COMMON DENTAL PROCEDURE CODES USED IN DIRECT CARE PROGRAMS

The Dental Data Reporting System of the IHS accepts all procedure codes listed in the Current Dental Terminology (CDT) published by the American Dental Association as well as unique codes (in boldface) created by the IHS.

Use of exam codes: The 0114 Screening Exam is used when no dental chart is made (e.g., large groups of school children). The DO140 Problem-focused Exam is limited to diagnosing a specific, urgent problem (dental emergency). It can be reported each time an individual presents with a problem, but not with other exam codes at the same appointment. The DO150 Comprehensive Exam includes the completion of a new oral health record, rather than updating an existing chart, which is when the DO120 Periodic Exam should be reported. The DO160 Extensive Problem-focused Exam may be used after a DO120 or DO150 has been recently reported, when patients require a detailed treatment plan for a specific problem (e.g., a case work-up for periodontics, prosthodontics, orthodontics or oral surgery). The DO160 Evaluation may be documented on special forms in lieu of the oral health record used routinely for the DO120 and DO150 codes. The DO180 is used for comprehensive periodontal examinations of patients with signs or symptoms of periodontal disease or risk factors (e.g., diabetes, smoking).

PERSONS SERVED (ENCOUNTER CODES)

0050  First Visit (of fiscal year by the patient)
0190  Dental Revisit (For Any Reason)
0033  BBDT/IEC Dental Patient
0004  Head Start Program Dental Patient
0007  High-risk Peri-dontal Patient
9320  Diabetic Screening Procedures
9321  Diabetic Referral Or Follow-up
9330  Hypertension Screening
9331  Hypertension Referral Or Follow-up
9340  Dental Visit, Pre-Natal Mother
9341  Dental Visit, Nursing Mother
9990  Planned Treatment Completed
9991  Patient Refuses Recommended Treatment

DIAGNOSTIC SERVICES

D0120  Periodic Oral Evaluation (update existing chart)
D0140  Limited Evaluation-Problem Focused (Emerg. Exam)
D0145  Oral Evaluation for Patient under 3 years of age
D0150  Comprehensive Oral Evaluation (new chart made)
D0160  Extensive Oral Evaluation-Problem Focused
D0180  Comprehensive Periodontal Evaluation
D0210  Introral Complete Series
D0220  Introral Periapical, Single Film
D0230  Introral Periapical, Additional Film
D0240  Introral Film
D0270  Bitewings, Single Film

PREVENTIVE SERVICES

D1110  Prophylaxis, Adult (Permanent Dentine)
D1120  Prophylaxis, Child (Primary or Mixed Dentition)
D1203  Topical Fluoride Not Including Prophy-Child
D1204  Topical Fluoride Not Including Prophy-Adult
D1206  Topical Fluoride Varnish (mod to high risk pts)
D1310  Nutritional Counseling For Oral Health
D1320  Tobacco Use Counseling
D1330  Oral Hygiene Instructions
D1351  Sealant (per tooth)
D1510  Space Maintainer, Fixed Unilateral
D1515  Space Maintainer, Fixed Bilateral
D1550  Space Maintainer, Recementation
D1555  Removal of Fixed Space Maintainer

RESTORATIVE DENTISTRY

D2140  Amalgam, One Surface (Perm or Primary)
D2150  Amalgam, Two Surface (Perm or Primary)
D2160  Amalgam, Three Surface (Perm or Primary)
D2161  Amalgam, Four+ Surfaces (Perm or Primary)
D2330  Composite Resin, One Surface, Anterior
D2331  Composite Resin, Two Surfaces, Anterior
D2332  Composite Resin, Three Surfaces, Anterior
D2335  Composite Resin, Four Surfaces or Incisal
D2390  Composite Resin Crown, Anterior
D2391  Comp Resin, One Surf., Post., Perm or Prim (includes PPR)
D2392  Composite Resin, Two Surfaces, Post. (Perm or Primary)
D2393  Composite Resin, Three Surfaces, Post. (Perm or Primary)
D2394  Composite Resin, Four Surfaces, Post. (Perm or Primary)
D2740  Crown-Porcelain/Ceramic Substrate
D2750  Crown-Porcelain Fused To High Noble Metal
D2751  Crown-Porcelain Fused To Base Metal
D2752  Crown-Porcelain Fused To Noble Metal
D2790  Crown-Full Cast High Noble Metal
D2791  Crown-Full Cast Base Metal
D2792  Crown-Full Cast Noble Metal
D2799  Provisional Crown
D2915  Recement Cast/Prefab Post and Core
D2920  Recement Crowns
D2930  Crown-Stainless Steel, Primary Tooth

ENDODONTICS

D2931  Crown-Stainless Steel, Perm. Tooth
D2932  Crown-Prefab. Resin, Primary Tooth
D2940  Sedative Filling
D2950  Core Buildup, Including Any Pins
D2951  Pin Retention (Per Tooth) Excludes Restoration
D2954  Post And Core (Prefab.), Excl Crown
D2970  Temporary Crown (fractured tooth)

PERIODONTICS

D4210  Gingivectomy Or Gingivoplasty (4 or more contig. teeth)
D4211  Gingivectomy Or Gingivoplasty (1 to 3 teeth)
D4240  Gingival Flap Proc. w/ Root Planing (4 or more contig. teeth)
D4241  Gingival Flap Proc. w/ Root Planing (1 to 3 teeth)
D4249  Crown Lengthening Proc. - Hard Tissue
D4260  Osseous Surgery (4 or more contig. teeth)
D4261  Osseous Surgery (1 to 3 teeth)
D4263  Bone Replacement Graft, First Site In Quadrant
D4274  Distal Prox. Wedge Procedure (w/o other Surg)
D4341  Root Planing (4 or more contig. teeth)
D4342  Root Planing (1 to 3 teeth)
D4355  Full Mouth Debridement (For Perio. Evaluation)
D4381  Controlled Release Of Chemo. Agents, Per Site
D4910  Periodontal Maintenance After Therapy

Revised Jan 2009