

Covered California 2018 PROPOSED Dental Copay Schedule

Date:

March 14, 2017

*To the extent that adult dental plan benefits are not essential health benefits, the standardization of copays expressed in this document do not mandate their inclusion in a dental plan.

Member Cost Share amounts describe the Enrollee's out of pocket costs.

| CDT Code | Updated CDT-17 Nomenclature | Pediatric Dental EHB | *Adult Dental |
|----------|---|------------------------------|------------------------------|
| | | Up to Age 19 | 19 and Older |
| | | In-Network Member Cost Share | In-Network Member Cost Share |
| D0120 | Periodic oral evaluation - established patient | No Charge | No Charge |
| D0140 | Limited oral evaluation - problem focused | No Charge | No Charge |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary caregiver | No Charge | Not Covered |
| D0150 | Comprehensive oral evaluation - new or established patient | No Charge | No Charge |
| D0160 | Detailed and extensive oral evaluation - problem focused, by report | No Charge | No Charge |
| D0170 | Re-evaluation - limited, problem focused (established patient; not post-operative visit) | No Charge | No Charge |
| D0171 | Re-evaluation – post-operative office visit | No Charge | No Charge |
| D0180 | Comprehensive periodontal evaluation - new or established patient | No Charge | No Charge |
| D0190 | Screening of a patient | Not Covered | No Charge |
| D0191 | Assessment of a patient | Not Covered | No Charge |
| D0210 | Intraoral - complete series of radiographic images | No Charge | No Charge |
| D0220 | Intraoral - periapical first radiographic image | No Charge | No Charge |
| D0230 | Intraoral - periapical each additional radiographic image | No Charge | No Charge |
| D0240 | Intraoral - occlusal radiographic image | No Charge | No Charge |
| D0250 | Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector | No Charge | No Charge |
| D0251 | Extra-oral posterior dental radiographic image | No Charge | Not Covered |
| D0270 | Bitewing - single radiographic image | No Charge | No Charge |
| D0272 | Bitewings - two radiographic images | No Charge | No Charge |
| D0273 | Bitewings - three radiographic images | No Charge | No Charge |
| D0274 | Bitewings - four radiographic images | No Charge | No Charge |
| D0277 | Vertical bitewings - 7 to 8 radiographic images | No Charge | No Charge |
| D0310 | Sialography | No Charge | Not Covered No Charge |
| D0320 | Temporomandibular joint arthrogram, including injection | No Charge | Not Covered No Charge |
| D0322 | Tomographic survey | No Charge | Not Covered No Charge |
| D0330 | Panoramic radiographic image | No Charge | No Charge |
| D0340 | 2D cephalometric radiographic image – acquisition, measurement and analysis | No Charge | Not Covered No Charge |
| D0350 | 2D oral/facial photographic image obtained intra-orally or extra-orally | No Charge | Not Covered No Charge |
| D0351 | 3D photographic image | No Charge | Not Covered No Charge |
| D0431 | Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures | Not Covered | No Charge |
| D0460 | Pulp vitality tests | No Charge | No Charge |
| D0470 | Diagnostic casts | No Charge | No Charge |
| D0502 | Other oral pathology procedures, by report | No Charge | No Charge |
| D0601 | Caries risk assessment and documentation, with a finding of low risk | No Charge | Not Covered No Charge |

| CDT Code | Updated CDT-17 Nomenclature | In-Network Member Cost Share | In-Network Member Cost Share |
|----------|--|------------------------------|------------------------------|
| D0602 | Caries risk assessment and documentation, with a finding of moderate risk | No Charge | Not Covered No Charge |
| D0603 | Caries risk assessment and documentation, with a finding of high risk | No Charge | Not Covered No Charge |
| D0999 | Unspecified diagnostic procedure, by report | No Charge | No Charge |
| D1110 | Prophylaxis - adult | No Charge | No Charge |
| D1120 | Prophylaxis - child | No Charge | Not Covered |
| D1206 | Topical application of fluoride varnish | No Charge | Not Covered No Charge |
| D1208 | Topical application of fluoride – excluding varnish | No Charge | Not Covered No Charge |
| D1310 | Nutritional counseling for control of dental disease | No Charge | Not Covered No Charge |
| D1320 | Tobacco counseling for the control and prevention of oral disease | No Charge | Not Covered No Charge |
| D1330 | Oral hygiene instructions | No Charge | No Charge |
| D1351 | Sealant - per tooth | No Charge | Not Covered No Charge |
| D1352 | Preventive resin restoration in a moderate to high caries risk patient – permanent tooth | No Charge | Not Covered |
| D1353 | Sealant repair – per tooth | No Charge | No Charge |
| D1510 | Space maintainer - fixed - unilateral | No Charge | No Charge |
| D1515 | Space maintainer - fixed - bilateral | No Charge | No Charge |
| D1520 | Space maintainer - removable - unilateral | No Charge | Not Covered No Charge |
| D1525 | Space maintainer - removable - bilateral | No Charge | Not Covered No Charge |
| D1550 | Re-cement or re-bond space maintainer | No Charge | No Charge |
| D1555 | Removal of fixed space maintainer | No Charge | No Charge |
| D1575 | Distal shoe space maintainer – fixed – unilateral | No Charge | Not Covered No Charge |
| D2140 | Amalgam - one surface, primary or permanent | \$25 | \$25 |
| D2150 | Amalgam - two surfaces, primary or permanent | \$30 | \$30 |
| D2160 | Amalgam - three surfaces, primary or permanent | \$40 | \$40 |
| D2161 | Amalgam - four or more surfaces, primary or permanent | \$45 | \$45 |
| D2330 | Resin-based composite - one surface, anterior | \$30 | \$30 |
| D2331 | Resin-based composite - two surfaces, anterior | \$45 | \$45 |
| D2332 | Resin-based composite - three surfaces, anterior | \$55 | \$55 |
| D2335 | Resin-based composite - four or more surfaces or involving incisal angle (anterior) | \$60 | \$60 |
| D2390 | Resin-based composite crown, anterior | \$50 | \$50 |
| D2391 | Resin-based composite - one surface, posterior | \$30 | \$30 |
| D2392 | Resin-based composite - two surfaces, posterior | \$40 | \$40 |
| D2393 | Resin-based composite - three surfaces, posterior | \$50 | \$50 |
| D2394 | Resin-based composite - four or more surfaces, posterior | \$70 | \$70 |
| D2542 | Onlay - metallic - two surfaces | Not Covered | \$185 |
| D2543 | Onlay - metallic - three surfaces | Not Covered | \$200 |
| D2544 | Onlay - metallic - four or more surfaces | Not Covered | \$215 |
| D2642 | Onlay - porcelain/ceramic - two surfaces | Not Covered | \$250 |
| D2643 | Onlay - porcelain/ceramic - three surfaces | Not Covered | \$275 |
| D2644 | Onlay - porcelain/ceramic - four or more surfaces | Not Covered | \$300 |
| D2662 | Onlay - resin-based composite - two surfaces | Not Covered | \$160 |
| D2663 | Onlay - resin-based composite - three surfaces | Not Covered | \$180 |

| CDT Code | Updated CDT-17 Nomenclature | In-Network Member Cost Share | In-Network Member Cost Share |
|----------|---|------------------------------|------------------------------|
| D2664 | Onlay - resin-based composite - four or more surfaces | Not Covered | \$200 |
| D2710 | Crown - resin-based composite (indirect) | \$140 | \$140 |
| D2712 | Crown - 3/4 resin-based composite (indirect) | \$190 | \$200 |
| D2720 | Crown - resin with high noble metal | Not Covered | \$300 |
| D2721 | Crown - resin with predominantly base metal | \$300 | \$300 |
| D2722 | Crown - resin with noble metal | Not Covered | \$300 |
| D2740 | Crown - porcelain/ceramic substrate | \$300 | \$300 |
| D2750 | Crown - porcelain fused to high noble metal | Not Covered | \$300 |
| D2751 | Crown - porcelain fused to predominantly base metal | \$300 | \$300 |
| D2752 | Crown - porcelain fused to noble metal | Not Covered | \$300 |
| D2780 | Crown - 3/4 cast high noble metal | Not Covered | \$300 |
| D2781 | Crown - 3/4 cast predominantly base metal | \$300 | \$300 |
| D2782 | Crown - 3/4 cast noble metal | Not Covered | \$300 |
| D2783 | Crown - 3/4 porcelain/ceramic | \$310 | \$310 |
| D2790 | Crown - full cast high noble metal | Not Covered | \$300 |
| D2791 | Crown - full cast predominantly base metal | \$300 | \$300 |
| D2792 | Crown - full cast noble metal | Not Covered | \$300 |
| D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | \$25 | \$25 |
| D2915 | Re-cement or re-bond indirectly fabricated or prefabricated post and core | \$25 | \$25 |
| D2920 | Re-cement or re-bond crown | \$25 | \$15 |
| D2921 | Reattachment of tooth fragment, incisal edge or cusp | \$45 | \$45 |
| D2929 | Prefabricated porcelain/ceramic crown – primary tooth | \$95 | Not Covered |
| D2930 | Prefabricated stainless steel crown - primary tooth | \$65 | Not Covered |
| D2931 | Prefabricated stainless steel crown - permanent tooth | \$75 | \$75 |
| D2932 | Prefabricated resin crown | \$75 | Not Covered |
| D2933 | Prefabricated stainless steel crown with resin window | \$80 | Not Covered |
| D2940 | Protective restoration | \$25 | \$20 |
| D2941 | Interim therapeutic restoration – primary dentition | \$30 | Not Covered |
| D2949 | Restorative foundation for an indirect restoration | \$45 | Not Covered |
| D2950 | Core buildup, including any pins when required | \$20 | \$20 |
| D2951 | Pin retention - per tooth, in addition to restoration | \$25 | \$20 |
| D2952 | Post and core in addition to crown, indirectly fabricated | \$100 | \$60 |
| D2953 | Each additional indirectly fabricated post - same tooth | \$30 | \$30 |
| D2954 | Prefabricated post and core in addition to crown | \$90 | \$60 |
| D2955 | Post removal | \$60 | Not Covered |
| D2957 | Each additional prefabricated post - same tooth | \$35 | \$35 |
| D2971 | Additional procedures to construct new crown under existing partial denture framework | \$35 | Not Covered |
| D2980 | Crown repair necessitated by restorative material failure | \$50 | \$50 |
| D2999 | Unspecified restorative procedure, by report | \$40 | \$40 |
| D3110 | Pulp cap - direct (excluding final restoration) | \$20 | \$20 |
| D3120 | Pulp cap - indirect (excluding final restoration) | \$25 | \$25 |
| D3220 | Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | \$40 | \$35 |
| D3221 | Pulpal debridement, primary and permanent teeth | \$40 | \$50 |
| D3222 | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development | \$60 | \$60 |
| D3230 | Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) | \$55 | Not Covered |
| D3240 | Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) | \$55 | Not Covered |
| D3310 | Endodontic therapy, anterior tooth (excluding final restoration) | \$195 | \$200 |
| D3320 | Endodontic therapy, bicuspid tooth (excluding final restoration) | \$235 | \$235 |
| D3330 | Endodontic therapy, molar (excluding final restoration) | \$300 | \$300 |
| D3331 | Treatment of root canal obstruction; non-surgical access | \$50 | \$50 |

| CDT Code | Updated CDT-17 Nomenclature | In-Network Member Cost Share | In-Network Member Cost Share |
|----------|---|------------------------------|------------------------------|
| D3332 | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | Not Covered | \$85 |
| D3333 | Internal root repair of perforation defects | \$80 | \$80 |
| D3346 | Retreatment of previous root canal therapy - anterior | \$240 | \$245 |
| D3347 | Retreatment of previous root canal therapy - bicuspid | \$295 | \$295 |
| D3348 | Retreatment of previous root canal therapy - molar | \$365 | \$365 |
| D3351 | Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.) | \$85 | \$85 |
| D3352 | Apexification/recalcification – interim medication replacement | \$45 | \$50 |
| D3353 | Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.) | Not Covered | Not Covered |
| D3410 | Apicoectomy - anterior | \$240 | \$240 |
| D3421 | Apicoectomy - bicuspid (first root) | \$250 | \$250 |
| D3425 | Apicoectomy - molar (first root) | \$275 | \$275 |
| D3426 | Apicoectomy (each additional root) | \$110 | \$110 |
| D3427 | Periradicular surgery without apicoectomy | \$160 | \$160 |
| D3430 | Retrograde filling - per root | \$90 | \$90 |
| D3450 | Root amputation - per root | Not Covered | \$110 |
| D3910 | Surgical procedure for isolation of tooth with rubber dam | \$30 | \$50 |
| D3920 | Hemisection (including any root removal), not including root canal therapy | Not Covered | \$120 |
| D3950 | Canal preparation and fitting of preformed dowel or post | Not Covered | \$60 |
| D3999 | Unspecified endodontic procedure, by report | \$100 | \$100 |
| D4210 | Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant | \$150 | \$150 |
| D4211 | Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | \$50 | \$50 |
| D4240 | Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant | Not Covered | \$135 |
| D4241 | Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant | Not Covered | \$70 |
| D4249 | Clinical crown lengthening – hard tissue | \$165 | \$200 |
| D4260 | Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant | \$265 | \$265 |
| D4261 | Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant | \$140 | \$140 |
| D4263 | Bone replacement graft – retained natural tooth – first site in quadrant | Not Covered | \$105 |
| D4264 | Bone replacement graft – retained natural tooth – each additional site in quadrant | Not Covered | \$75 |
| D4265 | Biologic materials to aid in soft and osseous tissue regeneration | \$80 | \$80 |
| D4266 | Guided tissue regeneration - resorbable barrier, per site | Not Covered | \$145 |
| D4267 | Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal) | Not Covered | \$175 |
| D4270 | Pedicle soft tissue graft procedure | Not Covered | \$155 |
| D4273 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft | Not Covered | \$220 |
| D4283 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site | Not Covered | \$185 |
| D4285 | Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site | Not Covered | \$175 |

| CDT Code | Updated CDT-17 Nomenclature | In-Network Member Cost Share | In-Network Member Cost Share |
|----------|---|------------------------------|------------------------------|
| D4341 | Periodontal scaling and root planing - four or more teeth per quadrant | \$55 | \$55 |
| D4342 | Periodontal scaling and root planing - one to three teeth per quadrant | \$30 | \$25 |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation | \$220 | \$220 |
| D4355 | Full mouth debridement to enable comprehensive evaluation and diagnosis | \$40 | \$40 |
| D4381 | Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth | \$10 | \$10 |
| D4910 | Periodontal maintenance | \$30 | \$30 |
| D4920 | Unscheduled dressing change (by someone other than treating dentist or their staff) | \$15 | Not Covered |
| D4999 | Unspecified periodontal procedure, by report | \$350 | \$350 |
| D5110 | Complete denture - maxillary | \$300 | \$400 |
| D5120 | Complete denture - mandibular | \$300 | \$400 |
| D5130 | Immediate denture - maxillary | \$300 | \$400 |
| D5140 | Immediate denture - mandibular | \$300 | \$400 |
| D5211 | Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) | \$300 | \$325 |
| D5212 | Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) | \$300 | \$325 |
| D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$335 | \$375 |
| D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$335 | \$375 |
| D5221 | Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth) | \$275 | \$300 |
| D5222 | Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth) | \$275 | \$300 |
| D5223 | Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$330 | \$370 |
| D5224 | Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$330 | \$370 |
| D5225 | Maxillary partial denture - flexible base (including any clasps, rests and teeth) | Not Covered | \$375 |
| D5226 | Mandibular partial denture - flexible base (including any clasps, rests and teeth) | Not Covered | \$375 |
| D5281 | Removable unilateral partial denture - one piece cast metal (including clasps and teeth) | Not Covered | \$250 |
| D5410 | Adjust complete denture - maxillary | \$20 | \$20 |
| D5411 | Adjust complete denture - mandibular | \$20 | \$20 |
| D5421 | Adjust partial denture - maxillary | \$20 | \$20 |
| D5422 | Adjust partial denture - mandibular | \$20 | \$20 |
| D5510 | Repair broken complete denture base | \$40 | \$30 |
| D5520 | Replace missing or broken teeth - complete denture (each tooth) | \$40 | \$30 |
| D5610 | Repair resin denture base | \$40 | \$30 |
| D5620 | Repair cast framework | \$40 | \$35 |
| D5630 | Repair or replace broken clasp - per tooth | \$50 | \$30 |
| D5640 | Replace broken teeth - per tooth | \$35 | \$30 |
| D5650 | Add tooth to existing partial denture | \$35 | \$35 |
| D5660 | Add clasp to existing partial denture - per tooth | \$60 | \$45 |
| D5670 | Replace all teeth and acrylic on cast metal framework (maxillary) | Not Covered | \$195 |
| D5671 | Replace all teeth and acrylic on cast metal framework (mandibular) | Not Covered | \$195 |
| D5710 | Rebase complete maxillary denture | Not Covered | \$155 |
| D5711 | Rebase complete mandibular denture | Not Covered | \$155 |
| D5720 | Rebase maxillary partial denture | Not Covered | \$150 |

| CDT Code | Updated CDT-17 Nomenclature | In-Network Member Cost Share | In-Network Member Cost Share |
|----------|--|------------------------------|------------------------------|
| D5721 | Rebase mandibular partial denture | Not Covered | \$150 |
| D5730 | Reline complete maxillary denture (chairside) | \$60 | \$80 |
| D5731 | Reline complete mandibular denture (chairside) | \$60 | \$80 |
| D5740 | Reline maxillary partial denture (chairside) | \$60 | \$75 |
| D5741 | Reline mandibular partial denture (chairside) | \$60 | \$75 |
| D5750 | Reline complete maxillary denture (laboratory) | \$90 | \$120 |
| D5751 | Reline complete mandibular denture (laboratory) | \$90 | \$120 |
| D5760 | Reline maxillary partial denture (laboratory) | \$80 | \$110 |
| D5761 | Reline mandibular partial denture (laboratory) | \$80 | \$110 |
| D5850 | Tissue conditioning, maxillary | \$30 | \$35 |
| D5851 | Tissue conditioning, mandibular | \$30 | \$35 |
| D5862 | Precision attachment, by report | \$90 | \$100 |
| D5863 | Overdenture – complete maxillary | \$300 | \$300 |
| D5864 | Overdenture – partial maxillary | \$300 | \$300 |
| D5865 | Overdenture – complete mandibular | \$300 | \$300 |
| D5866 | Overdenture – partial mandibular | \$300 | \$300 |
| D5899 | Unspecified removable prosthodontic procedure, by report | \$350 | \$400 |
| D5911 | Facial moulage (sectional) | \$285 | Not Covered |
| D5912 | Facial moulage (complete) | \$350 | Not Covered |
| D5913 | Nasal prosthesis | \$350 | Not Covered |
| D5914 | Auricular prosthesis | \$350 | Not Covered |
| D5915 | Orbital prosthesis | \$350 | Not Covered |
| D5916 | Ocular prosthesis | \$350 | Not Covered |
| D5919 | Facial prosthesis | \$350 | Not Covered |
| D5922 | Nasal septal prosthesis | \$350 | Not Covered |
| D5923 | Ocular prosthesis, interim | \$350 | Not Covered |
| D5924 | Cranial prosthesis | \$350 | Not Covered |
| D5925 | Facial augmentation implant prosthesis | \$200 | Not Covered |
| D5926 | Nasal prosthesis, replacement | \$200 | Not Covered |
| D5927 | Auricular prosthesis, replacement | \$200 | Not Covered |
| D5928 | Orbital prosthesis, replacement | \$200 | Not Covered |
| D5929 | Facial prosthesis, replacement | \$200 | Not Covered |
| D5931 | Obturator prosthesis, surgical | \$350 | Not Covered |
| D5932 | Obturator prosthesis, definitive | \$350 | Not Covered |
| D5933 | Obturator prosthesis, modification | \$150 | Not Covered |
| D5934 | Mandibular resection prosthesis with guide flange | \$350 | Not Covered |
| D5935 | Mandibular resection prosthesis without guide flange | \$350 | Not Covered |
| D5936 | Obturator prosthesis, interim | \$350 | Not Covered |
| D5937 | Trismus appliance (not for TMD treatment) | \$85 | Not Covered |
| D5951 | Feeding aid | \$135 | Not Covered |
| D5952 | Speech aid prosthesis, pediatric | \$350 | Not Covered |
| D5953 | Speech aid prosthesis, adult | \$350 | Not Covered |
| D5954 | Palatal augmentation prosthesis | \$135 | Not Covered |
| D5955 | Palatal lift prosthesis, definitive | \$350 | Not Covered |
| D5958 | Palatal lift prosthesis, interim | \$350 | Not Covered |
| D5959 | Palatal lift prosthesis, modification | \$145 | Not Covered |
| D5960 | Speech aid prosthesis, modification | \$145 | Not Covered |
| D5982 | Surgical stent | \$70 | Not Covered |
| D5983 | Radiation carrier | \$55 | Not Covered |
| D5984 | Radiation shield | \$85 | Not Covered |
| D5985 | Radiation cone locator | \$135 | Not Covered |
| D5986 | Fluoride gel carrier | \$35 | Not Covered |
| D5987 | Commissure splint | \$85 | Not Covered |
| D5988 | Surgical splint | \$95 | Not Covered |
| D5991 | Vesiculobullous disease medicament carrier | \$70 | Not Covered |
| D5999 | Unspecified maxillofacial prosthesis, by report | \$350 | \$1500 Not Covered |
| D6010 | Surgical placement of implant body: endosteal implant | \$350 | Not Covered |

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|----------|--|------------------------------|------------------------------|
| D6011 | Second stage implant surgery | \$350 | Not Covered |
| D6013 | Surgical placement of mini implant | \$350 | Not Covered |
| D6040 | Surgical placement: epostal implant | \$350 | Not Covered |
| D6050 | Surgical placement: transosteal implant | \$350 | Not Covered |
| D6052 | Semi-precision attachment abutment | \$350 | Not Covered |
| D6055 | Connecting bar – implant supported or abutment supported | \$350 | Not Covered |
| D6056 | Prefabricated abutment – includes modification and placement | \$135 | Not Covered |
| D6057 | Custom fabricated abutment – includes placement | \$180 | Not Covered |
| D6058 | Abutment supported porcelain/ceramic crown | \$320 | Not Covered |
| D6059 | Abutment supported porcelain fused to metal crown (high noble metal) | \$315 | Not Covered |
| D6060 | Abutment supported porcelain fused to metal crown (predominantly base metal) | \$295 | Not Covered |
| D6061 | Abutment supported porcelain fused to metal crown (noble metal) | \$300 | Not Covered |
| D6062 | Abutment supported cast metal crown (high noble metal) | \$315 | Not Covered |
| D6063 | Abutment supported cast metal crown (predominantly base metal) | \$300 | Not Covered |
| D6064 | Abutment supported cast metal crown (noble metal) | \$315 | Not Covered |
| D6065 | Implant supported porcelain/ceramic crown | \$340 | Not Covered |
| D6066 | Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal) | \$335 | Not Covered |
| D6067 | Implant supported metal crown (titanium, titanium alloy, high noble metal) | \$340 | Not Covered |
| D6068 | Abutment supported retainer for porcelain/ceramic FPD | \$320 | Not Covered |
| D6069 | Abutment supported retainer for porcelain fused to metal FPD (high noble metal) | \$315 | Not Covered |
| D6070 | Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) | \$290 | Not Covered |
| D6071 | Abutment supported retainer for porcelain fused to metal FPD (noble metal) | \$300 | Not Covered |
| D6072 | Abutment supported retainer for cast metal FPD (high noble metal) | \$315 | Not Covered |
| D6073 | Abutment supported retainer for cast metal FPD (predominantly base metal) | \$290 | Not Covered |
| D6074 | Abutment supported retainer for cast metal FPD (noble metal) | \$320 | Not Covered |
| D6075 | Implant supported retainer for ceramic FPD | \$335 | Not Covered |
| D6076 | Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal) | \$330 | Not Covered |
| D6077 | Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal) | \$350 | Not Covered |
| D6080 | Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments | \$30 | Not Covered |
| D6081 | Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure | \$30 | Not Covered |
| D6085 | Provisional implant crown | \$300 | Not Covered |
| D6090 | Repair implant supported prosthesis, by report | \$65 | Not Covered |
| D6091 | Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment | \$40 | Not Covered |
| D6092 | Re-cement or re-bond implant/abutment supported crown | \$25 | Not Covered |
| D6093 | Re-cement or re-bond implant/abutment supported fixed partial denture | \$35 | Not Covered |
| D6094 | Abutment supported crown - (titanium) | \$295 | Not Covered |
| D6095 | Repair implant abutment, by report | \$65 | Not Covered |
| D6100 | Implant removal, by report | \$110 | Not Covered |
| D6110 | Implant /abutment supported removable denture for edentulous arch – maxillary | \$350 | Not Covered |
| D6111 | Implant /abutment supported removable denture for edentulous arch – mandibular | \$350 | Not Covered |

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|----------|---|------------------------------|------------------------------|
| D6112 | Implant /abutment supported removable denture for partially edentulous arch – maxillary | \$350 | Not Covered |
| D6113 | Implant /abutment supported removable denture for partially edentulous arch – mandibular | \$350 | Not Covered |
| D6114 | Implant /abutment supported fixed denture for edentulous arch – maxillary | \$350 | Not Covered |
| D6115 | Implant /abutment supported fixed denture for edentulous arch – mandibular | \$350 | Not Covered |
| D6116 | Implant /abutment supported fixed denture for partially edentulous arch – maxillary | \$350 | Not Covered |
| D6117 | Implant /abutment supported fixed denture for partially edentulous arch – mandibular | \$350 | Not Covered |
| D6190 | Radiographic/surgical implant index, by report | \$75 | Not Covered |
| D6194 | Abutment supported retainer crown for FPD (titanium) | \$265 | Not Covered |
| D6199 | Unspecified implant procedure, by report | \$350 | Not Covered |
| D6205 | Pontic - indirect resin based composite | Not Covered | \$165 |
| D6210 | Pontic - cast high noble metal | Not Covered | \$300 |
| D6211 | Pontic - cast predominantly base metal | \$300 | \$300 |
| D6212 | Pontic - cast noble metal | Not Covered | \$300 |
| D6214 | Pontic - titanium | Not Covered | \$300 |
| D6240 | Pontic - porcelain fused to high noble metal | Not Covered | \$300 |
| D6241 | Pontic - porcelain fused to predominantly base metal | \$300 | \$300 |
| D6242 | Pontic - porcelain fused to noble metal | Not Covered | \$300 |
| D6245 | Pontic - porcelain/ceramic | \$300 | \$300 |
| D6250 | Pontic - resin with high noble metal | Not Covered | \$300 |
| D6251 | Pontic - resin with predominantly base metal | \$300 | \$300 |
| D6252 | Pontic - resin with noble metal | Not Covered | \$300 |
| D6545 | Retainer - cast metal for resin bonded fixed prosthesis | Not Covered | \$130 |
| D6548 | Retainer - porcelain/ceramic for resin bonded fixed prosthesis | Not Covered | \$145 |
| D6549 | Retainer – for resin bonded fixed prosthesis | Not Covered | \$130 |
| D6608 | Retainer onlay - porcelain/ceramic, two surfaces | Not Covered | \$200 |
| D6609 | Retainer onlay - porcelain/ceramic, three or more surfaces | Not Covered | \$200 |
| D6610 | Retainer onlay - cast high noble metal, two surfaces | Not Covered | \$200 |
| D6611 | Retainer onlay - cast high noble metal, three or more surfaces | Not Covered | \$200 |
| D6612 | Retainer onlay - cast predominantly base metal, two surfaces | Not Covered | \$200 |
| D6613 | Retainer onlay - cast predominantly base metal, three or more surfaces | Not Covered | \$200 |
| D6614 | Retainer onlay - cast noble metal, two surfaces | Not Covered | \$200 |
| D6615 | Retainer onlay - cast noble metal, three or more surfaces | Not Covered | \$200 |
| D6634 | Retainer onlay - titanium | Not Covered | \$200 |
| D6710 | Retainer crown - indirect resin based composite | Not Covered | \$200 |
| D6720 | Retainer crown - resin with high noble metal | Not Covered | \$300 |
| D6721 | Retainer crown - resin with predominantly base metal | \$300 | \$300 |
| D6722 | Retainer crown - resin with noble metal | Not Covered | \$300 |
| D6740 | Retainer crown - porcelain/ceramic | \$300 | \$300 |
| D6751 | Retainer crown - porcelain fused to predominantly base metal | \$300 | \$300 |
| D6781 | Retainer crown - 3/4 cast predominantly base metal | \$300 | \$300 |
| D6782 | Retainer crown - 3/4 cast noble metal | Not Covered | \$300 |
| D6783 | Retainer crown - 3/4 porcelain/ceramic | \$300 | \$300 |
| D6791 | Retainer crown - full cast predominantly base metal | \$300 | \$300 |
| D6930 | Re-cement or re-bond fixed partial denture | \$40 | \$40 |
| D6980 | Fixed partial denture repair necessitated by restorative material failure | \$95 | \$95 |
| D6999 | Unspecified fixed prosthodontic procedure, by report | \$350 | \$400 |
| D7111 | Extraction, coronal remnants - deciduous tooth | \$40 | \$40 |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | \$65 | \$65 |
| D7210 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | \$120 | \$115 |

| CDT Code | Updated CDT-17 Nomenclature | In-Network Member Cost Share | In-Network Member Cost Share |
|----------|---|------------------------------|------------------------------|
| D7220 | Removal of impacted tooth - soft tissue | \$95 | \$85 |
| D7230 | Removal of impacted tooth - partially bony | \$145 | \$145 |
| D7240 | Removal of impacted tooth - completely bony | \$160 | \$160 |
| D7241 | Removal of impacted tooth - completely bony, with unusual surgical complications | \$175 | \$175 |
| D7250 | Removal of residual tooth roots (cutting procedure) | \$80 | \$75 |
| D7260 | Oroantral fistula closure | \$280 | \$280 |
| D7261 | Primary closure of a sinus perforation | \$285 | \$285 |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | \$185 | \$185 |
| D7280 | Exposure of an unerupted tooth | \$220 | \$220 |
| D7283 | Placement of device to facilitate eruption of impacted tooth | \$85 | \$85 |
| D7285 | Incisional biopsy of oral tissue-hard (bone, tooth) | \$180 | \$180 |
| D7286 | Incisional biopsy of oral tissue-soft | \$110 | \$110 |
| D7287 | Exfoliative cytological sample collection | Not Covered | \$35 |
| D7288 | Brush biopsy - transepithelial sample collection | Not Covered | \$35 |
| D7290 | Surgical repositioning of teeth | \$185 | \$185 |
| D7291 | Transseptal fiberotomy/supra crestal fiberotomy, by report | \$80 | \$80 |
| D7310 | Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | \$85 | \$85 |
| D7311 | Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | \$50 | \$50 |
| D7320 | Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | \$120 | \$120 |
| D7321 | Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | \$65 | \$65 |
| D7340 | Vestibuloplasty - ridge extension (secondary epithelialization) | \$350 | \$350 |
| D7350 | Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) | \$350 | \$350 |
| D7410 | Excision of benign lesion up to 1.25 cm | \$75 | \$75 |
| D7411 | Excision of benign lesion greater than 1.25 cm | \$115 | \$115 |
| D7412 | Excision of benign lesion, complicated | \$175 | \$175 |
| D7413 | Excision of malignant lesion up to 1.25 cm | \$95 | \$95 |
| D7414 | Excision of malignant lesion greater than 1.25 cm | \$120 | \$120 |
| D7415 | Excision of malignant lesion, complicated | \$255 | \$255 |
| D7440 | Excision of malignant tumor - lesion diameter up to 1.25 cm | \$105 | \$105 |
| D7441 | Excision of malignant tumor - lesion diameter greater than 1.25 cm | \$185 | \$200 |
| D7450 | Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm | \$180 | \$180 |
| D7451 | Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm | \$330 | \$330 |
| D7460 | Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm | \$155 | \$180 |
| D7461 | Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm | \$250 | \$250 |
| D7465 | Destruction of lesion(s) by physical or chemical method, by report | \$40 | \$50 |
| D7471 | Removal of lateral exostosis (maxilla or mandible) | \$140 | \$140 |
| D7472 | Removal of torus palatinus | \$145 | \$140 |
| D7473 | Removal of torus mandibularis | \$140 | \$140 |
| D7485 | Reduction of osseous tuberosity | \$105 | \$105 |
| D7490 | Radical resection of maxilla or mandible | \$350 | \$350 |
| D7510 | Incision and drainage of abscess - intraoral soft tissue | \$70 | \$55 |
| D7511 | Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | \$70 | \$69 |
| D7520 | Incision and drainage of abscess - extraoral soft tissue | \$70 | \$70 |
| D7521 | Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | \$80 | \$80 |

| CDT Code | Updated CDT-17 Nomenclature | In-Network Member Cost Share | In-Network Member Cost Share |
|----------|---|------------------------------|------------------------------|
| D7530 | Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue | \$45 | \$45 |
| D7540 | Removal of reaction producing foreign bodies, musculoskeletal system | \$75 | \$75 |
| D7550 | Partial ostectomy/sequestrectomy for removal of non-vital bone | \$125 | \$125 |
| D7560 | Maxillary sinusotomy for removal of tooth fragment or foreign body | \$235 | \$235 |
| D7610 | Maxilla - open reduction (teeth immobilized, if present) | \$140 | \$140 |
| D7620 | Maxilla - closed reduction (teeth immobilized, if present) | \$250 | \$250 |
| D7630 | Mandible - open reduction (teeth immobilized, if present) | \$350 | \$580 |
| D7640 | Mandible - closed reduction (teeth immobilized, if present) | \$350 | \$480 |
| D7650 | Malar and/or zygomatic arch - open reduction | \$350 | \$270 |
| D7660 | Malar and/or zygomatic arch - closed reduction | \$350 | \$580 |
| D7670 | Alveolus - closed reduction, may include stabilization of teeth | \$170 | \$170 |
| D7671 | Alveolus - open reduction, may include stabilization of teeth | \$230 | \$230 |
| D7680 | Facial bones - complicated reduction with fixation and multiple surgical approaches | \$350 | \$500 |
| D7710 | Maxilla - open reduction | \$110 | \$110 |
| D7720 | Maxilla - closed reduction | \$180 | \$180 |
| D7730 | Mandible - open reduction | \$350 | \$390 |
| D7740 | Mandible - closed reduction | \$290 | \$290 |
| D7750 | Malar and/or zygomatic arch - open reduction | \$220 | \$220 |
| D7760 | Malar and/or zygomatic arch - closed reduction | \$350 | \$1,100 |
| D7770 | Alveolus - open reduction stabilization of teeth | \$135 | \$135 |
| D7771 | Alveolus, closed reduction stabilization of teeth | \$160 | \$160 |
| D7780 | Facial bones - complicated reduction with fixation and multiple approaches | \$350 | \$440 |
| D7810 | Open reduction of dislocation | \$350 | \$730 |
| D7820 | Closed reduction of dislocation | \$80 | \$80 |
| D7830 | Manipulation under anesthesia | \$85 | \$85 |
| D7840 | Condylectomy | \$350 | \$930 |
| D7850 | Surgical discectomy, with/without implant | \$350 | \$900 |
| D7852 | Disc repair | \$350 | \$400 |
| D7854 | Synovectomy | \$350 | \$390 |
| D7856 | Myotomy | \$350 | \$600 |
| D7858 | Joint reconstruction | \$350 | \$860 |
| D7860 | Arthrotomy | \$350 | \$350 |
| D7865 | Arthroplasty | \$350 | \$510 |
| D7870 | Arthrocentesis | \$90 | \$90 |
| D7871 | Non-arthroscopic lysis and lavage | \$150 | \$150 |
| D7872 | Arthroscopy - diagnosis, with or without biopsy | \$350 | \$350 |
| D7873 | Arthroscopy: lavage and lysis of adhesions | \$350 | \$1,200 |
| D7874 | Arthroscopy: disc repositioning and stabilization | \$350 | \$410 |
| D7875 | Arthroscopy: synovectomy | \$350 | \$410 |
| D7876 | Arthroscopy: discectomy | \$350 | \$270 |
| D7877 | Arthroscopy: debridement | \$350 | \$430 |
| D7880 | Occlusal orthotic device, by report | \$120 | \$120 |
| D7881 | Occlusal orthotic device adjustment | \$30 | \$50 |
| D7899 | Unspecified TMD therapy, by report | \$350 | \$350 |
| D7910 | Suture of recent small wounds up to 5 cm | \$35 | \$50 |
| D7911 | Complicated suture - up to 5 cm | \$55 | \$75 |
| D7912 | Complicated suture - greater than 5 cm | \$130 | \$150 |
| D7920 | Skin graft (identify defect covered, location and type of graft) | \$120 | Not Covered |
| D7940 | Osteoplasty - for orthognathic deformities | \$160 | Not Covered |
| D7941 | Osteotomy - mandibular rami | \$350 | Not Covered |
| D7943 | Osteotomy - mandibular rami with bone graft; includes obtaining the graft | \$350 | Not Covered |
| D7944 | Osteotomy - segmented or subapical | \$275 | Not Covered |
| D7945 | Osteotomy - body of mandible | \$350 | Not Covered |
| D7946 | LeFort I (maxilla - total) | \$350 | Not Covered |

| CDT Code | Updated CDT-17 Nomenclature | In-Network Member Cost Share | In-Network Member Cost Share |
|----------|--|------------------------------|------------------------------|
| D7947 | LeFort I (maxilla - segmented) | \$350 | Not Covered |
| D7948 | LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft | \$350 | Not Covered |
| D7949 | LeFort II or LeFort III - with bone graft | \$350 | Not Covered |
| D7950 | Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report | \$190 | Not Covered |
| D7951 | Sinus augmentation with bone or bone substitutes via a lateral open approach | \$290 | Not Covered |
| D7952 | Sinus augmentation via a vertical approach | \$175 | Not Covered |
| D7955 | Repair of maxillofacial soft and/or hard tissue defect | \$200 | Not Covered |
| D7960 | Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure | \$120 | \$120 |
| D7963 | Frenuloplasty | \$120 | \$120 |
| D7970 | Excision of hyperplastic tissue - per arch | \$175 | \$176 |
| D7971 | Excision of pericoronal gingiva | \$80 | \$80 |
| D7972 | Surgical reduction of fibrous tuberosity | \$100 | Not Covered |
| D7980 | Sialolithotomy | \$155 | \$155 |
| D7981 | Excision of salivary gland, by report | \$120 | \$120 |
| D7982 | Sialodochoplasty | \$215 | \$215 |
| D7983 | Closure of salivary fistula | \$140 | \$140 |
| D7990 | Emergency tracheotomy | \$350 | Not Covered |
| D7991 | Coronoidectomy | \$345 | Not Covered |
| D7995 | Synthetic graft - mandible or facial bones, by report | \$150 | Not Covered |
| D7997 | Appliance removal (not by dentist who placed appliance), includes removal of archbar | \$60 | Not Covered |
| D7999 | Unspecified oral surgery procedure, by report | \$350 | \$350 |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition | \$350 | Not Covered |
| D8210 | Removable appliance therapy | | |
| D8220 | Fixed appliance therapy | | |
| D8660 | Pre-orthodontic treatment examination to monitor growth and development | | |
| D8670 | Periodic orthodontic treatment visit | | |
| D8680 | Orthodontic retention (removal of appliances, construction and placement of retainer(s)) | | |
| D8681 | Removable orthodontic retainer adjustment | | |
| D8691 | Repair of orthodontic appliance | | |
| D8692 | Replacement of lost or broken retainer | | |
| D8693 | Re-cement or re-bond fixed retainer | | |
| D8694 | Repair of fixed retainers, includes reattachment | | |
| D8999 | Unspecified orthodontic procedure, by report | | |
| D9110 | Palliative (emergency) treatment of dental pain - minor procedure | | |
| D9120 | Fixed partial denture sectioning | \$95 | \$95 |
| D9210 | Local anesthesia not in conjunction with operative or surgical procedures | \$10 | \$10 |
| D9211 | Regional block anesthesia | \$20 | \$20 |
| D9212 | Trigeminal division block anesthesia | \$60 | \$60 |
| D9215 | Local anesthesia in conjunction with operative or surgical procedures | \$15 | \$15 |
| D9223 | Deep sedation/general anesthesia – each 15 minute increment | \$45 | \$45 |
| D9230 | Inhalation of nitrous oxide/analgesia, anxiolysis | \$15 | Not Covered |
| D9243 | Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment | \$60 | \$45 |
| D9248 | Non-intravenous conscious sedation | \$65 | Not Covered |
| D9310 | Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | \$50 | \$45 |
| D9311 | Consultation with a medical health professional | No Charge | No Charge |
| D9410 | House/extended care facility call | \$50 | Not Covered |
| D9420 | Hospital or ambulatory surgical center call | \$135 | Not Covered |

| CDT Code | Updated CDT-17 Nomenclature | In-Network Member Cost Share | In-Network Member Cost Share |
|----------|---|------------------------------|------------------------------|
| D9430 | Office visit for observation (during regularly scheduled hours) - no other services performed | \$20 | \$12 |
| D9440 | Office visit - after regularly scheduled hours | \$45 | \$40 |
| D9450 | Case presentation, detailed and extensive treatment planning | Not Covered | No Charge |
| D9610 | Therapeutic parenteral drug, single administration | \$30 | Not Covered |
| D9612 | Therapeutic parenteral drugs, two or more administrations, different medications | \$40 | Not Covered |
| D9910 | Application of desensitizing medicament | \$20 | \$22 |
| D9930 | Treatment of complications (post-surgical) - unusual circumstances, by report | \$35 | \$50 |
| D9940 | Occlusal guard, by report | Not Covered | \$115 |
| D9942 | Repair and/or reline of occlusal guard | Not Covered | \$35 |
| D9943 | Occlusal guard adjustment | Not Covered | \$35 |
| D9950 | Occlusion analysis - mounted case | \$120 | Not Covered |
| D9951 | Occlusal adjustment - limited | \$45 | \$45 |
| D9952 | Occlusal adjustment - complete | \$210 | \$210 |
| D9999 | Unspecified adjunctive procedure, by report | No Charge | No Charge |