

HCPCS Level II

A resourceful compilation of HCPCS codes
Supports HIPAA compliance

SAMPLE

2025

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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. Optum 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

[E]

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 Optum's 2024 HCPCS Level II Expert DENTAL display in their resequenced order.

An example of resequencing from 2024 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 2024 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 sequence 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.

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Tabular

Diagnostic (D0120–D0999)

Clinical Oral Evaluation (D0120–D0180)

The codes in this section recognize the cognitive skills necessary for patient evaluation. The collection and recording of some data and components of the dental examination may be delegated; however, the evaluation, which includes diagnosis and treatment planning, is the responsibility of the dentist. As with all ADA procedure codes, there is no distinction made between the evaluations provided by general practitioners and specialists. Report additional diagnostic and/or definitive procedures separately.

D0120 periodic oral evaluation—established patient [E]

An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation, periodontal screening where indicated, and may require interpretation of information acquired through additional diagnostic procedures. The findings are discussed with the patient. Report additional diagnostic procedures separately.

D0140 limited oral evaluation—problem focused [E]

An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation.

Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.

D0145 oral evaluation for a patient under three years of age and counseling with primary caregiver [E]

Diagnostic services performed for a child under the age of three, preferably within the first six months of the eruption of the first primary tooth, including recording the oral and physical health history, evaluation of caries susceptibility, development of an appropriate preventive oral health regimen and communication with and counseling of the child's parent, legal guardian and/or primary caregiver.

D0150 comprehensive oral evaluation—new or established patient [S]

Used by a general dentist and/or a specialist when evaluating a patient comprehensively. This applies to new patients; established patients who have had a significant change in health conditions or other unusual circumstances, by report, or established patients who have been absent from active treatment for three or more years. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately.

This includes an evaluation for oral cancer, the evaluation and recording of the patient's dental and medical history and a general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, existing prostheses, occlusal relationships, periodontal conditions (including periodontal screening and/or charting), hard and soft tissue anomalies, etc.

D0160 detailed and extensive oral evaluation—problem focused, by report [E]

A detailed and extensive problem focused evaluation entails extensive diagnostic and cognitive modalities based on the findings of a comprehensive oral evaluation. Integration of more extensive diagnostic modalities to develop a treatment plan for a specific problem is required. The condition requiring this type of evaluation should be described and documented. Examples of conditions requiring this type of evaluation may include dentofacial anomalies, complicated perio-prosthetic conditions, complex temporomandibular dysfunction, facial pain of unknown origin, conditions requiring multi-disciplinary consultation, etc.

D0170 re-evaluation—limited, problem focused (established patient; not post-operative visit) [E]

Assessing the status of a previously existing condition. For example:

- a traumatic injury where no treatment was rendered but patient needs follow-up monitoring;
- evaluation for undiagnosed continuing pain;
- soft tissue lesion requiring follow-up evaluation.

D0171 re-evaluation—post-operative office visit [E]

D0180 comprehensive periodontal evaluation—new or established patient [E]

This procedure is indicated for patients showing signs or symptoms of periodontal disease and for patients with risk factors such as smoking or diabetes. It includes evaluation of periodontal conditions, probing and charting, an evaluation for oral cancer, the evaluation and recording of the patient's dental and medical history, and general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, and occlusal relationships.

Pre-diagnostic Services (D0190–D0191)

D0190 screening of a patient [E]

A screening, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis.

D0191 assessment of a patient [E]

A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment.

Diagnostic Imaging (D0210–D0396)

Should be taken only for clinical reasons as determined by the patient's dentist. Should be of diagnostic quality and properly identified and dated. Is a part of the patient's clinical record and the original images should be retained by the dentist. Originals should not be used to fulfill requests made by patients or third-parties for copies of records.

D0210 intraoral—comprehensive series of radiographic images [E]

A radiographic survey of the whole mouth intended to display the crowns and roots of all teeth, periapical areas, interproximal areas and alveolar bone including edentulous areas.

D0220 intraoral—periapical first radiographic image [E]

D0230 intraoral—periapical each additional radiographic image [E]

D0240 intraoral—occlusal radiographic image [S]

Restorative (D2140–D2999)

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

Explanation of Restorations**Anterior**

- 1-Surface - Placed on one of the following five surface classifications – Mesial, Distal, Incisal, Lingual, or Labial;
- 2-Surfaces - Placed, without interruption, on two of the five surface classifications – e.g., Mesial-Lingual;
- 3-Surfaces - Placed, without interruption, on three of the five surface classifications – e.g., Lingual-Mesial-Labial;
- 4 or more-Surfaces - Placed, without interruption, on four or more of the five surface classifications – e.g., Mesial-Incisor-Lingual-Labial.

Posterior

- 1-Surface - Placed on one of the following five surface classifications – Mesial, Distal, Occlusal, Lingual, or Buccal;
- 2-Surfaces - Placed, without interruption, on two of the five surface classifications – e.g., Mesial-Occlusal;
- 3-Surfaces - Placed, without interruption, on three of the five surface classifications – e.g., Lingual-Occlusal-Distal;
- 4 or more-Surfaces - Placed, without interruption, on four or more of the five surface classifications – e.g., Mesial-Occlusal-Lingual-Distal.

Note: Tooth surfaces are reported on the HIPAA standard electronic dental transaction and the ADA Dental Claim Form using the letters in the following table.

Surface	Code
Buccal	B
Distal	D
Facial (or Labial)	F
Incisal	I
Lingual	L
Mesial	M
Occlusal	O

Occlusal Amalgam Restorations (including polishing) (D2140–D2161)

Tooth preparation, all adhesives (including amalgam bonding agents), liners and bases are included as part of the restoration. If pins are used, they should be reported separately (see D2951).

D2140	amalgam—one surface, primary or permanent	EI
D2150	amalgam—two surfaces, primary or permanent	EI
D2160	amalgam—three surfaces, primary or permanent	EI
D2161	amalgam—four or more surfaces, primary or permanent	EI

Resin-Based Restorations-Direct (D2330–D2394)

Resin-based composite refers to a broad category of materials including but not limited to composites. May include bonded composite, light-cured composite, etc. Tooth preparation, acid etching, adhesives (including resin bonding agents), liners and bases and curing are included as part of the restoration. Glass ionomers, when used as restorations, should be reported with these codes. If pins are used, they should be reported separately (see D2951).

D2330	resin-based composite—one surface, anterior	EI
D2331	resin-based composite—two surfaces, anterior	EI
D2332	resin-based composite—three surfaces, anterior	EI
▲ D2335	resin-based composite—four or more surfaces	EI
D2390	resin-based composite crown, anterior Full resin-based composite coverage of tooth.	EI
D2391	resin-based composite—one surface, posterior Used to restore a carious lesion into the dentin or a deeply eroded area into the dentin. Not a preventive procedure.	EI
D2392	resin-based composite—two surfaces, posterior	EI
D2393	resin-based composite—three surfaces, posterior	EI

D2394	resin-based composite—four or more surfaces, posterior	EI
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Gold Foil Restorations (D2410–D2430)

D2410	gold foil—one surface	EI
D2420	gold foil—two surfaces	EI
D2430	gold foil—three surfaces	EI

Inlay/Onlay Restorations (D2510–D2664)

Inlay: An intra-coronal dental restoration, made outside the oral cavity to conform to the prepared cavity, which does not restore any cusp tips.

Onlay: A dental restoration made outside the oral cavity that covers one or more cusp tips and adjoining occlusal surfaces, but not the entire external surface.

D2510	inlay—metallic—one surface	EI
D2520	inlay—metallic—two surfaces	EI
D2530	inlay—metallic—three or more surfaces	EI
D2542	onlay—metallic—two surfaces	EI
D2543	onlay—metallic—three surfaces	EI
D2544	onlay—metallic—four or more surfaces	EI
D2610	inlay—porcelain/ceramic—one surface	EI
D2620	inlay—porcelain/ceramic—two surfaces	EI
D2630	inlay—porcelain/ceramic—three or more surfaces	EI
D2642	onlay—porcelain/ceramic—two surfaces	EI
D2643	onlay—porcelain/ceramic—three surfaces	EI
D2644	onlay—porcelain/ceramic—four or more surfaces	EI
D2650	inlay—resin-based composite—one surface	EI
D2651	inlay—resin-based composite—two surfaces	EI
D2652	inlay—resin-based composite—three or more surfaces	EI
D2662	onlay—resin-based composite—two surfaces	EI
D2663	onlay—resin-based composite—three surfaces	EI
D2664	onlay—resin-based composite—four or more surfaces	EI

Crowns—Single Restoration Only (D2710–D2799)

D2710	crown—resin-based composite (indirect)	EI
D2712	crown—3/4 resin-based composite (indirect) This procedure does not include facial veneers.	EI
D2720	crown—resin with high noble metal	EI
D2721	crown—resin with predominantly base metal	EI
D2722	crown—resin with noble metal	EI
D2740	crown—porcelain/ceramic	EI
D2750	crown—porcelain fused to high noble metal	EI
D2751	crown—porcelain fused to predominantly base metal	EI
D2752	crown—porcelain fused to noble metal	EI
D2753	crown—porcelain fused to titanium and titanium alloys	EI
D2780	crown—3/4 cast high noble metal	EI
D2781	crown—3/4 cast predominantly base metal	EI
D2782	crown—3/4 cast noble metal	EI
D2783	crown—3/4 porcelain/ceramic This procedure does not include facial veneers.	EI
D2790	crown—full cast high noble metal	EI
D2791	crown—full cast predominantly base metal	EI
D2792	crown—full cast noble metal	EI
D2794	crown—titanium and titanium alloys	EI

Adjunctive General Services (D9110–D9999)**Unclassified Treatment (D9110–D9130)**

- D9110 palliative treatment of dental pain—per visit** [N]
Treatment that relieves pain but is not curative; services provided do not have distinct procedure codes.
- 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, subsequent to detailed and extensive treatment planning** [E]

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** [B]
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.