



**2019 Dental Benefit Plan Designs**

**Date: September 18, 2018**  
**Updated January 17, 2019 to reflect 2019 CDT codes**  
**Summary of Benefits and Coverage**

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

Children's Dental Plan and Family Dental Plan designs can be offered in both the Individual Marketplace and Covered California for Small Business.

Individual and Small Business				
Children's Dental Plan				
		Coinsurance Plan		Copay Plan
		Pediatric Dental EHB		Pediatric Dental EHB
		Up to Age 19		Up to Age 19
		86.93%	86.93%	85.70%
Actuarial Value		In-Network	Out-of-Network	In-Network
<b>Individual Deductible</b>		\$75	\$75	None
<b>Family Deductible (Two or more children)</b>		\$150	\$150	Not Applicable
<b>Individual Out of Pocket Maximum</b>		\$350	None	\$350
<b>Family Out of Pocket Maximum (Two or More Children)</b>		\$700	None	\$700
<b>Office Copay</b>		\$0	\$0	\$0
<b>Waiting Period</b> <small>(Waivered Condition provision, as defined in Health &amp; Safety Code 1357.50 (a)(3)(J)(4) and Insurance Code 10198.6(d))</small>		None	None	None
<b>Annual Benefit Limit</b> <small>(the maximum amount the dental plan will pay in the benefit year)</small>		None	None	None
Procedure Category	Service Type	Member Cost Share	Member Cost Share	Member Cost Share
<b>Diagnostic &amp; Preventive</b>	Oral Exam	No charge	10%	No charge
	Preventive - Cleaning	No charge	10%	No charge
	Preventive - X-ray	No charge	10%	No charge
	Sealants per Tooth	No charge	10%	No charge
	Topical Fluoride Application	No charge	10%	No charge
	Space Maintainers - Fixed	No charge	10%	No charge
<b>Basic Services</b>	Restorative Procedures	20% Deductible Applies	30% Deductible Applies	See 2019 Dental Copay Schedule
	Periodontal Maintenance Services			
<b>Major Services</b>	Periodontics (other than maintenance)	50% Deductible Applies	50% Deductible Applies	See 2019 Dental Copay Schedule
	Endodontics			
	Crowns and Casts			
	Prosthodontics			
	Oral Surgery			
<b>Orthodontia</b>	Medically Necessary Orthodontia	50% Deductible Applies	50% Deductible Applies	\$350



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Individual and Small Business					
Family Dental Plan					
Coinsurance Plan					
Pediatric Dental EHB			Adult Dental		
Up to Age 19			Age 19 and Older		
<b>Actuarial Value</b>	86.93%	86.93%	Not Calculated	Not Calculated	
	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	
<b>Individual Deductible</b>	\$75	\$75	\$50	\$50	
<b>Family Deductible (Two or more children)</b>	\$150	\$150	Not Applicable	Not Applicable	
<b>Individual Out of Pocket Maximum</b>	\$350	None	Not Applicable	Not Applicable	
<b>Family Out of Pocket Maximum (Two or More Children)</b>	\$700	None	Not Applicable	Not Applicable	
<b>Office Copay</b>	\$0	\$0	\$0	\$0	
<b>Waiting Period</b> <small>(Waivered Condition provision, as defined in Health &amp; Safety Code 1357.50 (a)(3)(J)(4) and Insurance Code 10198.6(d))</small>	None	None	6 months for Major Services, Waived with Proof of Prior Coverage	6 months for Major Services, Waived with Proof of Prior Coverage	
<b>Annual Benefit Limit</b> <small>(the maximum amount the dental plan will pay in the benefit year)</small>	None	None	\$1,500		
Procedure Category	Service Type	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share
<b>Diagnostic &amp; Preventive</b>	Oral Exam	No charge	10%	No Charge	10%
	Preventive - Cleaning	No charge	10%	No Charge	10%
	Preventive - X-ray	No charge	10%	No Charge	10%
	Sealants per Tooth	No charge	10%	No Charge if Covered	10% if Covered
	Topical Fluoride Application	No charge	10%	No Charge if Covered	10% if Covered
	Space Maintainers - Fixed	No charge	10%	No Charge if Covered	10% if Covered
<b>Basic Services</b>	Restorative Procedures	20% Deductible Applies	30% Deductible Applies	20% Deductible Applies	30% Deductible Applies
	Periodontal Maintenance Services				
<b>Major Services</b>	Periodontics (other than maintenance)	50% Deductible Applies	50% Deductible Applies	50% Deductible Applies	50% Deductible Applies
	Endodontics				
	Crowns and Casts				
	Prosthodontics				
	Oral Surgery				
<b>Orthodontia</b>	Medically Necessary Orthodontia	50% Deductible Applies	50% Deductible Applies	Not Covered	Not Covered



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

Children's Dental Plan and Family Dental Plan designs can be offered in both the Individual Marketplace and Covered California for Small Business.

		Individual and Small Business	
		Family Dental Plan	
		Copay Plan	
		Pediatric Dental EHB	Adult Dental
		Up to Age 19	Age 19 and Older
<b>Actuarial Value</b>		85.70%	Not Calculated
		<b>In-Network</b>	<b>In-Network</b>
<b>Individual Deductible</b>		None	None
<b>Family Deductible (Two or more children)</b>		Not applicable	Not Applicable
<b>Individual Out of Pocket Maximum</b>		\$350	Not Applicable
<b>Family Out of Pocket Maximum (Two or More Children)</b>		\$700	Not Applicable
<b>Office Copay</b>		\$0	\$0
<b>Waiting Period</b> <small>(Waivered Condition provision, as defined in Health &amp; Safety Code 1357.50 (a)(3)(J)(4) and Insurance Code 10198.6(d))</small>		None	None
<b>Annual Benefit Limit</b> <small>(the maximum amount the dental plan will pay in the benefit year)</small>		None	None
Procedure Category	Service Type	Member Cost Share	Member Cost Share
<b>Diagnostic &amp; Preventive</b>	Oral Exam	No charge	No Charge
	Preventive - Cleaning	No charge	No Charge
	Preventive - X-ray	No charge	No Charge
	Sealants per Tooth	No charge	No Charge if Covered
	Topical Fluoride Application	No charge	No Charge if Covered
	Space Maintainers - Fixed	No charge	No Charge if Covered
<b>Basic Services</b>	Restorative Procedures	See 2019 Dental Copay Schedule	See 2019 Dental Copay Schedule
	Periodontal Maintenance Services		
<b>Major Services</b>	Periodontics (other than maintenance)	See 2019 Dental Copay Schedule	See 2019 Dental Copay Schedule
	Endodontics		
	Crowns and Casts		
	Prosthodontics		
	Oral Surgery		
<b>Orthodontia</b>	Medically Necessary Orthodontia	\$350	Not Covered

## Endnotes to 2019 Dental Standard Benefit Plan Designs

The plans shall use either the 2018 CDT codes as they appear in this Standard Benefit Design, or the updated 2019 CDT codes at their discretion. Covered California understands that plans may want to use the updated 2019 CDT codes, to the extent that these codes do not diminish the benefits required in the Benchmark Plan. Covered California requests that the plan remain consistent in their use of one of the years CDT codes within a benefit design.

### **Pediatric Dental EHB Notes (only applicable to the pediatric portion of the Children's Dental Plan, Family Dental Plan)**

- 1) In a coinsurance plan, each child is responsible for the individual deductible unless the family deductible has been met. Once a child's individual deductible or the family deductible is reached, cost sharing applies until the child's out-of-pocket maximum is reached.
- 2) Deductible is waived for Diagnostic and Preventive Services.
- 3) Cost sharing payments made by each individual child for in-network covered services accrue to the child's out-of-pocket maximum. Once the child's individual out-of-pocket maximum has been reached, the plan pays all costs for covered services for that child.
- 4) In a plan with two or more children, cost sharing payments made by each individual child for in-network services contribute to the family in-network deductible, if applicable, as well as the family out-of-pocket maximum.
- 5) In a plan with two or more children, cost sharing payments made by each individual child for out-of-network covered services contribute to the family out-of-network deductible, if applicable, and do not accumulate to the family out-of-pocket maximum.
- 6) Administration of these plan designs must comply with requirements of the pediatric dental EHB benchmark plan, including coverage of services in circumstances of medical necessity as defined in the Early Periodic Screening, Diagnosis and Treatment (EPSDT) benefit.
- 7) Member cost share for Medically Necessary Orthodontia services applies to course of treatment, not individual benefit years within a multi-year course of treatment. This member cost share applies to the course of treatment as long as the member remains enrolled in the plan.

### **Adult Dental Benefit Notes (only applicable to the Family Dental Plan)**

- 8) Each adult is responsible for an individual deductible.
- 9) Deductible is waived for Diagnostic and Preventive Services.
- 10) Tooth whitening, adult orthodontia, implants, veneers, and adult services noted as Not Covered on the Copayment Schedule are not covered services.
- 11) The six month waiting period for major services must be waived upon a member's provision of proof of prior comprehensive dental coverage. This waiting period shall be prorated on a one to one monthly basis upon a member's provision of proof of prior comprehensive dental coverage of less than six months. Covered California leaves it to the plan to determine acceptable documentation to verify prior proof of coverage. Covered California leaves it to the plan to determine the maximum allowable gap in coverage before proration of the six month waiting period would no longer occur. Dental services obtained via a discount health plan are not considered "comprehensive" dental coverage for purposes of counting towards the waiting period.

## Covered California 2019 Dental Copay Schedule

Date:  
January 17, 2019

**\*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	No Charge
D0320	Temporomandibular joint arthrogram, including injection	No Charge	No Charge
D0322	Tomographic survey	No Charge	No Charge
D0330	Panoramic radiographic image	No Charge	No Charge
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	No Charge	No Charge
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	No Charge	No Charge
D0351	3D photographic image	No Charge	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	No Charge
D0602	Caries risk assessment and documentation, with a finding of moderate risk	No Charge	No Charge
D0603	Caries risk assessment and documentation, with a finding of high risk	No Charge	No Charge
D0999	Unspecified diagnostic procedure, by report	No Charge	No Charge
D1110	Prophylaxis - adult	No Charge	No Charge

CDT Code	Updated CDT-17 Nomenclature	Pediatric	*Adult Dental
		Dental EHB	
		Up to Age 19	19 and Older
		In-Network Member Cost Share	In-Network Member Cost Share
D1120	Prophylaxis - child	No Charge	Not Covered
D1206	Topical application of fluoride varnish	No Charge	No Charge
D1208	Topical application of fluoride – excluding varnish	No Charge	No Charge
D1310	Nutritional counseling for control of dental disease	No Charge	No Charge
D1320	Tobacco counseling for the control and prevention of oral disease	No Charge	No Charge
D1330	Oral hygiene instructions	No Charge	No Charge
D1351	Sealant - per tooth	No Charge	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
D1354	Interim caries arresting medicament application - 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	No Charge
D1525	Space maintainer - removable - bilateral	No Charge	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	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
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

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
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
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



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
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
D4275	Non-autogenous connective tissue graft procedure (including recipient site and donor material) – first tooth, implant or edentulous tooth position in same graft site	Not Covered	\$190
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
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

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
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 retentive/clasping materials, rests, and teeth)	\$300	\$325
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, 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
D5511	Repair broken complete denture base, mandibular	\$40	\$30
D5512	Repair broken complete denture base, maxillary	\$40	\$30
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$40	\$30
D5611	Repair resin denture base, mandibular	\$40	\$30
D5612	Repair resin denture base, maxillary	\$40	\$30
D5621	Repair cast framework, mandibular	\$40	\$35
D5622	Repair cast framework, maxillary	\$40	\$35
D5630	Repair or replace broken retentive/clasping materials - 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	Pediatric Dental EHB	*Adult Dental
		Up to Age 19	19 and Older
		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

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
D5999	Unspecified maxillofacial prosthesis, by report	\$350	Not Covered
D6010	Surgical placement of implant body: endosteal implant	\$350	Not Covered
D6011	Second stage implant surgery	\$350	Not Covered
D6013	Surgical placement of mini implant	\$350	Not Covered
D6040	Surgical placement: eposteal 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

CDT Code	Updated CDT-17 Nomenclature	Pediatric	*Adult Dental
		Dental EHB	
		Up to Age 19	19 and Older
		In-Network Member Cost Share	In-Network Member Cost Share
D6096	Remove broken implant retaining screw	\$60	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
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

CDT Code	Updated CDT-17 Nomenclature	Pediatric	*Adult Dental
		Dental EHB	
		Up to Age 19	19 and Older
		In-Network Member Cost Share	In-Network Member Cost Share
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
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

CDT Code	Updated CDT-17 Nomenclature	Pediatric	*Adult Dental
		Dental EHB	
		Up to Age 19	19 and Older
		In-Network Member Cost Share	In-Network Member Cost Share
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
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

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		
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		
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		
D7979	Non-surgical Sialolithotomy	\$155	\$155		
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			\$30	\$28



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
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
D9222	Deep sedation/analgesia - first 15 minute	\$45	\$45
D9223	Deep sedation/general anesthesia – each 15 minute increment	\$45	\$45
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$15	Not Covered
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	\$60	\$45
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
D9239	Intravenous moderate (conscious) sedation/anesthesia - first 15 minutes	\$60	\$45
D9410	House/extended care facility call	\$50	Not Covered
D9420	Hospital or ambulatory surgical center call	\$135	Not Covered
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 relines 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