Capitol Dental

Patient Referral Form

Date________________ Valid From ________________ To ________________ Referral #____________________

Specialty – Please select appropriate specialty and attach required supporting documentation:

☐ Oral Surgery
- ☐ PA of tooth
- ☐ PANO-multi exts/3rds
- ☐ Medical history
- ☐ Perio charting
- ☐ Chart notes

☐ Periodontics
- ☐ FMX
- ☐ PA – 1 area
- ☐ Medical history
- ☐ Chart notes

☐ Endodontics
- ☐ PA of tooth
- ☐ Medical history
- ☐ Restorative Plan
- ☐ Chart notes

☐ Prosthodontics
- ☐ Pano/FMX
- ☐ Medical history
- ☐ Perio charting
- ☐ Chart notes

☐ Pedo
- ☐ X-rays
- ☐ Chart notes
- ☐ Medical history
- ☐ Chart notes

Patient Name ____________________________________ Medical ID____________________ DOB ___________________________

Address____ City/State________________________ Zip _______________________

Parent/Guardian/Caregiver Name______________________________ Home #____________________ Work # _________________

PCD Name____ Office Phone ____

Office Address_____________________________________ City/State_______________________ Zip _______________________

Referral Type (please select one): ☐ Limited for specific treatment ☐ Ongoing

Type of referral requested___________________________ CDT/ADA Code(s) ____

Clinical findings and Diagnosis____

____

Restorative treatment plan (please note that if final restoration is not covered, benefit referral will be denied)_________________

____

Prognosis ____

Special instructions (such as allergies, premed, prosthetic delivery) ____

Height and weight (for GA or sedation referrals)____

Sedation Indicated? ☐ Yes ☐No Please describe indication for sedation: ____

PCD Signature________________________________ Date________

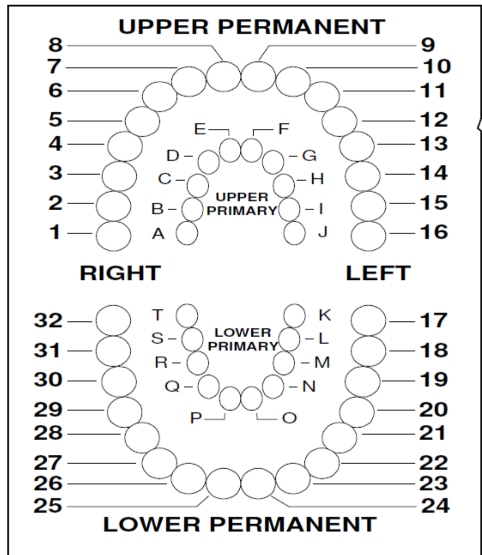
For Use By CDC Staff Only:

Referred To: ____

Address: ____

City/State ____

Zip Code: ____



Please place an **“X”** on tooth numbers that need treatment.

Revised 5/11/2023

HANDICAPPING LABIO-LINGUAL DEVIATION (HLD) INDEX CALIFORNIA MODIFICATION SCORE SHEET

(You will need this score sheet and a Boley Gauge or a disposable ruler)

Provider	Patient
Name:________________________	**Name:**________________________
Number:________________________	
Date:________________________	

- Position the patient's teeth in centric occlusion.
- Record all measurements in the order given and round off to the nearest millimeter (mm).
- ENTER SCORE '0' IF THE CONDITION IS ABSENT

CONDITIONS #1 – #6A ARE AUTOMATIC QUALIFYING CONDITIONS — **HLD Score**

1. Cleft palate deformity (See scoring instructions for types of acceptable documentation)
   Indicate an 'X' if present and score no further.......... ________
2. Cranio-facial anomaly (Attach description of condition from a credentialed specialist)
   Indicate an 'X' if present and score no further.......... ________
3. Deep impinging overbite **WHEN LOWER INCISORS ARE DESTROYING THE SOFT TISSUE OF THE PALATE. TISSUE LACERATION AND/OR CLINICAL ATTACHMENT LOSS MUST BE PRESENT.**
   Indicate an 'X' if present and score no further.......... ________
4. Crossbite of individual anterior teeth **WHEN CLINICAL ATTACHMENT LOSS AND RECESSION OF THE GINGIVAL MARGIN ARE PRESENT**
   Indicate an 'X' if present and score no further.......... ________
5. Severe traumatic deviation. (Attach description of condition. For example: loss of a premaxilla segment by burns or by accident, the result of osteomyelitis, or other gross pathology.)
   Indicate an 'X' if present and score no further.......... ________

6A. Overjet greater than 9mm with incompetent lips or mandibular protrusion (reverse overjet) greater than 3.5mm with masticatory and speech difficulties. Indicate an 'X' if present and score no further.......... ________

THE REMAINING CONDITIONS MUST SCORE 26 OR MORE TO QUALIFY

6B. Overjet equal to or less than 9 mm.......... ________

7. Overbite in mm.......... ________

8. Mandibular protrusion (reverse overjet) equal to or less than 3.5 mm..... ______ x 5 = ________

9. Open bite in mm.......... ______ x 4 = ________

IF BOTH ANTERIOR CROWDING AND ECTOPIC ERUPTION ARE PRESENT IN THE ANTERIOR PORTION OF THE SAME ARCH, SCORE ONLY THE MOST SEVERE CONDITION. DO NOT COUNT BOTH CONDITIONS.

10. Ectopic eruption (Identify by tooth number, and count each tooth, excluding third molars) ______ (tooth numbers) ______ (total) x 3 = ________

11. Anterior crowding (Score one for MAXILLA, and/or one for MANDIBLE) ______ (maxilla) ______ (mandible) ______ (total) x 5 = ________

12. Labio-Lingual spread in mm.......... ________

13. Posterior unilateral crossbite (must involve two or more adjacent teeth, one of which must be a molar. No score for bi-lateral posterior crossbite)..........Score 4 ________

AUTHORIZATION OF SERVICES IS BASED ON MEDICAL NECESSITY. IF A PATIENT DOES NOT HAVE ONE OF THE SIX AUTOMATIC QUALIFYING CONDITIONS OR DOES NOT SCORE 26 OR ABOVE, THE PATIENT MAY STILL BE ELIGIBLE FOR THESE SERVICES BASED ON EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT (EPSDT) CRITERIA NECESSARY TO CORRECT OR AMELIORATE THE PATIENT'S CONDITION. FOR A FURTHER EXPLANATION OF EPSDT CRITERIA, PLEASE SEE THE ORTHODONTICS SECTION OF THE CALIFORNIA MEDI-CAL DENTAL PROGRAM PROVIDER HANDBOOK.

HANDICAPPING LABIO-LINGUAL DEVIATION (HLD) INDEX CALIFORNIA MODIFICATION
SCORING INSTRUCTIONS

The intent of the HLD index is to measure the presence or absence, and the degree, of the handicap caused by the components of the Index, and not to diagnose ‘malocclusion.’ All measurements are made with a Boley Gauge (or a disposable ruler) scaled in millimeters. Absence of any conditions must be recorded by entering ‘0.’ (Refer to the attached score sheet.)

The following information should help clarify the categories on the HLD Index:

1. **Cleft Palate Deformity:** Acceptable documentation must include at least one of the following: 1) diagnostic casts; 2) intraoral photograph of the palate; 3) written consultation report by a qualified specialist or Craniofacial Panel) Indicate an ‘X’ on the score sheet. Do not score any further if present. (This condition is automatically considered to qualify for orthodontic services.)

2. **Cranio-facial Anomaly:** (Attach description of condition from a credentialed specialist) Indicate an ‘X’ on the score sheet. Do not score any further if present. (This condition is automatically considered to qualify for orthodontic services.)

3. **Deep Impinging Overbite:** Indicate an ‘X’ on the score sheet when lower incisors are destroying the soft tissue of the palate and tissue laceration and/or clinical attachment loss are present. Do not score any further if present. (This condition is automatically considered to be a handicapping malocclusion without further scoring.)

4. **Crossbite of Individual Anterior Teeth:** Indicate an ‘X’ on the score sheet when clinical attachment loss and recession of the gingival margin are present. Do not score any further if present. (This condition is automatically considered to be a handicapping malocclusion without further scoring.)

5. **Severe Traumatic Deviation:** Traumatic deviations are, for example, loss of a premaxilla segment by burns or by accident; the result of osteomyelitis; or other gross pathology. Indicate an ‘X’ on the score sheet and attach documentation and description of condition. Do not score any further if present. (This condition is automatically considered to be a handicapping malocclusion without further scoring.)

6A **Overjet greater than 9mm with incompetent lips or mandibular protrusion (reverse overjet) greater than 3.5mm with masticatory and speech difficulties:** Overjet is recorded with the patient’s teeth in centric occlusion and is measured from the labial of the lower incisors to the labial of the corresponding upper central incisors. This measurement should record the greatest distance between any one upper central incisor and it’s corresponding lower central or lateral incisor. If the overjet is greater than 9mm with incompetent lips or mandibular protrusion (reverse overjet) is greater than 3.5mm with masticatory and speech difficulties, indicate an ‘X’ and score no further. (This condition is automatically considered to be a handicapping malocclusion without further scoring. Photographs shall be submitted for this automatic exception.)

6B **Overjet equal to or less than 9mm:** Overjet is recorded as in condition #6A above. The measurement is rounded off to the nearest millimeter and entered on the score sheet.

7. **Overbite in Millimeters:** A pencil mark on the tooth indicating the extent of overlap facilitates this measurement. It is measured by rounding off to the nearest millimeter and entered on the score sheet. (‘Reverse’ overbite may exist in certain conditions and should be measured and recorded.)

8. **Mandibular Protrusion (reverse overjet) equal to or less than 3.5mm:** Mandibular protrusion (reverse overjet) is recorded as in condition #6A above. The measurement is rounded off to the nearest millimeter. Enter on the score sheet and multiply by five (5).

9. **Open Bite in Millimeters:** This condition is defined as the absence of occlusal contact in the anterior region. It is measured from incisal edge of a maxillary central incisor to incisal edge of a corresponding mandibular incisor, in millimeters. The measurement is entered on the score sheet and multiplied by four (4). In cases of pronounced protrusion associated with open bite, measurement of the open bite is not always possible. In those cases, a close approximation can usually be estimated.

10. **Ectopic Eruption:** Count each tooth, excluding third molars. Each qualifying tooth must be more the 50% blocked out of the arch. Count only one tooth when there are mutually blocked out teeth. Enter the number of qualifying teeth on the score sheet and multiply by three (3). If anterior crowding (condition #11) also exists in the same arch, score the condition that scores the most points. **DO NOT COUNT BOTH CONDITIONS.** However, posterior ectopic teeth can still be counted separately from anterior crowding when they occur in the same arch.

11. **Anterior Crowding:** Arch length insufficiency must exceed 3.5mm. Mild rotations that may react favorably to stripping or mild expansion procedures are not to be scored as crowded. Score one (1) for a crowded maxillary arch and/or one (1) for a crowded mandibular arch. Enter total on the score sheet and multiply by five (5). If ectopic eruption (condition #10) exists in the anterior region of the same arch, count the condition that scores the most points. **DO NOT COUNT BOTH CONDITIONS.** However, posterior ectopic teeth can still be counted separately from anterior crowding when they occur in the same arch.

12. **Labio-Lingual Spread:** A Boley Gauge (or a disposable ruler) is used to determine the extent of deviation from a normal arch. Where there is only a protruded or lingually displaced anterior tooth, the measurement should be made from the incisal edge of that tooth to the normal arch line. Otherwise, the total distance between the most protruded anterior tooth and the most lingually displaced adjacent anterior tooth is measured. In the event that multiple anterior crowding of teeth is observed, all deviations from the normal arch should be measured for labio-lingual spread, but only the most severe individual measurement should be entered on the score sheet.

13. **Posterior Unilateral Crossbite**: This condition involves two or more adjacent teeth, one of which must be a molar. The crossbite must be one in which the maxillary posterior teeth involved may either be both palatal or both completely buccal in relation to the mandibular posterior teeth. The presence of posterior unilateral crossbite is indicated by a score of four (4) on the score sheet. **NO SCORE FOR BI-LATERIAL CROSSBITE.**

Capitol Dental

Cavity and Hygiene Clearance Form

Orthodontist Completes

Orthodontist:_______________ **Location:**_______________ **Fax #** _______________

Patient Name:_______________ **Ortho Account #:**_______________ **Age** _______________

Notes from Orthodontist: _______________

____

____

Do not treat the following teeth: _______________

Orthodontist's Signature: _______________ **Date:** _______________

To be completed by the General Dentist/Pediatric Dentist

Exam Date: _______________ **GP Account #:** _______________

Perio Stage (circle one): 0 I II III IV

Perio Grade (circle one): A B C

Hygiene (circle one): Poor Good Excellent

Cleaning Date:_______________

Plaque Present (circle one): Yes No

Type (circle one) Prophy SRP Perio maint

Bleeding/inflammation (circle one): Yes No

Planned Hygiene Interval (months): 6 4 3

Next Hygiene Due/Scheduled Date: _______________

Hygiene/ Periodontal Clearance (select one):

For Pre-Ortho:

- ☐ **OK to Start Ortho** – Hygiene/Perio is stable and ortho may begin
- ☐ **Delayed** – Hygiene/Perio is not yet stable, ortho may not begin until _______________
- ☐ **NOT CLEARED** – Hygiene/Perio is not stable, **ortho should not begin**

Ortho in Progress:

- ☐ **OK to Continue Ortho** – Hygiene/Perio stable
- ☐ **Guarded** – Hygiene/Perio fair/poor - ortho may continue with close monitoring
- ☐ **Not Cleared** – Hygiene/Perio poor, please **pause/discontinue ortho**

Restorative ("Cavity") Clearance (select one):

For Pre-Ortho:

- ☐ **OK to Start Ortho** – Restorative stable, ortho may begin
- ☐ **OK to Start Ortho** – Minor restorative Tx needed - to be completed concurrently with ortho (list below), ortho may begin
- ☐ **Delayed** – Restorative Tx needed – ortho may not begin until completed
- ☐ **NOT CLEARED** – Caries risk too high, **ortho should not be started**

Ortho in Progress:

- ☐ **OK to Continue Ortho** – Restorative stable
- ☐ **Guarded** – Caries risk high, will monitor closely
- ☐ **Not Cleared** – Caries risk too high, please **pause/discontinue ortho**

Notes from General Dentist: _______________

____

____

____

GP Name:_______________ Office: _______________

GP Signature:_______________ **Date:** _______________

Instructions for the General Dentist: **Please complete all areas and check one applicable box from the Hygiene/Periodontal Clearance section and check one applicable box from the Restorative ("Cavity") Clearance section. Please also sign and date. Any other information you wish to share can be entered in the Notes from General Dentist area. Please fax to the number in the top right area. Thank you!**

ICD-10 Dental Diagnosis Codes

The use of appropriate diagnosis codes is the sole responsibility of the dental provider.

A69.0	NECROTIZING ULCERATIVE STOMATITIS
A69.1	OTHER VINCENT'S INFECTIONS
B00.2	HERPESVIRAL GINGIVOSTOMATITIS AND PHARYNGOTONSILLI
B00.9	HERPESVIRAL INFECTION: UNSPECIFIED
B37.0	CANDIDAL STOMATITIS
B37.9	CANDIDIASIS: UNSPECIFIED
C80.1	MALIGNANT (PRIMARY) NEOPLASM: UNSPECIFIED
G43.909	MIGRAINE: UNSPECIFIED: NOT INTRACTABLE: WITHOUT
G47.63	BRUXISM, SLEEP RELATED
G89.29	OTHER CHRONIC PAIN
J32.9	CHRONIC SINUSTIS: UNSPECIFIED
K00.0	ANODONTIA
K00.1	SUPERNUMERARY TEETH
K00.2	ABNORMALITIES OF SIZE AND FORM OF TEETH
K00.3	MOTTLED TEETH
K00.4	DISTURBANCES OF 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 SPECIFIED DISORDERS OF TOOTH DEVELOPMENT AND ERUPTION
K00.9	UNSPECIFIED DISORDER OF TOOTH DEVELOPMENT AND ERUPTION
K01.0	EMBEDDED TEETH
K01.1	IMPACTED TEETH
K02.3	ARRESTED DENTAL CARIES
K02.5	DENTAL CARIES ON PIT AND FISSURE SURFACE
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
K02.6	DENTAL CARIES ON SMOOTH SURFACE
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
K02.9	UNSPECIFIED DENTAL 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 ON TEETH
K03.7	POSTERUPTIVE COLOR CHANGES OF DENTAL HARD TISSUES

K03.8	OTHER SPECIFIED DISEASES OF HARD TISSUES OF TEETH
K03.81	CRACKED TOOTH
K03.89	OTHER SPECIFIED DISEASES OF HARD TISSUES OF TEETH
K03.9	UNSPECIFIED DISEASE OF HARD TISSUES OF TEETH
K04.0	PULPITIS
K04.01	REVERSIBLE PULPITIS
K04.02	IRREVERSIBLE PULPITIS
K04.1	NECROSIS OF THE 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
K04.9	OTHER AND UNSPECIFIED LESIONS OF ORAL MUCOSA
K04.90	UNSPECIFIED DISEASES OF PULP AND PERIAPICAL TISSUES
K04.99	OTHER DISEASES OF PULP AND PERIAPICAL TISSUES
K05.0	ACUTE GINGIVITIS
K05.00	ACUTE GINGIVITIS, PLAQUE INDUCED
K05.01	ACUTE GINGIVITIS, NON-PLAQUE INDUCED
K05.1	CHRONIC GINGIVITIS
K05.10	CHRONIC GINGIVITIS, PLAQUE INDUCED
K05.11	CHRONIC GINGIVITIS, NON-PLAQUE INDUCED
K05.2	AGGRESSIVE PERIODONTITIS
K05.20	UNSPECIFIED AGGRESSIVE PERIODONTITIS
K05.21	AGGRESSIVE PERIODONTITIS, LOCALIZED
K05.221	AGGRESSIVE PERIODONTITIS, GENERALIZED, SLIGHT
K05.222	AGGRESSIVE PERIODONTITIS, GENERALIZED, MODERATE
K05.223	AGGRESSIVE PERIODONTITIS, GENERALIZED, SEVERE
K05.3	CHRONIC PERIODONTITIS
K05.30	CHRONIC PERIODONTITIS, UNSPECIFIED
K05.311	CHRONIC PERIODONTITIS, LOCALIZED, SLIGHT
K05.312	CHRONIC PERIODONTITIS, LOCALIZED, MODERATE
K05.313	CHRONIC PERIODONTITIS, LOCALIZED, SEVERE
K05.319	CHRONIC PERIODONTITIS, LOCALIZED, UNSPECIFIED SEVERITY
K05.321	CHRONIC PERIODONTITIS, GENERALIZED, SLIGHT
K05.322	CHRONIC PERIODONTITIS, GENERALIZED, MODERATE
K05.323	CHRONIC PERIODONTITIS, GENERALIZED, SEVERE
K05.329	CHRONIC PERIODONTITIS, GENERALIZED, UNSPECIFIED SEVERITY
K05.4	PERIODONTOSIS
K05.5	OTHER PERIODONTAL DISEASES
K05.6	UNSPECIFIED PERIODONTAL DISEASE
K06.0	GINGIVAL RECESSION
K06.1	GINGIVAL ENLARGEMENT
K06.2	GINGIVAL AND EDENTULOUS ALVEOLAR RIDGE LESIONS ASSOCIATED WITH TRAUMA

K06.8	OTHER SPECIFIED DISORDERS OF GINGIVA AND EDENTULOUS ALEVOLAR RIDGE
K06.9	DISORDER OF GINGIVA AND EDENTULOUS ALVEOLAR RIDGE, UNSPECIFIED
K08.0	EXFOLIATION OF TEETH DUE TO SYSTEMIC CAUSES
K08.1	COMPLETE LOSS OF TEETH
K08.10	COMPLETE LOSS OF TEETH, UNSPECIFIC CAUSE
K08.101	COMPLETE LOSS OF TEETH, UNSPECIFIC CAUSE, CLASS I
K08.102	COMPLETE LOSS OF TEETH, UNSPECIFIC CAUSE, CLASS II
K08.103	COMPLETE LOSS OF TEETH, UNSPECIFIC CAUSE, CLASS III
K08.104	COMPLETE LOSS OF TEETH, UNSPECIFIC CAUSE, CLASS IV
K08.109	COMPLETE LOSS OF TEETH, UNSPECIFIC CAUSE, UNSPECIFIED CLASS
K08.11	COMPLETE LOSS OF TEETH DUE TO TRAUMA
K08.111	COMPLETE LOSS OF TEETH DUE TO TRAUMA, CLASS I
K08.112	COMPLETE LOSS OF TEETH DUE TO TRAUMA, CLASS II
K08.113	COMPLETE LOSS OF TEETH DUE TO TRAUMA, CLASS III
K08.114	COMPLETE LOSS OF TEETH DUE TO TRAUMA, CLASS IV
K08.119	COMPLETE LOSS OF TEETH DUE TO TRAUMA, UNSPECIFIED CLASS
K08.191	COMPLETE LOSS OF TEETH DUE TO OTHER SPECIFIED CAUSE
K08.12	COMPLETE LOSS OF TEETH DUE TO PERIODONTAL DISEASE
K08.121	COMPLETE LOSS OF TEETH DUE TO PERIODONTAL DISEASE, CLASS I
K08.122	COMPLETE LOSS OF TEETH DUE TO PERIODONTAL DISEASE, CLASS II
K08.123	COMPLETE LOSS OF TEETH DUE TO PERIODONTAL DISEASE, CLASS III
K08.124	COMPLETE LOSS OF TEETH DUE TO PERIODONTAL DISEASE, CLASS IV
K08.129	COMPLETE LOSS OF TEETH DUE TO PERIODONTAL DISEASE, UNSPECIFIED CLASS
K08.191	COMPLETE LOSS OF TEETH DUE TO OTHER SPECIFIED CAUSE
K08.13	COMPLETE LOSS OF TEETH DUE TO CARIES
K08.131	COMPLETE LOSS OF TEETH DUE TO CARIES, CLASS I
K08.132	COMPLETE LOSS OF TEETH DUE TO CARIES, CLASS II
K08.133	COMPLETE LOSS OF TEETH DUE TO CARIES, CLASS III
K08.134	COMPLETE LOSS OF TEETH DUE TO CARIES, CLASS IV
K08.139	COMPLETE LOSS OF TEETH DUE TO CARIES, UNSPECIFIED CLASS
K08.19	COMPLETE LOSS OF TEETH DUE TO OTHER SPECIFIED CAUSE
K08.191	COMPLETE LOSS OF TEETH DUE TO OTHER SPECIFIED CAUSE, CLASS I
K08.192	COMPLETE LOSS OF TEETH DUE TO OTHER SPECIFIED CAUSE, CLASS II
K08.193	COMPLETE LOSS OF TEETH DUE TO OTHER SPECIFIED CAUSE, CLASS III
K08.194	COMPLETE LOSS OF TEETH DUE TO OTHER SPECIFIED CAUSE, CLASS IV
K08.199	COMPLETE LOSS OF TEETH DUE TO OTHER SPECIFIED CAUSE, UNSPECIFIED CLASS
K08.2	ATROPHY OF EDENTULOUS ALEVEOLAR RIDGE
K08.20	UNSPECIFIED ATROPHY OF EDENTULOUS ALVEOLAR RIDGE
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 THE MAXILLA
K08.25	MODERATE ATROPHY OF THE MAXILLA
K08.26	SEVERE ATROPHY OF THE MAXILLA
K08.3	RETAINED DENTAL ROOT
K08.4	PARTIAL LOSS OF TEETH

K08.40	PARTIAL LOSS OF TEETH, UNSPECIFIED CAUSE
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
K08.41	PARTIAL LOSS OF TEETH DUE TO TRAUMA
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
K08.42	PARTIAL LOSS OF TEETH DUE TO PERIODONTAL DISEASES
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
K08.43	PARTIAL LOSS OF TEETH DUE TO CARIES
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
K08.49	PARTIAL LOSS OF TEETH DUE TO OTHER SPECIFIED CAUSE
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
K08.5	UNSATISFACTORY RESTORATION OF TOOTH
K08.50	UNSATISFACTORY RESTORATION OF TOOTH, UNSPECIFIED
K08.51	OPEN RESTORATION MARGINS OF TOOTH
K08.52	UNREPAIRABLE OVERHANGING OF DENTAL RESTORATIVE MATERIALS
K08.53	FRACTURED DENTAL RESTORATIVE MATERIAL
K08.530	FRACTURED DENTAL RESTORATIVE MATERIAL WITHOUT LOSS OF MATERIAL
K08.531	FRACTURED DENTAL RESTORATIVE MATERIAL WITH LOSS OF MATERIAL
K08.539	FRACTURED DENTAL RESTORATIVE MATERIAL, UNSPECIFIED
K08.54	CONTOUR OF EXISTING RESTORATION OF TOOTH BIOLOGICALLY INCOMPATIBLE WITH ORAL HEALTH
K08.55	ALLERGY TO EXISTING DENTAL RESTORATIVE MATERIAL
K08.56	POOR AESTHETICS OF EXISTING RESTORATION
K08.59	OTHER UNSATISFACTORY RESTORATION OF EXISTING TOOTH
K08.8	OTHER SPECIFIED DISORDERS OF TEETH AND SUPPORTING STRUCTURES
K08.9	DISORDER OF TEETH AND SUPPORTING STRUCTURES, UNSPECIFIED
K09.0	DEVELOPMENTAL ODONTOGENIC CYSTS
K09.1	DEVELOPMENTAL, NONODONTOGENIC, CYSTS OF ORAL REGION

K09.8	OTHER CYSTS OF ORAL REGION, NOT ELSEWHERE CLASSIFIED
K09.9	CYST OF ORAL REGION, UNSPECIFIED
K11.6	MUCOCELE OF SALIVARY GLAND
K11.7	DISTURBANCE OF SALIVARY SECRETION
K11.8	OTHER SPECIFIED DISEASES OF THE SALIVARY GLANDS
K12.0	RECURRENT ORAL APHTHAE
K12.139	OTHER ORAL MUCISITIS (ULCERATIVE)
K12.2	CELLULITIS AND ABSCESS OF MOUTH
K12.3	ORAL MUCOSITIS (ULCERATIVE)
K12.30	ORAL MUCOSITIS (ULCERATIVE), UNSPECIFIED
K12.31	ORAL MUCOSITIS (ULCERATIVE), DUE TO ANTINEOPLASTIC THERAPY
K12.32	ORAL MUCOSITIS (ULCERATIVE) DUE TO OTHER DRUGS
K12.33	ORAL MUCOSITIS (ULCERATIVE) DUE TO RADIATION
K12.39	OTHER ORAL MUCOSITIS (ULCERATIVE)
K13.0	DISEASES OF LIPS
K13.1	CHEEK AND LIP BITING
K13.2	TOUNGE
K13.21	LEUKOPLAKIA OF ORAL MUCOSA, INCLUDING TOUNGE
K13.22	MINIMAL KERATINIZED RESIDUAL RIDGE MUCOSA
K13.23	EXCESSIVE KERATINIZED RESIDUAL RIDGE MUCOSA
K13.24	LEUKOKERATOSIS NICOTINA PALATI
K13.29	OTHER DISTURBANCES OF ORAL EPITHELIUM, INCLUDING TOUNGE
K13.3	HAIRY LEUKOPLAKIA
K13.4	GRANULOMA AND GRANULOMA-LIKE LESIONS OF ORAL MUCOSA
K13.5	ORAL SUBMUCOSAL FIBROSIS INCLUDING OF TONGUE
K13.6	IRRITATIVE HYPERPLASIA OF ORAL MUCOSA
K13.7	OTHER AND UNSPECIFIED LESIONS OF ORAL MUCOSA
K13.70	UNSPECIFIED LESIONS OF ORAL MUCOSA
K13.79	OTHER LESIONS OF ORAL MUCOSA
K14.0	GLOSSITIS
K14.1	GEOGRAPHIC TOUNGE
K14.2	MEDIAN RHOMBOID GLOSSITIS
K14.3	HYPERTROPHY OF TOUNGE PAPILLAE
K14.4	ATROPHY OF TOUNGE PAPILLAE
K14.5	PLICATED TOUNGE
K14.6	GLOSSODYNIA
K14.8	OTHER DISEASES OF TOUNGE
K14.9	DISEASE OF TOUNGE, UNSPECIFIED
K20.0	EOSINOPHILIC ESOPHAGITIS
K20.8	OTHER ESOPHAGITIS
L03.90	CELLULITIS: UNSPECIFIED
M26.00	MAJOR ABNORMILITIES OF JAW SIZE, UNSPECIFIED ANOMALY
M26.01	MAXILLARY HYPERPLASIA
M26.02	MAXILLARY HYPOPLASIA
M26.03	MANDIBULAR HYPERPLASIA
M26.04	MANDIBULAR HYPOPLASIA

M26.07	EXCESSIVE TUBEROSITY OF JAW
M26.09	OTHER SPECIFIED ANOMALIES OF JAW SIZE
M26.10	UNSPECIFIED ANOMALY OF JAW-CRANIAL BASE RELATIONSHIP
M26.11	MAXILLARY ASYMMETRY
M26.12	OTHER JAW ASYMMETRY
M26.19	OTHER SPECIFIED ANOMALIES OF JAW -CRANIAL BASE RELATIONSHIP
M26.20	UNSPECIFIED ANOMALY OF DENTAL ARCH 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 HORONONTAL OVERLAP
M26.24	REVERSE ARTICULATION
M26.25	ANOMALIES OF INTERARCH DISTANCE
M26.29	OTHER ANOMALIES OF DENTAL ARCH RELATIONSHIP
M26.30	UNSPECIFIED ANOMALY OF TOOTH POSITION OF FULLY ERUP.
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 ERUPT
M26.37	EXCESSIVE INTEROCCLUSAL DISTANCE OF FULLY ERUPTED
M26.39	OTHER ANOMALIES OF TOOTH POSITION OF FULLY ERUPTED
M26.4	MALOCCLUSION: UNSPECIFIED
M26.60	TEMPOROMANDIBULAR JOINT DISORDER: UNSPECIFIED
M26.61	ADHESIONS AND ANKYLOSIS OF TEMPOROMANDIBULAR JOINT
M26.62	ARTHRALGIA OF TEMPOROMANDIBULAR JOINT
M26.63	ARTICULAR DISC DISORDER OF TEMPOROMANDIBULAR JOINT
M26.69	OTHER SPCIFIED DISORDERS OF TEMPOROMANDIBULAR JOINT
M26.7	UNSPECIFIED ALVEOLAR ANOMALY
M26.71	ALVEOLAR MAXILLARY HYPERPLASIA
M26.72	ALVEOLAR MANDIBULAR HYERPLASIA
M26.73	ALVEOLAR MAXILLARY HYPOPLASIA
M26.74	ALVEOLAR MANDIBULAR HYPOPLASIA
M26.79	OTHER SPECIFIED ALVEOLAR ANOMALIES
M26.81	ANTERIOR SOFT TISSUE IMPINGEMENT
M26.82	POSTERIOR SOFT TISSUE IMPINGEMENT
M26.89	OTHER DENTOFACIAL ANOMALIES
M26.9	DENTOFACIAL ANOMALY: UNSPECIFIED
M27.1	GIANT CELL GRANULOMA CENTRAL
M27.2	INFLAMMATORY CONDITIONS OF JAWS
M27.3	ALVEOLITIS OF JAWS
M27.4	OTHER CYSTS OF JAW
M27.5	PERFORATION OF ROOT CANAL SPACE DUE TO ENDODONTIC
M27.52	ENDODONTIC OVERFILL

M27.53	ENDODONTIC UNDERFILL
M27.59	OTHER PERIRADICULAR PATHOLOGY ASSOCIATED W/ PREVIOUS
M27.61	OSSEOINTEGRATION FAILURE OF DENTAL IMPLANT
M27.62	POST-OSSEOINTEGRATION BIOLOGICAL FAILURE OF IMPLANT
M27.63	POST-OSSEOINTEGRATION MECHANICAL FAILURE OF IMPLANT
M27.69	OTHER ENDOSSEOUS DENTAL IMPLANT FAILURE
M27.8	OTHER SPECIFIED DISEASES OF JAWS
M27.9	DISEASE OF JAWS: UNSPECIFIED
M86.9	OSTEOMYELITIS: UNSPECIFIED
Q36.9	CLEFT LIP: UNILATERAL
S01.512A	LACERATION WITHOUT FOREIGN BODY OF ORAL CAVITY
S01.54A	PUNCTURE WOUND WITH FOREIGH BODY OF LIP: INITIAL
S02.5XXA	FRACT OF TH (TRAUMATIC): INITIAL ENCOUNTER CLOSED
S02.5XXB	FRACT OF TH (TRAUMATIC): INITIAL ENCOUNTER OPEN
S02.5XXD	SUBSEQUENT ENCOUNTER FRACTURE TH, ROUTINE HEALING
S02.5XXG	SUBSEQUENT ENCOUNTER FRACTURE TH, DELAYED HEALING
S02.5XXK	SUBSEQUENT ENCOUNTER FRACTURE TH, NONUNION
S03.2XXA	DISLOCATION OF TOOTH: INITIAL ENCOUNTER
S03.2XXD	DISLOCATION OF TOOTH: SUBSEQUENT ENCOUNTER
S03.2XXS	DISLOCAION OF TOOTH: SEQUELA
S09.90XA	UNSPECIFIED INJURY OF HEAD: INITIAL ENCOUNTER
S09.93XA	UNSPECIFIED INJURY OF FACE: INITIAL ENCOUNTER
T14.90	INJURY: UNSPECIFIED
T18.0XXA	FOREIGN BODY IN MOUTH: INITIAL ENCOUNTER
T65.294A	TOXIC EFFECT OF OTHER TOBACCO AND NICOTINE: UNDET
T81.4XXA	INFECTION FOLLOWING A PROCEDURE: INITIAL ENCOUNTER