Denti-Cal
California Medi-Cal Dental

Bulletin

November 2017
Volume 33, Number 13

This Issue:

Training Seminars

Reserve an available spot for one of our open training seminars.

Ventura
Basic & EDI/D684 - November 2, 2017

Advanced/D685 - November 3, 2017

Webinar
Basic & EDI/D686 - November 7, 2017

San Diego
Workshop/D687 - November 16, 2017

Webinar
Basic & EDI/D688 - November 28, 2017

Advanced/D689 - November 30, 2017

Provider Enrollment Assistance Line

Speak with an Enrollment Specialist. Go here for more information!

Wednesday, November 15, 2017

Full Restoration of Adult Dental Services in 2018

On January 1, 2018, pending approval from the Centers for Medicare and Medicaid Services (CMS), the Department of Health Care Services (DHCS) will be required to fully restore Medi-Cal optional dental benefits for adult beneficiaries pursuant to Senate Bill 97 (Committee on Budget and Fiscal Review, Chapter 52, Statutes of 2017), which amended Welfare and Institutions Code Section 14131.10.

There are no changes to the current scope of benefits for the following adult beneficiaries:

- Pregnancy-related services

- Emergency services

- Services provided to residents of an Intermediate Care Facility/Skilled Nursing Facility

- Services provided to Consumers of the Department of Developmental Services (DDS)

- Services provided to Genetically Handicapped Person's Program (GHPP)

Since this is __pending CMS approval__, the Denti-Cal Telephone Service Center will not be able to answer any additional questions until CMS has approved these benefit changes.

Please check the DHCS website (http://www.dhcs.ca.gov/services/Pages/MediCalDental.aspx) and Denti-Cal website (www.denti-cal.ca.gov) for future updates and clarifications.

Claim and Reimbursement Procedures for DTI Domain 2

In order to participate in Domain 2, providers must submit the following documentation to the Dental Fiscal Intermediary (FI):

- Certificate of completion of the [Treating Young Kids Everyday (TYKE) training](#)
- Complete the Domain 2 [Provider Opt-In Attestation form](#)
- Report the results of the CRA on the claim

Billing Instructions

Procedures for Domain 2 are limited to Medi-Cal children age six (6) and under.

The Caries Risk Assessment (CRA) procedure bundle consists of three Current Dental Terminology (CDT) codes, one from each category below, which must be performed on the same date of service and submitted on the same claim.

1. Caries Risk Assessment ($15.00)

- D0601 – Low Risk
- D0602 – Moderate Risk
- D0603 – High Risk

2. Nutritional Counseling ($46.00)

- D1310

3. Motivational Interview ($65.00)

- D9993

Increased frequencies are permitted for children evaluated and determined to be at a particular caries risk level at increased frequencies, as follows:

"Low Risk" – authorized to visit their provider every six (6) months.

"Moderate Risk" – authorized to visit their provider every four (4) months.

"High Risk" – authorized to visit their provider every three (3) months.

Dental providers will receive incentive payment for completion of a CRA procedure bundle as well as payment for each of the following services: application of topical fluoride (D1206 or D1208), prophylaxis (D1120), and periodic oral evaluations (D0120, D0145, or D0150) at their respective increased frequency limitations.

NEED MORE INFORMATION?

Provider Enrollment Workshops
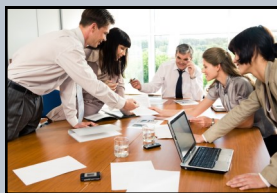
Are you a dental provider who is interested in joining the Denti-Cal program but don't know where to start? Do you have questions about the Denti-Cal enrollment process? Then please drop-in anytime during the hours scheduled below to attend one of our enrollment workshops! Registration is preferred, but not required.

Date/Time:	Location:	County:
Thursday, November 9, 2017 8:00 AM - 4:00 PM **Register Now!**	Embassy Suites by Hilton Los Angeles Glendale 800 North Central Ave Glendale, CA 91203	Los Angeles

Additionally, dental providers may apply and submit claims for interim caries arresting medication (D1354) for children (high risk only).

Incentive frequencies, above the Manual of Criteria (MOC), will only take effect after a CRA procedure bundle has been logged in the Dental FI's beneficiary history.

Children are authorized to receive multiple CRA procedure bundles over the course of the pilot program. A CRA procedure bundle must be performed regularly, per the risk level, in order to remain eligible for incentive payments.

<u>**Claims Process**</u>

In order to participate in the program, providers must be able to submit claims data with specific CDT code information.

> **Dental Managed Care (DMC):** Submit claims to your plans, using the claim form authorized by your plan.

> **Fee-For-Service (FFS)**: Submit claims utilizing the standard claim form.

> **Safety Net Clinic (SNC)**: SNCs will submit MOC frequencies through the Prospective Payment System (PPS) to the Medi-Cal FI.

> SNCs will submit the claim form found on the Denti-Cal website, to the Dental FI for the initial and subsequent CRA procedure bundles, as well as the following services: D1354, D1206 or D1208, D1120, D0120, D0145, or D0150, per the CRA risk levels.

Frequencies will be paid through the PPS and Dental FI as follows:

- Low Risk: PPS (MOC) , PPS (MOC)
- Moderate Risk: PPS (MOC) , Dental FI (Incentive), PPS (MOC)
- High Risk: PPS (MOC), Dental FI (Incentive), PPS (MOC), Dental FI (Incentive)

For all provider types, if a claim is not approved the claim will still be eligible for an incentive payment as long as the issues are corrected, and the claim is resubmitted.

Example claims, with additional clarifications, for all providers will be available on the Domain 2 webpage under Provider Resources. Questions can be directed to DTI@DHCS.ca.gov.

<u>**Additional Information**</u>

Dental practitioners enrolled as Medi-Cal Dental Fee-For-Service, Dental Managed Care, and Safety Net Clinic (SNC) providers in select pilot counties are eligible to participate in Domain 2.

The pilot counties are:

- Glenn
- Humboldt
- Inyo
- Kings
- Lassen
- Mendocino
- Plumas
- Sacramento
- Sierra
- Tulare
- Yuba

Denti-Cal Website Redesign Coming Soon!

The Denti-Cal website is being redesigned! The Department of Health Care Services (DHCS) will be updating the look and feel of the www.denti-cal.ca.gov website for enhanced usability. Initial release of the updated website is planned for November 18, 2017. While design of the website will change, Denti-Cal content and information will remain the same.

Further Denti-Cal website modifications will be made after the initial release and will be announced via Denti-Cal Bulletins. Please check the Denti-Cal website (www.denti-cal.ca.gov) for future updates.

Denti-Cal Service Transition

The Department of Health Care Services (DHCS) selected Delta Dental of California as the Administrative Services Organization (ASO) and DXC Technology to be the Fiscal Intermediary (FI) of the Denti-Cal program. The ASO will provide dental administrative services and the FI will manage the claims processing system.

DHCS, Delta Dental of California, and DXC Technology have been working together to ensure a seamless contract transition in January of 2018. Providers and beneficiaries enrolled in the Denti-Cal program **will not** experience disruption to regular service during the transition period. During and after the transition period, Denti-Cal information will remain the same, including:

- PO Boxes
- Telephone numbers
- Denti-Cal website address
- EDI support
- Medi-Cal Dental Forms
- Timing of your payments

There will be minimal changes, which you will receive additional information about in the near future. No action is required on your part at this time.

Providers and beneficiaries should expect communication via bulletins, mailings, and Denti-Cal website updates as more information is available. Electronic Data Interchange (EDI) trading partners will be contacted by e-mail.

Although no further information is available at this time, a bulletin will be posted on the Denti-Cal website once the Denti-Cal Telephone Service Center is able to answer additional questions. Please check the Denti-Cal website (www.denti-cal.ca.gov) frequently for future updates and clarifications.

Denti-Cal Service Transition FAQs

Fee for Service Providers and Dental Transformation Initiative (DTI) Safety Net Clinics

Q: What does the ASO do?

A: The Administrative Services Organization's (ASO) role is to provide administrative services for the Denti-Cal Program. Administrative services include adjudication of claims, Treatment Authorization Requests (TARs), and related documents. The ASO also handles incoming telephone calls and correspondence from providers and beneficiaries. Delta Dental is the ASO.

Q: What does the FI do?

A: The Fiscal Intermediary (FI) is responsible for operating the existing claims processing system, CD-MMIS, including payments to providers. The FI also handles incoming and outgoing mail. DXC Technology is the FI.

Q: Who handles the following, and who do I contact if there is disruption to my service?

- Eligibility: Department of Health Care Services (DHCS)
    - Provider may call the Automated Eligibility Verification System for assistance at 1-800-456-2387
- Claims Processing: Delta Dental, ASO
    - Questions? Call the Telephone Service Center (TSC) at 1-800-423-0507

- Treatment Authorization Requests (TARs): Delta Dental, ASO
    - Questions? Call the Telephone Service Center (TSC) at 1-800-423-0507

- Claim Inquiry Form (CIF): Delta Dental, ASO
    - Questions? Call the Telephone Service Center (TSC) at 1-800-423-0507

- Provider Enrollment: Delta Dental, ASO
    - Questions? Call the Telephone Service Center (TSC) at 1-800-423-0507

- Payments: Delta Dental, ASO
    - Questions? Call the Telephone Service Center (TSC) at 1-800-423-0507

- EDI Support: Delta Dental, ASO
    - Questions? Call 916-853-7373 and ask for EDI Support, or send an e-mail to Denti-CalEDI@delta.org

Q: Is there information available online?

A: Current website resources are still available online.

Q: If I mail my claims, where do I send them?

A: Send claims to:

Denti-Cal

California Medi-Cal Dental Program

PO Box 15609

Sacramento CA 95852-0609

Q: Who will I receive payment from?

A: You will receive your payments from Bank of America starting no sooner than the second week of February 2018.

Q: Will there be any changes in the payment process?

A: There will be no changes to the payment process except checks will come from Bank of America, instead of Union Bank. Direct Deposit will also come from Bank of America.

Q: Is there anything I need to do?

A: Most providers do not need to take any action. Direct EDI submitters (submitters who do not use a clearinghouse) will be sent information regarding testing of EDI submissions in the near future.

Q: Who do I call if my payments are late?

A: As the FI, DXC Technology will be issuing payments; however, all questions should continue to be directed to the Denti-Cal Telephone Service Center at 1-800-423-0507.

Q: Who will be handling Explanations of Benefits (EOBs)?

A: As the FI, DXC Technology will be printing and mailing EOBs; however, all questions should continue to be directed to the Denti-Cal Telephone Service Center at 1-800-423-0507.

Proposition 56: Tobacco Tax Funds Supplemental Payments

PENDING APPROVAL FROM CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

The California Healthcare, Research, and Prevention Tobacco Tax Act of 2016, or Proposition 56, was approved by voters at the November 8, 2016, statewide general election. Proposition 56 increased taxes imposed on cigarettes and tobacco products and allocates a specified percentage of those revenues to the Department of Health Care Services (DHCS) to increase funding for existing health care programs under the Medi-Cal program.

Assembly Bill 120 (Statutes of 2017, Chapter 22, §3, Item 4260-101-3305) amends the Budget Act of 2017 to appropriate Proposition 56 funds for specified DHCS health care expenditures during the 2017-18 state fiscal year. Proposition 56 funds will be utilized for supplemental payments for dental services under the Medi-Cal program for providers who bill under the Dental Fiscal Intermediary or Dental Managed Care plans. In accordance with Assembly Bill 120, DHCS will provide supplemental payments in addition to the current dental Schedule of Maximum Allowances (SMA) for specific procedures, identified in the attachment below, targeted to increase provider participation. The Supplemental payment will be at a rate equal to 40 percent of the SMA for the specified codes for the dates of service during the period of July 1, 2017 through June 30, 2018. Upon CMS approval, the supplemental payment will become effective retroactive to July 1, 2017. DHCS is not changing the SMA for these procedures, but rather providing a supplemental payment in addition to the existing SMA. Since this is pending approval from CMS, the Denti-Cal Telephone Service Center will not be able to answer any additional questions until CMS has approved these benefit changes.

Please check the DHCS website (http://www.dhcs.ca.gov/services/Pages/MediCalDental.aspx) and Denti-Cal website (www.denti-cal.ca.gov) frequently for future updates and clarifications.

Attachment I

Department of Health Care Services

Medi-Cal Dental Services Division
Current Dental Terminology (CDT) Codes for Proposition 56 Supplemental Payments

Category	CDT Procedure Code	Procedure Description
Visits and Diagnostics	D0120	Periodic oral evaluation - established patient
Visits and Diagnostics	D0145	Oral evaluation for patient under three years of age and counseling with primary caregiver
Visits and Diagnostics	D0150	Comprehensive oral evaluation - new or established patient
Restorative	D2140	Amalgam – one surface, primary or permanent

Category	CDT Procedure Code	Procedure Description
Restorative	D2150	Amalgam – two surfaces, primary or permanent
Restorative	D2160	Amalgam – three surfaces, primary or permanent
Restorative	D2161	Amalgam – four or more surfaces, primary or permanent
Restorative	D2330	Resin-based composite – one surface, anterior
Restorative	D2331	Resin-based composite – two surfaces, anterior
Restorative	D2332	Resin-based composite – three surfaces, anterior
Restorative	D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)
Restorative	D2390	Resin-based composite crown, anterior
Restorative	D2391	Resin-based composite – one surface, posterior
Restorative	D2392	Resin-based composite – two surfaces, posterior
Restorative	D2393	Resin-based composite – three surfaces, posterior

Category	CDT Procedure Code	Procedure Description
Restorative	D2394	Resin-based composite – four or more surfaces, posterior
Restorative	D2710	Crown – resin - based composite (indirect)
Restorative	D2712	Crown - 3/4 resin-based composite (indirect)
Restorative	D2721	Crown – resin with predominantly base metal
Restorative	D2740	Crown – porcelain/ceramic substrate
Restorative	D2751	Crown – porcelain fused to predominantly base metal
Restorative	D2781	Crown – 3/4 cast predominantly base metal
Restorative	D2783	Crown – 3/4 porcelain/ceramic
Restorative	D2791	Crown – full cast predominantly base metal
Restorative	D2910	Recement inlay, onlay, or partial coverage restoration
Restorative	D2920	Recement crown
Restorative	D2929	Prefabricated porcelain/ceramic crown - primary tooth

Category	CDT Procedure Code	Procedure Description
Restorative	D2930	Prefabricated stainless steel crown – primary tooth
Restorative	D2931	Prefabricated stainless steel crown – permanent tooth
Restorative	D2932	Prefabricated resin crown
Restorative	D2933	Prefabricated stainless steel crown with resin window
Restorative	D2940	Protective restoration
Restorative	D2951	Pin retention – per tooth, in addition to restoration
Restorative	D2952	Post and core in addition to crown, indirectly fabricated
Restorative	D2954	Prefabricated post and core in addition to crown
Restorative	D2970	Temporary crown (fractured tooth)
Restorative	D2980	Crown repair, necessitated by restorative material failure
Restorative	D2999	Unspecified restorative procedure, by report
Endodontic	D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction application of medicament
Endodontic	D3221	Pulpal debridement, primary and permanent teeth
Endodontic	D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development
Endodontic	D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)

Category	CDT Procedure Code	Procedure Description
Endodontic	D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)
Endodontic	D3310	Endodontic therapy, anterior tooth (excluding final restoration)
Endodontic	D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)
Endodontic	D3330	Endodontic therapy, molar tooth (excluding final restoration)
Endodontic	D3346	Retreatment of previous root canal therapy – anterior
Endodontic	D3347	Retreatment of previous root canal therapy – bicuspid
Endodontic	D3348	Retreatment of previous root canal therapy – molar
Endodontic	D3351	Apexification/Recalcification/ Pulpal regeneration - initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection)
Endodontic	D3352	Apexification/Recalcification/ Pulpal regeneration - interim medication replacement
Endodontic	D3410	Apicoectomy/Periradicular surgery – anterior
Endodontic	D3421	Apicoectomy/Periradicular surgery – bicuspid (first root)
Endodontic	D3425	Apicoectomy/Periradicular surgery – molar (first root)
Endodontic	D3426	Apicoectomy/Periradicular surgery – (each additional root)
Endodontic	D3999	Unspecified endodontic procedure, by report

Category	CDT Procedure Code	Procedure Description
Prosthetic	D5110	Complete denture – maxillary
Prosthetic	D5120	Complete denture – mandibular
Prosthetic	D5130	Immediate denture – maxillary
Prosthetic	D5140	Immediate denture – mandibular
Prosthetic	D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)
Prosthetic	D5212	Mandibular partial denture – resin base (including any conventional clasps, rest and teeth)
Prosthetic	D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rest and teeth)
Prosthetic	D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rest and teeth)
Prosthetic	D5410	Adjust complete denture – maxillary
Prosthetic	D5411	Adjust complete denture – mandibular
Prosthetic	D5421	Adjust partial denture – maxillary
Prosthetic	D5422	Adjust partial denture – mandibular
Prosthetic	D5510	Repair broken complete denture base
Prosthetic	D5520	Replace missing or broken teeth – complete denture (each tooth)
Prosthetic	D5610	Repair resin denture base
Prosthetic	D5620	Repair cast framework
Prosthetic	D5630	Repair or replace broken clasp
Prosthetic	D5640	Replace broken teeth – per tooth

Category	CDT Procedure Code	Procedure Description
Prosthetic	D5650	Add tooth to existing partial denture
Prosthetic	D5660	Add clasp to existing partial denture
Prosthetic	D5730	Reline complete maxillary denture (chairside)
Prosthetic	D5731	Reline complete mandibular denture (chairside)
Prosthetic	D5740	Reline maxillary partial denture (chairside)
Prosthetic	D5741	Reline mandibular partial denture (chairside)
Prosthetic	D5750	Reline complete maxillary denture (laboratory)
Prosthetic	D5751	Reline complete mandibular denture (laboratory)
Prosthetic	D5760	Reline maxillary partial denture (laboratory)
Prosthetic	D5761	Reline mandibular partial denture (laboratory)
Prosthetic	D5850	Tissue conditioning, maxillary
Prosthetic	D5851	Tissue conditioning, mandibular
Prosthetic	D5860	Overdenture – complete, by report
Prosthetic	D5911	Facial moulage (sectional)
Prosthetic	D5912	Facial moulage (complete)
Prosthetic	D5913	Nasal prosthesis
Prosthetic	D5914	Auricular prosthesis
Prosthetic	D5915	Orbital prosthesis
Prosthetic	D5916	Ocular prosthesis
Prosthetic	D5919	Facial prosthesis

Category	CDT Procedure Code	Procedure Description
Prosthetic	D5922	Nasal septal prosthesis
Prosthetic	D5923	Ocular prosthesis, interim
Prosthetic	D5924	Cranial prosthesis
Prosthetic	D5925	Facial augmentation implant prosthesis
Prosthetic	D5926	Nasal prosthesis, replacement
Prosthetic	D5927	Auricular prosthesis, replacement
Prosthetic	D5928	Orbital prosthesis, replacement
Prosthetic	D5929	Facial prosthesis, replacement
Prosthetic	D5931	Obturator prosthesis, surgical
Prosthetic	D5932	Obturator prosthesis, definitive
Prosthetic	D5933	Obturator prosthesis, modification
Prosthetic	D5934	Mandibular resection prosthesis with guide flange
Prosthetic	D5935	Mandibular resection prosthesis without guide flange
Prosthetic	D5936	Obturator prosthesis, interim
Prosthetic	D5937	Trismus appliance (not for TMD treatment)
Prosthetic	D5951	Feeding aid
Prosthetic	D5952	Speech aid prosthesis, pediatric
Prosthetic	D5953	Speech aid prosthesis, adult
Prosthetic	D5954	Palatal augmentation prosthesis
Prosthetic	D5955	Palatal lift prosthesis, definitive
Prosthetic	D5958	Palatal lift prosthesis, interim
Prosthetic	D5959	Palatal lift prosthesis, modification

Category	CDT Procedure Code	Procedure Description
Prosthetic	D5960	Speech aid prosthesis, modification
Prosthetic	D5982	Surgical stent
Prosthetic	D5983	Radiation carrier
Prosthetic	D5984	Radiation shield
Prosthetic	D5985	Radiation cone locator
Prosthetic	D5986	Fluoride gel carrier
Prosthetic	D5987	Commissure splint
Prosthetic	D5988	Surgical splint
Prosthetic	D5991	Topical Medicament Carrier
Prosthetic	D6092	Recement implant/abutment supported crown
Prosthetic	D6093	Recement implant/abutment supported fixed partial denture
Prosthetic	D6100	Implant removal, by report
Prosthetic	D6194	Abutment supported retainer crown for FPD (titanium)
Prosthetic	D6199	Unspecified implant procedure, by report
Prosthetic	D6211	Pontic – cast predominantly base metal
Prosthetic	D6241	Pontic – porcelain fused to predominantly base metal
Prosthetic	D6245	Pontic –porcelain/ceramic
Prosthetic	D6251	Pontic – resin with predominantly base metal
Prosthetic	D6721	Crown - resin with predominantly base metal
Prosthetic	D6740	Crown - porcelain/ceramic
Prosthetic	D6751	Crown - porcelain fused to predominantly base metal

Category	CDT Procedure Code	Procedure Description
Prosthetic	D6781	Crown - 3/4 cast predominantly base metal
Prosthetic	D6783	Crown - 3/4 porcelain/ceramic
Prosthetic	D6791	Crown - full cast predominantly base metal
Prosthetic	D6930	Recement fixed partial denture
Prosthetic	D6980	Fixed partial denture repair, necessitated by restorative material
Oral and Maxillofacial Surgery	D7111	Extraction, coronal remnants – deciduous tooth
Oral and Maxillofacial Surgery	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
Oral and Maxillofacial Surgery	D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
Oral and Maxillofacial Surgery	D7220	Removal of impacted tooth – soft tissue
Oral and Maxillofacial Surgery	D7230	Removal of impacted tooth – partially bony
Oral and Maxillofacial Surgery	D7240	Removal of impacted tooth – completely bony
Oral and Maxillofacial Surgery	D7241	Removal of impacted tooth – completely bony, with unusual surgical complications
Oral and Maxillofacial Surgery	D7250	Surgical removal of residual tooth roots (cutting procedure)
Oral and Maxillofacial Surgery	D7260	Oroantral fistula closure

Category	CDT Procedure Code	Procedure Description
Oral and Maxillofacial Surgery	D7261	Primary closure of a sinus perforation
Oral and Maxillofacial Surgery	D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
Oral and Maxillofacial Surgery	D7280	Surgical access of an unerupted tooth
Oral and Maxillofacial Surgery	D7283	Placement of device to facilitate eruption of impacted tooth
Oral and Maxillofacial Surgery	D7285	Biopsy of oral tissue – hard (bone, tooth)
Oral and Maxillofacial Surgery	D7286	Biopsy of oral tissue – soft
Oral and Maxillofacial Surgery	D7290	Surgical repositioning of teeth
Oral and Maxillofacial Surgery	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report
Oral and Maxillofacial Surgery	D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant
Oral and Maxillofacial Surgery	D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant
Oral and Maxillofacial Surgery	D7340	Vestibuloplasty – ridge extension (secondary epithelialization)
Oral and Maxillofacial Surgery	D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)
Oral and Maxillofacial Surgery	D7410	Excision of benign lesion up to 1.25 cm
Oral and Maxillofacial Surgery	D7411	Excision of benign lesion greater than 1.25 cm
Oral and Maxillofacial Surgery	D7412	Excision of benign lesion, complicated
Oral and Maxillofacial Surgery	D7413	Excision of malignant lesion up to 1.25 cm

Category	CDT Procedure Code	Procedure Description
Oral and Maxillofacial Surgery	D7414	Excision of malignant lesion greater than 1.25 cm
Oral and Maxillofacial Surgery	D7415	Excision of malignant lesion, complicated
Oral and Maxillofacial Surgery	D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm
Oral and Maxillofacial Surgery	D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm
Oral and Maxillofacial Surgery	D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm
Oral and Maxillofacial Surgery	D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm
Oral and Maxillofacial Surgery	D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25cm
Oral and Maxillofacial Surgery	D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm
Oral and Maxillofacial Surgery	D7465	Destruction of lesion(s) by physical or chemical method, by report
Oral and Maxillofacial Surgery	D7471	Removal of lateral exostosis (maxilla or mandible)
Oral and Maxillofacial Surgery	D7472	Removal of torus palatinus
Oral and Maxillofacial Surgery	D7473	Removal of torus mandibularis
Oral and Maxillofacial Surgery	D7485	Surgical reduction of osseous tuberosity
Oral and Maxillofacial Surgery	D7490	Radical resection of maxilla or mandible

Category	CDT Procedure Code	Procedure Description
Oral and Maxillofacial Surgery	D7510	Incision and drainage of abscess – intraoral soft tissue
Oral and Maxillofacial Surgery	D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)
Oral and Maxillofacial Surgery	D7520	Incision and drainage of abscess – extraoral soft tissue
Oral and Maxillofacial Surgery	D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)
Oral and Maxillofacial Surgery	D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue
Oral and Maxillofacial Surgery	D7540	Removal of reaction producing foreign bodies, musculoskeletal system
Oral and Maxillofacial Surgery	D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone
Oral and Maxillofacial Surgery	D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body
Oral and Maxillofacial Surgery	D7610	Maxilla – open reduction (teeth immobilized, if present)
Oral and Maxillofacial Surgery	D7620	Maxilla – closed reduction (teeth immobilized, if present)
Oral and Maxillofacial Surgery	D7630	Mandible – open reduction (teeth immobilized, if present)
Oral and Maxillofacial Surgery	D7640	Mandible – closed reduction (teeth immobilized, if present)
Oral and Maxillofacial Surgery	D7650	Malar and/or zygomatic arch – open reduction
Oral and Maxillofacial Surgery	D7660	Malar and/or zygomatic arch – closed reduction

Category	CDT Procedure Code	Procedure Description
Oral and Maxillofacial Surgery	D7670	Alveolus – closed reduction, may include stabilization of teeth
Oral and Maxillofacial Surgery	D7671	Alveolus – open reduction, may include stabilization of teeth
Oral and Maxillofacial Surgery	D7710	Maxilla – open reduction
Oral and Maxillofacial Surgery	D7720	Maxilla – closed reduction
Oral and Maxillofacial Surgery	D7730	Mandible – open reduction
Oral and Maxillofacial Surgery	D7740	Mandible – closed reduction
Oral and Maxillofacial Surgery	D7750	Malar and/or zygomatic arch – open reduction
Oral and Maxillofacial Surgery	D7760	Malar and/or zygomatic arch – closed reduction
Oral and Maxillofacial Surgery	D7770	Alveolus – open reduction stabilization of teeth
Oral and Maxillofacial Surgery	D7771	Alveolus, closed reduction stabilization of teeth
Oral and Maxillofacial Surgery	D7810	Open reduction of dislocation
Oral and Maxillofacial Surgery	D7820	Closed reduction of dislocation
Oral and Maxillofacial Surgery	D7830	Manipulation under anesthesia
Oral and Maxillofacial Surgery	D7840	Condylectomy
Oral and Maxillofacial Surgery	D7850	Surgical discectomy, with/without implant
Oral and Maxillofacial Surgery	D7852	Disc repair
Oral and Maxillofacial Surgery	D7854	Synovectomy
Oral and Maxillofacial Surgery	D7856	Myotomy
Oral and Maxillofacial Surgery	D7858	Joint reconstruction
Oral and Maxillofacial Surgery	D7860	Arthrostomy
Oral and Maxillofacial Surgery	D7865	Arthroplasty

Category	CDT Procedure Code	Procedure Description
Oral and Maxillofacial Surgery	D7870	Arthrocentesis
Oral and Maxillofacial Surgery	D7872	Arthroscopy – diagnosis, with or without biopsy
Oral and Maxillofacial Surgery	D7873	Arthroscopy – surgical: lavage and lysis of adhesions
Oral and Maxillofacial Surgery	D7874	Arthroscopy – surgical: disc repositioning and stabilization
Oral and Maxillofacial Surgery	D7875	Arthroscopy – surgical: synovectomy
Oral and Maxillofacial Surgery	D7876	Arthroscopy – surgical: discectomy
Oral and Maxillofacial Surgery	D7877	Arthroscopy – surgical: debridement
Oral and Maxillofacial Surgery	D7880	Occlusal orthotic device, by report
Oral and Maxillofacial Surgery	D7910	Suture of recent small wounds up to 5 cm
Oral and Maxillofacial Surgery	D7911	Complicated suture – up to 5 cm
Oral and Maxillofacial Surgery	D7912	Complicated suture – greater than 5 cm
Oral and Maxillofacial Surgery	D7920	Skin graft (identify defect covered, location and type of graft)
Oral and Maxillofacial Surgery	D7940	Osteoplasty – for orthognathic deformities
Oral and Maxillofacial Surgery	D7941	Osteotomy – mandibular rami
Oral and Maxillofacial Surgery	D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft
Oral and Maxillofacial Surgery	D7944	Osteotomy – segmented or subapical
Oral and Maxillofacial Surgery	D7945	Osteotomy – body of mandible
Oral and Maxillofacial Surgery	D7946	LeFort I (maxilla – total)
Oral and Maxillofacial Surgery	D7947	LeFort I (maxilla – segmented)
Oral and Maxillofacial Surgery	D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft
Oral and Maxillofacial Surgery	D7949	LeFort II or LeFort III – with bone graft

Category	CDT Procedure Code	Procedure Description
Oral and Maxillofacial Surgery	D7950	Osseous, osteoperiosteal, or cartilage graft of mandible or facial bones – autogenous or nonautogenous, by report
Oral and Maxillofacial Surgery	D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach
Oral and Maxillofacial Surgery	D7952	Sinus augmentation with bone or bone substitute via a vertical approach
Oral and Maxillofacial Surgery	D7960	Frenulectomy also known as frenectomy or frenotomy – separate procedure not incidental to another procedure
Oral and Maxillofacial Surgery	D7963	Frenuloplasty
Oral and Maxillofacial Surgery	D7970	Excision of hyperplastic tissue – per arch
Oral and Maxillofacial Surgery	D7971	Excision of pericoronal gingiva
Oral and Maxillofacial Surgery	D7972	Surgical reduction of fibrous tuberosity
Oral and Maxillofacial Surgery	D7980	Sialolithotomy
Oral and Maxillofacial Surgery	D7981	Excision of salivary gland, by report
Oral and Maxillofacial Surgery	D7982	Sialodochoplasty
Oral and Maxillofacial Surgery	D7983	Closure of salivary fistula
Oral and Maxillofacial Surgery	D7990	Emergency tracheotomy
Oral and Maxillofacial Surgery	D7991	Coronoidectomy
Oral and Maxillofacial Surgery	D7995	Synthetic graft – mandible or facial bones, by report
Oral and Maxillofacial Surgery	D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar
Adjunctive Services	D9110	Palliative (emergency) treatment of dental pain – minor procedure
Adjunctive Services	D9120	Fixed partial denture sectioning
Adjunctive Services	D9210	Local anesthesia not in conjunction with operative or surgical procedures
Adjunctive Services	D9220	Deep sedation/general anesthesia – first 30 minutes
Adjunctive Services	D9221	Deep sedation/general anesthesia – each additional 15 minutes
Adjunctive Services	D9230	Inhalation of nitrous oxide/anxiolysis analgesia

Category	CDT Procedure Code	Procedure Description
Adjunctive Services	D9241	Intravenous conscious sedation/analgesia – first 30 minutes
Adjunctive Services	D9242	Intravenous conscious sedation/analgesia – each additional 15 minutes
Adjunctive Services	D9248	Non-intravenous conscious sedation
Adjunctive Services	D9410	House/Extended care facility call
Adjunctive Services	D9420	Hospital or ambulatory surgical center call
Adjunctive Services	D9430	Office visit for observation (during regularly scheduled hours) - no other services performed
Adjunctive Services	D9440	Office visit – after regularly scheduled hours
Adjunctive Services	D9610	Therapeutic parenteral drug, single administration
Adjunctive Services	D9910	Application of desensitizing medicament
Adjunctive Services	D9930	Treatment of complications (post-surgical) – unusual circumstances, by report
Adjunctive Services	D9950	Occlusion analysis – mounted case
Adjunctive Services	D9951	Occlusal adjustment – limited
Adjunctive Services	D9952	Occlusal adjustment – complete