Covered California ~~2021~~ 2022 Dental Copay Schedule

Date:
January 14, 2021

***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.

			Pediatric Dental EHB	*Adult Dental
			Up to Age 19	19 and Older
Procedure Category	**CDT Code**	**Updated CDT-19 Nomenclature**	**In-Network Member Cost Share**	**In-Network Member Cost Share**
Diagnostic	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
	D0419	Assessment of salivary flow by measurement	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	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
	D0701	Panoramic radiographic image – image capture only	No Charge	No Charge
	D0702	2-D cephalometric radiographic image – image capture only	No Charge	No Charge

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	D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	No Charge	No Charge
	D0704	3-D photographic image – image capture only	No Charge	No Charge
	D0705	Extra-oral posterior dental radiographic image – image capture only	No Charge	Not Covered
	D0706	Intraoral – occlusal radiographic image – image capture only	No Charge	No Charge
	D0707	Intraoral – periapical radiographic image – image capture only	No Charge	No Charge
	D0708	Intraoral – bitewing radiographic image – image capture only	No Charge	No Charge
	D0709	Intraoral – complete series of radiographic images – image capture only	No Charge	No Charge
	D0999	Unspecified diagnostic procedure, by report	No Charge	No Charge
Preventive	D1110	Prophylaxis - adult	No Charge	No Charge
	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
	D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	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
	D1355	Caries preventive medicament application – per tooth	No Charge	No Charge
	D1510	Space maintainer - fixed - unilateral - per quadrant	No Charge	No Charge
	D1516	Space maintainer – fixed – bilateral, maxillary	No Charge	No Charge
	D1517	Space maintainer – fixed – bilateral, mandibular	No Charge	No Charge
	D1520	Space maintainer - removable - unilateral - per quadrant	No Charge	No Charge
	D1526	Space maintainer – removable – bilateral, maxillary	No Charge	No Charge
	D1527	Space maintainer – removable – bilateral, mandibular	No Charge	No Charge
	D1551	Re-cement or re-bond bilateral space maintainer - maxillary	No Charge	No Charge
	D1552	Re-cement or re-bond bilateral space maintainer - mandibular	No Charge	No Charge
	D1553	Re-cement or re-bond bilateral space maintainer - per quadrant	No Charge	No Charge
	D1556	Removal of fixed unilateral space maintainer - per quadrant	No Charge	No Charge
	D1557	Removal of fixed bilateral space maintainer - maxillary	No Charge	No Charge
	D1558	Removal of fixed bilateral space maintainer - mandibular	No Charge	No Charge
	D1575	Distal shoe space maintainer – fixed, unilateral - per quadrant	No Charge	No Charge
Restorative	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

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	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
	D2753	Crown - porcelain fused to titanium and titanium alloys	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
	D2794	Crown - titanium and titanium alloys	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
	D2928	Prefabricated porcelain/ceramic crown – permanent tooth	$120	Not Covered
	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

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	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
Endodontics	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
	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
	D3471	Surgical repair of root resorption - anterior	$160	$160
	D3472	Surgical repair of root resorption – premolar	$160	$160
	D3473	Surgical repair of root resorption – molar	$160	$160
	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
Periodontics	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

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	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	$40	$40
	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
Prosthodontics, removable	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

Procedure Category	CDT Code	Updated CDT-19 Nomenclature	Pediatric Dental EHB Up to Age 19 In-Network Member Cost Share	*Adult Dental 19 and Older In-Network Member Cost Share
	D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$335	$375
	D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$335	$375
	D5221	Immediate maxillary partial denture – resin base (including, retentive/clasping materials rests and teeth)	$275	$300
	D5222	Immediate mandibular partial denture – resin base (including retentative/claspings materials, rests and teeth)	$275	$300
	D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentative/clasping materials, rests and teeth)	$330	$370
	D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentative/clasping materials, rests and teeth)	$330	$370
	D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	Not Covered	$375
	D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	Not Covered	$375
	D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	Not Covered	$250
	D5283	Removable unilateral partial denture – one piece cast metal (including rententive/clasping materias, rests, and teeth), mandibular	Not Covered	$250
	D5284	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests, and teeth) – per quadrant	Not Covered	$250
	D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests, and teeth) – per quadrant	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
	D5721	Rebase mandibular partial denture	Not Covered	$150
	D5730	Reline complete maxillary denture (direct)	$60	$80
	D5731	Reline complete mandibular denture (direct)	$60	$80
	D5740	Reline maxillary partial denture (direct)	$60	$75
	D5741	Reline mandibular partial denture (direct)	$60	$75

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	D5750	Reline complete maxillary denture (indirect)	$90	$120
	D5751	Reline complete mandibular denture (indirect)	$90	$120
	D5760	Reline maxillary partial denture (indirect)	$80	$110
	D5761	Reline mandibular partial denture (indirect)	$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
	D5876	Add metal substructure to acrylic full denture (per arch)	Not Covered	$30
	D5899	Unspecified removable prosthodontic procedure, by report	$350	$400
Maxillofacial Prosthetics	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	Not Covered
Implant Services	D6010	Surgical placement of implant body: endosteal implant	$350	Not Covered

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	D6011	~~Second stage implant surgery~~Surgical access to an implant body (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 crown - porcelain fused to high noble alloys	$335	Not Covered
	D6067	Implant supported crown - high noble alloys	$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 FPD - porcelain fused to high noble alloys	$330	Not Covered
	D6077	Implant supported retainer for metal FPD high noble alloys	$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
	D6082	Implant supported crown - porcelain fused to predominantly base alloys	$335	Not Covered
	D6083	Implant supported crown - porcelain fused to noble alloys	$335	Not Covered
	D6084	Implant supported crown - porcelain fused to titanium and titanium alloys	$335	Not Covered
	D6085	Provisional implant crown	$300	Not Covered
	D6086	Implant supported crown - predominantly base alloys	$340	Not Covered
	D6087	Implant supported crown - noble alloys	$340	Not Covered
	D6088	Implant supported crown - titanium and titanium alloys	$340	Not Covered
	D6090	Repair implant supported prosthesis, by report	$65	Not Covered

Procedure Category	CDT Code	Updated CDT-19 Nomenclature	Pediatric Dental EHB Up to Age 19 In-Network Member Cost Share	*Adult Dental 19 and Older In-Network Member Cost Share
	~~D6091~~	~~Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment~~Replacement of replaceable part 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 and titanium alloys	$295	Not Covered
	D6095	Repair implant abutment, by report	$65	Not Covered
	D6096	Remove broken implant retaining screw	$60	Not Covered
	D6097	Abutment supported crown - porcelain fused to titanium and titanium alloys	$315	Not Covered
	D6098	Implant supported retainer - porcelain fused to predominantly base alloys	$330	Not Covered
	D6099	Implant supported retainer for FPD - porcelain fused to noble alloys	$330	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
	D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys	$330	Not Covered
	D6121	Implant supported retainer for metal FPD – predominantly base alloys	$350	Not Covered
	D6122	Implant supported retainer for metal FPD – noble alloys	$350	Not Covered
	D6123	Implant supported retainer for metal FPD – titanium and titanium alloys	$350	Not Covered
	D6190	Radiographic/surgical implant index, by report	$75	Not Covered
	D6191	Semi-precision abutment – placement	$350	Not Covered
	D6192	Semi-precision attachment – placement	$350	Not Covered
	D6194	Abutment supported retainer crown for FPD - titanium and titanium alloys	$265	Not Covered
	D6195	Abutment supported retainer - porcelain fused to titanium and titanium	$315	Not Covered
	D6199	Unspecified implant procedure, by report	$350	Not Covered
Prosthodontics, fixed	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 and titanium alloys	Not Covered	$300

			Pediatric Dental EHB	*Adult Dental
			Up to Age 19	19 and Older
Procedure Category	CDT Code	Updated CDT-19 Nomenclature	In-Network Member Cost Share	In-Network Member Cost Share
	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
	D6243	Pontic - porcelain fused to titanium and titanium alloys	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
	D6750	Retainer crown - porcelain fused to high noble metal	Not Covered	$300
	D6751	Retainer crown - porcelain fused to predominantly base metal	$300	$300
	D6752	Retainer crown - porcelain fused to noble metal	Not Covered	$300
	D6753	Retainer crown - porcelain fused to titanium and titanium alloys	Not Covered	$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
	D6784	Retainer crown ¾ - titanium and titanium alloys	$300	$300
	D6791	Retainer crown - full cast predominantly base metal	$300	$300
	D6794	Retainer crown - titanium and titanium alloys	Not Covered	$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
Oral Maxillofacial Prosthetics	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

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

Procedure Category	CDT Code	Updated CDT-19 Nomenclature	Pediatric Dental EHB Up to Age 19 In-Network Member Cost Share	*Adult Dental 19 and Older In-Network Member Cost Share
	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
	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	$80	$80
	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

Procedure Category	CDT Code	Updated CDT-19 Nomenclature	Pediatric Dental EHB Up to Age 19 In-Network Member Cost Share	*Adult Dental 19 and Older In-Network Member Cost Share
	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~~
	D7961	Buccal / labial frenectomy (frenulectomy)	$120	$120
	D7962	Lingual frenectomy (frenulectomy)	$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
Orthodontics	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		
	D8696	Repair of orthodontic appliance – maxillary		
	D8697	Repair of orthodontic appliance – mandibular		
	D8698	Re-cement or re-bond fixed retainer – maxillary		
	D8699	Re-cement or re-bond fixed retainer – mandibular		
	D8701	Repair of fixed retainer, includes reattachment – maxillary		
	D8702	Repair of fixed retainer, includes reattachment – mandibular		
	D8703	Replacement of lost or broken retainer – maxillary		
	D8704	Replacement of lost or broken retainer – mandibular		
	D8999	Unspecified orthodontic procedure, by report		
Adjunctive General Services	D9110	Palliative (emergency) treatment of dental pain - minor procedure	$30	$28
	D9120	Fixed partial denture sectioning	$95	$95

Procedure Category	CDT Code	Updated CDT-19 Nomenclature	Pediatric Dental EHB Up to Age 19 In-Network Member Cost Share	*Adult Dental 19 and Older In-Network Member Cost Share
	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
	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	$35	$50
	D9942	Repair and/or reline of occlusal guard	Not Covered	$35
	D9943	Occlusal guard adjustment	Not Covered	$35
	D9944	Occlusal guard – hard appliance, full arch	Not Covered	$115
	D9945	Occlusal guard – soft appliance, full arch	Not Covered	$115
	D9946	Occlusal guard – hard appliance, partial arch	Not Covered	$115
	D9950	Occlusion analysis - mounted case	$120	Not Covered
	D9951	Occlusal adjustment - limited	$45	$45
	D9952	Occlusal adjustment - complete	$210	$210
	D9995	Teledentistry - synchronous; real-time encounter	Not Covered	No Charge
	D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	Not Covered	No Charge
	D9997	Dental case management - patients with special health care needs	No Charge	No Charge
	D9999	Unspecified adjunctive procedure, by report	No Charge	No Charge