Washington State
Health Care Authority

Dental RVU Cookbook

Community Health Services
Dental Program

September, 2003
CODE DEFINITIONS FOR RVU PROCEDURE LIST

Diagnostic:

Clinical Oral Evaluations
The codes in this section have been revised to recognize the cognitive skills necessary for patient evaluation

D0120: Periodic Oral Evaluation –
An evaluation preformed on a patient of record to determine any changes in the patient’s dental and medical health status since a previous comprehensive or periodic evaluation. This includes periodontal screening and may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. (RVU = 1.5)

D0140: Limited Oral Evaluation - problem focused –
An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation.

Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infection, etc. (RVU = 0.5)

D0150: Comprehensive Oral Evaluation – new or established patient
Typically used by a general dentist and/or specialist when evaluating a patient comprehensively. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately. (RVU = 3.0)

D0180: Comprehensive Periodontal Evaluation – new or established patient.
This procedure is indicated for patients showing signs or symptoms of periodontal disease. It includes evaluation of periodontal condition, probing and charting, evaluation and recording of the patient’s dental and medical history and general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships and oral cancer screening.
Radiographs (including interpretation)

D0210: Intraoral – complete series (including bitewings) –
A radiograph survey of the teeth and supporting structures necessary for accurate diagnosis. A complete series consist of 14-20 periapical films, including two of four bitewings are included in the complete series. (RVU = 1.5)

D0220: Intraoral – periapical first film - (RVU = 0.2)

D0230: Intraoral - periapical each additional film. (RVU = 0.2)

D0272: Bitewings - two films. (RVU = 0.4)

D0274: Bitewings - four films. (RVU = 0.8)

D0330: Panoramic film –
Radiograph made with panoramic x-ray equipment, which presents all oral structures on one film. (RVU = 1.0)

Preventive:

D1110: Prophylaxis – Adult
A dental prophylaxis performed on transitional or permanent dentition that includes scaling &/or polishing procedures to remove coronal calculus and stains. (RVU = 3.0)

D1120: Prophylaxis – Child
Refers to a dental prophylaxis performed on primary or transitional dentition only. (RVU = 2.0)

D1203: Topical Application of Fluoride - child (excluding prophylaxis).
(RVU = 0.5)

D1204: Topical Application of Fluoride - adult (excluding prophylaxis)
(RVU = 0.5)

D1330: Oral Hygiene Instructions –
This may include instructions for home care. Examples include tooth brushing, flossing, use of special oral hygiene aids. (RVU = 0.5)

D1351: Sealant - per tooth.
Mechanically and/or chemically prepared enamel surface sealed to prevent decay. (RVU = 0.5)
Space Maintenance

D1510: Space maintenance – fixed - unilateral (RVU = 3.0)
D1515: Space maintainer – fixed – bilateral (RVU = 4.5)
D1550: Re-cementation of Space Maintainer (RVU = 1.0)

Restorative:
Amalgam Restorations (including polishing) –
Tooth preparation, all adhesives (including amalgam bonding agents), liners and bases are included as part of the restoration. If pins are used, they should be reported separately.

D2140: Amalgam - one surface, primary or permanent (RVU = 1.5)
D2150: Amalgam - two surfaces, primary or permanent (RVU = 2.0)
D2160: Amalgam - three surfaces, primary or permanent (RVU = 3.0)
D2161: Amalgam – four surfaces, primary or permanent (RVU = 4.0)
D2330: Resin-based composite – one surface, anterior (RVU = 2.0)
D2331: Resin-based composite - two surfaces, anterior (RVU = 2.5)
D2332: Resin-based composite – three surfaces, anterior (RVU = 3.5)
D2335: Resin-based composite – four or more surfaces or involving incisal angle (anterior).
   Incisal angle to be defined as one of the angles formed by the junction of the incisal and the mesial or distal surface of an anterior tooth.
   (RVU = 5.0)
D2930: Prefabricated stainless steel crown -primary tooth (RVU = 3.0)
D2931: Prefabricated stainless steel crown – permanent tooth (RVU = 4.0)
D2932: Prefabricated resin crown - (RVU = 4.0)
D2940: Sedative fillings –
   Temporary restoration intended to relieve pain. (RVU = 0.5)
D2954: Prefabricated post and core in addition to crown –
Core is built around a prefabricated post. This procedure includes the core material. (RVU = 3.0)

Endodontic Procedures: Local anesthesia is considered to be part of endodontic procedures.

D3110: Pulp cap - direct (excluding final restoration)
Procedure in which the exposed pulp is covered with a dressing or cement that protects the pulp and promotes healing and repair. (RVU = 0.2)

D3310: Anterior (excluding final restoration) - root canal therapy.
(RVU = 9.0)

D3320: Bicuspid (excluding final restoration) (RVU = 12.0)

D3330: Molar (excluding final restoration) (RVU = 18.0)

Periodontics - local anesthesia is considered to be part of periodontal procedures.

D4210: Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant –
Involves the exclusion of the soft tissue wall of the periodontal pocket by either an external or an internal bevel. Preformed in shallow to moderate suprabony pockets after adequate initial preparation, for suprabony pockets which need access for restorative dentistry, when moderate gingival enlargements or aberrations are present, and when there is asymmetrical or unesthetic gingival topography. (RVU = 1.0 per tooth)

D4240: Gingival flap procedure, including root planing – four or more contiguous teeth or bounded teeth spaces per quadrant –
Surgical debridement of the root surface and the removal of granulation tissue following the resection or reflection of soft tissue flap. Osseous recontouring is not accomplished in conjunction with this procedure. May include open flap curettage, reverse bevel flap surgery, modified Kirkland flap procedure, Widman surgery, and modified Widman surgery. This procedure is preformed in the presence of moderate to deep probing depths, loss of probing attachment, need to maintain esthetics, and need for increased access to the root surface and alveolar bone. (RVU = 2.0 per tooth)
**D4260: Osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant –**
This procedure modifies the bony support of the teeth by reshaping the alveolar process to achieve a more physiologic form. This may include the removal of supporting bone (ostectomy) or non-supporting bone. (RVU = 2.0 per tooth)

**D4341: Periodontal scaling and root planing – four or more contiguous teeth or bounded teeth spaces per quadrant –**
The procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others. (RVU = 3.0 per quadrant)

**D4355: Full mouth debridement to enable comprehensive evaluation and diagnosis –**
The removal of subgingival and/or supragingival plaque and calculus. This procedure does not preclude the need for additional procedures. (RVU = 5.0)

**D4910: Periodontal maintenance –**
This procedure is for patients who have previously been treated for periodontal disease. Typically, maintenance starts after completion of active (surgical or nonsurgical) periodontal therapy and continues at varying intervals, determined by the clinical diagnosis of the dentist, for the life of the dentition. It includes removal of the supra and subgingival microbial flora and calculus, site specific scaling and root planing where indicated, and/or polishing the teeth. When new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered. (RVU = 3.0)

**Prosthodontics (removable) -** Local anesthesia is considered to be part of removable Prosthodontic.

**D5110: Complete Denture – (including routine post-delivery care) maxillary (RVU = 15.0)**

**D5120: Complete Denture – mandibular (RVU = 15.0)**

**D5130: Immediate Denture – maxillary (RVU = 15.0)**
D5140: Immediate Denture – mandibular (RVU = 15.0)

D5211: Maxillary partial denture –
Includes acrylic base dentures with resin or wrought wire clasps. (RVU = 12.0)

D5212: Mandibular partial denture – resin base (RVU = 12.0)

D5213: Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) (RVU = 12.0)

D5214: Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) (RVU = 12.0)

D5281: Removable unilateral partial denture – one piece cast metal (including clasps and teeth) (RVU = 12.0)

D5410: Adjust complete denture – maxillary (RVU = 2.0)

D5411: Adjust complete denture – mandibular (RVU = 2.0)

D5421: Adjust partial denture - maxillary (RVU = 2.0)

D5422: Adjust partial denture – mandibular (RVU = 2.0)

Denture reline procedures - reline is the process of resurfacing the tissue side of a denture with new base material. (RVU = 4.5)

D5730: Reline complete maxillary denture (chairside) (RVU = 4.5)

D5731: Reline complete mandibular denture (chairside) (RVU = 4.5)

D5740: Reline maxillary partial denture (chairside) (RVU = 4.5)

D5741: Reline mandibular partial denture (chairside) (RVU = 4.5)

D5750: Reline complete maxillary denture (laboratory) (RVU = 4.5)

D5751: Reline complete mandibular denture (laboratory) (RVU = 4.5)

D5760: Reline maxillary partial denture (laboratory) (RVU = 4.5)

D5761: Reline mandibular partial denture (laboratory) (RVU = 4.5)
**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) (RVU = 4.5)**

**D5811: Interim complete denture (mandibular) (RVU = 4.5)**

**D5820: Interim partial denture (maxillary) (RVU = 4.5)**

**D5821: Interim partial denture (mandibular) (RVU = 4.5)**

**D5850: Tissue conditioning – maxillary –**
Treatment reline using materials designed to heal unhealthy ridges prior to more definitive final restoration. (RVU = 3.0)

**D5851: Tissue conditioning – mandibular (RVU = 3.0)**

**D5860: Overdenture – complete –**
Describe and document procedures as preformed. (RVU = 15.0)

**D5861: Overdenture – partial – (RVU = 15.0)**

**Oral Surgery: Extractions** – includes local anesthesia, suturing, if needed, and routine postoperative care.

**D7111: Coronal remnants – deciduous tooth.**
Includes soft tissue-retained coronal remnants. (RVU = 2.0)

**D7140: Extraction, erupted tooth or exposed root (elevation and/or forceps removal) –**
Includes routine removal of tooth structure and closure, as necessary. (RVU = 2.5)

**D7210: Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth –**
Includes cutting of gingival and bone, removal of tooth structure, and closure. (RVU = 4.5)

**D7220: Removal of impacted tooth – soft tissue –**
Occlusal surface of tooth covered soft tissue; requires mucoperiosteal flap elevation. (RVU = 4.5)

**D7230: Removal of impacted tooth – partially bony –**
Part of the crown covered by bone; requires mucoperiosteal flap elevation and bone removal. (RVU = 6.0)
D7240: **Removal of impacted tooth – completely bony –**
Most or all of crown covered by bone; requires mucoperiosteal flap elevation and bone removal. (RVU = 8.0)

D7250: **Surgical removal of residual tooth roots (cutting procedure) –**
Includes cutting of soft tissue and bone, removal of tooth structure, and closure. (RVU = 4.5)

D7285: **Biopsy of oral tissue – hard (bone, tooth).** (RVU = 4.5)

D7286: **Biopsy of oral tissue – soft (all others) –**
For surgical removal of specimen only. This code is not used at the same time as codes for apicoectomy/periradicular curettage. (RVU = 3.0)

D7510: **Incision and drainage of abscess – intraoral soft tissue.** (RVU = 2.0)

**Adjunctive General Services:**

D9110: **Palliative (emergency) treatment of dental pain – minor procedure -**
This is typically reported on a "per visit" basis for emergency treatment of dental pain. (RVU = 2.0)

D9310: **Consultation – (diagnostic service provided by a dentist or physician other than practitioner providing treatment).**
Type of service provided by a dentist or dental specialist whose opinion or advice regarding evaluation and/or management of a specific problem may be requested by another dentist, physician or appropriate source. The dentist may initiate diagnostic and/or therapeutic services. (RVU = 1.5)