Dental Services Codes

*Note: Due to possible changes in Indiana Health Coverage Programs (IHCP) policy or national coding updates, inclusion of a code on the code tables does not necessarily indicate **current** coverage. See IHCP Bulletins and IHCP Fee Schedules for updates to coding, coverage and benefit information.*

For information about using these code tables, see the Dental Services provider reference module.

Table 1 – Dental Procedure Codes Allowed for Emergency Services Only (Package E and Package B) Members[1]

Table 2 – Dental Procedure Codes That Require a Tooth Number on the Claim

Table 3 – Dental Procedure Codes That Require a Tooth Surface Code on the Claim

Table 4 – Qualifying Dental Service Required Before Periodontal Maintenance

Table 5 – Dental Procedure Codes for Coronavirus Disease 2019 (COVID-19) Vaccination

Table 1 – Dental Procedure Codes Allowed for Emergency Services Only (Package E and Package B) Members

Reviewed/Updated: December 5, 2023

Procedure Code	Description
D0140	Limited oral evaluation – problem focused
D0210	Intraoral – comprehensive series of radiographic images
D0220	Intraoral – periapical first radiographic image
D0230	Intraoral – periapical – each additional radiographic image
D0240	Intraoral – occlusal radiographic image
D0251	Extra-oral posterior dental radiographic image
D0270	Bitewing – single radiographic image
D0272	Bitewings – two radiographic images
D0273	Bitewings – three radiographic images
D0274	Bitewings – four radiographic images
D0277	Vertical bitewings – 7 to 8 radiographic images
D0330	Panoramic radiographic image

[1] *Package E is **Emergency Services Only** (ESO). Package B is **ESO Coverage with Pregnancy Coverage**.*

Table 1 – Dental Procedure Codes Allowed for Emergency Services Only (Package E and Package B) Members

Reviewed/Updated: December 5, 2023

Procedure Code	Description
D1701*****	Pfizer- BioNTech COVID -19 vaccine administration – first dose
D1702*****	Pfizer-BioNTech COVID-19 vaccine administration – second dose
D1703*****	Moderna COVID-19 vaccine administration – first dose
D1704*****	Moderna COVID-19 vaccine administration – second dose
D1708*****	Pfizer-BioNTech COVID-19 vaccine administration – third dose
D1709*****	Pfizer-BioNTech COVID-19 vaccine administration – booster dose
D1710*****	Moderna COVID-19 vaccine administration – third dose
D1711*****	Moderna COVID-19 vaccine administration – booster dose
D1713*****	Pfizer-BioNTech COVID-19 vaccine administration tris-sucrose pediatric – first dose
D1714*****	Pfizer-BioNTech COVID-19 vaccine administration tris-sucrose pediatric – second dose
D7111	Extraction, coronal remnants – primary 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
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	Removal of residual tooth roots (cutting procedure)
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only
D7260	Oroantral fistula closure
D7261	Primary closure of a sinus perforation
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth
D7280	Exposure of unerupted tooth
D7282	Mobilization of erupted or malpositioned tooth to aid eruption
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)
D7286	Incisional biopsy of oral tissue – soft
D7288	Brush biopsy – transepithelial sample collection
D7510	Incision and drainage of abscess – intraoral soft tissue
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)
D7520	Incision and drainage of abscess – extraoral soft tissue
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body
D7610	Treatment of closed fractures; maxilla – open reduction (teeth immobilized, if present)
D7620	Treatment of closed fractures; maxilla – closed reduction (teeth immobilized, if present)
D7630	Treatment of closed fractures; mandible – open reduction (teeth immobilized, if present)

Table 1 – Dental Procedure Codes Allowed for Emergency Services Only (Package E and Package B) Members

Reviewed/Updated: December 5, 2023

Procedure Code	Description
D7640	Treatment of closed fractures; mandible – closed reduction (teeth immobilized, if present)
D7650	Treatment of closed fractures; malar and/or zygomatic arch – open reduction
D7660	Treatment of closed fractures; malar and/or zygomatic arch – closed reduction
D7670	Treatment of closed fractures; alveolus – closed reduction, may include stabilization of teeth
D7671	Treatment of closed fractures; alveolus – open reduction, may include stabilization of teeth
D7680	Treatment of closed fractures; facial bones – complicated reduction with fixation and multiple surgical approaches
D7710	Treatment of open fractures; maxilla – open reduction
D7720	Treatment of open fractures; maxilla – closed reduction
D7730	Treatment of open fractures; mandible – open reduction
D7740	Treatment of open fractures; mandible – closed reduction
D7750	Treatment of open fractures; malar and/or zygomatic arch – open reduction
D7760	Treatment of open fractures; malar and/or zygomatic arch – closed reduction
D7770	Treatment of open fractures; alveolus – open reduction stabilization of teeth
D7771	Treatment of open fractures; alveolus – closed reduction stabilization of teeth
D7780	Treatment of open fractures; facial bones – complicated reduction with fixation and multiple surgical approaches
D7910	Suture of recent small wound up to 5 cm
D7911	Complicated suture – up to 5 cm
D7912	Complicated suture – greater than 5 cm
D7999	Unspecified oral surgery procedure, by report
D9222*	Deep sedation/general anesthesia – first 15 minutes
D9223*	Deep sedation/general anesthesia – each subsequent 15 minute increment
D9230**	Inhalation of nitrous oxide/analgesia, anxiolysis
D9239***	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes
D9243***	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment
D9248	Non-intravenous conscious sedation
D9920	Behavior management, by report
D9999****	Unspecified adjunctive procedure, by report

* Covered only if medically necessary. This service is covered in the office setting only for members less than 21 years of age. This service is covered for members 21 years of age and older only when performed in the hospital (inpatient or outpatient) or ASC setting and billed as a professional claim using the appropriate CPT code.

** Covered only for members 20 years of age and younger and limited to 1 unit per visit.

*** Covered only for oral surgical procedures.

**** Covered only for claims billed by a federally qualified health center (FQHC) or rural health clinic (RHC).

***** Covered temporarily, in response to the coronavirus disease 2019 (COVID-19) public health emergency. When deemed appropriate, these codes will be removed from this table and will no longer be covered for Emergency Services Only benefit plans.

Table 1 Revision History
December 5, 2023, update: Removed (effective May 22, 2023): D1707, D1712 ***July 1, 2022, update:*** Added temporarily (effective July 1, 2022): D1708–D1714 Added temporarily (effective January 1, 2021): D1701–D1704, D1707 ***April 19, 2022, update:*** Added (effective July 1, 2021): D9999 ***April 1, 2018, update:*** Added asterisks to codes for applicable footnotes (correction): D9222, D9239 ***January 1, 2018, update:*** Added (effective January 1, 2018): D9222, D9239 Updated description (effective January 1, 2018): D7111, D9223, D9243

Table 2 – Dental Procedure Codes That Require a Tooth Number on the Claim

Reviewed/Updated: April 25, 2024

Note: The procedure codes in this table require a tooth number for both fee-for-service (FFS) and managed care claims. If specific tooth numbers are listed as appropriate for the code, no other tooth numbers are allowable for either FFS or managed care claims. If ***no*** *specific tooth numbers a listed, the IHCP does not specify allowable tooth numbers for that code; however, the individual managed care entity (MCE) or FFS claim processor may set their own restrictions.*

Procedure Code	Description	Appropriate Tooth Numbers
D0220	Intraoral periapical first radiographic image	1–32, 51–82, A–T, AS–TS
D0230	Intraoral periapical each additional radiographic image	1–32, 51–82, A–T, AS–TS
D1351	Sealant per tooth	*May vary by claim-processing vendor*
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	2–5, 12–15, 18–21, 28–31, A, B, I–L, S, T
D1354	Interim caries arresting medicament application – per tooth	1–32, A–T
D1355	Caries preventive medicament application – per tooth	1–32, A–T
D2140	Amalgam one surface, primary or permanent	*May vary by claim-processing vendor*
D2150	Amalgam two surfaces, primary or permanent	*May vary by claim-processing vendor*
D2160	Amalgam three surfaces, primary or permanent	*May vary by claim-processing vendor*
D2161	Amalgam four or more surfaces, primary or permanent	*May vary by claim-processing vendor*
D2330	Resin one surface – anterior	*May vary by claim-processing vendor*
D2331	Resin two surfaces – anterior	*May vary by claim-processing vendor*

Table 2 – Dental Procedure Codes That Require a Tooth Number on the Claim

Reviewed/Updated: April 25, 2024

Note: The procedure codes in this table require a tooth number for both fee-for-service (FFS) and managed care claims. If specific tooth numbers are listed as appropriate for the code, no other tooth numbers are allowable for either FFS or managed care claims. If ***no*** *specific tooth numbers a listed, the IHCP does not specify allowable tooth numbers for that code; however, the individual managed care entity (MCE) or FFS claim processor may set their own restrictions.*

Procedure Code	Description	Appropriate Tooth Numbers
D2332	Resin three surfaces – anterior	*May vary by claim-processing vendor*
D2335	Resin-based composite - four or more surfaces (anterior)	*May vary by claim-processing vendor*
D2390	Resin-based composite crown, anterior	*May vary by claim-processing vendor*
D2391	Resin-based composite – one surface, posterior	*May vary by claim-processing vendor*
D2392	Resin-based composite – two surfaces, posterior	*May vary by claim-processing vendor*
D2393	Resin-based composite – three surfaces, posterior	*May vary by claim-processing vendor*
D2394	Resin-based composite – four or more surfaces, posterior	*May vary by claim-processing vendor*
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	*May vary by claim-processing vendor*
D2920	Re-cement or re-bond crown	*May vary by claim-processing vendor*
D2921	Reattachment of tooth fragment, incisal edge or cusp	1–32, A–T
D2930	Prefabricated stainless steel crown – primary tooth	A–T
D2931	Prefabricated stainless steel crown – permanent tooth	*May vary by claim-processing vendor*
D2932	Prefabricated resin crown	1–32, A–T
D2933	Prefabricated stainless steel crown with resin window	2–15, 18–31, A–T
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	*May vary by claim-processing vendor*
D2980	Crown repair necessitated by restorative material failure	1–32, A–T
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	*May vary by claim-processing vendor*
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	*May vary by claim-processing vendor*
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	*May vary by claim-processing vendor*
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	*May vary by claim-processing vendor*
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	6–11, 22–27

Table 2 – Dental Procedure Codes That Require a Tooth Number on the Claim

Reviewed/Updated: April 25, 2024

Note: The procedure codes in this table require a tooth number for both fee-for-service (FFS) and managed care claims. If specific tooth numbers are listed as appropriate for the code, no other tooth numbers are allowable for either FFS or managed care claims. If ***no*** *specific tooth numbers a listed, the IHCP does not specify allowable tooth numbers for that code; however, the individual managed care entity (MCE) or FFS claim processor may set their own restrictions.*

Procedure Code	Description	Appropriate Tooth Numbers
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	*May vary by claim-processing vendor*
D3330	Endodontic therapy, molar tooth (excluding final restoration)	1–3, 14–16, 17–19, 30–32
D3346	Retreatment of previous root canal therapy – anterior	6–11, 22–27
D3347	Retreatment of previous root canal therapy – premolar	*May vary by claim-processing vendor*
D3348	Retreatment of previous root canal therapy – molar	2–3, 14–15, 18–19, 30–31
D3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	*May vary by claim-processing vendor*
D3352	Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	*May vary by claim-processing vendor*
D3353	Apexification-recalcification – final visit (includes completed root canal therapy-apical closure/calcific repair of perforations, root resorption, etc.)	*May vary by claim-processing vendor*
D3410	Apicoectomy – anterior	6–11, 22–27
D3421	Apicoectomy – premolar (first root)	*May vary by claim-processing vendor*
D3425	Apicoectomy – molar (first root)	1–3, 14–19, 30–32
D3426	Apicoectomy (each additional root)	1–5, 12–21, 28–32
D3430	Retrograde filling – per root	1–32
D3471	Surgical repair of root resorption - anterior	*May vary by claim-processing vendor*
D3472	Surgical repair of root resorption - premolar	*May vary by claim-processing vendor*
D3473	Surgical repair of root resorption - molar	*May vary by claim-processing vendor*
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	*May vary by claim-processing vendor*
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	*May vary by claim-processing vendor*
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	*May vary by claim-processing vendor*
D3921	Decoronation or submergence of an erupted tooth	*May vary by claim-processing vendor*
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	1–32, 51–82, A–T, AS–TS

Table 2 – Dental Procedure Codes That Require a Tooth Number on the Claim

Reviewed/Updated: April 25, 2024

Note: The procedure codes in this table require a tooth number for both fee-for-service (FFS) and managed care claims. If specific tooth numbers are listed as appropriate for the code, no other tooth numbers are allowable for either FFS or managed care claims. If ***no*** *specific tooth numbers a listed, the IHCP does not specify allowable tooth numbers for that code; however, the individual managed care entity (MCE) or FFS claim processor may set their own restrictions.*

Procedure Code	Description	Appropriate Tooth Numbers
D5520	Replace missing or broken teeth – complete denture (each tooth)	1–32, A–T
D5640	Replace broken teeth – per tooth	1–32, A–T
D5650	Add tooth to existing partial denture	1–32, A–T
D5660	Add clasp to existing partial denture – per tooth	1–32, A–T
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	1–32
D6096	Remove broken implant retaining screw	*May vary by claim-processing vendor*
D7111	Extraction, coronal remnants – primary tooth	A–T, AS–TS
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	*May vary by claim-processing vendor*
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	1–32, 51–82, A–T, AS–TS
D7220	Removal of impacted tooth-soft tissue	1–32, 51–82, A–T, AS–TS
D7230	Removal of impacted tooth – partially bony	1–32, 51–82, A–T, AS–TS
D7240	Removal of impacted tooth – completely bony	1–32, 51–82, A–T, AS–TS
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	1–32, 51–82, A–T, AS–TS
D7250	Removal of residual tooth roots (cutting procedure)	1–32, 51–82, A–T, AS–TS
D7251	Coronectomy – intentional partial tooth removal	1–32, 51–82, A–T, AS–TS
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	1–32
D7280	Exposure of an unerupted tooth	*May vary by claim-processing vendor*
D7282	Mobilize of erupted or malpositioned tooth to aid eruption	*May vary by claim-processing vendor*
D7510	Incision and drainage of abscess – intraoral soft tissue	1–32, 51–82, A–T, AS–TS

Table 2 Revision History
April 25, 2024, update: Removed (effective April 25 1, 2024): D1510, D1551, D1552, D1575

Table 2 Revision History
December 1, 2022, update: Added (effective November 27, 2022): D1355 Listed appropriate tooth numbers for codes where the IHCP designates allowable numbers for both FFS and managed care claims (effective November 27, 2022): D0220, D0230, D1352, D1354, D1355, D2921, D2930, D2932, D2933, D2980, D3310, D3330, D3346, D3348, D3410, D3425, D3426, D3430, D4212, D5520, D5640, D5650, D5660, D6081, D7111, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7270, D7510
January 1, 2022, update: Added (effective January 1, 2022): D3921
February 9, 2021, update: Added (effective January 1, 2021): D3471–D3473, D3501–D3503 Removed (effective January 1, 2021): D3427
January 1, 2020, update: Added (effective January 1, 2020): D1551, D1552 Removed (effective January 1, 2020): D1550, D1555
January 1, 2018, update: Added (effective January 1, 2018): D6096 Updated description (effective January 1, 2018): D1354, D3320, D3330, D3347, D3421, D7111
September 8, 2017, update: Removed (effective July 20, 2017): D1515, D7285, D7286 Added (effective September 8, 2017): D1575

Table 3 – Dental Procedure Codes That Require a Tooth Surface Code on the Claim

Reviewed/Updated: September 15, 2023

Procedure Code	Description	Number of Tooth Surface Codes Required
D2140	Amalgam one surface, primary or permanent	1
D2330	Resin one surface – anterior	1
D2391	Resin-based composite – one surface, posterior	1
D2150	Amalgam two surfaces, primary or permanent	2
D2331	Resin two surfaces – anterior	2
D2392	Resin-based composite – two surfaces, posterior	2
D2160	Amalgam three surfaces, primary or permanent	3
D2332	Resin three surfaces – anterior	3
D2393	Resin-based composite – three surfaces, posterior	3
D2161	Amalgam four or more surfaces, primary or permanent	4
D2335*	Resin-based composite - four or more surfaces (anterior)	4
D2394	Resin-based composite – four or more surfaces, posterior	4

** Note: Providers must bill D2335 with four surfaces or with an **I**, indicating incisal angle. Providers must maintain appropriate supporting documentation in the dental or medical chart, because dental records are subject to postpayment review.*

Table 4 – Qualifying Dental Service Required Before Periodontal Maintenance

Reviewed/Updated: September 15, 2023

Procedure Code	Description
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 or tooth bounded spaces per quadrant
D4241	Gingival flap procedure, including root planing one to three contiguous teeth or tooth bounded spaces per quadrant
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant
D4341	Periodontal scaling and root planing – four or more teeth per quadrant
D4342	Periodontal scaling and root planing – one to three teeth per quadrant

Table 4 Revision History
***Table Published April 3, 2019*:** Added (effective May 3, 2018): D4210, D4211, D4240, D4241, D4260, D4261

Table 5 – Dental Procedure Codes for Coronavirus Disease 2019 (COVID-19) Vaccination

Reviewed/Updated: December 5, 2023

Procedure Code	Description
D1701	Pfizer-BioNTech COVID-19 vaccine administration – first dose
D1702	Pfizer-BioNTech COVID-19 vaccine administration – second dose
D1703	Moderna COVID-19 vaccine administration – first dose
D1704	Moderna COVID-19 vaccine administration – second dose
D1708	Pfizer-BioNTech COVID-19 vaccine administration - third dose
D1709	Pfizer-BioNTech COVID-19 vaccine administration - booster dose
D1710	Moderna COVID-19 vaccine administration - third dose
D1711	Moderna COVID-19 vaccine administration - booster dose
D1713	Pfizer-BioNTech COVID-19 vaccine administration tris-sucrose pediatric - first dose
D1714	Pfizer-BioNTech COVID-19 vaccine administration tris-sucrose pediatric - second dose

Table 5 Revision History
***Table Published April 25, 2024*:** Covered (effective July 1, 2022): D1708–D1711, D1713, D1714 Covered (effective January 1, 2021): D1701–D1704 Omitted (covered January 1, 2021, through May 22, 2023): D1707 Omitted (covered July 1, 2022, through May 22, 2023): D1712