

2024 Oral and Maxillofacial Surgery (OMFS) Procedures: Is the Procedure Medicare Inpatient Only or not?

Disclaimer: This is not the CMS Inpatient Only Procedure List (Annual OPPS Addendum E). No guarantee can be made of the accuracy of this information which was compiled from public sources. CPT Codes are property of the AMA and are made available to the public only for non-commercial usage. American College of Physician Advisors Reformatted List of CMS Inpatient Only Procedures **2016, 2024**. All rights reserved.

xxxxx	Yellow = New CPT/HCPCS Code for CY 2024	xxxxx	Green = Active CPT/HCPCS changed from "IP only" to "not IP only" on 1/1/2023 and under status denial exemption until 1/1/2025
xxxxx	Blue = Active CPT/HCPCS changed from "not IP only" to "IP only" as of 1/1/2024	xxxxx	Orange = Active CPT/HCPCS changed from "IP only" to "not IP only" on 1/1/2024 and under status denial exemption until 1/1/2026

See also Otolaryngology (ENT) List for Additional Facial and Oropharyngeal Procedures

Craniofacial and Maxillofacial Reconstructive Procedures (Not due to traumatic fracture)

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		21076-21089	Impression and custom preparation; surgical obturator prosthesis, orbital prosthesis, interim obturator prosthesis, definitive obturator prosthesis, mandibular resection prosthesis, palatal augmentation prosthesis, palatal lift prosthesis, speech aid prosthesis, oral surgical splint, auricular prosthesis, nasal prosthesis, facial prosthesis, or other unlisted maxillofacial prosthesis; codes 21076, 21077, 21079, 21080, 21081, 21082, 21083, 21084, 21085, 21086, 21087, 21088, 21089
		21100	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)
		21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
		21137	Reduction forehead; contouring only
		21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
		21139	Reduction forehead; contouring and setback of anterior frontal sinus wall
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I		
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I		
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I		
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I		
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
21180	Reconstruction, entire or majority of forehead and/or	21175	Reconstruction, bifrontal, superior-lateral orbital rims

	supraorbital rims; with autograft (includes obtaining grafts)		and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm	21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm		
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm		
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)		
		21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
		21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)
		21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
		21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
		21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
		21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
		21209	Osteoplasty, facial bones; reduction
		21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
		21215	Graft, bone; mandible (includes obtaining graft)
		21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
		21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
		21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial
		21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete
		21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
		21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete
		21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
		21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)
		21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach
		21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach
		21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach
		21270	Malar augmentation, prosthetic material
		21275	Secondary revision of orbitocraniofacial reconstruction
		21280	Medial canthopexy (separate procedure)
		21282	Lateral canthopexy
		21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach
		21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral

			approach
		21299	Unlisted craniofacial and maxillofacial procedure

Mandible, Chin, and Temporomandibular Joint Procedures (Not due to traumatic fracture)

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		21010	Arthrotomy, temporomandibular joint
		21025	Excision of bone (eg, for osteomyelitis or bone abscess); mandible
		21031	Excision of torus mandibularis
		21040	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage
21045	Excision of malignant tumor of mandible; radical resection	21044	Excision of malignant tumor of mandible;
		21046-21049	Excision of benign tumor or cyst of mandible or maxilla; requiring intra-oral or extra-oral osteotomy, with or without partial mandibulectomy (eg, locally aggressive or destructive lesion[s]); codes 21046, 21047, 21048, 21049
		21050	Condylectomy, temporomandibular joint (separate procedure)
		21060	Menisectomy, partial or complete, temporomandibular joint (separate procedure)
		21070	Coronoidectomy (separate procedure)
		21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)
		21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
		21121	Genioplasty; sliding osteotomy, single piece
		21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
		21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
		21125	Augmentation, mandibular body or angle; prosthetic material
		21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
		21198	Osteotomy, mandible, segmental;
		21199	Osteotomy, mandible, segmental; with genioglossus advancement
		21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
		21242	Arthroplasty, temporomandibular joint, with allograft
		21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
		21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)
		21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial
		21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
		21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete
		21480	Closed treatment of temporomandibular dislocation; initial or subsequent
		21485	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent
		21490	Open treatment of temporomandibular dislocation
		29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
		29804	Arthroscopy, temporomandibular joint, surgical

Facial Fracture Repair Procedures

Inpatient Only Procedure	Not an Inpatient Only Procedure
--------------------------	---------------------------------

		21315	Closed treatment of nasal bone fracture; without stabilization
		21320	Closed treatment of nasal bone fracture; with stabilization
		21325	Open treatment of nasal fracture; uncomplicated
		21330	Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation
		21335	Open treatment of nasal fracture; with concomitant open treatment of fractured septum
		21336	Open treatment of nasal septal fracture, with or without stabilization
		21337	Closed treatment of nasal septal fracture, with or without stabilization
		21338	Open treatment of nasoethmoid fracture; without external fixation
		21339	Open treatment of nasoethmoid fracture; with external fixation
		21340	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus
21343	Open treatment of depressed frontal sinus fracture		
21344	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches		
		21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint
		21346	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation
21348	Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)	21347	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches
		21355	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation
		21356	Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)
		21360	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod
		21365	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches
		21366	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft)
		21385	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)
		21386	Open treatment of orbital floor blowout fracture; periorbital approach
		21387	Open treatment of orbital floor blowout fracture; combined approach
		21390	Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant
		21395	Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)
		21400	Closed treatment of fracture of orbit, except blowout; without manipulation
		21401	Closed treatment of fracture of orbit, except blowout; with manipulation
		21406	Open treatment of fracture of orbit, except blowout; without implant
		21407	Open treatment of fracture of orbit, except blowout; with implant
		21408	Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)
		21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint
21423	Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches	21422	Open treatment of palatal or maxillary fracture (LeFort I type);
21431	Closed treatment of craniofacial separation (LeFort III)		

	type) using interdental wire fixation of denture or splint		
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation		
21433	Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches		
21435	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)		
21436	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)		
		21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
		21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
		21450	Closed treatment of mandibular fracture; without manipulation
		21451	Closed treatment of mandibular fracture; with manipulation
		21452	Percutaneous treatment of mandibular fracture, with external fixation
		21453	Closed treatment of mandibular fracture with interdental fixation
		21454	Open treatment of mandibular fracture with external fixation
		21461	Open treatment of mandibular fracture; without interdental fixation
		21462	Open treatment of mandibular fracture; with interdental fixation
		21465	Open treatment of mandibular condylar fracture
		21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints
		21499	Unlisted musculoskeletal procedure, head

Lip Procedures

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		40490	Biopsy of lip
		40500	Vermilionectomy (lip shave), with mucosal advancement
		40510	Excision of lip; transverse wedge excision with primary closure
		40520	Excision of lip; V-excision with primary direct linear closure
		40525	Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)
		40527	Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)
		40530	Resection of lip, more than one-fourth, without reconstruction
		40650	Repair lip, full thickness; vermilion only
		40652	Repair lip, full thickness; up to half vertical height
		40654	Repair lip, full thickness; over one-half vertical height, or complex
		40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral
		40701	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure
		40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages
		40720	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure
		40761	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle
		40799	Unlisted procedure, lips

Tongue Procedures

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		41100	Biopsy of tongue; anterior two-thirds
		41105	Biopsy of tongue; posterior one-third
		41108	Biopsy of floor of mouth
		41110	Excision of lesion of tongue without closure
		41112	Excision of lesion of tongue with closure; anterior two-thirds
		41113	Excision of lesion of tongue with closure; posterior one-third
		41114	Excision of lesion of tongue with closure; with local tongue flap
		41115	Excision of lingual frenum (frenectomy)
		41116	Excision, lesion of floor of mouth
41130	Glossectomy; hemiglossectomy	41120	Glossectomy; less than one-half tongue
41135	Glossectomy; partial, with unilateral radical neck dissection		
41140	Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection		
41145	Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection		
41150	Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection		
41153	Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection		
41155	Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)	41250	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue
		41251	Repair of laceration 2.5 cm or less; posterior one-third of tongue
		41252	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex
		41510	Suture of tongue to lip for micrognathia (Douglas type procedure)
		41512	Tongue base suspension, permanent suture technique
		41520	Frenoplasty (surgical revision of frenum, eg, with Z-plasty)
		41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session
		41599	Unlisted procedure, tongue, floor of mouth

Palate/Uvula Procedures

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		42000	Drainage of abscess of palate, uvula
		42100	Biopsy of palate, uvula
		42104	Excision, lesion of palate, uvula; without closure
		42106	Excision, lesion of palate, uvula; with simple primary closure
		42107	Excision, lesion of palate, uvula; with local flap closure
		42120	Resection of palate or extensive resection of lesion
		42140	Uvulectomy, excision of uvula
		42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)
		42160	Destruction of lesion, palate or uvula (thermal, cryo or chemical)
		42180	Repair, laceration of palate; up to 2 cm
		42182	Repair, laceration of palate; over 2 cm or complex
		42200	Palatoplasty for cleft palate, soft and/or hard palate only
		42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only
		42210	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)
		42215	Palatoplasty for cleft palate; major revision
		42220	Palatoplasty for cleft palate; secondary lengthening procedure
		42225	Palatoplasty for cleft palate; attachment pharyngeal flap
		42226	Lengthening of palate, and pharyngeal flap
		42227	Lengthening of palate, with island flap
		42235	Repair of anterior palate, including vomer flap

		42260	Repair of nasolabial fistula
		42280	Maxillary impression for palatal prosthesis
		42281	Insertion of pin-retained palatal prosthesis
		42299	Unlisted procedure, palate, uvula
		C9727	Insertion of implants into the soft palate; minimum of three implants

Other Oral Surgery Procedures

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		40800	Drainage of abscess, cyst, hematoma, vestibule of mouth; simple
		40801	Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated
		40804	Removal of embedded foreign body, vestibule of mouth; simple
		40805	Removal of embedded foreign body, vestibule of mouth; complicated
		40806	Incision of labial frenum (frenotomy)
		40808	Biopsy, vestibule of mouth
		40810	Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair
		40812	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair
		40814	Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair
		40816	Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle
		40818	Excision of mucosa of vestibule of mouth as donor graft
		40819	Excision of frenum, labial or buccal (frenulectomy, frenulectomy, frenectomy)
		40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)
		40830	Closure of laceration, vestibule of mouth; 2.5 cm or less
		40831	Closure of laceration, vestibule of mouth; over 2.5 cm or complex
		40840	Vestibuloplasty; anterior
		40842	Vestibuloplasty; posterior, unilateral
		40843	Vestibuloplasty; posterior, bilateral
		40844	Vestibuloplasty; entire arch
		40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)
		40899	Unlisted procedure, vestibule of mouth
		41000-41009	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual, sublingual –superficial or deep, supramylohyoid, submental, submandibular, or masticator space; codes 41000, 41005, 41006, 41007, 41008, 41009
		41010	Incision of lingual frenum (frenotomy)
		41015-41018	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual, submental, submandibular, or masticator space; codes 41015,, 41016, 41017, 41018

Dental Procedures Possibly Covered by Medicare (Note: CMS added many codes in 2024, but states the list is not a coverage policy)

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		41800	Drainage of abscess, cyst, hematoma from dentoalveolar structures
		41805	Removal of embedded foreign body from dentoalveolar structures; soft tissues
		41806	Removal of embedded foreign body from dentoalveolar structures; bone
		41820	Gingivectomy, excision gingiva, each quadrant
		41821	Operculectomy, excision pericoronal tissues
		41822	Excision of fibrous tuberosities, dentoalveolar structures
		41823	Excision of osseous tuberosities, dentoalveolar

			structures
		41825	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair
		41826	Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair
		41827	Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair
		41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)
		41830	Alveolectomy, including curettage of osteitis or sequestrectomy
		41850	Destruction of lesion (except excision), dentoalveolar structures
		41870	Periodontal mucosal grafting
		41872	Gingivoplasty, each quadrant (specify)
		41874	Alveoloplasty, each quadrant (specify)
		41899	Unlisted procedure, dentoalveolar structures
		D0120	Periodic oral evaluation - established patient
		D0140	Limited oral evaluation - problem focused
		D0150	Comprehensive oral evaluation - new or established patient
		D0160	Detailed and extensive oral evaluation - problem focused, by report
		D0170	Re-evaluation - limited, problem focused (established patient; not postoperative visit)
		D0171	Re-evaluation-post operative visit
		D0180	Comprehensive periodontal evaluation: new or established patient
		D0191	Assessment of a patient: A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment
		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	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector
		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
		D0310	Sialography
		D0320	Temporomandibular joint arthrogram, including injection
		D0321	Other temporomandibular joint radiographic image, by report
		D0322	Tomographic survey
		D0330	Panoramic radiographic image
		D0340	2D cephalometric radiographic image - acquisition, measurement and analysis
		D0350	2D oral/facial photographic images obtained intraorally or extraorally
		D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw
		D0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible
		D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium
		D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium
		D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures
		D0369	Maxillofacial MRI capture and interpretation
		D0370	Maxillofacial ultrasound capture and interpretation
		D0371	Sialoendoscopy capture and interpretation
		D0380	Cone beam CT image capture with limited field of view – less than one whole jaw
		D0381	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible
		D0382	Cone beam CT capture and interpretation with full dental arch – maxilla, with or without cranium

		D0383	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium
		D0384	Cone beam CT capture and interpretation for TMJ series including two or more exposures
		D0385	Maxillofacial MRI capture and interpretation
		D0386	Maxillofacial ultrasound capture and interpretation
		D0393	Treatment simulation using 3D image volume
		D0394	Digital subtraction of two or more images or image volumes of the same modality
		D0395	Fusion of two or more 3D image volumes of one or more modalities
		D0460	Pulp vitality tests
		D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum
		D0701	Panoramic radiographic image – image capture only
		D0702	2-D cephalometric radiographic image – image capture only
		D0703	2-D oral/facial photographic image obtained intraorally or extra-orally – image capture only
		D0705	Extra-oral posterior dental radiographic image – image capture only
		D0706	Intraoral – occlusal radiographic image – image capture only
		D0707	Intraoral – periapical radiographic image – image capture only
		D0708	Intraoral – bitewing radiographic image – image capture only
		D0709	Intraoral – complete series of radiographic images – image capture only
		D1110	Prophylaxis - adult
		D1354	Interim caries arresting medicament application - per tooth
		D1510	Space maintainer-fixed unilateral
		D1516- D1517	Space maintainer – fixed – bilateral, maxillary or mandibular
		D1520	Space maintainer-removable unilateral
		D1526- D1527	Space maintainer – removable – bilateral, maxillary or mandibular
		D1551	Re-cement or re-bond bilateral space maintainer - maxillary
		D1552	Re-cement or re-bond bilateral space maintainer - mandibular
		D1553	Re-cement or re-bond unilateral space maintainer - per quadrant
		D1575	Distal shoe space maintainer – fixed - unilateral
		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
		D2410	Gold foil, 1 surface
		D2420	Gold foil, 2 surfaces
		D2430	Gold foil, 3 surfaces
		D2510	Inlay – metallic, 1 surfaces (D2140)
		D2520	Inlay – metallic, 2 surfaces (D2150)
		D2530	Inlay – metallic, 3 or more surfaces (D2160)
		D2542	Onlay – metallic, 2 surfaces (D2150)
		D2543	Onlay – metallic, 3 surfaces (D2160)
		D2544	Onlay – metallic, 4 or more surfaces (D2161)
		D2610	Inlay – porcelain/ceramic, 1 surface (D2140)
		D2620	Inlay – porcelain/ceramic, 2 surfaces (D2150)
		D2630	Inlay – porcelain/ceramic, 3 or more surfaces (D2160)
		D2642	Onlay – porcelain/ceramic, 2 surfaces (D2150)

	D2643	Onlay – porcelain/ceramic, 3 surfaces
	D2644	Onlay – porcelain/ceramic, 4 or more surfaces
	D2650	Inlay – resin-based composite, 1 surface (D2140)
	D2651	Inlay – resin-based composite, 2 surfaces (D2150)
	D2652	Inlay – resin-based composite, 3 or more surfaces (D2160)
	D2662	Onlay – resin-based composite, 2 surfaces (D2150)
	D2663	Onlay – resin-based composite, 3 surfaces
	D2664	Onlay – resin-based composite, 4 or more surfaces
	D2710	Crown – resin-based composite (indirect)
	D2712	Crown - ¾ resin-based composite (indirect), does not include facial veneers
	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
	D2753	Crown - porcelain fused to titanium and titanium alloys
	D2780	Crown – ¾ cast high noble metal
	D2781	Crown – ¾ cast predominantly base metal
	D2782	Crown – ¾ cast noble metal
	D2783	Crown – ¾ porcelain/ceramic (not veneers)
	D2790	Crown – full cast high-noble metal
	D2791	Crown – full-cast predominantly base metal
	D2792	Crown – full-cast noble metal
	D2794	Crown – titanium
	D2799	Interim crown – further treatment or completion of diagnosis necessary prior to final impression
	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
	D2920	Re-cement or re-bond crown
	D2921	Reattachment of tooth fragment, incisal edge or cusp.
	D2928	Prefabricated porcelain/ceramic crown – permanent tooth
	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
	D2949	Restorative foundation for an indirect restoration
	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 (D2954)
	D2953	Each additional cast post – same tooth; indirectly fabricated
	D2954	Prefabricated post and core in addition to crown
	D2955	Post removal
	D2957	Each additional prefabricated post – same tooth
	D2960	Labial veneer (resin laminate) – chair side
	D2961	Labial veneer (resin laminate) – laboratory
	D2962	Labial veneer (porcelain laminate) – laboratory
	D2971	Additional procedures to construct new crown under existing partial denture framework
	D2975	Coping
	D2980	Crown repair, necessary by restorative material failure
	D2981	Inlay repair necessitated by restorative material failure
	D2982	Only repair necessitated by restorative material failure
	D2983	Veneer repair necessitated by restorative material failure
	D2990	Resin infiltration of incipient smooth surface lesions
	D2999	Unspecified restorative procedure, by report
	D3110	Pulp cap direct (excluding final restoration)
	D3120	Pulp cap indirect (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 not to be used for apexogenesis
		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, premolar tooth (excluding final restoration)
		D3330	Endodontic therapy, molar (excluding final restoration)
		D3331	Treatment of root canal obstruction; non-surgical access in lieu of surgery. Root canal blocked by foreign bodies or calcification of 50% or more of root.
		D3332	Incomplete endodontic therapy; inoperable, unrestorable, or fractured tooth
		D3333	Internal root repair of perforation defects
		D3346	Retreatment of previous root canal therapy, anterior, by report
		D3347	Retreatment of previous root canal therapy, bicuspid, by report
		D3348	Retreatment of previous root canal therapy, molar, by report
		D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)
		D3352	Apexification/recalcification - interim medication replacement
		D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)
		D3355	Pulpal regeneration - initial visit
		D3356	Pulpal regeneration - interim medication replacement
		D3357	Pulpal regeneration - completion of treatment
		D3410	Apicoectomy - anterior
		D3421	Apicoectomy – bicuspid (first root)
		D3425	Apicoectomy – molar (first root)
		D3426	Apicoectomy – (each additional root)
		D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site
		D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site
		D3430	Retrograde filling – per root
		D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery
		D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery
		D3450	Root amputation – per root
		D3460	Endodontic endosseous implant
		D3470	Intentional reimplantation (including necessary splinting)
		D3471	Surgical repair of root resorption – anterior
		D3472	Surgical repair of root resorption – premolar
		D3473	Surgical repair of root resorption – molar
		D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior
		D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar
		D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar
		D3910	Surgical procedure for isolation of tooth with rubber dam
		D3911	Intraorifice barrier
		D3920	Hemisection (including any root removal), not including root canal therapy
		D3921	Decoronation or submergence of an erupted tooth
		D3950	Canal preparation and fitting of preformed dowel or post
		D3999	Unspecified endodontic procedure, by report
		D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bound spaces per quadrant
		D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bound spaces per quadrant

		D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth
		D4230	Anatomical crown exposure – 4 or more contiguous teeth or tooth bounded spaces per quadrant
		D4231	Anatomical crown exposure – 1 to 3 teeth or tooth bounded spaces per quadrant
		D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bound spaces per quadrant
		D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bound spaces per quadrant
		D4245	Apically repositioned flap
		D4249	Clinical crown lengthening hard tissue
		D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant
		D4261	Osseous surgery, one to three contiguous teeth or tooth bounded spaces per quadrant
		D4263	Bone replacement graft - first site in quadrant
		D4264	Bone replacement graft - each additional site in quadrant
		D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site
		D4266	Guided tissue regeneration resorbable barrier, per site
		D4267	Guided tissue regeneration non-restorable barrier, per site (includes membrane removal)
		D4268	Surgical revision procedure, per tooth
		D4270	Pedicle soft tissue graft procedure
		D4273	Subepithelial connective tissue graft procedures, per tooth
		D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures on 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 pedicle graft, per tooth
		D4277	Free soft tissue graft procedure (including recipient and donor surgical site), 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
		D4322	Splint – intra-coronal; natural teeth or prosthetic crowns
		D4323	Splint – extra-coronal; natural teeth or prosthetic crowns
		D4341	Periodontal scaling and root planing - four or more teeth per quadrant
		D4342	Periodontal scaling and root planing - one to three teeth per quadrant
		D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation
		D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis
		D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report
		D4910	Periodontal maintenance
		D4920	Unscheduled dressing change (performed by other than treating dentist or their staff)
		D4921	Gingival irrigation – per quadrant
		D4999	Unspecified periodontal procedure, by report
		D5911	Facial moulage (sectional)

	D5912	Facial moulage (complete)
	D5983	Radiation carrier
	D5984	Radiation shield
	D5985	Radiation cone locator
	D5987	Commissure splint
	D5988	Surgical splint
	D6920	Connector bar
	D7111	Extraction, coronal remnants - deciduous tooth
	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
	D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
	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	Surgical removal of residual tooth roots (cutting procedure)
	D7251	Coronectomy - intentional partial tooth removal
	D7260	Oral antral fistula closure
	D7261	Primary closure of a sinus perforation
	D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth
	D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)
	D7280	Surgical access of an unerupted tooth
	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report
	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
	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
	D7472	Removal of torus palatinus
	D7473	Removal of torus mandibularis
	D7485	Reduction of osseous tuberosity
	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

		D7670	Alveolus - closed reduction, may include stabilization of teeth
		D7671	Alveolus – open reduction, may include stabilization of teeth
		D7770	Alveolus - open reduction stabilization of teeth
		D7771	Alveolus – closed reduction, stabilization of teeth
		D7874	Arthroscopy – surgical: disc repositioning and stabilization
		D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site
		D7940	Osteoplasty-for orthognathic deformities
		D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report
		D9930	Treatment of complications (postsurgical) - unusual circumstances, by report
		D9944- D9946	Occlusal guards, hard or soft appliance, full or partial arch; codes D9944, D9945, D9946
		D9950	Occlusion analysis-mounted case
		D9951	Occlusal adjustment-limited
		D9952	Occlusal adjustment-complete
		G0300	Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room)

Miscellaneous OMFS Procedures

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		21011- 21014	Excision, tumor, soft tissue of face or scalp, subcutaneous or subfascial (eg, subgaleal, intramuscular); codes 21011, 21012, 21013, 21014
		21015- 21016	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; codes 21015, 21016
		21026	Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)
		21029	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)
		21030	Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage
		21032	Excision of maxillary torus palatinus
		21034	Excision of malignant tumor of maxilla or zygoma
		21497	Interdental wiring, for condition other than fracture
		41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application