

# Dental Services

An essential coding, billing and reimbursement resource for dental services

**2021**

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# Getting Started with Coding and Payment Guide

The *Coding and Payment Guide for Dental Services* is designed to be a guide to the specialty procedures classified in the CDT® and CPT® books. It is structured to help coders understand procedures and translate physician narrative into correct CPT codes by combining many clinical resources into one, easy-to-use source book. The book also allows coders to validate the intended code selection by providing an easy-to-understand explanation of the procedure and associated conditions or indications for performing the various procedures. As a result, data quality and reimbursement will be improved by providing code-specific clinical information and helpful tips regarding the coding of procedures. For ease of use, *Coding and Payment Guide for Dental Services* lists the CDT and CPT codes in ascending numeric order. Each CDT code is followed by its official code description and nomenclature and each CPT code is followed by its official code description.

## Resequencing of CDT and CPT Codes

The American Dental Association (ADA) and the American Medical Association (AMA) employ a resequenced numbering methodology. According to the associations, there are instances where a new code is needed within an existing grouping of codes, but an unused code number is not available to keep the range sequential. In the instance where the existing codes were not changed or had only minimal changes, the ADA and AMA have assigned a code out of numeric sequence with the other related codes being grouped together. The resequenced codes and their descriptions have been placed with their related codes, out of numeric sequence. Codes within the Optum360 *Coding and Payment Guide* series display in their resequenced order. Resequenced codes are enclosed in brackets for easy identification.

## ICD-10-CM

Overall, the 10th revision goes into greater clinical detail than did ICD-9-CM and addresses information about previously classified diseases, as well as those diseases discovered since the last revision. Conditions are grouped with general epidemiological purposes and the evaluation of healthcare in mind. New features have been added, and conditions have been reorganized, although the format and conventions of the classification and documentation requirements remain unchanged for the most part.

## Detailed Code Information

One or more columns are dedicated to each procedure or service to a series of similar procedures/services. Following the specific CDT and CPT code and its narrative, is a combination of features. A sample is shown on page 2. The black boxes with numbers in them correspond to the information on the page following the example.

## Appendix Codes and Descriptions

Some procedure codes are presented in a less comprehensive format in the appendix. The CDT and CPT codes appropriate to the specialty are included in the appendix with the official code description. The codes are presented in numeric order, and each code is followed by an easy-to-understand lay description of the procedure.

## CCI Edit Updates

The *Coding and Payment Guide* series includes the a list of codes from the official Centers for Medicare and Medicaid Services'

*National Correct Coding Policy Manual for Part B Medicare Contractors* that are considered to be an integral part of the comprehensive code or mutually exclusive of it and should not be reported separately. The codes in the Correct Coding Initiative (CCI) section are from the most current version available at press time. The CCI edits are now located in a section at the back of the book. Optum360 maintains a website to accompany the *Coding and Payment Guide* series and posts updated CCI edits on this website so that current information is available before the next edition. The website address is <https://www.optum360coding.com/ProductUpdates/>. The 2021 edition password is: XXXXXXXX. Please note that you should log in each quarter to ensure you receive the most current updates. An email reminder will also be sent to you to let you know when the updates are available.

## Index

Comprehensive indexes for both the CPT and the CDT coding systems are provided for easy access to the codes. The indexes have several axes. A code can be looked up by its procedure name or by the anatomical site associated with it. For example:

### Debridement

endodontic, D3221  
periodontal, D4355  
implant  
peri, D6101-D6102  
single, D6081

## General Guidelines

### Providers

The ADA and AMA advises coders that while a particular service or procedure may be assigned to a specific section, the service or procedure itself is not limited to use only by that specialty group. Additionally, the procedures and services listed throughout the book are for use by any qualified dentist, physician, or other qualified healthcare professional or entity (e.g., hospitals, laboratories, or home health agencies). Keep in mind that there may be other policies or guidance that can affect who may report a specific service.

### Supplies

Some payers may allow providers to separately report drugs and other supplies when reporting the place of service as office or other nonfacility setting. Drugs and supplies are to be reported by the facility only when performed in a facility setting.

### Professional and Technical Component

Radiology and some pathology codes have a technical and a professional component. When providers do not own their own equipment and send their patients to outside testing facilities, they should append modifier 26 to the procedural code to indicate they performed only the professional component.

## Sample Page and Key

On the following pages are a sample page from the book displaying the new format of *Coding and Payment Guide for Dental Services* with each element identified and explained on the opposite page.

# Procedure Codes

One of the keys to gaining accurate reimbursement lies in understanding the multiple coding systems that are used to identify services. To be well versed in reimbursement practices, coders should be familiar with the CDT, HCPCS Level II, ICD-10-CM, and CPT® coding systems. The first of these, the CDT system, is increasingly important to reimbursement, as it has been extended to a wider array of dental services.

- Coding and billing should be based on the service and supplies provided. Documentation should describe the patient's problems and the service provided to enable the payer to determine reasonableness and necessity of care.
- Refer to Medicare coverage reference to determine whether the care provided is a covered service. The references are noted, when they apply, on the pages following.

## HCPCS Level I or CPT Codes

Known as HCPCS Level I, the CPT coding system is the most commonly used system to report procedures and services. Copyright of CPT codes and descriptions is held by the American Medical Association. This system reports outpatient and provider services.

CPT codes predominantly describe medical services and procedures, and are adapted to provide a common billing language that providers and payers can use for payment purposes. The codes are required for billing by both private and public insurance carriers, managed care companies, and workers' compensation programs. Dental professional may find that a third-party payer will occasionally require that a procedure be reported using a CPT code. Unless otherwise instructed, dental professional should report services using the appropriate American Dental Association (ADA) dental code when one exists.

## HCPCS Level II Codes

HCPCS Level II codes are commonly referred to as national codes or by the acronym HCPCS (pronounced "hik piks"). HCPCS codes are used for billing Medicare and Medicaid patients and have also been adopted by some third-party payers. HCPCS Level II codes published annually by CMS, are intended to supplement the CPT coding system by including codes for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS); drugs; and biologicals. These Level II codes consist of one alphabetic character (A–V) followed by four numbers. In many instances, HCPCS Level II codes are developed as precursors to CPT codes.

A complete list of the HCPCS Level II codes and the quarterly updates to this code set may be found at <http://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html>.

The following is a list of the HCPCS Level II supply codes used to identify supplies commonly used by dentists.

## Medical and Surgical Supplies A4000–A8999

The A and E code sections of the HCPCS Level II code system cover a wide variety of medical and surgical supplies, and some durable medical equipment (DME), supplies and accessories.

- A4550 Surgical trays**
- A4649 Surgical supply; miscellaneous**
- E1700 Jaw motion rehabilitation system**
- E1701 Replacement cushions for jaw motion rehabilitation system, package of six**
- E1702 Replacement measuring scales for jaw motion rehabilitation system, package of 200**

## Drugs Administered Other Than Oral Method J0000–J8999

Drugs and biologicals are usually covered by Medicare if: they are of the type that cannot be self-administered; they are not excluded by being immunizations; they are reasonable and necessary for the diagnosis or treatment of the illness or injury for which they are administered; and they have not been determined by the Food and Drug Administration (FDA) to be less than effective. In addition they must meet all the general requirements for coverage of items as incident to a physician's services. Generally, prescription and nonprescription drugs and biologicals purchased by or dispensed to a patient are not covered.

The following list of drugs can be injected either subcutaneously, intramuscularly, or intravenously. Third-party payers may wish to determine a threshold and pay up to a certain dollar limit for the drug.

J codes fall under the jurisdiction of the DME regional office for Medicare, unless incidental or otherwise noted.

- J0670 Injection, mepivacaine HCl, per 10 ml**  
Pub. 100-2, chap. 15, sec. 50.4
- J1790 Injection, droperidol, up to 5 mg**  
Pub. 100-2, chap. 15, sec. 50.4
- J2250 Injection, midazolam HCl, per 1 mg**  
Pub. 100-2, chap. 15, sec. 50.4
- J2400 Injection, chlorprocaine HCl, per 30 ml**  
Pub. 100-2, chap. 15, sec. 50.4
- J2515 Injection, pentobarbital sodium, per 50 mg**  
Pub. 100-2, chap. 15, sec. 50.4
- J2550 Injection, promethazine HCl, up to 50 mg**  
Pub. 100-2, chap. 15, sec. 50.4
- J3010 Injection, fentanyl citrate, 0.1 mg**  
Pub. 100-2, chap. 15, sec. 50.4
- J3360 Injection, diazepam, up to 5 mg**  
Pub. 100-2, chap. 15, sec. 50.4

## Temporary National Codes (Non-Medicare) (S0000–S9999)

- S0020 Injection, bupivacaine HCl, 30 ml**

# D0120

## D0120 periodic oral evaluation - established patient

An evaluation performed 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 an oral cancer evaluation and periodontal screening where indicated, and may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately.

### Explanation

The periodic oral evaluation is done to determine the patient's dental health status since the previous check-up. It includes screening for periodontal disease and oral cancer and possibly the interpretation of information acquired through additional, separately reportable diagnostic oral health tests.

### Coding Tips

When the patient is referred by another dentist for an opinion or advice regarding a particular condition, see code D9310. When a comprehensive oral examination is performed, see code D0150. When a problem-focused limited oral evaluation is performed, see codes D0140-D0145. A detailed oral evaluation that is problem focused is reported using code D0160; a limited, problem-focused exam is reported using D0170. When the provider performs a caries risk assessment using a standardized risk assessment tool, see D0601-D0603. A comprehensive periodontal evaluation, new or established patient, is reported using D0180. Code D0180 should not be reported in addition to this code as the components of D0120 are included in the comprehensive periodic evaluation. According to the ADA, codes D0120 and D4355 may be reported on the same date of service; however, it should be noted that some third-party payer policies prohibit billing these procedures concurrently. Any radiograph, prophylaxis, fluoride, restorative, or extraction service is reported separately.

### Documentation Tips

The following information can be documented on a tooth chart: treatment/location of caries, endodontic procedures, prosthetic services, preventive services, treatment of lesions and dental disease, or other special procedures. A tooth chart may also be used to identify structure and rationale of disease process and the type of service performed on intraoral structures other than teeth.

### Reimbursement Tips

When an oral health assessment is performed by someone other than the dentist, for example, a licensed dental hygienist, some third-party payers may require that modifier DA Oral health assessment by a licensed health professional other than a dentist, be appended to the this code. Check with third-party payers for their specific requirements.

### ICD-10-CM Diagnostic Codes

K00.0	Anodontia
K00.1	Supernumerary teeth
K00.2	Abnormalities of size and form of teeth
K00.3	Mottled teeth
K00.4	Disturbances in tooth formation
K00.5	Hereditary disturbances in tooth structure, not elsewhere classified
K00.6	Disturbances in tooth eruption
K00.7	Teething syndrome
K00.8	Other disorders of tooth development
K01.0	Embedded teeth

K01.1	Impacted teeth
K02.3	Arrested dental caries
K02.51	Dental caries on pit and fissure surface limited to enamel
K02.52	Dental caries on pit and fissure surface penetrating into dentin
K02.53	Dental caries on pit and fissure surface penetrating into pulp
K02.61	Dental caries on smooth surface limited to enamel
K02.62	Dental caries on smooth surface penetrating into dentin
K02.63	Dental caries on smooth surface penetrating into pulp
K02.7	Dental root caries
K03.0	Excessive attrition of teeth
K03.1	Abrasion of teeth
K03.2	Erosion of teeth
K03.3	Pathological resorption of teeth
K03.4	Hypercementosis
K03.5	Ankylosis of teeth
K03.6	Deposits [accretions] on teeth
K03.7	Posteruptive color changes of dental hard tissues
K03.81	Cracked tooth
K04.01	Reversible pulpitis
K04.02	Irreversible pulpitis
K04.1	Necrosis of pulp
K04.2	Pulp degeneration
K04.3	Abnormal hard tissue formation in pulp
K04.4	Acute apical periodontitis of pulpal origin
K04.5	Chronic apical periodontitis
K04.6	Periapical abscess with sinus
K04.7	Periapical abscess without sinus
K04.8	Radicular cyst
K05.00	Acute gingivitis, plaque induced
K05.01	Acute gingivitis, non-plaque induced
K05.10	Chronic gingivitis, plaque induced
K05.11	Chronic gingivitis, non-plaque induced
K05.211	Aggressive periodontitis, localized, slight
K05.212	Aggressive periodontitis, localized, moderate
K05.213	Aggressive periodontitis, localized, severe
K05.222	Aggressive periodontitis, generalized, moderate
K05.223	Aggressive periodontitis, generalized, severe
K05.311	Chronic periodontitis, localized, slight
K05.312	Chronic periodontitis, localized, moderate
K05.313	Chronic periodontitis, localized, severe
K05.321	Chronic periodontitis, generalized, slight
K05.322	Chronic periodontitis, generalized, moderate
K05.323	Chronic periodontitis, generalized, severe
K05.4	Periodontosis
K05.5	Other periodontal diseases
K06.011	Localized gingival recession, minimal
K06.012	Localized gingival recession, moderate
K06.013	Localized gingival recession, severe
K06.021	Generalized gingival recession, minimal
K06.022	Generalized gingival recession, moderate
K06.023	Generalized gingival recession, severe
K06.1	Gingival enlargement
K06.2	Gingival and edentulous alveolar ridge lesions associated with trauma
K08.0	Exfoliation of teeth due to systemic causes
K08.111	Complete loss of teeth due to trauma, class I
K08.112	Complete loss of teeth due to trauma, class II



# D0351

## D0351 3D photographic image

This procedure is for dental or maxillofacial diagnostic purposes. Not applicable for a CAD-CAM procedure.

### Explanation

The dentist takes a three-dimensional photographic image of the dental or maxillofacial structures for diagnostic purposes. Three-dimensional photography allows for hemispherical and full spherical output that assists the dentist in analyzing the aesthetic aspect of the smile, occlusal planes, wear patterns, and other details otherwise hard to detect during a regular patient examination.

### Coding Tips

For two-dimensional photographic imaging, see D0350. When computer-aided design/computer-aided manufacturing (CAD-CAM) device (therapeutic purposes) is performed, see D0393-D0395.

### Documentation Tips

Pertinent documentation to evaluate the medical appropriateness should be included with the claim when this code is reported.

### Reimbursement Tips

This procedure may be covered by the patient's medical insurance. When covered by medical insurance, the payer may require that the appropriate CPT code be reported on the CMS-1500 claim form.

### ICD-10-CM Diagnostic Codes

K08.21	Minimal atrophy of the mandible
K08.22	Moderate atrophy of the mandible
K08.23	Severe atrophy of the mandible
K08.24	Minimal atrophy of maxilla
K08.25	Moderate atrophy of the maxilla
K08.26	Severe atrophy of the maxilla
M26.01	Maxillary hyperplasia
M26.02	Maxillary hypoplasia
M26.03	Mandibular hyperplasia
M26.04	Mandibular hypoplasia
M26.05	Macrogenia
M26.06	Microgenia
M26.07	Excessive tuberosity of jaw
M26.09	Other specified anomalies of jaw size
M26.12	Other jaw asymmetry
M26.19	Other specified anomalies of jaw-cranial base relationship
M26.211	Malocclusion, Angle's class I
M26.212	Malocclusion, Angle's class II
M26.213	Malocclusion, Angle's class III
M26.220	Open anterior occlusal relationship
M26.221	Open posterior occlusal relationship
M26.23	Excessive horizontal overlap
M26.24	Reverse articulation
M26.25	Anomalies of interarch distance
M26.29	Other anomalies of dental arch relationship
M26.31	Crowding of fully erupted teeth
M26.32	Excessive spacing of fully erupted teeth
M26.33	Horizontal displacement of fully erupted tooth or teeth
M26.34	Vertical displacement of fully erupted tooth or teeth

M26.35	Rotation of fully erupted tooth or teeth
M26.36	Insufficient interocclusal distance of fully erupted teeth (ridge)
M26.37	Excessive interocclusal distance of fully erupted teeth
M26.39	Other anomalies of tooth position of fully erupted tooth or teeth
M26.51	Abnormal jaw closure
M26.52	Limited mandibular range of motion
M26.53	Deviation in opening and closing of the mandible
M26.54	Insufficient anterior guidance
M26.55	Centric occlusion maximum intercuspation discrepancy
M26.56	Non-working side interference
M26.57	Lack of posterior occlusal support
M26.59	Other dentofacial functional abnormalities

### Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
D0351	0.00	0.00	0.00	0.00
Facility RVU	Work	PE	MP	Total
D0351	0.00	0.00	0.00	0.00

	FUD	Status	MUE	Modifiers				IOM Reference
D0351	N/A	I	-	N/A	N/A	N/A	N/A	None

\* with documentation

### Terms To Know

**photography.** Still image pictures that may be digital or film generated.

# D5282-D5283

**D5282** removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary

**D5283** removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular

## Explanation

Partial dentures are composed of a metal framework with plastic teeth and gum areas. The cast framework contains metal clasps or other attachments that hold the denture in place. Two types of attachments are available: metal clasps and precision attachments. Metal clasps consist of C-shaped pieces of denture framework that fit around adjacent natural teeth. The adjacent teeth sometimes require shaping to hold the clasps and keep the denture securely in place. A precision attachment uses a receptacle created within a remaining tooth. The receptacle typically is covered with a crown. The precision attachment extends into the receptacle securing the partial denture. Precision attachments have no visible clasps and the forces of chewing usually are better distributed along the teeth. However, precision attachments are more expensive than metal clasps, so most partial dentures still use metal clasps for retention. Both types of dentures are easily removed for cleaning. Report D5282 for a maxillary partial denture; report D5283 for a mandibular partial denture.

## Coding Tips

To report resin based partial dentures, see D5211–D5212. To report cast metal framework with resin denture bases, see D5213–D5214. To report immediate partial denture, see D5221–D5224. To report flexible unilateral partial denture, see D5284. To report partial dentures consist of a flexible denture base and clasps, see D5286.

## Reimbursement Tips

Most payers require that the missing teeth be indicated on the dental claim form. Coverage guidelines vary by payer and by patient contract. Patients are often responsible for copayments or may reach contract limitations. Check with the payer to determine coverage policies and patient responsibility.

## ICD-10-CM Diagnostic Codes

- K08.401 Partial loss of teeth, unspecified cause, class I
- K08.402 Partial loss of teeth, unspecified cause, class II
- K08.403 Partial loss of teeth, unspecified cause, class III
- K08.404 Partial loss of teeth, unspecified cause, class IV
- K08.409 Partial loss of teeth, unspecified cause, unspecified class
- K08.411 Partial loss of teeth due to trauma, class I
- K08.412 Partial loss of teeth due to trauma, class II
- K08.413 Partial loss of teeth due to trauma, class III
- K08.414 Partial loss of teeth due to trauma, class IV
- K08.419 Partial loss of teeth due to trauma, unspecified class
- K08.421 Partial loss of teeth due to periodontal diseases, class I
- K08.422 Partial loss of teeth due to periodontal diseases, class II
- K08.423 Partial loss of teeth due to periodontal diseases, class III
- K08.424 Partial loss of teeth due to periodontal diseases, class IV
- K08.429 Partial loss of teeth due to periodontal diseases, unspecified class
- K08.431 Partial loss of teeth due to caries, class I
- K08.432 Partial loss of teeth due to caries, class II
- K08.433 Partial loss of teeth due to caries, class III
- K08.434 Partial loss of teeth due to caries, class IV
- K08.439 Partial loss of teeth due to caries, unspecified class
- K08.491 Partial loss of teeth due to other specified cause, class I

- K08.492 Partial loss of teeth due to other specified cause, class II
- K08.493 Partial loss of teeth due to other specified cause, class III
- K08.494 Partial loss of teeth due to other specified cause, class IV
- K08.499 Partial loss of teeth due to other specified cause, unspecified class

## Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
<b>D5282</b>	0.00	0.00	0.00	0.00
<b>D5283</b>	0.00	0.00	0.00	0.00
Facility RVU	Work	PE	MP	Total
<b>D5282</b>	0.00	0.00	0.00	0.00
<b>D5283</b>	0.00	0.00	0.00	0.00

	FUD	Status	MUE	Modifiers				IOM Reference
<b>D5282</b>	N/A	N	-	N/A	N/A	N/A	N/A	None
<b>D5283</b>	N/A	N	-	N/A	N/A	N/A	N/A	

\* with documentation

## Terms To Know

**partial dentures.** In dentistry, artificial teeth composed of a framework with plastic teeth and gum area replacing part but not all of the natural teeth. The framework can either be formed from an acrylic resin base, cast metal or may be made more flexible using thermoplastics.

**unilateral.** Located on or affecting one side.

97802-97804, 99091, 99172-99173, 99174, 99177, 99201-99217\*, 99231-99233, 99238, 99281-99285, 99408-99409, 99446-99449, 99451-99452, 99483, 99605-99606, G0102-G2011

**99281** 0362T, 0373T, 0469T, 36591-36592, 43752, 90863, 90940, 92002-92014, 92227-92228, 92531-92532, 93792, 93793, 94002-94004, 94660-94662, 95831-95834, 95851-95852, 96020, 96105, 96116, 96125-96130, 96132, 96136, 96138, 96146-96154, 96360, 96365, 96369, 96372-96374, 96377, 96401-96406, 96409, 96413, 96416, 96420-96422, 96425-96440, 96446-96450, 96523, 97151, 97153-97158, 97802-97804, 99091, 99172-99173, 99174, 99177, 99408-99409, 99446-99449, 99451-99452, 99605-99606, G0102-G2011

**99282** 0362T, 0373T, 0469T, 36591-36592, 43752, 90863, 90940, 92002-92014, 92227-92228, 92531-92532, 93792, 93793, 94002-94004, 94660-94662, 95831-95834, 95851-95852, 96020, 96105, 96116, 96125-96130, 96132, 96136, 96138, 96146-96154, 96360, 96365, 96369, 96372-96374, 96377, 96401-96406, 96409, 96413, 96416, 96420-96422, 96425-96440, 96446-96450, 96523, 97151, 97153-97158, 97802-97804, 99091, 99172-99173, 99174, 99177, 99281, 99408-99409, 99446-99449, 99451-99452, 99605-99606, G0102-G2011

**99283** 0362T, 0373T, 0469T, 36591-36592, 43752, 90863, 90940, 92002-92014, 92227-92228, 92531-92532, 93792, 93793, 94002-94004, 94660-94662, 95831-95834, 95851-95852, 96020, 96105, 96116, 96125-96130, 96132, 96136, 96138, 96146-96154, 96360, 96365, 96369, 96372-96374, 96377, 96401-96406, 96409, 96413, 96416, 96420-96422, 96425-96440, 96446-96450, 96523, 97151, 97153-97158, 97802-97804, 99091, 99172-99173, 99174, 99177, 99281-99282, 99408-99409, 99446-99449, 99451-99452, 99605-99606, G0102-G2011

**99284** 0362T, 0373T, 0469T, 36591-36592, 43752, 90863, 90940, 92002-92014, 92227-92228, 92531-92532, 93792, 93793, 94002-94004, 94660-94662, 95831-95834, 95851-95852, 96020, 96105, 96116, 96125-96130, 96132, 96136, 96138, 96146-96154, 96360, 96365, 96369, 96372-96374, 96377, 96401-96406, 96409, 96413, 96416, 96420-96422, 96425-96440, 96446-96450, 96523, 97151, 97153-97158, 97802-97804, 99091, 99172-99173, 99174, 99177, 99281-99283, 99408-99409, 99446-99449, 99451-99452, 99463\*, 99605-99606, G0102-G2011

**99285** 0362T, 0373T, 0469T, 36591-36592, 43752, 90863, 90940, 92002-92014, 92227-92228, 92531-92532, 93792, 93793, 94002-94004, 94660-94662, 95831-95834, 95851-95852, 96020, 96105, 96116, 96125-96130, 96132, 96136, 96138, 96146-96154, 96360, 96365, 96369, 96372-96374, 96377, 96401-96406, 96409, 96413, 96416, 96420-96422, 96425-96440, 96446-96450, 96523, 97151, 97153-97158, 97802-97804, 99091, 99172-99173, 99174, 99177, 99281-99284, 99408-99409, 99446-99449, 99451-99452, 99463\*, 99605-99606, G0102-G2011

**D0120** No CCI edits apply to this code.

**D0140** No CCI edits apply to this code.

**D0145** No CCI edits apply to this code.

**D0150** No CCI edits apply to this code.

**D0160** No CCI edits apply to this code.

**D0170** No CCI edits apply to this code.

**D0171** No CCI edits apply to this code.

**D0180** No CCI edits apply to this code.

**D0190** No CCI edits apply to this code.

**D0191** No CCI edits apply to this code.

**D0210** No CCI edits apply to this code.

**D0220** No CCI edits apply to this code.

**D0230** No CCI edits apply to this code.

**D0240** No CCI edits apply to this code.

**D0250** No CCI edits apply to this code.

**D0270** No CCI edits apply to this code.

**D0272** No CCI edits apply to this code.

**D0273** No CCI edits apply to this code.

**D0274** No CCI edits apply to this code.

**D0277** No CCI edits apply to this code.

**D0310** No CCI edits apply to this code.

**D0320** No CCI edits apply to this code.

**D0321** No CCI edits apply to this code.

**D0322** No CCI edits apply to this code.

**D0330** No CCI edits apply to this code.

**D0340** No CCI edits apply to this code.

**D0350** No CCI edits apply to this code.

**D0351** No CCI edits apply to this code.

**D0364** No CCI edits apply to this code.

**D0365** No CCI edits apply to this code.

**D0366** No CCI edits apply to this code.

**D0367** No CCI edits apply to this code.

**D0368** No CCI edits apply to this code.

**D0369** No CCI edits apply to this code.

**D0370** No CCI edits apply to this code.

**D0371** No CCI edits apply to this code.

**D0380** No CCI edits apply to this code.

**D0381** No CCI edits apply to this code.

**D0382** No CCI edits apply to this code.

**D0383** No CCI edits apply to this code.

**D0384** No CCI edits apply to this code.

**D0385** No CCI edits apply to this code.

**D0386** No CCI edits apply to this code.

**D0391** No CCI edits apply to this code.

**D0393** No CCI edits apply to this code.

**D0394** No CCI edits apply to this code.

**D0411** No CCI edits apply to this code.

**D0412** No CCI edits apply to this code.

**D0414** No CCI edits apply to this code.

**D0415** No CCI edits apply to this code.

**D0416** No CCI edits apply to this code.

**D0417** No CCI edits apply to this code.

**D0418** No CCI edits apply to this code.

**D0419** No CCI edits apply to this code.

**D0422** No CCI edits apply to this code.

**D0423** No CCI edits apply to this code.

**D0431** No CCI edits apply to this code.

**D0460** No CCI edits apply to this code.

**D0470** No CCI edits apply to this code.

**D0472** No CCI edits apply to this code.

**D0473** No CCI edits apply to this code.