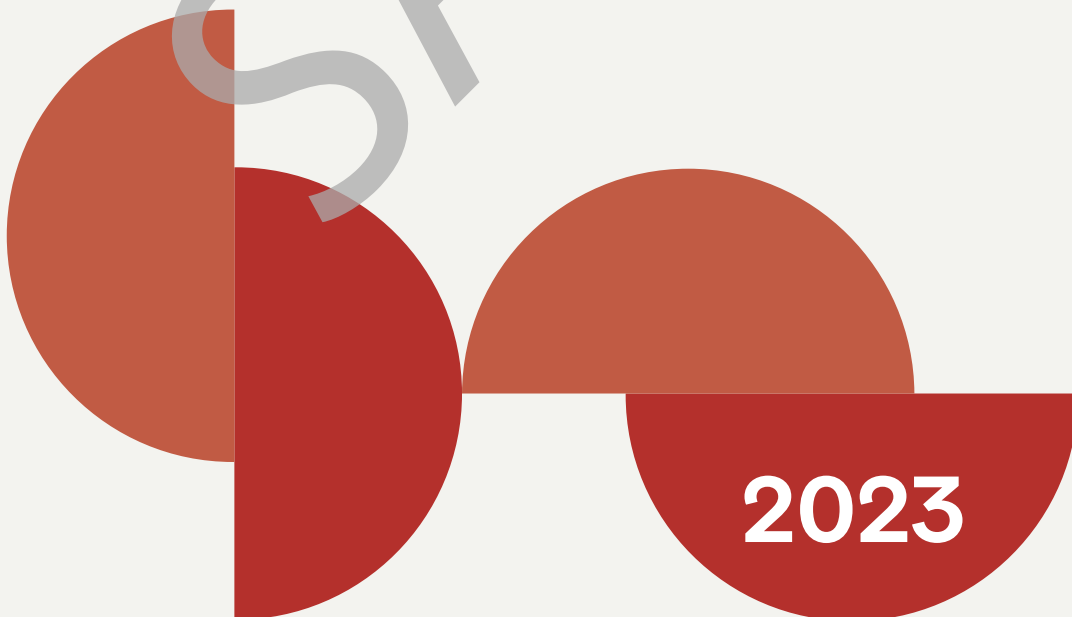


# HCPCS Level II

A resourceful compilation of HCPCS codes

Supports HIPAA compliance



2023

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# Introduction

## About CDT Codes

Dental codes (CDT codes) are developed and maintained by the American Dental Association (ADA). The CDT code was named as the HIPAA standard code set for reporting dental claims to third-party payors in August 2000. Optum360 does not change the code descriptions. Requests for coding modification to the CDT code set may be submitted at any time, however, the closing date for consideration in the next year's publication is November 1st. Requests received after that date will be considered in the next annual maintenance period. Information for coding modification submission to the CDT code set is available on the ADA website at <https://www.ada.org/en/publications/cdt/request-to-change-to-the-code>.

## How to Use CDT Codes

Coders should keep in mind that the insurance companies and government do not base payment solely on what was done for the patient. They need to know why the services were performed. In addition to using the HCPCS coding system for procedures and supplies, coders must also use the ICD-10-CM coding system to denote the diagnosis. This book will not discuss ICD-10-CM codes, which can be found in a current ICD-10-CM code book for diagnosis codes. To locate a HCPCS Level II code, follow these steps:

1. Identify the services or procedures that the patient received.

Example:

Dental prophylaxis, child.

2. Look up the appropriate term in the index.

Example:

Screening  
prostate specific antigen test (PSA)

**Coding Tip:** Coders who are unable to find the procedure or service in the index can look in the table of contents for the type of procedure or device to narrow the code choices. Also, coders should remember to check the unlisted procedure guidelines for additional choices.

3. Assign a tentative code.

Example:

Codes D1110, D1120

**Coding Tip:** To the right of the terminology, there may be a single code or multiple codes. Tentatively assign all codes listed.

4. Locate the code or codes in the appropriate section. When multiple codes are listed in the index, be sure to read the narrative of all codes listed to find the appropriate code based on the service performed.

Example:

**D1110 prophylaxis – adult**

Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.

**D1120 prophylaxis – child**

Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.

5. Review the dental code descriptors for additional information that may clarify the intended use of the code(s).
6. Review icons, symbols, and other guidelines for coverage issues that may apply.

**D1120 prophylaxis – child**



7. Determine whether any modifiers should be appended.
8. Assign the code.

Example:

The code assigned is D1120.

## Dental Code Index

Dental codes appear in a separately maintained index enabling the coder to locate any code without looking through individual ranges of codes. Just look up the dental or surgical supply, service, or prosthetic in question to find the appropriate codes.

## Resequencing of CDT Codes

The American Dental Association (ADA) employs a numbering methodology of resequencing, which is the practice of displaying codes outside of their numerical order according to the description relationship. According to the ADA, there are instances in which a new code is needed within an existing grouping of codes, but an unused code number is not available. In these situations, the ADA will resequence the codes. In other words, it will assign a code that is not in numeric sequence with the related codes. Dental codes within the Optum360 2022 HCPCS Level II Expert DENTAL display in their resequenced order.

An example of resequencing from 2022 HCPCS Level II Expert DENTAL follows:

**D2929 prefabricated porcelain/ceramic crown – primary tooth**

**# D2928 prefabricated porcelain/ceramic crown – permanent tooth**

**D2930 prefabricated stainless steel crown – primary tooth**

In 2022 HCPCS Level II Expert DENTAL the resequenced codes are listed twice. They appear in their resequenced position as shown above as well as in their original numeric position with a note indicating that the code is out of numerical sequenced and where it can be found. (See example below.)

**D2928 Resequenced code. See code following D2929.**

This differs from the ADA CDT book, which utilizes alphabetic and numeric indices to direct the coder to a page number that contains the resequenced code and description, rather than to a specific location.

## Appendix

### Appendix A: Resequenced Dental Codes

This appendix contains a list of dental codes that are not in numeric order in the book. ADA resequenced some of the code numbers to relocate codes in the same category but not in numeric sequence. In addition to the list of codes, this appendix provides the page number where the resequenced code may be found.

## A

**Abscess, incision and drainage**, D7510–D7521

**Abutments**

Abutments, D6051, D6056–D6057  
Abutments, D6545, D6548–D6549

**Accession of brush biopsy sample**, D0486

**Accession of tissue**, D0472–D0474

**Adjunctive services**, D0431, D9110–D9999

**Alveoloplasty**

Alveoloplasty, D7310–D7311  
Alveoloplasty, D7320–D7321

**Alveolus, fracture**, D7670–D7671, D7770–D7771

**Amalgam, restoration**, D2140–D2161

**Ambulatory surgical center call**, D9420

**Analgesia**, D9210–D9248

Analgesia

**Anesthesia**, D9210–D9248

Anesthesia

Anesthesia, D9211

Anesthesia, D9212

Anesthesia, D9223

Anesthesia, D9219

Anesthesia, D9243

Anesthesia

Anesthesia, D9215

Anesthesia, D9210

Anesthesia, D9230

Anesthesia, D9248

**Ankyloglossia**, D7960

**Antibody testing**, D0605

**Antigen testing**, D0604

**Antimicrobial delivery device**

Antimicrobial delivery device, D4381

**Apexification, dental**, D3351–D3353

**Apexogenesis**, D3222

**Apicoectomy, dental**, D3410–D3426

**Appointment**

Appointment, D9987

Appointment, D9986

**Arthrocentesis, dental**, D7870

**Arthroplasty, dental**, D7865

**Arthroscopy**, D7872–D7877

Arthroscopy, D7872

Arthroscopy, D7877

Arthroscopy, D7872

Arthroscopy, D7874

Arthroscopy, D7876

Arthroscopy, D7873

Arthroscopy, D7875

**Arthrotomy, dental**, D7860

**Auricular prosthesis**, D5914, D5927

**Autologous blood concentrate**, D7921

## B

**Barrier, intraorifice**, D3911

**Behavior management, dental care**, D9942–D9946

**Biologic dressing, intra-socket**, D7922

**Biologic materials, dental**, D4265

Biologic materials, dental, D3431

**Biological dressing, intrasocket**, D7922

**Bitewings**, D0270–D0277

**Bleaching, dental**

Bleaching, dental, D9975

**Bleaching, dental** — *continued*

Bleaching, dental, D9972

Bleaching, dental, D9973

Bleaching, dental, D9974

**Blood glucose testing**, D0412

Blood glucose testing, D0411

**Bone**

Bone, D7295

Bone, D7953

Bone, D7471–D7490

**Bridge**

Bridge, D6710–D6794

Bridge, D6068–D6071, D6072–D6074,  
D6075–D6076, D6077, D6098–D6099,  
D6120, D6121–D6123, D6194, D6195

Bridge, D6600–D6634

Bridge, D6985

Bridge, D6205–D6253

Bridge, D6930

Bridge, D6980

Bridge, D6545, D6548–D6549

Bridge, D9120

**Bruxism appliance**, D9942–D9946

**Caries**

Caries, D1354, D1355

Caries, D0601–D0603

Caries, D0425

**Carrier**

Carrier, D5986

Carrier, D5995–D5996

Carrier

Carrier, D1355, D5994

Carrier, D5991

Carrier, D5983

**Case**

Case, D9991–D9994, D9997

Case, D9997

Case, D9450

**CAT scan, cone beam**

CAT scan, cone beam, D0364–D0368

CAT scan, cone beam, D0380–D0384

CAT scan, cone beam, D0391

CAT scan, cone beam, D0393–D0395

**Change in tooth structure, diagnostic**, D0600

**Cleaning, removable denture**

Cleaning, removable denture, D9932–D9933

Cleaning, removable denture, D9934–D9935

**Closure**

Closure, D7260

Closure, D7261

**Collection**

Collection, D7921

Collection

Collection, D0415

Collection, D0416

Collection, D0422

Collection, D0417

**Combined connective tissue and pedicle graft, dental.**, D4276

**Complications, postoperative**, D9930

**Composite, resin based**, D2330–D2394

**Condylectomy**, D7840

**Cone Beam CT capture**

Cone Beam CT capture

**Connector bar**

Connector bar, D6055

Connector bar, D6920

**Conscious sedation, dental**, D9230–D9248

**Coping**, D2975

**Core buildup, including pins**, D2950

**Coronavirus testing**, D0604–D0606

**Coronectomy, intentional**, D7251

**Coronoidectomy**, D7991

**Corticotomy**, D7296–D7297

**Counseling, disease prevention**, D1310–D1321

**Crevicular tissue**

Crevicular tissue, D4381

**Crown**

Crown, D6058–D6064, D6094, D6097

Crown, D6065–D6067

Crown, D6068–D6074, D6075–D6077,  
D6098–D6099, D6120–D6123,  
D6194–D6195, D6710–D6792,  
D6794

Crown, D2971

Crown, D6068–D6074, D6075–D6077, D6194,  
D6710–D6792, D6794

Crown, D2721, D2751, D2781, D2791

Crown, D2390

Crown, D2720, D2780, D2790

Crown, D6065–D6067, D6082–D6084,  
D6086–D6088

Crown, D6710

Crown, D2710–D2794

Crown, D2799, D6793

Crown, D4249

Crown, D2722, D2752, D2782, D2792

Crown, D2710–D2799

Crown, D2975

Crown, D2950

Crown, D2949

Crown, D2949

Crown, D2951

Crown, D2952–D2954

Crown, D2955–D2957

Crown, D2940

Crown, D2921

Crown, D2910–D2920

Crown, D2980–D2983

Crown, D2932

Crown, D2990

Crown, D2930–D2931, D2933–D2934

Crown, D2960–D2962

Crown, D2710–D2752, D2783

Crown, D2928–D2933

Crown, D2920

Crown, D2980

Crown, D2720–D2722

Crown, D2710, D2712

Crown, D6710–D6793

Crown, D2934

Crown, D2794, D6794

**Culture and sensitivity**, D0414–D0415

**Culture, viral**, D0416

**Curettage**, D4240–D4241, D4341–D4342

**Cyst**

Cyst, D7465

Cyst, D7440–D7461

Cyst, D7410–D7415

**Endodontics (D3110–D3999)**

Local anesthesia is usually considered to be part of Endodontic procedures.

**Pulp Capping (D3110–D3120)****D3110 pulp cap—direct (excluding final restoration)** [E]

Procedure in which the exposed pulp is covered with a dressing or cement that protects the pulp and promotes healing and repair.

**D3120 pulp cap—indirect (excluding final restoration)** [E]

Procedure in which the nearly exposed pulp is covered with a protective dressing to protect the pulp from additional injury and to promote healing and repair via formation of secondary dentin. This code is not to be used for bases and liners when all caries has been removed.

**Pulpotomy (D3220–D3222)****D3220 therapeutic pulpotomy (excluding final restoration)—removal of pulp coronal to the dentinocemental junction and application of medicament** [E]

Pulpotomy is the surgical removal of a portion of the pulp with the aim of maintaining the vitality of the remaining portion by means of an adequate dressing.

**D3221 pulpal debridement, primary and permanent teeth** [E]

Pulpal debridement for the relief of acute pain prior to conventional root canal therapy. This procedure is not to be used when endodontic treatment is completed on the same day.

**D3222 partial pulpotomy for apexogenesis—permanent tooth with incomplete root development** [E]

Removal of a portion of the pulp and application of a medicament with the aim of maintaining the vitality of the remaining portion to encourage continued physiological development and formation of the root. This procedure is not to be construed as the first stage of root canal therapy.

**Endodontic Therapy on Primary Teeth (D3230–D3240)**

Endodontic therapy on primary teeth with succedaneous teeth and placement of resorbable filling. This includes pulpectomy, cleaning, and filling of canals with resorbable material.

**D3230 pulpal therapy (resorbable filling)—anterior, primary tooth (excluding final restoration)** [E]

Primary incisors and cuspids.

**D3240 pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration)** [E]

Primary first and second molars.

**Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-up Care (D3310–D3333))**

Includes primary teeth without succedaneous teeth and permanent teeth. Complete root canal therapy: Pulpotomy is part of root canal therapy.

Includes all appointments necessary to complete treatment; also includes intra-operative radiographs. Does not include diagnostic evaluation and necessary radiographs/diagnostic images.

**D3310 endodontic therapy, anterior tooth (excluding final restoration)** [E]**D3320 endodontic therapy, premolar tooth (excluding final restoration)** [E]**D3330 endodontic therapy, molar tooth (excluding final restoration)** [E]**D3331 treatment of root canal obstruction; non-surgical access** [E]

In lieu of surgery, the formation of a pathway to achieve an apical seal without surgical intervention because of a non-negotiable root canal blocked by foreign bodies, including but not limited to separated instruments, broken posts or calcification of 50% or more of the length of the tooth root.

**D3332 incomplete endodontic therapy; inoperable, unrestorable or fractured tooth** [E]

Considerable time is necessary to determine diagnosis and/or provide initial treatment before the fracture makes the tooth unretrievable.

**D3333 internal root repair of perforation defects** [E]

Non-surgical seal of perforation caused by resorption and/or decay but not iatrogenic by provider filing claim.

**Endodontic Retreatment (D3346–D3348)****D3346 retreatment of previous root canal therapy—anterior** [E]**D3347 retreatment of previous root canal therapy—premolar** [E]**D3348 retreatment of previous root canal therapy—molar** [E]**Ataxification / Recalcification (D3351–D3353)****D3351 apexification/recalcification—initial visit (apical closure / calcific repair of perforations, root resorption, etc.)** [E]

Includes opening tooth, preparation of canal spaces, first placement of medication and necessary radiographs. (This procedure may include first phase of complete root canal therapy.)

**D3352 apexification/recalcification—interim medication replacement** [E]

For visits in which the intra-canal medication is replaced with new medication. Includes any necessary radiographs.

**D3353 apexification/recalcification—final visit (includes completed root canal therapy—apical closure/calcific repair of perforations, root resorption, etc.)** [E]

Includes removal of intra-canal medication and procedures necessary to place final root canal filling material including necessary radiographs. (This procedure includes last phase of complete root canal therapy.)

**Pulpal Regeneration (D3355–D3357)****D3355 pulpal regeneration—initial visit** [E]

Includes opening tooth, preparation of canal spaces, placement of medication.

**D3356 pulpal regeneration—interim medication replacement** [E]**D3357 pulpal regeneration—completion of treatment** [E]

Does not include final restoration.

**Apicoectomy/Periradicular Services (D3410–D3503)**

Periradicular surgery is a term used to describe surgery to the root surface (e.g., apicoectomy), repair of a root perforation or resorptive defect, exploratory curettage to look for root fractures, removal of extruded filling materials or instruments, removal of broken root fragments, sealing of accessory canals, etc. This does not include retrograde filling material placement.

**D3410 apicoectomy—anterior** [E]

For surgery on root of anterior tooth. Does not include placement of retrograde filling material.

**D3421 apicoectomy—premolar (first root)** [E]

For surgery on one root of a premolar. Does not include placement of retrograde filling material. If more than one root is treated, see D3426.

**D3425 apicoectomy—molar (first root)** [E]

For surgery on one root of a molar tooth. Does not include placement of retrograde filling material. If more than one root is treated, see D3426.

**D3426 apicoectomy (each additional root)** [E]

Typically used for premolar and molar surgeries when more than one root is treated during the same procedure. This does not include retrograde filling material placement.

**# D3471 surgical repair of root resorption—anterior** [E]

For surgery on root of anterior tooth. Does not include placement of restoration.

**Adjunctive General Services (D9110–D9999)**

**Unclassified Treatment (D9110–D9130)**

- D9110 palliative (emergency) treatment of dental pain—minor procedure** [N]  
This is typically reported on a “per visit” basis for emergency treatment of dental pain.
- D9120 fixed partial denture sectioning** [E]  
Separation of one or more connections between abutments and/or pontics when some portion of a fixed prosthesis is to remain intact and serviceable following sectioning and extraction or other treatment. Includes all recontouring and polishing of retained portions.
- D9130 temporomandibular joint dysfunction—non-invasive physical therapies** [E]  
Therapy including but not limited to massage, diathermy, ultrasound, or cold application to provide relief from muscle spasms, inflammation or pain, intending to improve freedom of motion and joint function. This should be reported on a per session basis.

**Anesthesia (D9210–D9248)**

- D9210 local anesthesia not in conjunction with operative or surgical procedures** [E]
- D9211 regional block anesthesia** [E]
- D9212 trigeminal division block anesthesia** [E]
- D9215 local anesthesia in conjunction with operative or surgical procedures** [E]
- D9219 evaluation for moderate sedation, deep sedation or general anesthesia** [E]
- D9222 deep sedation/general anesthesia—first 15 minutes** [E]  
Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties.
- D9223 deep sedation/general anesthesia—each subsequent 15 minute increment** [E]
- D9230 inhalation of nitrous oxide/analgesia, anxiolysis** [N]
- D9239 intravenous moderate (conscious) sedation/analgesia- first 15 minutes** [E]  
Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties.
- D9243 intravenous moderate (conscious) sedation/analgesia— each subsequent 15 minute increment** [E]
- D9248 non-intravenous conscious sedation** [N]  
This includes non-IV minimal and moderate sedation.  
A medically controlled state of depressed consciousness while maintaining the patient’s airway, protective reflexes and the ability to respond to stimulation or verbal commands. It includes non-intravenous administration of sedative and/or analgesic agent(s) and appropriate monitoring.  
The level of anesthesia is determined by the anesthesia provider’s documentation of the anesthetic’s effects upon the central nervous system and not dependent upon the route of administration.

**Professional Consultation (D9310–D9311)**

- D9310 consultation—diagnostic service provided by dentist or physician other than requesting dentist or physician** [E]  
A patient encounter with a practitioner whose opinion or advice regarding evaluation and/or management of a specific problem; may be requested by another practitioner or appropriate source. The consultation includes an oral evaluation. The consulted practitioner may initiate diagnostic and/or therapeutic services.
- D9311 consultation with a medical health care professional** [E]  
Treating dentist consults with a medical health care professional concerning medical issues that may affect patient’s planned dental treatment.

**Professional Visits (D9410–D9450)**

- D9410 house/extended care facility call** [E]  
Includes visits to nursing homes, long-term care facilities, hospice sites, institutions, etc. Report in addition to reporting appropriate code numbers for actual services performed.
- D9420 hospital or ambulatory surgical center call** [E]  
Care provided outside the dentist’s office to a patient who is in a hospital or ambulatory surgical center. Services delivered to the patient on the date of service are documented separately using the applicable procedure codes.
- D9430 office visit for observation (during regularly scheduled hours)—no other services performed** [E]
- D9440 office visit—after regularly scheduled hours** [E]
- D9450 case presentation, detailed and extensive treatment planning** [E]  
Established patient. Not performed on same day as evaluation.

**Drugs (D9610–D9630)**

- D9610 therapeutic parenteral drug, single administration** [E]  
Includes single administration of antibiotics, steroids, anti-inflammatory drugs, or other therapeutic medications. This code should not be used to report administration of sedative, anesthetic or reversal agents.
- D9612 therapeutic parenteral drugs, two or more administrations, different medications** [E]  
Includes multiple administrations of antibiotics, steroids, anti-inflammatory drugs or other therapeutic medications. This code should not be used to report administration of sedatives, anesthetic or reversal agents. This code should be reported when two or more different medications are necessary and should not be reported in addition to code D9610 on the same date.
- D9613 infiltration of sustained release therapeutic drug, per quadrant** [E]  
Infiltration of a sustained release pharmacologic agent for long acting surgical site pain control. Not for local anesthesia purposes.
- D9630 drugs or medicaments dispensed in the office for home use** [E]  
Includes, but is not limited to oral antibiotics, oral analgesics, and topical fluoride; does not include writing prescriptions.

**Miscellaneous Services (D9910–D9975)**

- D9910 application of desensitizing medicament** [E]  
Includes in-office treatment for root sensitivity. Typically reported on a “per visit” basis for application of topical fluoride. This code is not to be used for bases, liners or adhesives used under restorations.