all acrylic with two assembled chrome cobalt wrought wire clasps having two clasp arms, but no rests an necessary teeth	D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rest and teeth)	
709	Clasp, third and each additional for procedure 708	D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rest and teeth)	
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)	
712	Clasp, third and each additional for procedure 702	D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rest and teeth)	
712	Clasp, third and each additional for procedure 702	D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rest and teeth)	
716	Clasp or teeth, each for procedure 706	D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	
716	Clasp or teeth, each for procedure 706	D5212	Mandibular partial denture - resin base (including any conventional clasps, rest and teeth)	
716	Clasp or teeth, each for procedure 707	D5660	Add clasp to existing partial denture	
720	Denture adjustment, per visit	D5410	Adjust complete denture - maxillary	
720	Denture adjustment, per visit	D5411	Adjust complete denture - mandibular	
720	Denture adjustment, per visit	D5421	Adjust partial denture - maxillary	
720	Denture adjustment, per visit	D5422	Adjust partial denture - mandibular	
721	Reline-office, cold cure	D5730	Reline complete maxillary denture (chairside)	
721	Reline-office, cold cure	D5731	Reline complete mandibular denture (chairside)	
721	Reline-office, cold cure	D5740	Reline maxillary partial denture (chairside)	
721	Reline-office, cold cure	D5741	Reline mandibular partial denture (chairside)	
722	Reline-laboratory processed	D5750	Reline complete maxillary denture (laboratory)	
722	Reline-laboratory processed	D5751	Reline complete mandibular denture (laboratory)	
722	Reline-laboratory processed	D5760	Reline maxillary partial denture (laboratory)	
722	Reline-laboratory processed	D5761	Reline mandibular partial denture (laboratory)	
723	Tissue conditioning, per denture	D5850	Tissue conditioning, maxillary	
723	Tissue conditioning, per denture	D5851	Tissue conditioning, mandibular	
724	Denture duplication (Jump, reconstruction) Denture base including necessary tooth replacement, per denture	D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	Not a benefit
724	Denture duplication (Jump, reconstruction) Denture base including necessary tooth replacement, per denture	D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	Not a benefit

NLC - No local code
5/20/03- Changes Per Dr K
RS - rate setting changes
6/04 CDA /Provider feedback changes

CROSSWALK
Local to CDT-4

DC Code	Description	CDT-4 Codes	Description	Comments
750	Repair broken denture base only (complete or partial)	D5510	Repair broken complete denture base	
750	Repair broken denture base only (complete or partial)	D5610	Repair resin denture base	
751	Repair broken denture base and replace one broken tooth	D5510	Repair broken complete denture base	
751	Repair broken denture base and replace one broken tooth	D5520	Replace missing or broken teeth - complete denture (each tooth)	
752	Each additional denture tooth replaced on procedure 751 repair (max 2)	D5510	Repair broken complete denture base	
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)	D5520	Replace missing or broken teeth - complete denture (each tooth)	
753	Replace one broken denture tooth only (complete or partial)	D5640	Replace broken teeth - per tooth	
754	Each additional denture tooth replaced on 753 repair (maximum two)	D5520	Replace missing or broken teeth - complete denture (each tooth)	
755	Adding first tooth to partial denture to replace newly extracted natural	D5650	Add tooth to existing partial denture	
756	Each additional natural tooth replaced on 755 repair (maximum two)	D5650	Add tooth to existing partial denture	
757	Add a new clasp or replace broken clasp...existing 702	D5660	Add clasp to existing partial denture	
758	Each additional new or replacement clasp for repair 757 (max 2)	D5660	Add clasp to existing partial denture	
759	Add a new or replace a broken clasp...existing 708	D5630	Repair or replace broken clasp	
759	Add a new or replace a broken clasp...existing 708	D5660	Add clasp to existing partial denture	
760	Each additional new or replacement clasp for repair 759 (maximum two)	D5630	Repair or replace broken clasp	
760	Each additional new or replacement clasp for repair 759 (maximum two)	D5660	Add clasp to existing partial denture	
761	Reattaching clasp on partial denture, clasp intact, each (maximum two)	D5630	Repair or replace broken clasp	
762	Add a new clasp or replace a broken cast chrome cobalt clasp with two clasp arms and rest to an existing 703 partial	D5660	Add clasp to existing partial denture	
763	Each additional new or replacement clasp for repair 762 (maximum two)	D5660	Add clasp to existing partial denture	
800	Fixed, unilateral band type space maintainer (including band)	D1510	Space maintainer - fixed - unilateral	
801	Removable, plastic with two stainless steel round wire clasps or rests	D1520	Space maintainer - removable - unilateral	
801	Removable, plastic with two stainless steel round wire clasps or rests	D1525	Space maintainer - removable - bilateral	
802	Each additional clasp or rest (801 only)	D1525	Space maintainer - removable - bilateral	
811	Fixed, unilateral, stainless steel crown type space maintainer; (including crown procedures 670 or 671)	D1510	Space maintainer - fixed - unilateral	
812	Fixed, bilateral, lingual or palatal bar type	D1515	Space maintainer - fixed - bilateral	
832	Fixed or removable appliance to control harmful habit	D8210	Removable appliance therapy	
832	Fixed or removable appliance to control harmful habit	D8220	Fixed appliance therapy	

CROSSWALK
Local to CDT-4

DC Code	Description	CDT-4 Codes	Description	Comments
900	Maxilla open reduction, simple	D7610	Maxilla - open reduction (teeth immobilized, if present)	
900	Maxilla - open reduction, simple	D7770	Alveolus - open reduction stabilization of teeth	
901	Maxilla, closed reduction, simple	D7620	Maxilla - closed reduction (teeth immobilized, if present)	
901	Maxilla - closed reduction, simple	D7771	Alveolus, closed reduction stabilization of teeth	
902	Mandible, open reduction, simple	D7630	Mandible - open reduction (teeth immobilized, if present)	
903	Mandible, closed reduction, simple	D7640	Mandible - closed reduction (teeth immobilized, if present)	
904	Maxilla, closed reduction, compound	D7720	Maxilla - closed reduction	
905	Maxilla open reduction, compound	D7710	Maxilla - open reduction	
906	Mandible, closed reduction, compound	D7740	Mandible - closed reduction	
907	Mandible, open reduction, compound	D7730	Mandible - open reduction	
913	Reduction of dislocation of temporomandibular joint	D7810	Open reduction of dislocation	
913	Reduction of dislocation of temporomandibular joint	D7820	Closed reduction of dislocation	
913	Reduction of dislocation of temporomandibular joint	D7830	Manipulation under anesthesia	
915	Treatment of malar fracture, simple, closed reduction	D7660	Malar and/or zygomatic arch - closed reduction	
915	Treatment of malar fracture, simple, closed reduction	D7760	Malar and/or zygomatic arch - closed reduction	
916	Treatment of malar fracture, simple, or compound depressed, open reduction	D7650	Malar and/or zygomatic arch - open reduction	
916	Treatment of malar fracture, simple or compound depressed, open reduction	D7750	Malar and/or zygomatic arch - open reduction	
950	Clinical examination and consultation, including study models	D0160	Detailed and extensive oral evaluation - problem focused, by report	
952	Prosthetic evaluation and treatment plan, including study models	D0160	Detailed and extensive oral evaluation - problem focused, by report	
955	TMJ series radiographs	D0321	Other temporomandibular joint films, by report	As of 04/29/03 - Not a benefit per Q
955	TMJ series radiographs	D0322	Tomographic survey	
956	Cephalometric Head film, single first films including tracings	D0340	Cephalometric film	
957	Cephalometric Head film, each additional film including tracings	D0340	Cephalometric film	
960	Speech appliance, transitional, with or without pharyngeal extension	D5952	Speech aid prosthesis, pediatric	
962	Speech appliance, permanent, edentulous, with or without pharyngeal extension	D5953	Speech aid prosthesis, adult	
964	Speech appliance, permanent partially edentulous cast frame work...	D5953	Speech aid prosthesis, adult	
966	Palatal lift, interim	D5958	Palatal lift prosthesis, interim	
968	Palatal lift permanent, cast framework	D5955	Palatal lift prosthesis, definitive	
970	Obturator, immediate surgical routine	D5931	Obturator prosthesis, surgical	
971		D5931	Obturator prosthesis, surgical	
972	Obturator, permanent, complex	D5932	Obturator prosthesis, definitive	
972	Obturator, permanent, complex	D5936	Obturator prosthesis, interim	
973	Resection prosthesis, permanent, edentulous, complex	D5934	Mandibular resection prosthesis with guide flange	
973	Resection prosthesis, permanent, edentulous, complex	D5935	Mandibular resection prosthesis without guide flange	
974	Resection, prosthesis permanent edentulous routine	D5934	Mandibular resection prosthesis with guide flange	
974	Resection, prosthesis permanent edentulous routine	D5935	Mandibular resection prosthesis without guide flange	
975	Resection prosthesis, permanent, partially edentulous, complex	D5935	Mandibular resection prosthesis without guide flange	
975	Resection prosthesis, permanent, partially edentulous, complex	D5634	Mandibular resection prosthesis with guide flange	
976	Repositioner, mandibular, two piece	D5999	Unspecified maxillofacial prosthesis, by report	

NLC - No local code
5/20/03- Changes Per Dr K
RS - rate setting changes
6/04 CDA /Provider feedback changes

CROSSWALK
Local to CDT-4

DC Code	Description	CDT-4 Codes	Description	Comments
977	Removable facial prosthesis	D5913	Nasal prosthesis	
977	Removable facial prosthesis	D5914	Auricular prosthesis	
977	Removable facial prosthesis	D5915	Orbital prosthesis	
977	Removable facial prosthesis	D5916	Ocular prosthesis	
977	Removable facial prosthesis	D5919	Facial prosthesis	
977	Removable facial prosthesis	D5922	Nasal septal prosthesis	
977	Removable facial prosthesis	D5923	Ocular prosthesis, interim	
977	Removable facial prosthesis, by report	D5926	Nasal prosthesis, replacement	
977	Removable facial prosthesis, by report	D5927	Auricular prosthesis, replacement	
977	Removable facial prosthesis, by report	D5928	Orbital prosthesis, replacement	
977	Removable facial prosthesis, by report	D5929	Facial prosthesis, replacement	
977	Removable facial prosthesis, by report	D5999	Unspecified maxillofacial prosthesis, by report	
978	Splints and stents	D5937	Trismus appliance (not for TMD treatment)	
978	Splints and stents	D5982	Surgical stent	
978	Splints and stents	D5984	Radiation shield	
978	Splints and stents	D5987	Commissure splint	
978	Splints and stents	D5988	Surgical splint	
979	Radiation therapy fluoride carrier	D5983	Radiation carrier	
979	Radiation therapy fluoride carrier	D5986	Fluoride gel carrier	
980	Repairs, maxillofacial prosthesis	D5999	Unspecified maxillofacial prosthesis, by report	
981	Rebase laboratory processed, maxillofacial prosthesis	D5933	Obturator prosthesis, modification	
982	Balancing (opposing) maxillofacial prosthesis	D5999	Unspecified maxillofacial prosthesis, by report	

CROSSWALK
Local to CDT-4

DC Code	Description	CDT-4 Codes	Description	Comments
985	Maxillofacial surgical procedures	D5924	Cranial prosthesis	
985	Maxillofacial surgical procedures	D7465	Destruction of lesion(s) by physical or chemical method, by report	
985	Maxillofacial surgical procedures	D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	
985	Maxillofacial surgical procedures	D7780	Facial bones - complicated reduction with fixation and multiple surgical approaches	
985	Maxillofacial surgical procedures	D7852	Disc repair	
985	Maxillofacial surgical procedures	D7854	Synovectomy	
985	Maxillofacial surgical procedures	D7856	Myotomy	
985	Maxillofacial surgical procedures	D7858	Joint reconstruction	
985	Maxillofacial surgical procedures	D7860	Arthrotomy	
985	Maxillofacial surgical procedures	D7865	Arthroplasty	
985	Maxillofacial surgical procedures	D7870	Arthrocentesis	
985	Maxillofacial surgical procedures	D7871	Non-arthroscopic lysis and lavage	Global
985	Maxillofacial surgical procedures	D7872	Arthroscopy - diagnosis, with or without biopsy	
985	Maxillofacial surgical procedures	D7873	Arthroscopy - surgical: lavage and lysis of adhesions	
985	Maxillofacial surgical procedures	D7874	Arthroscopy - surgical: disc repositioning and stabilization	
985	Maxillofacial surgical procedures	D7875	Arthroscopy - surgical: synovectomy	
985	Maxillofacial surgical procedures	D7876	Arthroscopy - surgical: debridement	
985	Maxillofacial surgical procedures	D7877	Arthroscopy - surgical: debridement	
985	Maxillofacial surgical procedures	D7920	Skin graft (identify defect covered, location and type of graft)	
985	Maxillofacial surgical procedures	D7940	Osteoplasty - for orthognathic deformities	
985	Maxillofacial surgical procedures	D7941	Osteotomy - mandibular rami	
985	Maxillofacial surgical procedures	D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	
985	Maxillofacial surgical procedures	D7944	Osteotomy - segmented or subapical - per sextant or quadrant	
985	Maxillofacial surgical procedures	D7945	Osteotomy - body of mandible	
985	Maxillofacial surgical procedures	D7946	LeFort I (maxilla - total)	
985	Maxillofacial surgical procedures	D7947	LeFort I (maxilla - segmented)	
985	Maxillofacial surgical procedures	D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	
985	Maxillofacial surgical procedures	D7949	LeFort II or LeFort III - with bone graft	
985	Maxillofacial surgical procedures	D7950	Osseous, osteoperiosteal, or cartilage graft of mandible or facial bones - autogenous or nonautogenous, by report	
985	Maxillofacial surgical procedures	D7955	Repair of maxillofacial soft and hard tissue defect	
985	Maxillofacial surgical procedures	D7981	Excision of salivary gland, by report	
985	Maxillofacial surgical procedures	D7982	Sialodochoplasty	
985	Maxillofacial surgical procedures	D7991	Coronoidectomy	
985	Maxillofacial surgical procedures	D7995	Synthetic graft - mandible or facial bones, by report	
985	Maxillofacial surgical procedures	D7996	Implant - mandible for augmentation purposes (excluding alveolar ridge), by report	Not a benefit
985	Maxillofacial surgical procedures	D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	
990	Occlusal analysis, including report and/or models	D9950	Occlusion analysis - mounted case	
992	Occlusal adjustments, limited centric and excursive adjustments	None		
994	Occlusal balancing, altering centric relation, including record and/or models	D9952	Occlusal adjustment - complete	
995	Orthopedic stabilizing appliance, disocclusion splint	D7880	Occlusal orthotic device, by report	
995	Orthopedic stabilizing appliance, disocclusion splint	D9940	Occlusal guard, by report	Not a benefit
996	Post-operative visits, symptomatic care and counseling	D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	

NLC - No local code
5/20/03- Changes Per Dr K
RS - rate setting changes
6/04 CDA /Provider feedback changes

CROSSWALK
Local to CDT-4

DC Code	Description	CDT-4 Codes	Description	Comments
998	Unlisted therapeutic service	D0310	Sialography	
998	Unlisted therapeutic service	D0320	Tempromandibular joint arthrogram, including injection	
998	Unlisted therapeutic service	D5911	Facial moulage (sectional)	
998	Unlisted therapeutic service	D5912	Facial moulage (complete)	
998	Unlisted therapeutic service	D5925	Facial augmentation implant prosthesis	
998	Unlisted therapeutic service	D5954	Palatal augmentation prosthesis	
998	Unlisted therapeutic service	D5959	Palatal lift prosthesis, modification	
998	Unlisted therapeutic service	D5960	Speech aid prosthesis, modification	
998	Unlisted therapeutic service	D5985	Radiation cone locator	
998	Unlisted therapeutic service	D5951	Feeding aid	
999	Unlisted procedures - fees to be determined	D0999	Unspecified diagnostic procedure, by report	
999	Unlisted procedures - fees to be determined	D2980	Crown repair, by report	
999	Unlisted procedures - fees to be determined	D2999	Unspecified restorative procedure, by report	
999	Unlisted procedures - fees to be determined	D3333	Internal root repair of perforation defects	Global
999	Unlisted procedures - fees to be determined	D3999	Unspecified endodontic procedure, by report	
999	Unlisted procedures - fees to be determined	D4999	Unspecified periodontal procedure, by report	
999	Unlisted miscellaneous procedure	D5620	Repair cast framework	
999	Unlisted miscellaneous procedure	D5899	Unspecified removable prosthodontic procedure, by report	
999	Unlisted procedures - fees to be determined	D6100	Implant removal, by report	
999	Unlisted miscellaneous procedure	D6999	Unspecified fixed prosthodontic procedure, by report	
999	Unlisted procedures - fees to be determined	D8691	Repair of orthodontic appliance	
999	Unlisted procedures - fees to be determined	D8692	Replacement of lost or broken retainer	
999	Unlisted procedures - fees to be determined	D8999	Unspecified orthodontic procedure, by report	
999	Unlisted miscellaneous procedure	D9920	Behavior management, by report	Not a benefit as of RS 10/03
999	Unlisted procedures - fees to be determined	D9999	Unspecified adjunctive procedure, by report	

NLC - No local code
5/20/03- Changes Per Dr K
RS - rate setting changes
6/04 CDA /Provider feedback changes

CROSSWALK
Local to CDT-4

DC Code	Description	CDT-4 Codes	Description	Comments
NLC		D0415	Bacteriologic studies for determination of pathologic agents	Not a benefit (CDA & Prov FB) 6/04
NLC		D0425	Caries susceptibility tests	Not a benefit as of RS 10/03
NLC		D0472	Accession of tissue, gross examination, preparation and transmission of written report	Not a benefit
NLC		D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	Not a benefit
NLC		D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	Not a benefit
NLC		D0480	Processing and interpretation of cytologic smears, including the preparation and transmission of written report	Not a benefit
NLC		D1203	Topical application of fluoride (prophylaxis not included) child	New benefit
NLC		D1204	Topical application of fluoride (prophylaxis not included) adult	New benefit
NLC		D1310	Nutritional counseling for control of dental disease	Global
NLC		D1320	Tobacco counseling for the control and prevention of oral disease	Global
NLC		D1330	Oral hygiene instructions	Global
NLC		D2410	Gold foil - one surface	Not a benefit
NLC		D2420	Gold foil - two surfaces	Not a benefit
NLC		D2430	Gold foil - three surfaces	Not a benefit
NLC		D2510	Inlay - metallic - one surface	Not a benefit
NLC		D2520	Inlay - metallic - two surfaces	Not a benefit
NLC		D2530	Inlay - metallic - three surfaces	Not a benefit
NLC		D2542	Onlay - metallic - two surfaces	Not a benefit
NLC		D2543	Onlay - metallic - three surfaces	Not a benefit
NLC		D2544	Onlay - metallic - four or more surfaces	Not a benefit
NLC		D2610	Inlay - porcelain/ceramic - one surface	Not a benefit
NLC		D2620	Inlay - porcelain/ceramic - two surfaces	Not a benefit
NLC		D2630	Inlay - porcelain/ceramic - three or more surfaces	Not a benefit
NLC		D2642	Onlay - porcelain/ceramic - two surfaces	Not a benefit
NLC		D2643	Onlay - porcelain/ceramic - three surfaces	Not a benefit
NLC		D2644	Onlay - porcelain/ceramic - four or more surfaces	Not a benefit
NLC		D2650	Inlay - resin-based composite - one surface	Not a benefit
NLC		D2651	Inlay - resin-based composite - two surfaces	Not a benefit
NLC		D2652	Inlay - resin-based composite - three or more surfaces	Not a benefit
NLC		D2662	Onlay - resin-based composite - two surfaces	Not a benefit
NLC		D2663	Onlay - resin-based composite - three surfaces	Not a benefit
NLC		D2664	Onlay - resin-based composite - four or more surfaces	Not a benefit
NLC		D2799	Provisional crown	Global
NLC		D2950	Core buildup, including any pins	Global
NLC		D2960	Labial veneer (resin laminate) - chairside	Not a benefit
NLC		D2961	Labial veneer (resin laminate) - laboratory	Not a benefit
NLC		D2962	Labial veneer (porcelain laminate) - laboratory	Not a benefit
NLC		D3110	Pulp cap - direct (excluding final restoration)	Not a benefit as of RS 10/03
NLC		D3120	Pulp cap - indirect (excluding final restoration)	Not a benefit as of RS 10/03
NLC		D3331	Treatment of root canal obstruction; non-surgical access	Global
NLC		D3332	Incomplete endodontic therapy; inoperable or fractured tooth	Global
NLC		D3430	Retrograde filling - per root	Not a benefit as of RS 10/03- Global
NLC		D3450	Root amputation - per root	Not a benefit
NLC		D3460	Endodontic endosseous implant	Not a benefit
NLC		D3470	Intentional reimplantation (including necessary splinting)	Not a benefit
NLC		D3910	Surgical procedure for isolation of tooth with rubber dam	Global
NLC		D3920	Hemisection (including any root removal), not including root canal therapy	Not a benefit
NLC		D3950	Canal preparation and fitting of preformed dowel or post	Global

NLC - No local code
5/20/03- Changes Per Dr K
RS - rate setting changes
6/04 CDA /Provider feedback changes

CROSSWALK
Local to CDT-4

DC Code	Description	CDT-4 Codes	Description	Comments
NLC		D4240	bounded teeth spaces per quadrant	Not a benefit as of RS 10/03
NLC		D4241	Gingival flap procedure, including root planing - one to three teeth per quadrant	Not a benefit as of RS 10/03
NLC		D4245	Apically positioned flap	Not a benefit
NLC		D4249	Clinical crown lengthening - hard tissue	Not a benefit as of 5/20/03
NLC		D4263	Bone replacement graft - first site in quadrant	Not a benefit as of 5/20/03
NLC		D4264	Bone replacement graft - each additional site in quadrant	Not a benefit as of 5/20/03
NLC		D4265	Biologic materials to aid in soft and osseous tissue regeneration	Global
NLC		D4266	Guided tissue regeneration - resorbable barrier, per site	Not a benefit as of 5/20/03
NLC		D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	Not a benefit as of 5/20/03
NLC		D4268	Surgical revision procedure, per tooth	Not a benefit
NLC		D4270	Pedicle soft tissue graft procedure	Not a benefit as of 5/20/03
NLC		D4271	Free soft tissue graft procedure (including donor site surgery)	Not a benefit as of 5/20/03
NLC		D4273	Subepithelial connective tissue graft procedures	Not a benefit as of 5/20/03
NLC		D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	Not a benefit
NLC		D4275	Soft tissue allograft	Not a benefit as of 5/20/03
NLC		D4276	Combined connective tissue and double pedicle graft	Not a benefit as of 5/20/03
NLC		D4320	Provisional splinting - intracoronal	Not a benefit
NLC		D4321	Provisional splinting - extracoronal	Not a benefit
NLC		D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	Global
NLC		D4381	Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	Global
NLC		D4910	Periodontal maintenance	Not a benefit as of 5/20/03
NLC		D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	Not a benefit
NLC		D5710	Rebase complete maxillary denture	Not a benefit
NLC		D5711	Rebase complete mandibular denture	Not a benefit
NLC		D5720	Rebase maxillary partial denture	Not a benefit
NLC		D5721	Rebase mandibular partial denture	Not a benefit
NLC		D5810	Interim complete denture (maxillary)	Not a benefit
NLC		D5811	Interim complete denture (mandibular)	Not a benefit
NLC		D5820	Interim partial denture (maxillary)	Not a benefit
NLC		D5821	Interim partial denture (mandibular)	Not a benefit
NLC		D5861	Overdenture - partial, by report	Not a benefit
NLC		D5862	Precision attachment, by report	Global
NLC		D5867	Replacement of replaceable part of semi-precision or precision attachment (male or female component)	Not a benefit
NLC		D5875	Modification of removable prosthesis following implant surgery	Not a benefit
NLC		D6010	Surgical placement of implant body: endosteal implant	Not a benefit
NLC		D6020	Abutment placement of substitution: endosteal implant	Not a benefit
NLC		D6040	Surgical placement: eposteal implant	Not a benefit
NLC		D6050	Surgical placement: transosteal implant	Not a benefit
NLC		D6053	Implant/abutment supported removable denture for completely edentulous arch	Not a benefit
NLC		D6054	Implant/abutment supported removable denture for partially edentulous arch	Not a benefit
NLC		D6055	Dental implant supported connecting bar	Not a benefit
NLC		D6056	Prefabricated abutment	Not a benefit
NLC		D6057	Custom abutment	Not a benefit

NLC - No local code
5/20/03- Changes Per Dr K
RS - rate setting changes
6/04 CDA /Provider feedback changes

CROSSWALK
Local to CDT-4

DC Code	Description	CDT-4 Codes	Description	Comments
NLC		D6058	Abutment supported porcelain/ceramic crown	Not a benefit
NLC		D6059	Abutment supported porcelain fused to metal crown (high noble metal)	Not a benefit
NLC		D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	Not a benefit
NLC		D6061	Abutment supported porcelain fused to metal crown (noble metal)	Not a benefit
NLC		D6062	Abutment supported cast metal crown (high noble metal)	Not a benefit
NLC		D6063	Abutment supported cast metal crown (predominantly base metal)	Not a benefit
NLC		D6064	Abutment supported cast metal crown (noble metal)	Not a benefit
NLC		D6065	Implant supported porcelain/ceramic crown	Not a benefit
NLC		D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	Not a benefit
NLC		D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	Not a benefit
NLC		D6068	Abutment supported retainer for porcelain/ceramic FPD	Not a benefit
NLC		D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	Not a benefit
NLC		D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	Not a benefit
NLC		D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	Not a benefit
NLC		D6072	Abutment supported retainer for cast metal FPD (high noble metal)	Not a benefit
NLC		D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	Not a benefit
NLC		D6074	Abutment supported retainer for cast metal FPD (noble metal)	Not a benefit
NLC		D6075	Implant supported retainer for ceramic FPD	Not a benefit
NLC		D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	Not a benefit
NLC		D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	Not a benefit
NLC		D6078	Implant/abutment supported fixed denture for completely edentulous arch	Not a benefit
NLC		D6079	Implant/abutment supported fixed denture for partially edentulous arch	Not a benefit
NLC		D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	Not a benefit
NLC		D6090	Repair implant supported prosthesis, by report	Not a benefit
NLC		D6095	Repair implant abutment, by report	Not a benefit
NLC		D6199	Unspecified implant procedure, by report	Not a benefit
NLC		D6253	Provisional pontic	Not a benefit
NLC		D6545	Retainer - cast metal for resin bonded fixed prosthesis	Not a benefit
NLC		D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	Not a benefit
NLC		D6600	Inlay - porcelain/ceramic, two surfaces	Not a benefit
NLC		D6601	Inlay - porcelain/ceramic, three or more surfaces	Not a benefit
NLC		D6602	Inlay - cast high noble metal, two surfaces	Not a benefit
NLC		D6603	Inlay - cast high noble metal, three or more surfaces	Not a benefit
NLC		D6604	Inlay - cast predominantly base metal, two surfaces	Not a benefit
NLC		D6605	Inlay - cast predominantly base metal, three or more surfaces	Not a benefit
NLC		D6606	Inlay - cast noble metal, two surfaces	Not a benefit
NLC		D6607	Inlay - cast noble metal, three or more surfaces	Not a benefit
NLC		D6608	Onlay - porcelain/ceramic, two surfaces	Not a benefit
NLC		D6609	Onlay - porcelain/ceramic, three or more surfaces	Not a benefit
NLC		D6610	Onlay - cast high noble metal, two surfaces	Not a benefit
NLC		D6611	Onlay - cast high noble metal, three or more surfaces	Not a benefit
NLC		D6612	Onlay - cast predominantly base metal, two surfaces	Not a benefit
NLC		D6613	Onlay - cast predominantly base metal, three or more surfaces	Not a benefit
NLC		D6614	Onlay - cast noble metal, two surfaces	Not a benefit
NLC		D6615	Onlay - cast noble metal, three or more surfaces	Not a benefit

NLC - No local code
5/20/03- Changes Per Dr K
RS - rate setting changes
6/04 CDA /Provider feedback changes

CROSSWALK
Local to CDT-4

DC Code	Description	CDT-4 Codes	Description	Comments
NLC		D6793	Provisional retainer crown	Not a benefit
NLC		D6920	Connector bar	Not a benefit
NLC		D6940	Stress breaker	Not a benefit
NLC		D6950	Precision attachment	Not a benefit
NLC		D6973	Core build up for retainer, including any pins	Global
NLC		D6975	Coping - metal	Not a benefit
NLC		D6985	Pediatric partial denture, fixed	Not a benefit
NLC		D7282	Mobilization of erupted or malpositioned tooth to aid eruption	Not a benefit
NLC		D7287	Cytology sample collection	Not a benefit
NLC		D8010	Limited orthodontic treatment of the primary dentition	Not a benefit
NLC		D8020	Limited orthodontic treatment of the transitional dentition	Not a benefit
NLC		D8030	Limited orthodontic treatment of the adolescent dentition	Not a benefit
NLC		D8040	Limited orthodontic treatment of the adult dentition	Not a benefit
NLC		D8050	Interceptive orthodontic treatment of the primary dentition	Not a benefit
NLC		D8060	Interceptive orthodontic treatment of the transitional dentition	Not a benefit
NLC		D8070	Comprehensive orthodontic treatment of the transitional dentition	Not a benefit
NLC		D8090	Comprehensive orthodontic treatment of the adult dentition	Not a benefit
NLC		D8660	Pre-orthodontic treatment visit	Not a benefit
NLC		D8690	Orthodontic treatment (alternative billing to a contract fee)	Not a benefit
NLC		D9211	Regional block anesthesia	Global
NLC		D9212	Trigeminal division block anesthesia	Global
NLC		D9215	Local anesthesia	Global
NLC		D9450	Case presentation, detailed and extensive treatment planning	Not a benefit
NLC		D9630	Other drugs and/or medicaments, by report	Not a benefit
NLC		D9941	Fabrication of athletic mouthguard	Not a benefit
NLC		D9970	Enamel microabrasion	Not a benefit
NLC		D9971	Odontoplasty 1-2 teeth; includes removal of enamel projections	Not a benefit
NLC		D9972	External bleaching - per arch	Not a benefit
NLC		D9973	External bleaching - per tooth	Not a benefit
NLC		D9974	Internal bleaching - per tooth	Not a benefit