

**Top 30 ADA Dental Procedure Codes - Pediatric Patients
Ranked by Contribution to Total Pediatric Dental Claim Costs
based on 2015 Milliman Health Cost Guidelines-Dental®**

	<u>Procedure Description</u>	<u>Procedure Type</u>
11 10	Prophylaxis - adult	Cleaning
01 20	Periodic oral evaluation - established patient	Oral Evaluation
23 92	Resin-based composite - two surfaces, posterior	Restorations
12 08	Topical application of fluoride - excluding varnish	Fluoride
13 51	Sealant - per tooth	Sealant
02 74	Bitewings - four radiographic images	X-Ray
23 91	Resin-based composite - one surface, posterior	Restorations
11 20	Prophylaxis - child	Cleaning
72 10	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	Surgical Extraction
71 40	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Simple Extraction
01 50	Comprehensive oral evaluation - new or established patient	Oral Evaluation
23 93	Resin-based composite - three surfaces, posterior	Restorations
72 40	Removal of impacted tooth - completely bony	Surgical Extraction
02 10	Intraoral - complete series of radiographic images	X-Ray
01 40	Limited oral evaluation - problem focused	Oral Evaluation
03 30	Panoramic radiographic image	X-Ray
21 50	Amalgam - two surfaces, primary or permanent	Restorations
12 06	Topical application of fluoride varnish	Fluoride
02 20	Intraoral - periapical first radiographic image	X-Ray
23 30	Resin-based composite - one surface, anterior	Restorations

23 31	Resin-based composite - two surfaces, anterior	Restorations
92 20	Deep sedation/general anesthesia - first 30 minutes	Anesthesia
33 30	Endodontic therapy, molar (excluding final restoration)	Endodontics
02 72	Bitewings - two radiographic images	X-Ray
27 50	Crown - porcelain fused to high noble metal	Inlays/Onlays/Crowns
72 30	Removal of impacted tooth - partially bony	Surgical Extraction
23 32	Resin-based composite - three surfaces, anterior	Restorations
23 35	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	Restorations
21 40	Amalgam - one surface, primary or permanent	Restorations
02 30	Intraoral - periapical each additional radiographic image	X-Ray
These codes are expected to represent approximately 97% of pediatric utilization and 91% of pediatric claim costs (excluding orthodontia).		
Others to Consider Including:		
15 10	Space maintainer - fixed - unilateral	Space Maintainers
15 15	Space maintainer - fixed - bilateral	Space Maintainers
43 41	Periodontal scaling and root planing - four or more teeth per quadrant	Periodontics
91 10	Palliative (emergency) treatment of dental pain - minor procedure	Emergency

**Top 40 ADA Dental Procedure Codes - Adult Patients
Ranked by Contribution to Total Adult Dental Claim Costs
based on 2015 Milliman Health Cost Guidelines-Dental®**

	<u>Procedure Description</u>	<u>Procedure Type</u>
11 10	Prophylaxis - adult	Cleaning
27 50	Crown - porcelain fused to high noble metal	Inlays/Onlays/Crowns
01 20	Periodic oral evaluation - established patient	Oral Evaluation
27 40	Crown - porcelain/ceramic substrate	Inlays/Onlays/Crowns
23 92	Resin-based composite - two surfaces, posterior	Restorations
33 30	Endodontic therapy, molar (excluding final restoration)	Endodontics
02 74	Bitewings - four radiographic images	X-Rays
23 91	Resin-based composite - one surface, posterior	Restorations
43 41	Periodontal scaling and root planing - four or more teeth per quadrant	Periodontics
49 10	Periodontal maintenance	Periodontics
11 20	Prophylaxis - child	Cleaning
27 52	Crown - porcelain fused to noble metal	Inlays/Onlays/Crowns
23 93	Resin-based composite - three surfaces, posterior	Restorations
01 50	Comprehensive oral evaluation - new or established patient	Oral Evaluation
27 51	Crown - porcelain fused to predominantly base metal	Inlays/Onlays/Crowns
02 10	Intraoral - complete series of radiographic images	X-Rays
33 20	Endodontic therapy, bicuspid tooth (excluding final restoration)	Endodontics
72 10	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	Surgical Extractions
03 30	Panoramic radiographic image	X-Rays

21 50	Amalgam - two surfaces, primary or permanent	Restorations
01 40	Limited oral evaluation - problem focused	Oral Evaluation
02 20	Intraoral - periapical first radiographic image	X-Rays
71 40	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Simple Extractions
72 40	Removal of impacted tooth - completely bony	Surgical Extractions
23 30	Resin-based composite - one surface, anterior	Restorations
23 31	Resin-based composite - two surfaces, anterior	Restorations
02 72	Bitewings - two radiographic images	X-Rays
27 90	Crown - full cast high noble metal	Inlays/Onlays/ Crowns
23 32	Resin-based composite - three surfaces, anterior	Restorations
33 10	Endodontic therapy, anterior tooth (excluding final restoration)	Endodontics
67 50	Crown - porcelain fused to high noble metal	Bridges
23 35	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	Restorations
21 40	Amalgam - one surface, primary or permanent	Restorations
02 30	Intraoral - periapical each additional radiographic image	X-Rays
21 60	Amalgam - three surfaces, primary or permanent	Restorations
62 40	Pontic - porcelain fused to high noble metal	Bridges
72 30	Removal of impacted tooth - partially bony	Surgical Extractions
42 60	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	Periodontics
23 94	Resin-based composite - four or more surfaces, posterior	Restorations
43 42	Periodontal scaling and root planing - one to three teeth per quadrant	Periodontics
These codes are expected to represent approximately 95% of adult utilization and 90% of adult claim costs (excluding orthodontia).		

	Others to Consider Including:	
92 20	Deep sedation/general anesthesia - first 30 minutes	Anesthesia
29 30	Prefabricated stainless steel crown - primary tooth	Inlays/Onlays/Crowns
27 92	Crown - full cast noble metal	Inlays/Onlays/Crowns
52 13	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Dentures
51 10	Complete denture - maxillary	Dentures
91 10	Palliative (emergency) treatment of dental pain - minor procedure	Emergency
29 20	Re-cement or re-bond crown	Repair (Simple)