

2023

CPT Codes for Supplemental Benefits



An Independent Licensee of the Blue Cross Blue Shield Association

Health
Choice

Dental	Vision	Hearing	Transportation
\$4,000.00 limit of services All codes listed in the attached document are covered under this benefit	1 routine eye exam per year (92002; 92004; 92012; 92014) Only one of the above codes can be billed per year	1 routine hearing exam per year (92590; 92591; 92592; 92593; 92594; 92595) Only one of the above codes can be billed per year	36 one-way trips per year (A0100; A0120; A0130; T2005)
2 - oral exams once every 6 months (D0120; D0150; D0180) 1 - fluoride treatment per year (D1206; D1208)	\$450 coverage limit per year, Nationwide \$425 coverage limit per year effective DOS 04/01/21, unlimited eyewear, contact lenses, and eyeglasses (frames and lenses) All codes listed in the attached document are covered under this benefit	\$2,500 hearing aid coverage yearly - both ears combined. Hearing aid fitting once every year: Monaural - one ear: (V5030; V5040; V5050; V5060; V5070; V5080; V5095; V5100; V5170; V5180; V5190; V5210; V5220; V5230; V5242; V5243; V5244; V5245; V5246; V5247; V5254; V5255; V5256; V5257; V5262; V5264; V5265; V5298) Binaural - both ears: billed as 1 unit (V5120; V5130; V5140; V5150; V5248; V5249; V5250; V5251; V5252; V5253; V5258; V5259; V5260; V5261; V5263)	Mileage not to exceed 50 miles one way (S0209; S0215; T2049)
2 - cleanings once every 6 months D1110		Hearing Aid fitting once per year (not counted in \$2,500 benefit) V5011	
2 - Dental X-ray per year (D0220; D0270; D0272; D0274) Allowed only 1 of either bitewing or single X-ray OR (D0210; D0330) Only one of these 2 codes are allowed once every 36 months		Miscellaneous codes allowed - not counted toward benefit: (V5008; V5010; V5014; V5020; V5090; V5110; V5160; V5200; V5240; V5241; V5266; V5267; V5268)	
Dentures - once every 5 years (D5110; D5120; D5130; D5140; D5211; D5212; D5213; D5214; D5820; D5821) Denture adjustments - up to 4 times per year (D5410; D5411; D5421; D5422)			

Routine Vision Exam CPT Codes	
CPT CODE	DESCRIPTION
92002	Intermediate
92004	Comprehensive
92012	Intermediate
92014	Comprehensive
92015	Refraction
92499	Unlisted ophthalmological service or procedure
S0500	Disposable Contact Lenses
V2020-V2025	Deluxe Frame
V2100-V2118, V2410, V2410-22	Single Vision Lens
V2121, V2199, V2221, V2321	Lenticular
V2200-V2220, V2299, V2430, V2430-22	Bifocal Lens
V2300-V2320, V2399	Trifocal Lens
V2499	Variable sphericity lens
V2500-V2503	PMMA
V2510-V2513	Gas Permeable
V2520-V2524	Hydrophilic
V2530-V2531	Scleral
V2599	Other Contact Lenses
V2625, V2626	Ocular prosthesis
V2627	Scleral cover shell
V2628	Fabrication and fitting of ocular conformer
V2700	Balance Lens, Glass or Plastic
V2781, S0581	Premium Progressive – Must include modifier
V2781, S0581	Progressive Tier 4 – Must include modifier
V2781-22	Progressive Tier 2
V2781-25	Progressive Tier 3

Routine Vision Exam CPT Codes	
CPT CODE	DESCRIPTION
V2781-TG	Progressive Tier 1
V2782	Mid-Index (1.56)
V2783, V2783U1, V2783U3, V2783U4	Hi-Index (1.60+)
V2784	Polycarbonate Standard
V2784-22	Premium Polycarbonate
V2702	Edge Treatment (Polish or Roll)
V2702-TG	Faceting
V2710	Slab-Off Prism
V2715, V2715U1, V2715U3, V2715U4	Prism
V2718, V2718U1, V2718U3, V2718U4	Fresnel Prism
V2730	Special Base Curve
V2744, V2744U1, V2744U2	Photochromic plastic (Transitions®)
V2744U5, V2744U6, V2744U7, V2744U8	Photochromic
V2745, V2745UA, V2745UB, V2745 UC	Tint, Solid or Gradient
V2750	Standard A/R
V2750-21	A/R Tier 3
V2750-22	A/R Tier 1
V2750-25	A/R Tier 2
V2750-TG	Premium A/R
V2755	UV Lens
V2760, V2760-22, V2760-TG	Scratch-Resistant Coating
V2761	Mirror Coating
V2762	Polarization
V2770	Occluder Lens
V2780	Oversize Lens

Routine Dental Codes

HPCPS	DESCRIPTION	FREQUENCY
D0120	PERIODIC ORAL EVALUATION – ESTABLISHED PATIENT	Once every 6 months
D0140	LIMITED ORAL EVALUATION – PROBLEM FOCUSED	
D0150	COMPREHENSIVE ORAL EVALUATION – NEW OR ESTABLISHED PATIENT	Once every 6 months
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION – PROBLEM FOCUSED, BY REPORT	
D0180	COMPREHENSIVE PERIODONTAL EVALUATION – NEW OR ESTABLISHED PATIENT	Once every 6 months
D0210	INTRAORAL – COMPLETE SERIES OF RADIOGRAPHIC IMAGES	Once every 36 months
D0220	INTRAORAL – PERIAPICAL FIRST RADIOGRAPHIC IMAGE	Once every 6 months
D0230	INTRAORAL – PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	
D0240	INTRAORAL – OCCLUSAL RADIOGRAPHIC IMAGE	
D0250	EXTRAORAL – FIRST RADIOGRAPHIC IMAGE	
D0270	BITEWING – SINGLE RADIOGRAPHIC IMAGE	Once every 6 months
D0272	BITEWINGS – TWO RADIOGRAPHIC IMAGES	Once every 6 months
D0273	BITEWINGS – THREE RADIOGRAPHIC IMAGES	
D0274	BITEWINGS – FOUR RADIOGRAPHIC IMAGES	Once every 6 months
D0277	VERTICAL BITEWINGS – 7 TO 8 RADIOGRAPHIC IMAGES	
D0310	SIALOGRAPHY	
D0330	PANORAMIC RADIOGRAPHIC IMAGE	Once every 36 months
D0340	CEPHALOMETRIC RADIOGRAPHIC IMAGE	
D0350	ORAL/FACIAL PHOTOGRAPHIC IMAGES	
D0470	DIAGNOSTIC CASTS	
D0502	OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT	

Routine Dental Codes		
HCPCS	DESCRIPTION	FREQUENCY
D1110	PROPHYLAXIS – ADULT	Once every 6 months
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	Once per year
D1208	TOPICAL APPLICATION OF FLUORIDE – EXCLUDING VARNISH	Once per year
D1352	PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH CARIES RISK PATIENT – PERMANENT TOOTH	
D2140	AMALGAM – ONE SURFACE, PRIMARY OR PERMANENT	
D2150	AMALGAM – TWO SURFACES, PRIMARY OR PERMANENT	
D2160	AMALGAM – THREE SURFACES, PRIMARY OR PERMANENT	
D2161	AMALGAM – FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	
D2330	RESIN – ONE SURFACE, ANTERIOR	
D2331	RESIN – TWO SURFACES, ANTERIOR	
D2332	RESIN – THREE SURFACES, ANTERIOR	
D2335	RESIN – FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	
D2390	RESIN – BASED COMPOSITE CROWN, ANTERIOR	
D2391	RESIN – BASED COMPOSITE – ONE SURFACE, POSTERIOR	
D2392	RESIN – BASED COMPOSITE – TWO SURFACES, POSTERIOR	
D2393	RESIN – BASED COMPOSITE – THREE SURFACES, POSTERIOR	
D2394	RESIN – BASED COMPOSITE – FOUR OR MORE SURFACES, POSTERIOR	
D2740	CROWN – PORCELAIN/CERAMIC SUBSTRATE	
D2751	CROWN – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	
D2790	CROWN – FULL CAST HIGH NOBLE METAL	
D2920	RECEMENT CROWN	
D2931	PREFABRICATED STAINLESS STEEL CROWN – PERMANENT TOOTH	
D2940	PROTECTIVE RESTORATION	

Routine Dental Codes

HPCPS	DESCRIPTION
D2950	CORE BUILD-UP, INCLUDING ANY PINS
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN
D3110	PULP CAP – DIRECT (EXCLUDING FINAL RESTORATION)
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)
D3320	ENDODONTIC THERAPY, BICUSPID TOOTH (EXCLUDING FINAL RESTORATION)
D3330	ENDODONTIC THERAPY, MOLAR (EXCLUDING FINAL RESTORATION)
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – ANTERIOR
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – BICUSPID
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – MOLAR
D4210	GINGIVECTOMY OR GINGIVOPLASTY – FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT
D4211	GINGIVECTOMY OR GINGIVOPLASTY – ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING – FOUR OR MORE CONTIGUOUS TEETH
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING – ONE TO THREE CONTIGUOUS TEETH
D4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) – FOUR OR MORE CONTIGUOUS TEETH
D4261	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) – ONE TO THREE CONTIGUOUS TEETH
D4263	BONE REPLACEMENT GRAFT – FIRST SITE IN QUADRANT
D4264	BONE REPLACEMENT GRAFT – EACH ADDITIONAL SITE IN QUADRANT
D4266	GUIDED TISSUE REGENERATION – RESORBABLE BARRIER, PER SITE
D4267	GUIDED TISSUE REGENERATION – NONRESORBABLE BARRIER, PER SITE (INCLUDES MEMBRANE REMOVAL)
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURES, PER TOOTH

Routine Dental Codes

HPCPS	DESCRIPTION
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION WITH MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA)
D4275	SOFT TISSUE ALLOGRAFT
D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT, PER TOOTH
D4341	PERIODONTAL SCALING AND ROOT PLANING – FOUR OR MORE TEETH PER QUADRANT
D4342	PERIODONTAL SCALING AND ROOT PLANING – ONE TO THREE TEETH, PER QUADRANT
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS
D4910	PERIODONTAL MAINTENANCE
D4920	UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST)
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT
D5110	COMPLETE DENTURE – MAXILLARY
D4210	GINGIVECTOMY OR GINGIVOPLASTY – FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT
D4211	GINGIVECTOMY OR GINGIVOPLASTY – ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING – FOUR OR MORE CONTIGUOUS TEETH
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING – ONE TO THREE CONTIGUOUS TEETH
D4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) – FOUR OR MORE CONTIGUOUS TEETH
D4261	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) – ONE TO THREE CONTIGUOUS TEETH
D4263	BONE REPLACEMENT GRAFT – FIRST SITE IN QUADRANT
D4264	BONE REPLACEMENT GRAFT – EACH ADDITIONAL SITE IN QUADRANT
D4266	GUIDED TISSUE REGENERATION – RESORBABLE BARRIER, PER SITE
D4267	GUIDED TISSUE REGENERATION – NONRESORBABLE BARRIER, PER SITE, (INCLUDES MEMBRANE REMOVAL)
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE

Routine Dental Codes

HPCPS	DESCRIPTION	FREQUENCY
D5120	COMPLETE DENTURE – MANDIBULAR	Once every 5 years
D5130	IMMEDIATE DENTURE – MAXILLARY	Once every 5 years
D5140	IMMEDIATE DENTURE – MANDIBULAR	Once every 5 years
D5211	UPPER PARTIAL – RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS, AND TEETH)	Once every 5 years
D5212	LOWER PARTIAL – RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS, AND TEETH)	Once every 5 years
D5213	MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	Once every 5 years
D5214	MANDIBULAR PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	Once every 5 years
D5410	ADJUST COMPLETE DENTURE – MAXILLARY	4 times per year
D5411	ADJUST COMPLETE DENTURE – MANDIBULAR	4 times per year
D5421	ADJUST PARTIAL DENTURE – MAXILLARY	4 times per year
D5422	ADJUST PARTIAL DENTURE – MANDIBULAR	4 times per year
D5511	REPAIR BROKEN COMPLETE DENTURE BASE – MANDIBULAR	
D5512	REPAIR BROKEN COMPLETE DENTURE BASE – MAXILLARY	
D5520	REPLACE MISSING OR BROKEN TEETH – COMPLETE DENTURE (EACH TOOTH)	
D5611	REPAIR RESIN PARTIAL DENTURE BASE – MANDIBULAR	
D5612	REPAIR RESIN PARTIAL DENTURE BASE – MAXILLARY	
D5630	REPAIR OR REPLACE BROKEN CLASP	
D5640	REPLACE BROKEN TEETH – PER TOOTH	
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	
D5731	RELINE LOWER COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	

Routine Dental Codes		
HPCPS	DESCRIPTION	FREQUENCY
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	Once every 5 years
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	Once every 5 years
D7111	EXTRACTION, CORONAL REMNANTS – DECIDUOUS TOOTH	
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	
D7210	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED. INCLUDES RELATED CUTTING OF GINGIVAL AND BONE, REMOVAL OF TOOTH STRUCTURE, MINOR SMOOTHING OF SOCKET, AND CLOSURE.	
D7220	REMOVAL OF IMPACTED TOOTH – SOFT TISSUE	
D7230	REMOVAL OF IMPACTED TOOTH – PARTIALLY BONY	
D7240	REMOVAL OF IMPACTED TOOTH – COMPLETELY BONY	
D7241	REMOVAL OF IMPACTED TOOTH – COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	
D7260	ORAL ANTRAL FISTULA CLOSURE	
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	
D7285	BIOPSY OF ORAL TISSUE – HARD (BONE, TOOTH)	
D7286	BIOPSY OF ORAL TISSUE – SOFT	
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS – FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS – ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS – FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS – ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	

Routine Dental Codes

HPCPS	DESCRIPTION
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM
D7412	EXCISION OF BENIGN LESION, COMPLICATED
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM
D7415	EXCISION OF MALIGNANT LESION, COMPLICATED
D7440	EXCISION OF MALIGNANT TUMOR – LESION DIAMETER UP TO 1.25 CM
D7441	EXCISION OF MALIGNANT TUMOR – LESION DIAMETER GREATER THAN 1.25 CM
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR – LESION DIAMETER UP TO 1.25 CM
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR – LESION DIAMETER GREATER THAN 1.25 CM
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR – LESION DIAMETER UP TO 1.25 CM
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR – LESION DIAMETER GREATER THAN 1.25 CM
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHODS, BY REPORT
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)
D7472	REMOVAL OF TORUS PALATINUS
D7473	REMOVAL OF TORUS MANDIBULARIS
D7485	REDUCTION OF OSSEOUS TUBEROSITY
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE
D7510	INCISION AND DRAINAGE OF ABSCESS – INTRAORAL SOFT TISSUE
D7511	INCISION AND DRAINAGE OF ABSCESS – INTRAORAL SOFT TISSUE – COMPLICATED
D7520	INCISION AND DRAINAGE OF ABSCESS – EXTRAORAL SOFT TISSUE
D7521	INCISION AND DRAINAGE OF ABSCESS – EXTRAORAL SOFT TISSUE – COMPLICATED
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE

Routine Dental Codes

HPCPS	DESCRIPTION
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES – MUSCULOSKELETAL SYSTEM
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY
D7610	MAXILLA – OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)
D7620	MAXILLA – CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)
D7630	MANDIBLE – OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)
D7640	MANDIBLE – CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)
D7650	MALAR AND/OR ZYGOMATIC ARCH – OPEN REDUCTION
D7660	MALAR AND/OR ZYGOMATIC ARCH – CLOSED REDUCTION
D7670	ALVEOLUS – CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH
D7671	ALVEOLUS – OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH
D7680	FACIAL BONES – COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES
D7710	MAXILLA – OPEN REDUCTION
D7720	MAXILLA – CLOSED REDUCTION
D7730	MANDIBLE – OPEN REDUCTION
D7740	MANDIBLE – CLOSED REDUCTION
D7750	MALAR AND/OR ZYGOMATIC ARCH – OPEN REDUCTION
D7760	MALAR AND/OR ZYGOMATIC ARCH – CLOSED REDUCTION
D7770	ALVEOLUS – OPEN REDUCTION STABILIZATION OF TEETH
D7771	ALVEOLUS – CLOSED REDUCTION STABILIZATION OF TEETH
D7780	FACIAL BONES – COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES
D7810	OPEN REDUCTION OF DISLOCATION
D7820	CLOSED REDUCTION OF DISLOCATION

Routine Dental Codes

HCPCS	DESCRIPTION	FREQUENCY
D7830	MANIPULATION UNDER ANESTHESIA	
D7840	CONDYLECTOMY	
D7850	SURGICAL DISCECTOMY; WITH/WITHOUT IMPLANT	
D7854	SYNOVECTOMY	
D7856	MYOTOMY	
D7858	JOINT RECONSTRUCTION	
D7860	ARTHROTOMY	
D7865	ARTHROPLASTY	
D7870	ARTHROCENTESIS	
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	
D7873	ARTHROSCOPY – SURGICAL: LAVAGE AND LYSIS OF ADHESIONS	
D7874	ARTHROSCOPY – SURGICAL: DISC REPOSITIONING AND STABILIZATION	
D7875	ARTHROSCOPY – SURGICAL: SYNOVECTOMY	
D7876	ARTHROSCOPY – SURGICAL: DISCECTOMY	
D7877	ARTHROSCOPY – SURGICAL: DEBRIDEMENT	
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	
D7911	COMPLICATED SUTURE – UP TO 5 CM	
D7912	COMPLICATED SUTURE – GREATER THAN 5 CM	
D7940	OSTEOPLASTY – FOR ORTHOGNATHIC DEFORMITIES	
D7941	OSTEOTOMY – MANDIBULAR RAMI	
D7943	OSTEOTOMY – MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE GRAFT	
D7944	OSTEOTOMY – SEGMENTED OR SUBAPICAL	
D7945	OSTEOTOMY – BODY OF MANDIBLE	

Routine Dental Codes		
HPCPS	DESCRIPTION	FREQUENCY
D7946	LEFORT I (MAXILLA – TOTAL)	
D7947	LEFORT I (MAXILLA – SEGMENTED)	
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) –WITHOUT BONE GRAFT	
D7949	LEFORT II OR LEFORT III – WITH BONE GRAFT	
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA – AUTOGENOUS OR NONAUTOGENOUS, BY REPORT	
D7955	REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT	
D7961	BUCCAL/LABIAL FRENECTOMY (FRENULECTOMY)	
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	
D7963	FRENULOPLASTY	
D7970	EXCISION OF HYPERPLASTIC TISSUE – PER ARCH	
D7971	EXCISION OF PERICORONAL GINGIVA	
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	
D7980	SIALOLITHOTOMY	
D7981	EXCISION OF SALIVARY GLAND, BY REPORT	
D7982	SIALODOCHOPLASTY	
D7983	CLOSURE OF SALIVARY FISTULA	
D7990	EMERGENCY TRACHEOTOMY	
D7991	CORONOIDECTOMY	
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN – MINOR PROCEDURES	
D9120	FIXED PARTIAL DENTURE SECTIONING	
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	
D9222	DEEP SEDATION FIRST 15 MINUTES	

Routine Dental Codes

HPCPS	DESCRIPTION
D9223	DEEP SEDATION/GENERAL ANESTHESIA – EACH 15 MINUTES
D9230	INHALATION OF NITROUS OXIDE/ ANALGESIA
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA – FIRST 15 MINUTES
D9243	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA – EACH 15 MINUTES
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION
D9310	CONSULTATION – DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN
D9410	HOUSE/EXTENDED CARE FACILITY CALL
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL
D9430	OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS) NO OTHER SERVICES PERFORMED
D9440	OFFICE VISIT – AFTER REGULARLY SCHEDULED HOURS
D9610	THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION
D9612	THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS
D9930	TREATMENT OF COMPLICATIONS (POSTSURGICAL) – UNUSUAL CIRCUMSTANCES, BY REPORT
D9944	OCCLUSAL GUARD HARD APPLIANCE FULL ARCH
D9945	OCCLUSAL GUARD SOFT APPLIANCE FULL ARCH
D9946	OCCLUSAL GUARD HARD APPLIANCE PARTIAL ARCH
D9951	OCCLUSAL ADJUSTMENT – LIMITED