

Description	CDT Code
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Comprehensive Exam	D0150
Periodic Exam	D0120
Comprehensive Periodontal Exam	D0180
Limited Oral Exam	D0140
Full Mouth Series xray	D0210
Application of Fluoride	D1206
Sealants Application	D1351
Application of Fluoride - excluding varnish	D1208
First Periapical xray	D0220
Intraoral Periapical - add'l xray	D0230
2 Bitewing xray	D0272
4 Bitewing xray	D0274
Panoramic Xray	D0330
Adult Prophy	D1110
Child Prophy	D1120
Scale 4+ Teeth/Quad	D4341
Scale 1-3 Teeth/Quad	D4342
Perio Maint	D4910
Compisite Filling 1 surface anterior	D2330
Compisite Filling 2 surface anterior	D2331
Compisite Filling 3 surface anterior	D2332
Amalgam Filling 1 surface	D2140
Amalgam Filling 2 surface	D2150
Composite Filling 1 surface posterior	D2391
Composite Filling 2 surface posterior	D2392
Composite Filling 3 surface posterior	D2393
Pre-Molar Root Canal Therapy	D3320
Molar Root Canal Therapy	D3330
Stainless Steel Crown (Primary)	D2930
All Ceramic Crown	D2740
Core Build up	D2950
Surgical Placement of Implant	D6010
Implant Crown	D6058
Simple Extraction	D7140
Surgical Extraction	D7210
Extraction Partial Bony	D7230
Extraction Complete Bony	D7240
Upper Full Denture	D5110
Lower Full Denture	D5120
Upper Immediate Denture	D5130
Lower Immediate Denture	D5140
Upper Partial Denture	D5213
Lower Parial Denture	D5214

Upper Denture Reline	D5750
Upper Denture Repair	D5512
Upper Acrylic Partial	D5211
Replace Tooth Complete Denture	D5520
Repair Lower Denture	D5511
Repair Upper Denture	D5512
Occlusal Guard for grinding	D9944