

Section 10 - CDT 24 Tables

| | |
|--|-------|
| Table 1: Federally Required Adult Dental Services (FRADS) | 10-1 |
| Table 3: Restored Adult Dental Services (RADS) | 10-7 |
| Table 4: Omnibus Budget Reconciliation Act (OBRA) Emergency Services Only..... | 10-9 |
| Table 5: Exempt Dental Services | 10-13 |
| Table 6: Exempt Emergency Dental Services | 10-20 |



Section 10 - CDT 24 Tables

Effective February 1, 2024, Current Dental Terminology 2024 (CDT 24) was implemented which created changes to the Federally Required Adult Dental Services (FRADS), Pregnancy, Omnibus Budget Reconciliation Act (OBRA) member emergency, and Member Cap procedures.

Table 1: Federally Required Adult Dental Services (FRADS)

The following procedure codes are reimbursable procedures for Medi-Cal members 21 years of age and older.

Please note: The procedure codes marked with an asterisk (*) are only payable for Medi-Cal members aged 21 and older who are not otherwise exempt when the procedure is appropriately rendered in conjunction with another FRADS.

Table 1: Federally Required Adult Dental Services (FRADS)

| CDT 24 Code | CDT 24 Code Description |
|-------------------|---|
| D0220 | Intraoral - periapical first radiographic image |
| D0230 | Intraoral - periapical each additional radiographic image |
| D0250 * | Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector |
| D0310 * | Sialography |
| D0320 * | Temporomandibular joint arthrogram, including injection |
| D0322 * | Tomographic survey |
| D0330 | Panoramic radiographic image |
| D0502 | Other oral pathology procedures, by report |
| D0999 | Unspecified diagnostic procedure, by report |
| D2910 | Recement inlay or re-bond, onlay, veneer or partial coverage restoration |
| D2920 | Recement or re-bond crown |

Table 1: Federally Required Adult Dental Services (FRADS)

| CDT 24 Code | CDT 24 Code Description |
|-------------------|--|
| D2940 | Protective restoration |
| D5911 | Facial moulage (sectional) |
| D5912 | Facial moulage (complete) |
| D5913 | Nasal prosthesis |
| D5914 | Auricular prosthesis |
| D5915 | Orbital prosthesis |
| D5916 | Ocular prosthesis |
| D5919 | Facial prosthesis |
| D5922 | Nasal septal prosthesis |
| D5923 | Ocular prosthesis, interim |
| D5924 | Cranial prosthesis |
| D5925 | Facial augmentation implant prosthesis |
| D5926 | Nasal prosthesis, replacement |
| D5927 | Auricular prosthesis, replacement |
| D5928 | Orbital prosthesis, replacement |
| D5929 | Facial prosthesis, replacement |
| D5931 | Obturator prosthesis, surgical |
| D5932 | Obturator prosthesis, definitive |

Table 1: Federally Required Adult Dental Services (FRADS)

| CDT 24 Code | CDT 24 Code Description |
|--------------------|--|
| D5933 | Obturator prosthesis, modification |
| D5934 | Mandibular resection prosthesis with guide flange |
| D5935 | Mandibular resection prosthesis without guide flange |
| D5936 | Obturator prosthesis, interim |
| D5937 | Trismus appliance (not for TMD treatment) |
| D5953 | Speech aid prosthesis, adult |
| D5954 | Palatal augmentation prosthesis |
| D5955 | Palatal lift prosthesis, definitive |
| D5958 | Palatal lift prosthesis, interim |
| D5959 | Palatal lift prosthesis, modification |
| D5960 | Speech aid prosthesis, modification |
| D5982 | Surgical stent |
| D5983 | Radiation carrier |
| D5984 | Radiation shield |
| D5985 | Radiation cone locator |
| D5986 | Fluoride gel carrier |
| D5987 | Commissure splint |
| D5988 | Surgical splint |
| D5999 | Unspecified maxillofacial prosthesis, by report |
| D6092 | Recement or Re-bond implant/abutment supported crown |
| D6093 | Recement or Re-bond implant/abutment supported fixed partial denture |
| D6100 | Surgical removal of implant body |

Table 1: Federally Required Adult Dental Services (FRADS)

| CDT 24 Code | CDT 24 Code Description |
|--------------------|---|
| D6105 | Removal of implant body not requiring bone removal nor flap elevation |
| D6930 | Re-cement or Re-Bond fixed partial denture |
| D6999 | Unspecified fixed prosthodontic procedure, by report |
| 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 |
| D7260 | Oroantral fistula closure |
| D7261 | Primary closure of a sinus perforation |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth |

Table 1: Federally Required Adult Dental Services (FRADS)

| CDT 24 Code | CDT 24 Code Description |
|--------------------|---|
| D7285 | Incisional Biopsy of oral tissue - hard (bone, tooth) |
| D7286 | Incisional Biopsy of oral tissue – soft |
| 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 1.25cm |
| 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 |

Table 1: Federally Required Adult Dental Services (FRADS)

| CDT 24 Code | CDT 24 Code Description |
|--------------------|--|
| D7490 | Radical resection of mandible with bone graft |
| 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) |

Table 1: Federally Required Adult Dental Services (FRADS)

| CDT 24 Code | CDT 24 Code Description |
|--------------------|---|
| D7640 | Mandible - closed reduction (teeth immobilized, if present) |
| D7650 | Malar and/or zygomatic arch - open reduction |
| D7660 | Malar and/or zygomatic arch - closed reduction |
| D7670 | Alveolus - closed reduction, may include stabilization of teeth |
| D7671 | Alveolus - open reduction, may include stabilization of teeth |
| D7680 | Facial bones - complicated reduction with fixation and multiple surgical approaches |
| D7710 | Maxilla - open reduction |
| D7720 | Maxilla - closed reduction |
| D7730 | Mandible - open reduction |
| D7740 | Mandible - closed reduction |
| D7750 | Malar and/or zygomatic arch - open reduction |
| D7760 | Malar and/or zygomatic arch - closed reduction |
| D7770 | Alveolus - open reduction stabilization of teeth |
| D7771 | Alveolus, closed reduction stabilization of teeth |
| D7780 | Facial bones - complicated reduction with fixation and multiple surgical approaches |
| D7810 | Open reduction of dislocation |
| D7820 | Closed reduction of dislocation |
| D7830 | Manipulation under anesthesia |
| D7840 | Condylectomy |

Table 1: Federally Required Adult Dental Services (FRADS)

| CDT 24 Code | CDT 24 Code Description |
|--------------------|---|
| D7850 | Surgical discectomy, with/without implant |
| D7852 | Disc repair |
| D7854 | Synovectomy |
| D7856 | Myotomy |
| D7858 | Joint reconstruction |
| D7860 | Arthrotomy |
| D7865 | Arthroplasty |
| D7870 | Arthrocentesis |
| D7872 | Arthroscopy - diagnosis, with or without biopsy |
| D7873 | Arthroscopy -lavage and lysis of adhesions |
| D7874 | Arthroscopy - disc repositioning and stabilization |
| D7875 | Arthroscopy - synovectomy |
| D7876 | Arthroscopy - debridement |
| D7877 | Arthroscopy - debridement |
| D7910 | Suture of recent small wounds up to 5 cm |
| D7911 | Complicated suture - up to 5 cm |
| D7912 | Complicated suture - greater than 5 cm |
| D7920 | Skin graft (identify defect covered, location and type of graft) |
| D7940 | Osteoplasty - for orthognathic deformities |
| D7941 | Osteotomy - mandibular rami |
| D7943 | Osteotomy - mandibular rami with bone graft; includes obtaining the graft |
| D7944 | Osteotomy – segmented or subapical |
| D7945 | Osteotomy - body of mandible |

Table 1: Federally Required Adult Dental Services (FRADS)

| CDT 24 Code | CDT 24 Code Description |
|--------------------|--|
| D7946 | LeFort I (maxilla - total) |
| D7947 | LeFort I (maxilla - segmented) |
| D7948 | LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft |
| D7949 | LeFort II or LeFort III - with bone graft |
| D7950 | Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report |
| D7951 | Sinus augmentation with bone or bone substitutes via a lateral open approach |
| D7955 | Repair of maxillofacial soft and/or hard tissue defect |
| D7971 | Excision of pericoronal gingiva |
| D7979 | Non-surgical Sialolithotomy *Effective May 16, 2020 |
| D7980 | Surgical 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 |
| D7997 | Appliance removal (not by dentist who placed appliance), includes removal of archbar |
| D7999 | Unspecified oral surgery procedure, by report |

Table 1: Federally Required Adult Dental Services (FRADS)

| CDT 24 Code | CDT 24 Code Description |
|--------------------|--|
| D9110 | Palliative (emergency) treatment of dental pain - minor procedure |
| D9210 | Local anesthesia not in conjunction with operative or surgical procedures |
| D9222 | Deep Sedation/General Anesthesia - First 15 Minutes *Effective March 14, 2020 |
| D9223 | Deep Sedation/General Anesthesia - Each subsequent 15-minute increment *Effective March 14, 2020 |
| D9230 | Inhalation of nitrous oxide/anxiolysis, analgesia |
| D9239 | Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes *Effective March 14, 2020 |
| D9243 | Intravenous Moderate (Conscious) Sedation/Analgesia - Each subsequent 15-minute increment *Effective March 14, 2020 |
| D9248 | Non-intravenous conscious sedation |
| D9410 | House/extended care facility call |
| D9420 | Hospital or ambulatory surgical center call |
| D9430 | Office visit for observation (during regularly scheduled hours) - no other services performed |
| D9440 | Office visit - after regularly scheduled hours |

Table 1: Federally Required Adult Dental Services (FRADS)

| CDT 24 | |
|---------------|---|
| Code | CDT 24 Code Description |
| D9610 | Therapeutic parenteral drug, single administration |
| D9910 | Application of desensitizing medicament |
| D9930 | Treatment of complications (post - surgical) - unusual circumstances, by report |

Table 1: Federally Required Adult Dental Services (FRADS)

| CDT 24 | |
|---------------|---|
| Code | CDT 24 Code Description |
| D9999 | Unspecified adjunctive procedure, by report |

Table 3: Restored Adult Dental Services (RADS)

Effective May 1, 2014, some adult dental benefits have been restored in accordance with Assembly Bill 82 (AB 82).

Table 3: Restored Adult Dental Services (RADS)

| CDT 24 Code | CDT 24 Code Description |
|--------------------|--|
| D0150 | Comprehensive oral evaluation - new or established patient |
| D0210 | Intraoral - complete series of radiographic images |
| D0220 | Intraoral - periapical first radiographic image |
| D0230 | Intraoral - periapical each additional radiographic image |
| D0270 | Bitewing - single radiographic image |
| D0272 | Bitewings - two radiographic images |
| D0274 | Bitewings - four radiographic images |
| D0330 | Panoramic radiographic image |
| D0350 | 2D Oral/Facial photographic images obtained intra-orally or extra orally |
| D1110 | Prophylaxis - adult |
| D1206 | Topical application of fluoride varnish |
| D1208 | Topical application of fluoride - excluding varnish |
| D2140 | Amalgam - One Surface, Primary or Permanent |
| D2150 | Amalgam - Two Surfaces, Primary or Permanent |
| D2160 | Amalgam - Three Surfaces, Primary or Permanent |

Table 3: Restored Adult Dental Services (RADS)

| CDT 24 Code | CDT 24 Code Description |
|--------------------|---|
| 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 |
| D2931 | Prefabricated Stainless Steel Crown - Permanent Tooth |
| D2932 | Prefabricated Resin Crown |
| D2933 | Prefabricated Stainless Steel Crown with Resin Window |
| D2952 | Post And Core in Addition To Crown, Indirectly Fabricated |
| D2954 | Prefabricated Post and Core In Addition To Crown |

Table 3: Restored Adult Dental Services (RADS)

| CDT 24 Code | CDT 24 Code Description |
|--------------------|--|
| D2989 | Excavation of a tooth resulting in the determination of non-restorability |
| D3310 | Endodontic Therapy, Anterior Tooth (Excluding Final Restoration) |
| D3346 | Retreatment Of Previous Root Canal Therapy - Anterior |
| D5110 | Complete Denture – Maxillary |
| D5120 | Complete Denture – Mandibular |
| D5130 | Immediate Denture – Maxillary |
| D5140 | Immediate Denture – Mandibular |
| D5410 | Adjust Complete Denture - Maxillary |
| D5411 | Adjust Complete Denture – Mandibular |
| D5511 | Repair broken complete denture base, mandibular *Effective March 14, 2020 |
| D5512 | Repair broken complete denture base, maxillary *Effective March 14, 2020 |
| D5520 | Replace Missing or Broken Teeth – Complete Denture (Each Tooth) |
| D5611 | Repair resin partial denture base, mandibular *Effective March 14, 2020 |
| D5612 | Repair resin partial denture base, maxillary *Effective March 14, 2020 |
| D5730 | Reline Complete Maxillary Denture (direct) |
| D5731 | Reline Complete Mandibular Denture (direct) |

Table 3: Restored Adult Dental Services (RADS)

| CDT 24 Code | CDT 24 Code Description |
|--------------------|--|
| D5750 | Reline Complete Maxillary Denture (indirect) |
| D5751 | Reline Complete Mandibular Denture (indirect) |
| D5850 | Tissue Conditioning, Maxillary |
| D5851 | Tissue Conditioning, Mandibular |
| D5863 | Overdenture – complete maxillary *Effective March 14, 2020 |
| D5865 | Overdenture – complete mandibular *Effective March 14, 2020 |

Table 4: Omnibus Budget Reconciliation Act (OBRA) Emergency Services Only

Those who qualify for Medi-Cal benefits as OBRA members have limited benefits and are only eligible for emergency dental services.

An emergency dental condition is a dental condition manifesting itself by acute symptoms of sufficient severity including severe pain, which in the absence of immediate dental attention could reasonably be expected to result in any of the following:

- placing the patient’s health in serious jeopardy,
- serious impairment to bodily functions,
- serious dysfunction of any bodily organ or part.

The emergency must be certified in accordance with California Code of Regulations, Title 22, Section 51056.

Please note that TARs are not allowed and may not be submitted for these members. If a TAR is submitted for any of the procedures described below, it will be denied.

The following are identified as emergency dental procedures for OBRA members:

Table 4: Omnibus Budget Reconciliation Act (OBRA) Emergency Services Only

| CDT 24 | |
|--------|---|
| Code | CDT 24 Code Description |
| D0220 | Intraoral - periapical first radiographic image |
| D0230 | Intraoral - periapical each additional radiographic image |
| D0250 | Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector |
| D0330 | Panoramic radiographic image |
| D0502 | Other oral pathology procedures, by report |
| D0999 | Unspecified diagnostic procedure, by report |
| D2920 | Recement or re-bond crown |
| D2940 | Protective restoration |

Table 4: Omnibus Budget Reconciliation Act (OBRA) Emergency Services Only

| CDT 24 | |
|--------|---|
| Code | CDT 24 Code Description |
| D2941 | Interim therapeutic restoration- primary dentition *Effective March 14, 2020 |
| 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 |
| D6089 | Accessing and retorquing loose implant screw |

Table 4: Omnibus Budget Reconciliation Act (OBRA) Emergency Services Only

| CDT 24 Code | CDT 24 Code Description |
|--------------------|---|
| D6092 | Recement or Re-bond implant/abutment supported crown |
| D6093 | Recement or Re-bond implant/abutment supported fixed partial denture |
| D6930 | Recement fixed partial denture |
| 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) |
| D7260 | Oroantral fistula closure |
| D7261 | Primary closure of a sinus perforation |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth |
| D7285 | Biopsy of oral tissue - hard (bone, tooth) |

Table 4: Omnibus Budget Reconciliation Act (OBRA) Emergency Services Only

| CDT 24 Code | CDT 24 Code Description |
|--------------------|---|
| D7286 | Biopsy of oral tissue - soft |
| 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 1.25cm |
| 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 |
| D7490 | Radical resection of mandible with bone graft |

Table 4: Omnibus Budget Reconciliation Act (OBRA) Emergency Services Only

| CDT 24 Code | CDT 24 Code Description |
|--------------------|--|
| 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) |

Table 4: Omnibus Budget Reconciliation Act (OBRA) Emergency Services Only

| CDT 24 Code | CDT 24 Code Description |
|--------------------|---|
| 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 |
| 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 |
| D7810 | Open reduction of dislocation |
| D7820 | Closed reduction of dislocation |
| D7830 | Manipulation under anesthesia |
| D7910 | Suture of recent small wounds up to 5 cm |
| D7911 | Complicated suture - up to 5 cm |
| D7912 | Complicated suture - greater than 5 cm |
| D7979 | Non-surgical Sialolithotomy |

Table 4: Omnibus Budget Reconciliation Act (OBRA) Emergency Services Only

| CDT 24 Code | CDT 24 Code Description |
|--------------------|--|
| | *Effective May 16, 2020 |
| D7980 | Surgical Sialolithotomy |
| D7983 | Closure of salivary fistula |
| D7990 | Emergency tracheotomy |
| D9110 | Palliative (emergency) treatment of dental pain - minor procedure |
| D9210 | Local anesthesia not in conjunction with operative or surgical procedures |
| D9222 | Deep Sedation/General Anesthesia - First 15 Minutes *Effective March 14, 2020 |
| D9223 | Deep Sedation/General Anesthesia - Each subsequent 15-minute increment *Effective March 14, 2020 |
| D9230 | Inhalation of nitrous oxide/anxiolysis, analgesia |
| D9239 | Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes *Effective March 14, 2020 |
| D9243 | Intravenous Moderate (Conscious) Sedation/Analgesia - Each subsequent 15-minute increment *Effective March 14, 2020 |
| D9248 | Non-intravenous conscious sedation |
| D9410 | House/extended care facility call |
| D9420 | Hospital or ambulatory surgical center call |

Table 4: Omnibus Budget Reconciliation Act (OBRA) Emergency Services Only

| CDT 24 Code | CDT 24 Code Description |
|--------------------|---|
| D9430 | Office visit for observation (during regularly scheduled hours) - no other services performed |
| D9440 | Office visit - after regularly scheduled hours |
| D9610 | Therapeutic parenteral drug, single administration |
| D9910 | Application of desensitizing medicament |
| D9920 | Behavior management, by report |
| D9930 | Treatment of complications (post - surgical) - unusual circumstances, by report |
| D9951 | Occlusal adjustment - limited |
| D9957 | Screening for sleep related breathing disorders |

Table 5: Exempt Dental Services

The following procedures have been identified as always exempt from the \$1,800 dental soft cap. For details about the dental soft cap, please refer to “Section 4 – Treating Members, \$1,800 Limit per Calendar Year for Member Dental Services, with Exceptions” of this Handbook.

Table 5: Exempt Dental Services

| CDT 24 | |
|--------|---|
| Code | CDT 24 Code Description |
| D0310 | Sialography |
| D0320 | Temporomandibular joint arthrogram, including injection |
| D0322 | Tomographic survey |
| D0502 | Other oral pathology procedures, by report |
| D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration |
| D2920 | Recement or re-bond crown |
| D5110 | Complete denture - maxillary |
| D5120 | Complete denture - mandibular |
| D5130 | Immediate denture - maxillary |
| D5140 | Immediate denture - mandibular |
| D5211 | Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth) |
| D5212 | Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth) |
| D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) |

Table 5: Exempt Dental Services

| CDT 24 | |
|--------|--|
| Code | CDT 24 Code Description |
| D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) |
| D5410 | Adjust complete denture - maxillary |
| D5411 | Adjust complete denture - mandibular |
| D5421 | Adjust partial denture - maxillary |
| D5422 | Adjust partial denture - mandibular |
| D5660 | Add clasp to existing partial denture- per tooth |
| D5730 | Reline complete maxillary denture (direct) |
| D5731 | Reline complete mandibular denture (direct) |
| D5740 | Reline maxillary partial denture (direct) |
| D5741 | Reline mandibular partial denture (direct) |
| D5850 | Tissue conditioning, maxillary |
| D5851 | Tissue conditioning, mandibular |
| D5863 | Overdenture – complete maxillary *Effective March 14, 2020 |
| D5865 | Overdenture – complete mandibular *Effective March 14, 2020 |
| D5911 | Facial moulage (sectional) |
| D5912 | Facial moulage (complete) |

Table 5: Exempt Dental Services

| CDT 24 Code | CDT 24 Code Description |
|--------------------|--|
| D5913 | Nasal prosthesis |
| D5914 | Auricular prosthesis |
| D5915 | Orbital prosthesis |
| D5916 | Ocular prosthesis |
| D5919 | Facial prosthesis |
| D5922 | Nasal septal prosthesis |
| D5923 | Ocular prosthesis, interim |
| D5924 | Cranial prosthesis |
| D5925 | Facial augmentation implant prosthesis |
| D5926 | Nasal prosthesis, replacement |
| D5927 | Auricular prosthesis, replacement |
| D5928 | Orbital prosthesis, replacement |
| D5929 | Facial prosthesis, replacement |
| D5931 | Obturator prosthesis, surgical |
| D5932 | Obturator prosthesis, definitive |
| D5933 | Obturator prosthesis, modification |
| D5934 | Mandibular resection prosthesis with guide flange |
| D5935 | Mandibular resection prosthesis without guide flange |
| D5936 | Obturator prosthesis, interim |
| D5937 | Trismus appliance (not for TMD treatment) |
| D5951 | Feeding aid |
| D5953 | Speech aid prosthesis, adult |
| D5954 | Palatal augmentation prosthesis |
| D5955 | Palatal lift prosthesis, definitive |

Table 5: Exempt Dental Services

| CDT 24 Code | CDT 24 Code Description |
|--------------------|--|
| D5958 | Palatal lift prosthesis, interim |
| D5959 | Palatal lift prosthesis, modification |
| D5960 | Speech aid prosthesis, modification |
| D5982 | Surgical stent |
| D5983 | Radiation carrier |
| D5984 | Radiation shield |
| D5985 | Radiation cone locator |
| D5986 | Fluoride gel carrier |
| D5987 | Commissure splint |
| D5988 | Surgical splint |
| D5999 | Unspecified maxillofacial prosthesis, by report |
| D6010 | Surgical placement of implant body: endosteal implant |
| D6013 | Surgical Placement of Mini Implant *Effective March 14, 2020 |
| D6040 | Surgical placement: eposteal implant |
| D6050 | Surgical placement: transosteal implant |
| 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 |
| D6060 | Abutment supported porcelain fused to metal crown (predominantly base metal) |

Table 5: Exempt Dental Services

| CDT 24 Code | CDT 24 Code Description |
|--------------------|--|
| D6063 | Abutment supported cast metal crown (predominantly base metal) |
| D6065 | Implant supported porcelain/ceramic crown |
| D6068 | Abutment supported retainer for porcelain/ceramic FPD |
| D6070 | Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) |
| D6073 | Abutment supported retainer for cast metal FPD (predominantly base metal) |
| D6075 | Implant supported retainer for ceramic FPD |
| D6080 | Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments |
| D6082 | Implant supported crown – porcelain fused to predominately base alloys *Effective July 1, 2021 |
| D6086 | Implant supported crown – predominately base alloys *Effective July 1, 2021 |
| D6090 | Repair implant supported prosthesis, by report |
| D6091 | Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment |
| D6092 | Recement or Re-bond implant/abutment supported crown |

Table 5: Exempt Dental Services

| CDT 24 Code | CDT 24 Code Description |
|--------------------|--|
| D6093 | Recement or Re-bond implant/abutment supported fixed partial denture |
| D6095 | Repair implant abutment, by report |
| D6098 | Implant supported retainer – porcelain fused to predominately base alloys *Effective July 1, 2021 |
| D6100 | Surgical removal of implant body |
| D6110 | Implant/Abutment Supported Removable Denture for Edentulous Arch – Maxillary *Effective March 14, 2020 |
| D6111 | Implant/Abutment Supported Removable Denture for Edentulous Arch – Mandibular *Effective March 14, 2020 |
| D6112 | Implant/Abutment Supported Removable Denture for Partially Edentulous Arch – Maxillary *Effective March 14, 2020 |
| D6113 | Implant/Abutment Supported Removable Denture for Partially Edentulous Arch – Mandibular *Effective March 14, 2020 |
| D6114 | Implant/Abutment Supported Fixed Denture for Edentulous Arch – Maxillary *Effective March 14, 2020 |

Table 5: Exempt Dental Services

| CDT 24 Code | CDT 24 Code Description |
|--------------------|--|
| D6115 | Implant/Abutment Supported Fixed Denture for Edentulous Arch – Mandibular *Effective March 14, 2020 |
| D6116 | Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch – Maxillary *Effective March 14, 2020 |
| D6117 | Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch – Mandibular *Effective March 14, 2020 |
| D6121 | Implant supported retainer for metal FPD- predominately base alloys *Effective July 1, 2021 |
| D6191 | Semi-precision abutment – placement *Effective October 1, 2021 |
| D6192 | Semi-precision attachment – placement *Effective October 1, 2021 |
| D6199 | Unspecified implant procedure, by report |
| D6930 | Recement fixed partial denture |
| D6980 | Fixed partial denture repair, necessitated by restorative material failure |
| D6999 | Unspecified fixed prosthodontic procedure, by report |
| D7260 | Oroantral fistula closure |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth |
| D7285 | Incisional Biopsy of oral tissue - hard (bone, tooth) |

Table 5: Exempt Dental Services

| CDT 24 Code | CDT 24 Code Description |
|--------------------|--|
| D7286 | Incisional Biopsy of oral tissue - soft |
| 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 1.25cm |
| 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 |
| D7490 | Radical resection of mandible with bone graft |
| 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) |

Table 5: Exempt Dental Services

| CDT 24 Code | CDT 24 Code Description |
|--------------------|--|
| D7540 | Removal of reaction producing foreign bodies, musculoskeletal system |
| D7550 | Partial ostectomy/sequestrectomy for removal of non-vital bone |
| D7560 | Maxillary sinusotomy for removal of tooth fragment or foreign body |
| D7610 | Maxilla - open reduction (teeth immobilized, if present) |
| D7620 | Maxilla - closed reduction (teeth immobilized, if present) |
| D7630 | Mandible - open reduction (teeth immobilized, if present) |
| D7640 | Mandible - closed reduction (teeth immobilized, if present) |
| D7650 | Malar and/or zygomatic arch - open reduction |
| D7660 | Malar and/or zygomatic arch - closed reduction |
| D7670 | Alveolus - closed reduction, may include stabilization of teeth |
| D7671 | Alveolus - open reduction, may include stabilization of teeth |
| 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 |

Table 5: Exempt Dental Services

| CDT 24 Code | CDT 24 Code Description |
|--------------------|--|
| D7771 | Alveolus, closed reduction stabilization of teeth |
| D7810 | Open reduction of dislocation |
| D7820 | Closed reduction of dislocation |
| D7830 | Manipulation under anesthesia |
| D7840 | Condylectomy |
| D7850 | Surgical discectomy, with/without implant |
| D7852 | Disc repair |
| D7854 | Synovectomy |
| D7856 | Myotomy |
| D7858 | Joint reconstruction |
| D7860 | Arthrotomy |
| D7865 | Arthroplasty |
| D7870 | Arthrocentesis |
| D7872 | Arthroscopy - diagnosis, with or without biopsy |
| D7873 | Arthroscopy - lavage and lysis of adhesions |
| D7874 | Arthroscopy - disc repositioning and stabilization |
| D7875 | Arthroscopy - synovectomy |
| D7876 | Arthroscopy - debridement |
| D7877 | Arthroscopy - debridement |
| D7910 | Suture of recent small wounds up to 5 cm |
| D7911 | Complicated suture - up to 5 cm |
| D7912 | Complicated suture - greater than 5 cm |
| D7920 | Skin graft (identify defect covered, location and type of graft) |
| D7940 | Osteoplasty - for orthognathic deformities |
| D7941 | Osteotomy - mandibular rami |

Table 5: Exempt Dental Services

| CDT 24 Code | CDT 24 Code Description |
|--------------------|--|
| 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 |
| D7950 | Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report |
| D7951 | Sinus augmentation with bone or bone substitutes via a lateral open approach |
| D7952 | Sinus augmentation via a vertical approach |
| D7955 | Repair of maxillofacial soft and/or hard tissue defect |
| D7961 | Buccal/labial frenectomy (frenulectomy) *Effective October 1, 2021 |
| D7962 | Lingual frenectomy (frenulectomy) *Effective October 1, 2021 |
| D7979 | Non-surgical Sialolithotomy *Effective May 16, 2020 |
| D7980 | Surgical Sialolithotomy |
| D7981 | Excision of salivary gland, by report |
| D7982 | Sialodochoplasty |
| D7983 | Closure of salivary fistula |

Table 5: Exempt Dental Services

| CDT 24 Code | CDT 24 Code Description |
|--------------------|--|
| D7991 | Coronoidectomy |
| D7993 | Surgical placement of craniofacial implant – extra oral *Effective October 1, 2021 |
| D7994 | Surgical placement: zygomatic implant *Effective October 1, 2021 |
| D7995 | Synthetic graft - mandible or facial bones, by report |
| D7997 | Appliance removal (not by dentist who placed appliance), includes removal of arch bar |
| D7999 | Unspecified oral surgery procedure, by report |
| D9222 | Deep Sedation/General Anesthesia - First 15 Minutes *Effective March 14, 2020 |
| D9223 | Deep Sedation/General Anesthesia - Each subsequent 15-minute increment *Effective March 14, 2020 |
| D9239 | Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes *Effective March 14, 2020 |
| D9243 | Intravenous Moderate (Conscious) Sedation/Analgesia - Each subsequent 15-minute increment *Effective March 14, 2020 |
| D9920 | Behavior management, by report |
| D9995 | Teledentistry – Synchronous; Real-time encounter *Effective May 16, 2020 |

Table 5: Exempt Dental Services

| CDT 24 Code | CDT 24 Code Description |
|--------------------|---|
| D9996 | Teledentistry – Asynchronous; Information stored and forwarded to dentist for subsequent review. *Transmission costs associated with store and forward are not payable *Effective May 16, 2020 |

Table 6: Exempt Emergency Dental Services

The following procedure codes may be exempt from the dental soft cap if they are related to an adequately documented emergency service pursuant to W&I Code 14080(a)(1). For details about the soft dental cap, please refer to “Section 4 – Treating Members, \$1,800 Limit per Calendar Year for Member Dental Services, with Exceptions” of this Handbook.

| Table 6: Exempt Emergency Dental Services | |
|--|---|
| CDT 24 Code | CDT 24 Code Description |
| D0160 | Detailed and extensive oral evaluation - problem focused by report |
| 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 |
| D0270 | Bitewing - single radiographic image |
| D0272 | Bitewings - two radiographic images |
| D0274 | Bitewings - four radiographic images |
| D0330 | Panoramic radiographic image |
| D0999 | Unspecified diagnostic procedure by report |
| D1551 | Re-cement or re-bond bilateral space maintainer – maxillary *Effective July 1, 2021 |
| D1552 | Re-cement or re-bond bilateral space maintainer – mandibular *Effective July 1, 2021 |

| Table 6: Exempt Emergency Dental Services | |
|--|---|
| CDT 24 Code | CDT 24 Code Description |
| D1553 | Re-cement or re-bond unilateral space maintainer – per quadrant *Effective July 1, 2021 |
| D2940 | Protective 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 |
| D3230 | Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) |
| D3240 | Pulpal therapy (resorbable filling) - posterior primary tooth (excluding final restoration) |
| D3999 | Unspecified endodontic procedure by report |
| D4920 | Unscheduled dressing change (by someone other than treating dentist or their staff) |
| D4999 | Unspecified periodontal procedure by report |
| D5511 | Repair broken complete denture base, mandibular *Effective March 14, 2020 |

| Table 6: Exempt Emergency Dental Services | |
|--|---|
| CDT 24 Code | CDT 24 Code Description |
| D5512 | Repair broken complete denture base, maxillary *Effective March 14, 2020 |
| D5520 | Replace missing or broken teeth - complete denture (each tooth) |
| D5611 | Repair resin partial denture base, mandibular *Effective March 14, 2020 |
| D5612 | Repair resin partial denture base, maxillary *Effective March 14, 2020 |
| D5621 | Repair cast partial denture framework, mandibular *Effective March 14, 2020 |
| D5622 | Repair cast partial denture framework, maxillary *Effective March 14, 2020 |
| D5630 | Repair or replace broken retentive/clasping materials per tooth |
| D5640 | Replace broken teeth - per tooth |
| D5650 | Add tooth to existing partial denture |
| D6100 | Surgical removal of implant body |
| 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 |

| Table 6: Exempt Emergency Dental Services | |
|--|---|
| CDT 24 Code | CDT 24 Code Description |
| 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 |
| D7261 | Primary closure of a sinus perforation |
| 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 |
| D7465 | Destruction of lesion(s) by physical or chemical method by report |
| D7530 | Removal of foreign body from mucosa skin or subcutaneous alveolar tissue |
| D7680 | Facial bones - complicated reduction with fixation and multiple surgical approaches |

| Table 6: Exempt Emergency Dental Services | |
|--|---|
| CDT 24 Code | CDT 24 Code Description |
| D7780 | Facial bones - complicated reduction with fixation and multiple surgical approaches |
| D7970 | Excision of hyperplastic tissue - per arch |
| D7971 | Excision of pericoronal gingiva |
| D7990 | Emergency tracheotomy |
| D8696 | Repair of orthodontic appliance – maxillary *Effective July 1, 2021 |
| D8697 | Repair of orthodontic appliance – mandibular *Effective July 1, 2021 |
| D9110 | Palliative (emergency) treatment of dental pain - minor procedure |
| D9120 | Fixed partial denture sectioning |
| D9210 | Local anesthesia not in conjunction with operative or surgical procedures |
| D9230 | Inhalation of nitrous oxide/anxiolysis analgesia |
| D9248 | Non-intravenous conscious sedation |
| D9410 | House/extended care facility call |
| D9420 | Hospital or ambulatory surgical center call |
| D9430 | Office visit for observation (during regularly scheduled hours) - no other services performed |
| D9440 | Office visit - after regularly scheduled hours |
| D9610 | Therapeutic parenteral drug single administration |
| D9910 | Application of desensitizing medicament |

| Table 6: Exempt Emergency Dental Services | |
|--|--|
| CDT 24 Code | CDT 24 Code Description |
| D9930 | Treatment of complications (post - surgical) - unusual circumstances by report |
| D9999 | Unspecified adjunctive procedure by report |