

## HMK Covered Dental Codes

Effective July 1, 2017

Procedure Code	Description
D0120	periodic oral evaluation - established patient
D0140	limited oral evaluation - problem focused
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver
D0150	comprehensive oral evaluation - new or established patient
D0160	detailed and extensive oral evaluation - problem focused, by report
D0180	comprehensive periodontal evaluation - new or established patient
D0190	screening of a patient
D0191	assessment of a patient
D0210	intraoral - complete series of radiographic images
D0220	intraoral - periapical first radiographic image
D0230	intraoral - periapical each additional radiographic image
D0240	intraoral - occlusal radiographic image
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector
D0260	extraoral - each additional 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
D0425	caries susceptibility tests ***** Qualified ABCD Providers only
D0460	pulp vitality tests
D0472	accession of tissue, gross examination, preparation and transmission of written report
D0473	accession of tissue, gross and microscopic examination, preparation and transmission of written report
D0474	accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report
D0485	consultation, including preparation of slides from biopsy material supplied by referring source
D0502	other oral pathology procedures, by report
D0601	caries risk assessment and documentation, with a finding of low risk
D0602	caries risk assessment and documentation, with a finding of moderate risk
D0603	caries risk assessment and documentation, with a finding of high risk
D0999	unspecified diagnostic procedure, by report
D1110	prophylaxis - adult

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Procedure Code	Description
D1120	prophylaxis - child
D1203	topical application of fluoride - child
D1204	topical application of fluoride - adult
D1206	topical application of fluoride varnish
D1208	topical application of fluoride – excluding varnish
D1310	nutritional counseling ***** Qualified ABCD Providers only
D1330	oral hygiene instructions ***** Qualified ABCD Providers only
D1351	sealant - per tooth
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth
D1353	sealant repair – per tooth
D1510	space maintainer - fixed - unilateral
D1515	space maintainer - fixed - bilateral
D1520	space maintainer - removable - unilateral
D1525	space maintainer - removable - bilateral
D1555	removal of fixed space maintainer
D1999	unspecified preventive procedure, by report
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-based composite - one surface, anterior
D2331	resin-based composite - two surfaces, anterior
D2332	resin-based composite - three surfaces, anterior
D2335	resin-based composite - 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
D2510	inlay - metallic - one surface
D2520	inlay - metallic - two surfaces
D2530	inlay - metallic - three or more surfaces
D2542	onlay - metallic - two surfaces

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Procedure Code	Description
D2543	onlay - metallic - three surfaces
D2544	onlay - metallic - four or more surfaces
D2610	inlay - porcelain/ceramic - one surface
D2620	inlay - porcelain/ceramic - two surfaces
D2630	inlay - porcelain/ceramic - three or more surfaces
D2642	onlay - porcelain/ceramic - two surfaces
D2643	onlay - porcelain/ceramic - three surfaces
D2644	onlay - porcelain/ceramic - four or more surfaces
D2650	inlay - resin-based composite - one surface
D2651	inlay - resin-based composite - two surfaces
D2652	inlay - resin-based composite - three or more surfaces
D2662	onlay - resin-based composite - two surfaces
D2663	onlay - resin-based composite - three surfaces
D2664	onlay - resin-based composite - four or more surfaces
D2710	crown - resin-based composite (indirect)
D2712	crown - $\frac{3}{4}$ resin-based composite (indirect)
D2720	crown - resin with high noble metal
D2721	crown - resin with predominantly base metal
D2722	crown - resin with noble metal
D2740	crown - porcelain/ceramic substrate
D2750	crown - porcelain fused to high noble metal
D2751	crown - porcelain fused to predominantly base metal
D2752	crown - porcelain fused to noble metal
D2780	crown - $\frac{3}{4}$ cast high noble metal
D2781	crown - $\frac{3}{4}$ cast predominantly base metal
D2782	crown - $\frac{3}{4}$ cast noble metal
D2783	crown - $\frac{3}{4}$ porcelain/ceramic
D2790	crown - full cast high noble metal
D2791	crown - full cast predominantly base metal
D2792	crown - full cast noble metal
D2794	crown - titanium
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core

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Procedure Code	Description
D2920	re-cement or re-bond crown
D2921	reattachment of tooth fragment, incisal edge or cusp
D2929	prefabricated porcelain/ceramic crown – primary tooth
D2930	prefabricated stainless steel crown - primary tooth
D2931	prefabricated stainless steel crown - permanent tooth
D2932	prefabricated resin crown
D2933	prefabricated stainless steel crown with resin window
D2934	prefabricated esthetic coated stainless steel crown - primary tooth
D2940	protective restoration
D2941	interim therapeutic restoration – primary dentition
D2950	core buildup, including any pins when required
D2951	pin retention - per tooth, in addition to restoration
D2952	post and core in addition to crown, indirectly fabricated
D2953	each additional indirectly fabricated post - same tooth
D2954	prefabricated post and core in addition to crown
D2960	labial veneer (resin laminate) - chairside
D2961	labial veneer (resin laminate) - laboratory
D2962	labial veneer (porcelain laminate) - laboratory
D2971	additional procedures to construct new crown under existing partial denture framework
D2980	crown repair necessitated by restorative material failure
D2981	inlay repair necessitated by restorative material failure
D2982	onlay repair necessitated by restorative material failure
D2983	veneer repair necessitated by restorative material failure
D2999	unspecified restorative procedure, by report
D3110	pulp cap - direct (excluding final restoration)
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament
D3221	pulpal debridement, primary and permanent teeth
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)
D3310	endodontic therapy, anterior tooth (excluding final restoration)
D3320	endodontic therapy, bicuspid tooth (excluding final restoration)

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Procedure Code	Description
D3330	endodontic therapy, molar tooth (excluding final restoration)
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth
D3333	internal root repair of perforation defects
D3346	retreatment of previous root canal therapy - anterior
D3347	retreatment of previous root canal therapy - bicuspid
D3348	retreatment of previous root canal therapy - molar
D3351	apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)
D3352	apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)
D3410	apicoectomy – anterior
D3421	apicoectomy – bicuspid (first root)
D3425	apicoectomy – molar (first root)
D3426	apicoectomy (each additional root)
D3427	periradicular surgery without apicoectomy
D3430	retrograde filling - per root
D3450	root amputation - per root
D3920	hemisection (including any root removal), not including root canal therapy
D3999	unspecified endodontic procedure, by report
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
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth
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
D4245	apically positioned flap
D4249	clinical crown lengthening – hard tissue
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
D4263	bone replacement graft – retained natural tooth – first site in quadrant
D4264	bone replacement graft – retained natural tooth – each additional site in quadrant

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Procedure Code	Description
D4265	biologic materials to aid in soft and osseous tissue regeneration
D4266	guided tissue regeneration - resorbable barrier, per site
D4267	guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)
D4268	surgical revision procedure, per tooth
D4270	pedicle soft tissue graft procedure
D4271	free soft tissue graft procedure (including donor site surgery)
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft
D4274	mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft
D4276	combined connective tissue and double pedicle graft, per tooth
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft
D4278	free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site
D4283	autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site
D4285	non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site
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
D4999	unspecified periodontal procedure, by report
D5110	complete denture - maxillary
D5120	complete denture - mandibular
D5130	Immediate denture, maxillary
D5140	Immediate denture, mandibular
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)

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Procedure Code	Description
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)
D5281	removable unilateral partial denture - one piece cast metal (including clasps and teeth)
D5410	adjust complete denture - maxillary
D5411	adjust complete denture - mandibular
D5421	adjust partial denture - maxillary
D5422	adjust partial denture - mandibular
D5510	repair broken complete denture base
D5520	replace missing or broken teeth - complete denture (each tooth)
D5610	repair resin denture base
D5620	repair cast framework
D5630	repair or replace broken clasp – per tooth
D5640	replace broken teeth - per tooth
D5650	add tooth to existing partial denture
D5660	add clasp to existing partial denture – per tooth
D5670	replace all teeth and acrylic on cast metal framework (maxillary)
D5671	replace all teeth and acrylic on cast metal framework (mandibular)
D5710	rebase complete maxillary denture
D5711	rebase complete mandibular denture
D5720	rebase maxillary partial denture
D5721	rebase mandibular partial denture
D5730	reline complete maxillary denture (chairside)
D5731	reline complete mandibular denture (chairside)

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Procedure Code	Description
D5740	reline maxillary partial denture (chairside)
D5741	reline mandibular partial denture (chairside)
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)
D5821	interim partial denture (mandibular)
D5850	tissue conditioning, maxillary
D5851	tissue conditioning, mandibular
D5863	overdenture – complete maxillary
D5864	overdenture – partial maxillary
D5865	overdenture – complete mandibular
D5866	overdenture – partial mandibular
D5899	unspecified removable prosthodontic procedure, by report
D6010	surgical placement of implant body: endosteal implant
D6011	second stage implant surgery
D6012	surgical placement of interim implant body for transitional prosthesis: endosteal implant
D6013	surgical placement of mini implant
D6040	surgical placement: eposteal implant
D6050	surgical placement: transosteal implant
D6053	implant/abutment supported removable denture for completely edentulous arch
D6054	implant/abutment supported removable denture for partially edentulous arch
D6055	connecting bar – implant supported or abutment supported
D6056	prefabricated abutment – includes modification and placement
D6057	custom fabricated abutment – includes placement
D6058	abutment supported porcelain/ceramic crown
D6059	abutment supported porcelain fused to metal crown (high noble metal)
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)
D6061	abutment supported porcelain fused to metal crown (noble metal)
D6062	abutment supported cast metal crown (high noble metal)
D6063	abutment supported cast metal crown (predominantly base metal)
D6064	abutment supported cast metal crown (noble metal)



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Procedure Code	Description
D6065	implant supported porcelain/ceramic crown
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)
D6067	implant supported metal crown (titanium, titanium alloy, high noble metal)
D6068	abutment supported retainer for porcelain/ceramic FPD
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)
D6072	abutment supported retainer for cast metal FPD (high noble metal)
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)
D6074	abutment supported retainer for cast metal FPD (noble metal)
D6075	implant supported retainer for ceramic FPD
D6076	implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)
D6077	implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)
D6078	implant/abutment supported fixed denture for completely edentulous arch
D6079	implant/abutment supported fixed denture for partially edentulous arch
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments
D6090	repair implant supported prosthesis, by report
D6091	replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment
D6092	re-cement or re-bond implant/abutment supported crown
D6093	re-cement or re-bond implant/abutment supported fixed partial denture
D6094	abutment supported crown - (titanium)
D6095	repair implant abutment, by report
D6100	implant removal, by report
D6101	debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure
D6102	debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure
D6110	implant /abutment supported removable denture for edentulous arch – maxillary
D6111	implant /abutment supported removable denture for edentulous arch – mandibular
D6112	implant /abutment supported removable denture for partially edentulous arch – maxillary
D6113	implant /abutment supported removable denture for partially edentulous arch – mandibular

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Procedure Code	Description
D6114	implant /abutment supported fixed denture for edentulous arch – maxillary
D6115	implant /abutment supported fixed denture for edentulous arch – mandibular
D6116	implant /abutment supported fixed denture for partially edentulous arch – maxillary
D6117	implant /abutment supported fixed denture for partially edentulous arch – mandibular
D6194	abutment supported retainer crown for FPD (titanium)
D6205	pontic - indirect resin based composite
D6210	pontic - cast high noble metal
D6211	pontic - cast predominantly base metal
D6212	pontic - cast noble metal
D6214	pontic - titanium
D6240	pontic - porcelain fused to high noble metal
D6241	pontic - porcelain fused to predominantly base metal
D6242	pontic - porcelain fused to noble metal
D6245	pontic - porcelain/ceramic
D6250	pontic - resin with high noble metal
D6251	pontic - resin with predominantly base metal
D6252	pontic - resin with noble metal
D6545	retainer - cast metal for resin bonded fixed prosthesis
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis
D6549	resin retainer –for resin bonded fixed prosthesis
D6600	retainer inlay - porcelain/ceramic, two surfaces
D6601	retainer inlay - porcelain/ ceramic - three or more surfaces
D6602	retainer inlay - cast high noble metal, two surfaces
D6603	retainer inlay - cast high noble metal, three or more surfaces
D6604	retainer inlay - cast predominantly base metal, two surfaces
D6605	retainer inlay – cast predominantly base metal, three or more surfaces
D6606	retainer inlay – cast noble metal, two surfaces
D6607	retainer inlay – cast noble metal – three or more surfaces
D6608	retainer onlay - porcelain/ ceramic, two surfaces
D6609	retainer onlay porcelain/ ceramic, three or more surfaces
D6610	retainer onlay - cast high noble metal, two surfaces
D6611	retainer onlay - cast high noble metal, three or more surfaces
D6612	retainer onlay - cast predominantly base metal, two surfaces

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Procedure Code	Description
D6613	retainer onlay - cast predominantly base metal, three or more surfaces
D6614	retainer onlay - cast noble metal, two surfaces
D6615	retainer onlay - cast noble metal, three or more surfaces
D6624	retainer Inlay – titanium
D6634	retainer Onlay - titanium
D6710	retainer crown - indirect resin based composite
D6720	retainer crown - resin with high noble metal
D6721	retainer crown - resin with predominantly base metal
D6722	retainer crown - resin with noble metal
D6740	retainer crown - porcelain/ceramic
D6750	retainer crown - porcelain fused to high noble metal
D6751	retainer crown - porcelain fused to predominantly base metal
D6752	retainer crown - porcelain fused to noble metal
D6780	retainer crown - 3/4 cast high noble metal
D6781	retainer crown - 3/4 cast predominantly base metal
D6782	retainer crown - 3/4 cast noble metal
D6783	retianer crown - 3/4 porcelain/ceramic
D6790	retainer crown - full cast high noble metal
D6791	retainer crown - full cast predominantly base metal
D6792	retainer crown - full cast noble metal
D6794	retainer crown - titanium
D6930	<i>re-cement or re-bond fixed partial denture</i>
D6940	stress breaker
D6970	post and core in addition to fixed partial denture retainer, indirectly fabricated
D6972	prefabricated post and core in addition to fixed partial denture retainer
D6973	core build up for retainer, including any pins
D6980	fixed partial denture repair necessitated by restorative material failure
D6999	unspecified fixed prosthodontic procedure, by report
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
D7220	removal of impacted tooth - soft tissue

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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)
D7260	oroantral fistula closure
D7261	primary closure of a sinus perforation
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced 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
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
D7340	vestibuloplasty - ridge extension (secondary epithelialization)
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)
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 method, by report
D7471	removal of lateral exostosis (maxilla or mandible)
D7472	removal of torus palatinus
D7473	removal of torus mandibularis

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Procedure Code	Description
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 (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)
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue
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 approaches
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

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D7943	osteotomy - mandibular rami with bone graft; includes obtaining the graft
D7944	osteotomy - segmented or subapical
D7945	osteotomy - body of mandible
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
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach
D7960	frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure
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
D7995	synthetic graft - mandible or facial bones, by report
D7998	intraoral placement of a fixation device not in conjunction with a fracture
D7999	unspecified oral surgery procedure, by report
D9110	palliative (emergency) treatment of dental pain - minor procedure
D9120	fixed partial denture sectioning
D9219	evaluation for deep sedation or general anesthesia
D9220	deep sedation/general anesthesia – first 30 minutes
D9221	deep sedation/general anesthesia – each additional 15 minutes
D9223	deep sedation/general anesthesia – each 15 minute increment
D9230	inhalation of nitrous oxide
D9241	intravenous moderate (conscious) sedation/analgesia – first 30 minutes
D9242	intravenous moderate (conscious) sedation/analgesia – each additional 15 minutes
D9243	intravenous moderate (conscious) sedation/analgesia – each 15 minute increment
D9248	non-intravenous sedation
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician

## HMK Covered Dental Codes

Effective July 1, 2017

Procedure Code	Description
D9930	treatment of complications (post-surgical) - unusual circumstances, by report
D9932	cleaning and inspection of removable complete denture, maxillary
D9933	cleaning and inspection of removable complete denture, mandibular
D9934	cleaning and inspection of removable partial denture, maxillary
D9935	cleaning and inspection of removable partial denture, mandibular
D9999	unspecified adjunctive procedure, by report