ADA Insurance Codes for Laboratory Procedures:

CROWN & BRIDGE

Inlay/Onlay Restorations

D2510  Inlay - metallic - one surface
D2520  Inlay - metallic - two surfaces
D2530  Inlay - metallic - three or more surfaces
D2542  Onlay - metallic - two surface
D2543  Onlay - metallic - three surfaces
D2544  Onlay - metallic - four or more surfaces

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Porcelain, Ceramic Inlays/Onlays (include all indirect ceramic and porcelain type inlays/onlays)

D2610  Inlay - porcelain/ceramic - one surface
D2620  Inlay - porcelain/ceramic - two surfaces
D2630  Inlay - porcelain/ceramic - three or more surfaces
D2642  Onlay - porcelain/ceramic - two surface
D2643  Onlay - porcelain/ceramic - three surfaces
D2644  Onlay - porcelain/ceramic - four or more surfaces

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Resin-Based Composite Inlays/Onlays Must Utilize Indirect Technique

D2650  Inlay - resin-based composite - one surface
D2651  Inlay - resin-based composite - two surfaces
D2652  Inlay - resin-based composite - three or more surfaces
D2662  Onlay - resin-based composite - two surface
D2663  Onlay - resin-based composite - three surfaces
D2664  Onlay - resin-based composite - four or more surfaces

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Crowns - Single restorations only

D2710  Crown - resin (indirect) - Refers to any resin-based composite crown that is indirectly fabricated. All fiber, porcelain or ceramic reinforced polymer materials/systems are considered resin-based composites. Unfilled or non-reinforced resin crowns should be reported using D2999
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
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 - This code does not include facial veneers
D2790  Crown - full cast high noble metal
D2791  Crown - full cast predominantly base metal
D2792  Crown - full cast noble metal
D2799  Provisional crown
D2952  Cast post and core in addition to crown - Cast post and core is separate from crown
D2953  Each additional cast post - same tooth - To be used with D2952
D2961  Labial veneer (resin laminate) - laboratory - Refers to labial/facial indirect resin bonded veneers
D2962  Labial veneer (porcelain laminate) - laboratory - Refers to facial veneers that extend interproximally and/or cover the incisal edge. Porcelain/ceramic veneers presently include all ceramic and porcelain veneers
D2999  Unspecified restorative procedure, by report.

CROWN & BRIDGE

Fixed Partial Denture Pontics
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D6210</td>
<td>Pontic - cast high noble metal</td>
</tr>
<tr>
<td>D6211</td>
<td>Pontic - cast predominantly base metal</td>
</tr>
<tr>
<td>D6212</td>
<td>Pontic - cast noble metal</td>
</tr>
<tr>
<td>D6240</td>
<td>Pontic - porcelain fused to high noble metal</td>
</tr>
<tr>
<td>D6241</td>
<td>Pontic - porcelain fused to predominantly base metal</td>
</tr>
<tr>
<td>D6242</td>
<td>Pontic - porcelain fused to noble metal</td>
</tr>
<tr>
<td>D6245</td>
<td>Pontic - porcelain/ceramic</td>
</tr>
<tr>
<td>D6250</td>
<td>Pontic - resin with high noble metal</td>
</tr>
<tr>
<td>D6251</td>
<td>Pontic - resin with predominantly base metal</td>
</tr>
<tr>
<td>D6252</td>
<td>Pontic - resin with noble metal</td>
</tr>
<tr>
<td>D6253</td>
<td>Provisional pontic - Pontic utilized as an interim of at least six months duration during restorative treatment to allow adequate time for healing or completion of other procedures. This is not to be used as a temporary pontic for routine prosthetic fixed partial dentures.</td>
</tr>
</tbody>
</table>

**CROWN & BRIDGE**

**Fixed Partial Denture Retainers - Inlays / Onlays**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D6545</td>
<td>Retainer - cast metal for resin bonded fixed prosthesis</td>
</tr>
<tr>
<td>D6548</td>
<td>Retainer - porcelain/ceramic for resin bonded fixed prosthesis</td>
</tr>
<tr>
<td>D6600</td>
<td>Inlay - porcelain/ceramic, two surfaces</td>
</tr>
<tr>
<td>D6601</td>
<td>Inlay - porcelain/ceramic, three or more surfaces</td>
</tr>
<tr>
<td>D6602</td>
<td>Inlay - cast high noble metal, two surfaces</td>
</tr>
<tr>
<td>D6603</td>
<td>Inlay - cast high noble metal, three or more surfaces</td>
</tr>
<tr>
<td>D6604</td>
<td>Inlay - cast predominantly base metal, two surfaces</td>
</tr>
<tr>
<td>D6605</td>
<td>Inlay - cast predominantly base metal, three or more surfaces</td>
</tr>
<tr>
<td>D6606</td>
<td>Inlay - cast noble metal, two surfaces</td>
</tr>
<tr>
<td>D6607</td>
<td>Inlay - cast noble metal, three or more surfaces</td>
</tr>
<tr>
<td>D6608</td>
<td>Onlay - porcelain/ceramic, two surfaces</td>
</tr>
<tr>
<td>D6609</td>
<td>Onlay - porcelain/ceramic, three or more surfaces</td>
</tr>
<tr>
<td>D6610</td>
<td>Onlay - cast high noble metal, two surfaces</td>
</tr>
<tr>
<td>D6611</td>
<td>Onlay - cast high noble metal, three or more surfaces</td>
</tr>
<tr>
<td>D6612</td>
<td>Onlay - cast predominantly base metal, two surfaces</td>
</tr>
<tr>
<td>D6613</td>
<td>Onlay - cast predominantly base metal, three or more surfaces</td>
</tr>
<tr>
<td>D6614</td>
<td>Onlay - cast noble metal, two surfaces</td>
</tr>
<tr>
<td>D6615</td>
<td>Onlay - cast noble metal, three or more surfaces</td>
</tr>
</tbody>
</table>
CROWN & BRIDGE

Fixed Partial Denture Retainers - Crowns

D6720  Crown - resin with high noble metal
D6721  Crown - resin with predominantly base metal
D6722  Crown - resin with noble metal
D6740  Crown - porcelain/ceramic
D6750  Crown - porcelain fused to high noble metal
D6751  Crown - porcelain fused to predominantly base metal
D6752  Crown - porcelain fused to noble metal
D6780  Crown - ¾ cast high noble metal
D6781  Crown - ¾ cast predominantly base metal
D6782  Crown - ¾ cast noble metal
D6783  Crown - ¾ porcelain/ceramic
D6790  Crown - full cast high noble metal
D6791  Crown - full cast predominantly base metal
D6792  Crown - full cast noble metal
D6793  Provisional retainer crown - Retainer crown utilized as an interim of at least six months duration during restorative treatment to allow adequate time for healing or completion of other procedures. This is not to be used as a temporary retainer crown for routine prosthetic fixed partial dentures.

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Other Fixed Partial Denture Services

D6920  Connector bar - A device attached to fixed partial denture retainer or coping which serves to stabilize and anchor a removable overdenture prosthesis.
D6930  Re-cement fixed partial denture
D6940  Stress breaker - A non-rigid connector.
D6950  Precision attachment - Report attachment separately from crown; a male and female pair constitutes one precision attachment. Describe type of attachment used.
D6970  Cast post and core in addition to fixed partial denture retainer
D6971  Cast post as part of fixed partial denture retainer
D6972  Prefabricated post and core in addition to fixed partial denture retainer
D6973  Core build up for retainer, including any pins
D6975  Coping - metal - To be used as a definitive restoration
D6976 Each additional cast post - same tooth - To be used with D6970 or D6971
D6977 Each additional prefabricated post - same tooth - To be used with D6972
D6980 Fixed partial denture repair, by report
D6985 Pediatric partial denture, fixed - This prosthesis is used primarily for aesthetic purposes.
D6999 Unspecified fixed prosthodontic procedure, by report - Used for procedure that is not adequately described by a code. Describe procedure.

REMOVABLE PROSTHETICS

Complete Dentures (Including Routine Post-Delivery Care)

D5110 Complete denture - maxillary
D5120 Complete denture - mandibular
D5130 Immediate denture - maxillary - Includes limited follow-up care only; does not include required future rebasing/relining procedure(s) or a complete new denture.
D5140 Immediate denture - mandibular - Includes limited follow-up care only; does not include required future rebasing/relining procedure(s) or a complete new denture.

REMOVABLE PROSTHETICS

Partial Dentures (Including Routine Post-Delivery Care)

D5211 Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) - Includes acrylic resin base denture with resin or wrought- wire clasps.
D5212 Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) - Includes acrylic resin base denture with resin or wrought - wire clasps.
D5213 Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5214 Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5281 Removable unilateral partial denture - one piece cast metal (including clasps and teeth)

REMOVABLE PROSTHETICS

Adjustments to Dentures

D5410 Adjust complete denture - maxillary
D5411 Adjust complete denture - mandibular
D5421 Adjust partial denture - maxillary
D5422  Adjust partial denture - mandibular

REMOVABLE PROSTHETICS

Repairs to Complete Dentures

D5510  Repair broken complete denture base
D5520  Repair missing or broken teeth - complete denture (each tooth)

REMOVABLE PROSTHETICS

Repairs to Partial Dentures

D5610  Repair resin denture base
D5620  Repair cast framework
D5630  Repair or replace broken clasp
D5640  Replace broken teeth - per tooth
D5650  Add tooth to existing partial denture
D5660  Add clasp to existing partial denture
D5670  Replace all teeth and acrylic on cast metal framework (maxillary)
D5671  Replace all teeth and acrylic on cast metal framework (mandibular)

REMOVABLE PROSTHETICS

Denture Rebase Procedures
Rebase - process of refitting a denture by replacing the base material.
D5710  Rebase complete maxillary denture
D5711  Rebase complete mandibular denture
D5720  Rebase maxillary partial denture
D5721  Rebase mandibular partial denture

REMOVABLE PROSTHETICS

Denture Reline Procedures
Reline is the process of resurfacing the tissue side of a denture with new base material.
D5730  Reline complete maxillary denture (chair side)
D5731  Reline complete mandibular denture (chair side)
D5740 Reline maxillary partial denture (chair side)
D5741 Reline mandibular partial denture (chair side)
D5750 Reline complete maxillary denture (laboratory)
D5751 Reline complete mandibular denture (laboratory)
D5760 Reline maxillary partial denture (laboratory)
D5761 Reline mandibular partial denture (laboratory)

REMOVABLE PROSTHETICS

Interim Prosthesis
A provisional prosthesis designed for use over a limited period of time, after which it is to be replaced by a more definitive restoration.
D5810 Interim complete denture (maxillary)
D5811 Interim complete denture (mandibular)
D5820 Interim partial denture (maxillary) - Includes any necessary clasps and rests.
D5821 Interim partial denture (mandibular) - Includes any necessary clasps and rests.

REMOVABLE PROSTHETICS

Other Removable Prosthetic Services

D5850 Tissue conditioning, maxillary - Treatment reline using materials designed to heal unhealthy ridges prior to more definitive final restoration.
D5851 Tissue conditioning, mandibular - Treatment reline using materials designed to heal unhealthy ridges prior to more definitive final restoration.
D5860 Over denture - complete, by report - Describe and document procedures as performed. Other separate procedures may be required concurrent to D5860.
D5861 Over denture - partial, by report - Describe and document procedures as performed. Other separate procedures may be required concurrent to D5861.
D5862 Precision attachment, by report - Each set of male and female components should be reported as one precision attachment. Describe the type of attachment used.
D5867 Replacement of replaceable part of semi-precision or precision attachment (male or female component)
D5875 Modification of removable prosthesis following implant surgery - The modification of existing removable prosthesis is sometimes necessary at the time of implant placement and bone graft surgery and is always necessary at the time of the placement of the healing caps. This code could also be used to report the modification of an existing prosthesis when the abutments are placed and retentive elements are placed into the removable prosthesis, thereby reducing the need for a new prosthesis.
D5899 Unspecified removable prosthetodontic procedure, by report - Use for a procedure that is not adequately described by a code. Describe procedure.
REMOVABLE PROSTHETICS

Miscellaneous Services

D9940  Occlusal guard, by report - Removable dental appliances, which are designed to minimize the effects of bruxism (grinding) and other occlusal factors.

D9941  Fabrication of athletic mouthguard