

## Crosswalk of CPT Codes to CDT Codes

**Note:** Given the sheer number of codes from which to draw, this CPT-CDT crosswalk should be viewed as a tool to assist states in reporting CPT codes on the dental lines (Lines 12a-12g) of Form CMS-416, and not as the universe of CPT codes related to dental care, nor as a set of CPT codes which describe only dental-related procedures. That is, this crosswalk may be both under-inclusive (omits some dental-related CPT codes) and over-inclusive (contains some non-dental-related CPT codes). With these limitations in mind, when using this crosswalk to inform reporting on the CMS-416, states must ensure that all CPT codes reported are for dental services only.

CMS will continue to refine this crosswalk over the next year, with plans to release an updated version of this document prior to April 1, 2016 to inform FFY 2015 CMS-416 reporting.

(Form CMS-416)	Nomenclature	CPT Codes
		<b>Diagnostic</b> - Report these codes on lines 12a, 12e and 12g if performed by or under the supervision of a dentist; report them on lines 12f and 12g if performed by a qualified health care practitioner that is neither a dentist nor providing services under the supervision of a dentist.
D0210	Intraoral - complete series (including bitewings)	70300, 70310, 70320
D0220	Intraoral - periapical first film	70300, 70310, 70320
D0230	Intraoral - periapical each additional film	70300, 70310, 70320
D0240	Intraoral - occlusal film	70300, 70310, 70320
D0250	Extraoral - first film	70300, 70310, 70320
D0260	Extraoral - each additional film	70300, 70310, 70320
D0270	Bitewing - single film	70300, 70310, 70320
D0272	Bitewings - two films	70300, 70310, 70320
D0273	Bitewings - three films	70300, 70310, 70320
D0274	Bitewings - four films	70300, 70310, 70320
D0277	Vertical bitewings - 7 to 8 films	70300, 70310, 70320
D0290	Posterior-anterior or lateral skull and facial bone survey film	70140, 70150, 70250, 70260
D0310	Sialography	70390

<b>(Form CMS-416)</b>	<b>Nomenclature</b>	<b>CPT Codes</b>
D0320	Tempromandibular joint arthrogram, including injection	21116, 70332
D0321	Other temporomandibular joint arthrogram, including injection	70328, 70330, 76499
D0322	Tomographic survey	70486
D0330	Panoramic film	70320, 70355
D0340	Cephalometric film	70350
D0360	Cone beam CT - craniofacial data capture	70486, 70487, 70488
D0362	Cone beam - two-dimensional image reconstruction using existing data includes multiple images	70486
D0363	Cone beam - three- dimensional image reconstruction using existing data, includes multiple images	76376
D0364	Cone beam CT capture and interpretation with limited field of view - less than one whole jaw	70486, 70487, 70488
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	70486, 70487, 70488
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	70486, 70487, 70488
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	70486, 70487, 70488
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	70486, 70487, 70488
D0369	Maxillofacial MRI capture and interpretation	70540, 70542, 70543
D0380	Cone beam CT capture with limited field of view - less than one whole jaw	70486-TC, 70487-TC, 70488- TC

<b>(Form CMS-416)</b>	<b>Nomenclature</b>	<b>CPT Codes</b>
D0381	Cone beam CT capture with field of view of one full dental arch - mandible	70486-TC, 70487-TC, 70488- TC
D0382	Cone beam CT capture with field of view of one full dental arch - maxilla, with or without cranium	70486-TC, 70487-TC, 70488- TC
D0383	Cone beam CT capture with field of view of both jaws; with or without cranium	70486-TC, 70487-TC, 70488- TC
D0384	Cone beam CT capture for TMJ series including two or more exposures	70486-TC, 70487-TC, 70488- TC
D0385	Maxillofacial MRI capture	70540-TC, 70542-TC, 70543- TC
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	Any radiology code consistent with the image being reviewed with a modifier -26 appended to the CPT code
D0415	Collection of microorganisms for culture and sensitivity	87070, 87071, 87207, 87999, 99001
D0416	Viral culture	87070, 87071, 87207, 87999, 99001
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	87070, 87071, 87081, 87207, 87999, 99001
D0418	Analysis of saliva sample	87070, 87071, 87081, 87207, 87999
D0421	Genetic test for susceptibility to oral diseases	87181, 87184, 99000, 99001
D0425	Caries susceptibility tests	87181, 87184, 99000, 99001
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	82397

<b>(Form CMS-416)</b>	<b>Nomenclature</b>	<b>CPT Codes</b>
D0472	Accession of tissue, gross examination, preparation and transmission of written report	88300
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	88302, 88304, 88305, 88307
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	88305, 88307
D0475	Decalcification procedure	88311
D0476	Special stains for microorganisms	88312, 88313, 99000, 99001
D0477	Special stains, not for microorganisms	87207, 87209, 99000, 99001
D0478	Immunohistochemical stains	88314, 99000, 99001
D0479	Tissue in-situ hybridization, including interpretation	88365, 88367, 99000, 99001
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	88104, 88112, 99000, 99001
D0481	Electron microscopy - diagnostic	88104, 88112, 99000, 99001
D0482	Direct immunofluorescence	88346, 99000, 99001
D0483	Indirect immunofluorescence	88347, 99000, 99001
D0484	Consultation on slides prepared elsewhere	80500, 80502, 88321, 88323
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	80500, 80502, 88321, 88323

<b>(Form CMS-416)</b>	<b>Nomenclature</b>	<b>CPT Codes</b>
D0486	Accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	88160, 88161, 88162

<b>(Form CMS-416)</b>	<b>Nomenclature</b>	<b>CPT Codes</b>
		<b>Preventive</b> - Report these codes on lines 12a, 12b and 12g if performed by or under the supervision of a dentist; report them on lines 12f and 12g if performed by a qualified health care practitioner that is neither a dentist nor providing services under the supervision of a dentist.
D1310	Nutritional counseling for control of dental disease	96152
D1320	Tobacco counseling for the control and prevention of oral disease	96152, 4000F
D1330	Oral hygiene instructions	96152

<b>(Form CMS-416)</b>	<b>Nomenclature</b>	<b>CPT Codes</b>
		<b>Periodontics, Maxillofacial Prosthetics, Implants, Oral &amp; Maxillofacial Surgery, Orthodontics, Adjunctive General Services</b> - Report these codes on lines 12a, 12c and 12g if performed by or under the supervision of a dentist; report them on lines 12f and 12g if performed by a qualified health care practitioner that is neither a dentist nor providing services under the supervision of a dentist.
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	41820, 41872
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	41820, 41872
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	41820, 41872
D4230	Anatomical crown exposure - four or more contiguous teeth per quadrant	41820, 41821
D4231	Anatomical crown exposure - one to three teeth per quadrant	41820, 41821
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	41870
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	41870

<b>(Form CMS-416)</b>	<b>Nomenclature</b>	<b>CPT Codes</b>
D4245	Apically positioned flap	41870
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded by spaces per quadrant	41823
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded by spaces per quadrant	41823
D4263	Bone replacement graft - first site in quadrant	21127
D4264	Bone replacement graft - each additional site in quadrant	21127
D4266	Guided tissue regeneration - resorbable barrier, per site	41870
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	41870
D4270	Pedicle soft tissue graft procedure	15574
D4271	Free soft tissue graft procedure (including donor site surgery)	41870
D4275	Soft tissue allograft	41870
D4276	Combined connective tissue and double pedicle graft, per tooth	41870
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	41899



<b>(Form CMS-416)</b>	<b>Nomenclature</b>	<b>CPT Codes</b>
D4999	Unspecified periodontal procedure, by report	41899
D5913	Nasal prosthesis	21087
D5914	Auricular prosthesis	21086
D5915	Orbital prosthesis	21077
D5919	Facial prosthesis	21088
D5932	Obturator prosthesis, definitive	21080
D5934	Mandibular resection prosthesis with guide flange	21081
D5935	mandibular resection prosthesis without guide flange	21081
D5936	Obturator prosthesis, interim	21079
D5952	Speech aid prosthesis, pediatric	21084
D5953	Speech aid prosthesis, adult	21084
D5954	Palatal augmentation prosthesis	21082
D5955	Palatal lift prosthesis, definitive	21083
D5958	Palatal lift prosthesis, interim	21083
D6010	Surgical replacement of implant body: endosteal implant	21248
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	21248
D6040	Surgical placement: eosteal implant	21248
D6050	Surgical placement: transosteal implant	21248
D7260	Oroantral fistula closure	30580, 30600

<b>(Form CMS-416)</b>	<b>Nomenclature</b>	<b>CPT Codes</b>
D7261	Primary closure of a sinus perforation	30580, 30600
D7285	Biopsy of oral tissue - hard (bone, tooth)	20220, 20240
D7286	Biopsy of oral tissue - soft	11100, 11101, 40808
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	41870, 41874
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	41870, 41874
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	41874
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	41874
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	40840, 40842, 40843, 40844
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	40845
D7410	Excision of benign lesion up to 1.25cm	40810, 40812, 40814
D7411	Excision of benign lesion greater than 1.25cm	40810, 40812, 40814
D7412	Excision of benign lesion, complicated	40814, 40816

<b>(Form CMS-416)</b>	<b>Nomenclature</b>	<b>CPT Codes</b>
D7413	Excision of malignant lesion up to 1.25 cm	40810, 40812, 40814
D7414	Excision of malignant lesion greater than 1.25 cm	40810, 40812, 40814
D7415	Excision of malignant lesion, complicated	40814, 40816
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	21034, 21044
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	21034, 21044
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	41825, 41826, 41827
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	41825, 41826, 41827
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	41825, 41826, 41827
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	41825, 41826, 41827
D7465	Destruction of lesion(s) by physical or chemical method, by report	40820, 41850
D7471	Removal of lateral exostosis (maxilla or mandible)	21031, 21032
D7472	Removal of torus palatinus	21032
D7473	Removal of torus mandibularis	21031

<b>(Form CMS-416)</b>	<b>Nomenclature</b>	<b>CPT Codes</b>
D7485	Surgical reduction of osseous tuberosity	41823
D7490	Radical resection of maxilla or mandible	21045
D7510	Incision and drainage of abscess - intraoral soft tissue	40800, 41800
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	40801, 41800
D7520	Incision and drainage of abscess - extraoral soft tissue	40801, 41800
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	40801, 41800
D7530	Removal of foreign body from mucosa, skin or subcutaneous alveolar tissue	40804, 40805, 41805
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	20520, 20525, 40804, 40805, 41806
D7610	Maxilla - open reduction (teeth immobilized, if present)	21422, 21423
D7620	Maxilla - closed reduction (teeth immobilized, if present)	21421
D7630	Mandible - open reduction (teeth immobilized, if present)	21454, 21461, 21462, 21470
D7640	Mandible - closed reduction (teeth immobilized, if present)	21450, 21451, 21453

<b>(Form CMS-416)</b>	<b>Nomenclature</b>	<b>CPT Codes</b>
D7650	Malar and/or zygomatic arch - open reduction	21356, 21360, 21365, 21366
D7660	Malar and/or zygomatic arch - closed reduction	21355
D7670	Alveolus - closed reduction, may include stabilization of teeth	21440
D7671	Alveolus - open reduction, may include stabilization of teeth	21445
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	21433, 21435
D7710	Maxilla - open reduction	21422, 21423
D7720	Maxilla - closed reduction	21421
D7730	Mandible - open reduction	21454, 21461, 21462, 21470
D7740	Mandible - closed reduction	21450, 21451, 21453
D7750	Malar and/or zygomatic arch - open reduction	21356, 21360, 21365, 21366
D7760	Malar and/or zygomatic arch - closed reduction	21355
D7770	Alveolus - open reduction stabilization of teeth	21445
D7771	Alveolus - closed reduction stabilization of teeth	21440
D7780	Facial bones - complicated reduction with fixation and multiple surgical approaches	21433, 21435
D7810	Open reduction of dislocation	21490

<b>(Form CMS-416)</b>	<b>Nomenclature</b>	<b>CPT Codes</b>
D7820	Closed reduction of dislocation	21480, 21485
D7830	Manipulation under anesthesia	21073
D7840	Condylectomy	21050
D7850	Surgical discectomy, with/without implant	21060
D7858	Joint reconstruction	21242, 21243
D7860	Arthrotomy	21010
D7865	Arthroplasty	21240
D7870	Arthrocentesis	20605
D7872	Arthroscopy - diagnosis, with or without biopsy	29800
D7873	Arthroscopy - surgical: lavage and lysis of adhesions	29804
D7874	Arthroscopy - surgical: disc repositioning and stabilization	29804
D7875	Arthroscopy - surgical: synovectomy	29804
D7876	Arthroscopy - surgical: discectomy	29804
D7877	Arthroscopy - surgical: debridement	29804
D7910	Suture of recent small wounds up to 5 cm	12011, 12013, 40830, 40831, 41250, 41251, 41252, 42180, 42182
D7911	Complicated suture - up to 5 cm	12051, 12052, 13131, 13132, 13150, 13151, 13152, 40831, 41252, 42182

<b>(Form CMS-416)</b>	<b>Nomenclature</b>	<b>CPT Codes</b>
D7912	Complicated suture - greater than 5 cm	12053, 12054, 12054, 12055, 12056, 12057, 13132, 13133, 13152, 13153, 40831, 41252, 42182
D7940	Osteoplasty - for orthognathic deformities	21208, 21209
D7941	Osteotomy - mandibular rami	21193, 21195, 21196
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	21194
D7944	Osteotomy - segmented or subapical	21198, 21199, 21206
D7945	Osteotomy - body of mandible	21193, 21194, 21195, 21196
D7946	LeFort I (maxilla - total)	21141, 21142, 21143, 21145, 21147
D7947	LeFort I (maxilla - segmented)	Any of the codes crosswalked to D7946 would be appropriate, but should be reported with a -52 modifier
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	21150
D7949	LeFort II or LeFort III - with bone graft	21151, 21154, 21155, 21159, 21160
D7950	Osseous, osteoperiosteal, or cartilage graft of the madible or maxilla - autogenous or nonautogenous, by report	21210, 21215

<b>(Form CMS-416)</b>	<b>Nomenclature</b>	<b>CPT Codes</b>
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another	40806, 40819, 41010, 41115
D7963	Frenuloplasty	41520
D7970	Excision of hyperplastic tissue per arch	41828
D7971	Excision of pericoronal gingiva	41821
D7972	Surgical reduction of osseous tuberosity	41822
D7980	Sialolithotomy	42330, 42335, 42340
D7981	Excision of salivary gland, by report	42410, 42415, 42420, 42425, 42426, 42440, 42450
D7982	Sialodochoplasty	42600
D7983	Closure of salivary fistula	42600 - Closure salivary fistula
D7990	Emergency tracheotomy	31603, 31605
D7991	Coronoidectomy	21070
D7996	Implant - mandible for augmentation purposes (excluding alveolar ridge), by report	21125, 21127
D9212	Trigeminal division block anesthesia	64400
D9220	Deep sedation/general anesthesia - first 30 minutes	00170, 00172, 00174, 00176
D9221	Deep sedation/general anesthesia - each additional 15 minutes	00170, 00172, 00174, 00176
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	99143, 99144, 99148, 99149



<b>(Form CMS-416)</b>	<b>Nomenclature</b>	<b>CPT Codes</b>
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	99145, 99150
D9310	Consultation - diagnostic service provided by a dentist or physician other than requesting dentist or physician	Office consultation - 99241, 99242, 99243, 99244, 99245 Inpatient consultation - 99251, 99252, 99253, 99254, 99255