Official NYS Workers' Compensation Dental Fee Schedule Deleted Codes

CDT	PROCEDURE
CODE	
D0260	EXTRAORAL-EACH ADDITIONAL FILM
D0290	POST/LAT SKULL AND FACIAL BON, SUR FLM
D0360	
D0362	CONE BEAM CT - 2 DIMENSIONAL IMAGE
D0363	CONE BEAM CT - THREE DIMENSIONAL IMAGE
D1203	TOPICAL APPLICATION OF FLUORIDE (EXCLUDING PROPHYL)
D1204	TOP APP/FLUORIDE (EXC-PROPHY) ADULT
D1351	SEALANT, PER TOOTH
D1515	SPACE MAINTAINER, FIXED-BILATERAL
D1525	SPACE MAINTAINER REMOVABLE, BILATERAL
D1550	RECEMENTATION OF SPACE MAINTAINER
D1555	REMOVAL OF FIXED SPACE MAINTAINER
D2970	TEMPORARY CROWN (FX TOOTH)
D4271	FREE SOFT TISSUE GRAFT
D4320	PROVISIONAL SPLINTING INTRACORONAL
D4321	PROVISIONAL SPLINTING - EXTRACORONAL
D4910	PERIODONTAL MAINTENANCE
D4920	UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING
	DENTIST OR THEIR STAFF)
D5281	REMOVE UNILAT PART DENTURE
D5510	REPAIR BROKEN COMPLT DENTURE BASE
D5610	REPAIR RESIN SADDLE OR BASE
D5620	REPAIR CAST FRAMEWORK
D5860	OVERDENTURE COMPLETE
D5861	OVERDENTURE PARTIAL
D5986	FLUORIDE GEL CARRIER, PER ARCH
D6053	IMPL/ABUT DENTUR CMPL ENDTULS ARCH
D6091	REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION
	ATTACHMENT OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS, PER
D 0400	
D6100	SURGICAL REMOVAL OF IMPLANT BODY
D6970	CAST POST & CORE IN ADD TO BRIDGE RETAINER
D6972	PREFAB POST & CORE IN ADD TO BRIDGE RETAINER
D6973	
D6975	
D6976	EACH ADD INDIRECTLY FABRICATED POST-SAME TOOTH
D6977	EACH ADD PREFABRICATED POST-SAME TOOTH
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM
D7412	EXCISION OF BENIGN LESION, COMPLICATED
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM
D7415	EXCISION OF MALIGNANT LESION, COMPLICATED
D7440	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER UP TO 1.25 CM
D7441	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER GREATER THAN 1.25 CM
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER
	GREATER THAN 1.25 CM
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER
	UP TO 1.25 CM

Official NYS Workers' Compensation Dental Fee Schedule Deleted Codes

CDT	PROCEDURE
CODE	
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER
	GREATER THAN 1.25 CM
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHOD, BY REPORT
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)
D7472	REMOVAL OF TORUS PALATINUS
D7473	REMOVAL OF TORUS MANDIBULARIS
D7485	REDUCTION OF OSSEOUS TUBEROSITY
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE
D7940	OSTEOPLASTY - FOR ORTHOGNATHIC DEFORMITIES
D7960	FRENULECTOMY (FRENECTOMY/FRENOTOMY) SEPARATE PROCEDURE
D7980	SURGICAL SIALOLITHOTOMY
D7981	EXCISION OF SALIVARY GLAND, BY REPORT
D7990	EMERGENCY TRACHEOTOMY
D8060	INTERCEPTIVE ORTHO TRTMT OF THE TRANSITIONAL DENTITION
D8660	PRE-ORTHODONTIC TX EXAMINATION TO MONITOR GROWTH & DEVELOPMENT
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER
D9220	DEEP SEDATION/GEN ANESTH FIRST 30 MIN
D9221	DEEP SEDATION/GEN ANESTH EACH ADD 15 MINUTES
D9241	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA-FIRST 30 MIN
D9242	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA-EACH ADD 15 MIN
D9940	OCCLUSAL GUARD, BY REPORT