

## COMMON DENTAL PROCEDURE CODES USED IN DIRECT CARE PROGRAMS

The Dental Data Reporting System of the IHS accepts all procedure codes listed in the Current Dental Terminology (CDT) published by the American Dental Association as well as unique codes (in **boldface**) created by the IHS.

Use of exam codes: The 0114 Screening Exam is used when no dental chart is made (e.g., large groups of school children). The D0140 Problem-focused Examination is limited to diagnosing a specific, urgent problem (dental emergency). It can be reported each time an individual presents with a problem, but not with other exam codes at the same appointment. The D0150 Comprehensive Exam includes the completion of a new oral health record, rather than updating an existing chart, which is when the D0120 Periodic Exam should be reported. The D0160 Extensive Problem-focused Exam may be used after a D0120 or D0150 has been recently reported, when patients require a detailed treatment plan for a specific problem (e.g., a case work-up for periodontics, prosthodontics, orthodontics or oral surgery). The D0160 evaluation may be documented on special forms in lieu of the oral health record used routinely for the D0120 and D0150 codes. The D0180 is used for comprehensive periodontal examinations of patients with signs or symptoms of periodontal disease or risk factors (e.g. diabetes, smoking).

### PERSONS SERVED (ENCOUNTER CODES)

0000 First Visit (of fiscal year by the patient)  
 0190 Dental Revisit (For Any Reason)  
 0003 BBTD/ECC Dental Patient  
 0004 Head Start Program Dental Patient  
 0007 **High-risk Periodontal Patient**  
 9320 Diabetic Screening Procedures  
 9321 Diabetic Referral Or Follow-up  
 9330 Hypertension Screening  
 9331 Hypertension Referral Or Follow-up  
 9340 Dental Visit, Pre-Natal Mother  
 9341 Dental Visit, Nursing Mother  
 9990 Planned Treatment Completed  
 9991 Patient Refuses Recommended Treatment

### DIAGNOSTIC SERVICES

D0120 Periodic Oral Evaluation (update existing chart)  
 D0140 Limited Evaluation-Problem Focused (Emerg. Exam)  
 D0145 Oral Evaluation for Patient under 3 years of age  
 D0150 Comprehensive Oral Evaluation (new chart made)  
 D0160 Extensive Oral Evaluation-Problem Focused  
 D0180 Comprehensive Periodontal Evaluation  
 D0210 Intraoral Complete Series  
 D0220 Intraoral Periapical, Single Film  
 D0230 Intraoral Periapical, Additional Film  
 D0240 Intraoral Film  
 D0270 Bitewings, Single Film

D0272 Bitewings, Two Films  
 D0273 Bitewings, Three Films  
 D0274 Bitewings, Four Films  
 D0330 Panoramic-Maxilla And Mandible Film  
 D0340 Cephalometric Film  
 D0350 Oral/Facial Images  
 D0425 Caries Susceptibility Test  
 D0460 Pulp Vitality Tests (Per Quad)  
 D0470 Diagnostic Casts (Per Set)  
 D0471 Diagnostic Photographs

### PREVENTIVE SERVICES

D1110 Prophylaxis, Adult (Permanent Dentition)  
 D1120 Prophylaxis, Child (Primary or Mixed Dentition)  
 D1203 Topical Fluoride **Not** Including Prophy-Child  
 D1204 Topical Fluoride **Not** Including Prophy-Adult  
 D1206 Topical Fluoride Varnish (mod to high risk pts)  
 D1310 Nutritional Counseling For Oral Health  
 D1320 Tobacco Use Counseling  
 D1330 Oral Hygiene Instructions  
 D1351 Sealant (per tooth)  
 D1510 Space Maintainer, Fixed Unilateral  
 D1515 Space Maintainer, Fixed Bilateral  
 D1550 Space Maintainer, Recementation  
 D1555 Removal of Fixed Space Maintainer

### RESTORATIVE DENTISTRY

D2140 Amalgam, One Surface (Perm or Primary)  
 D2150 Amalgam, Two Surface (Perm or Primary)  
 D2160 Amalgam, Three Surface (Perm or Primary)  
 D2161 Amalgam, Four+ Surfaces (Perm or Primary)  
 D2330 Composite Resin, One Surface, Anterior  
 D2331 Composite Resin, Two Surfaces, Anterior  
 D2332 Composite Resin, Three Surfaces, Anterior  
 D2335 Composite Resin, Four Surfaces or Incisal  
 D2390 Composite Resin Crown, Anterior  
 D2391 Comp Resin, One Surf., Post., Perm or Prim (includes PRR)  
 D2392 Composite Resin, Two Surfaces, Post. (Perm or Primary)  
 D2393 Composite Resin, Three Surfaces, Post. (Perm or Primary)  
 D2394 Composite Resin, Four Surfaces, Post. (Perm or Primary)  
 D2740 Crown-Porcelain/Ceramic Substrate  
 D2750 Crown-Porcelain Fused To High Noble Metal  
 D2751 Crown-Porcelain Fused to Base Metal  
 D2752 Crown-Porcelain Fused To Noble Metal  
 D2790 Crown- Full Cast High Noble Metal  
 D2791 Crown-Full Cast Base Metal  
 D2792 Crown-Full Cast Noble Metal  
 D2799 Provisional Crown  
 D2915 Recement Cast/Prefab Post and Core  
 D2920 Recement Crowns  
 D2930 Crown-Stainless Steel, Primary Tooth

D2931 Crown-Stainless Steel, Perm. Tooth  
 D2932 Crown-Prefab. Resin, Primary Tooth  
 D2940 Sedative Filling  
 D2950 Core Buildup, Including Any Pins  
 D2951 Pin Retention (Per Tooth) Excludes Restoration  
 D2954 Post And Core (Prefab.), Excl Crown  
 D2970 Temporary Crown (fractured tooth)

### ENDODONTICS

D3110 Pulp Cap, Direct (Excluding Final Restoration)  
 D3220 Vital Pulpotomy, Primary or Perm. Tooth  
 D3221 Pulpal Debridement, Primary or Perm Tooth  
 D3222 Partial Pulpotomy for Apexogenesis, Perm Tooth  
 D3230 Pulp Therapy, Primary Anterior  
 D3240 Pulp Therapy, Primary Posterior  
 D3310 Endodontic Fill, Anterior  
 D3320 Endodontic Fill, Bicuspid  
 D3330 Endodontic Fill, Molar  
 D3346 Retreat Previous Endo Fill - Anterior  
 D3347 Retreat Previous Endo Fill -Bicuspid  
 D3348 Retreat Previous Endo Fill -Molar  
 D3351 Apexification/Recalcify, Initial Visit  
 D3352 Apexification/Recalcify, Interim Visit  
 D3353 Apexification/Recalcify, Final Visit  
 D3410 Apicoectomy/Periradicular Surg., Ant. Tooth  
 D3430 Retrograde Filling, Per Root  
 D3950 Fitting For Preformed Dowel  
 D3960 Bleach Discolored Tooth (Vital or Non-Vital)

### PERIODONTICS

D4210 Gingivectomy Or Gingivoplasty (4 or more contig. teeth)  
 D4211 Gingivectomy Or Gingivoplasty (1 to 3 teeth)  
 D4240 Gingival Flap Proc. w/ Root Planing (4 or more contig. teeth)  
 D4241 Gingival Flap Proc. w/ Root Planing (1 to 3 teeth)  
 D4249 Crown Lengthening Proc. - Hard Tissue  
 D4260 Osseous Surgery (4 or more contig. teeth)  
 D4261 Osseous Surgery (1 to 3 teeth)  
 D4263 Bone Replacement Graft, First Site In Quadrant  
 D4274 Distal Prox. Wedge Procedure (w/o other Surg)  
 D4341 Root Planing (4 or more contig. teeth)  
 D4342 Root Planing (1 to 3 teeth)  
 D4355 Full Mouth Debridement (For Perio. Evaluation)  
 D4381 Controlled Release Of Chemo. Agents, Per Site  
 D4910 Periodontal Maintenance After Therapy