

CDT Codes ++	Covered Dental Services	Patient Charges
D0999	Office visit during regular hours, general dentist only *	\$5
B 0400	Evaluations	
D0120 D0140	Periodic oral examination – established patient Limited oral evaluation – problem focused	0 0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	0
D0150	Comprehensive oral evaluation – new or established patient	0 0
D0170 D0180	Re-evaluation – limited, problem focused (established patient, not post-operative visit) Comprehensive periodontal evaluation – new or established patient	0 0
D0160	Radiographs/Diagnostic Imaging (Including Interpretation)	······································
D0210 D0220	Intraoral – complete series (including bitewings)	0 0
D0220	Intraoral – periapical first film	
D0230 D0240	Intraoral – periapical each additional film Intraoral – occlusal film	0 0
D0270	Bitewing - single film	0
D0272	Bitewings – two films	0
D0273 D0274	Bitewings – three films Bitewings – four films	0 0
D0274	Vertical bitewings – 7 to 8 films	0
D0330	Panoramic film	0
D0424	Tests and Examinations	
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	50
D0460 D0470	Of Digosy Digoedules. Pulp vitality tests	0
D0470	Diagnostic casts	0
D1110	Dental Prophylaxis Prophylaxis – adult, for the first two services in any 12-month period + #	0
D1120	Prophylaxis – child, for the first two services in any 12-month period + #	0
D1120 D1999	Prophylaxis – child, for the first two services in any 12-month period + # Prophylaxis – adult or child, for each additional service in same 12-month period + #	60
	Tonical Fluoride Treatment (Office Procedure)	
D1203 D1204 D1206 D2999	Topical application of fluoride (prophylaxis not included) – child, for the first two services in any 12-month period + = Topical application of fluoride (prophylaxis not included) – adult, for the first two services in any 12-month period + =	0 0
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients, for the first two services in any 12-month period + =	12
D2999	Topical fluoride (adult or child), each additional service in the same 12-month period + =	12 20
	Other Preventive Services	
D1310 D1330	Nutritional counseling for control of dental disease Oral hygiene instructions	0 0
D1351	Sealant – per tooth (molars) ^	8
D9999	Sealant – per tooth (non-molars) ^	35
D1510	Space Maintenance (Passive Appliances) Space maintainer – fixed - unilateral	59
D1515	Space maintainer – fixed - bilateral	78
D1525	Space maintainer – removable - bilateral	78 13
D1550 D1555	Re-cementation of space maintainer Removal of fixed space maintainer	13 20
ומפפוע	Amalgam Restorations (Including Polishing)	20
D2140	Amalgam – one surface, primary or permanent	20
D2150	Amalgam – two surfaces, primary or permanent	27 32
D2160 D2161	Amalgam – three surfaces, primary or permanent Amalgam – four or more surfaces, primary or permanent	40
	Resin-Based Composite Restorations - Direct	
D2330	Resin-based composite – one surface, anterior	25 30
D2331 D2332	Resin-based composite – two surfaces, anterior Resin-based composite – three surfaces, anterior	30 41
D2335	Resin-based composite – three surfaces, ariterior Resin-based composite – four or more surfaces or involving incisal angle (anterior)	46
D2390	Resin-based composite crown, anterior	57
D2391 D2392	Resin-based composite – one surface, posterior Resin-based composite – two surfaces, posterior	30 40
D2392 D2393	Resin-based composite – two surfaces, posterior Resin-based composite – three surfaces, posterior	47
D2394	Resin-based composite – four or more surfaces, posterior	47 57
	Inlay/Onlay Restorations ^^	
D2510 D2520	Inlay – metallic – one surface ** Inlay – metallic – two surfaces **	326 368
D2530	Inlay – metallic – three or more surfaces **	368 383 383
D2530 D2542 D2543	Onlay – metallic – two surfaces **	383
D2543	Onlay – metallic – three surfaces **	400 420
D2544 D2610	Onlay – metallic – four or more surfaces ** Inlay – porcelain/ceramic – one surface	326
D2620	Inlay – porcelain/ceramic – two surfaces	326 368 383
D2630 D2642	Inlay – porcelain/ceramic – three or more surfaces	383
D2642 D2643	Onlay – porcelain/ceramic – two surfaces Onlay – porcelain/ceramic – three surfaces	383 400
D2644	Onlay – porcelain/ceramic – four or more surfaces	420
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CDT Codes ++	Covered Dental Services	Patient Charges
	Crowns – Single Restorations Only ^^	
D2740	Crown – porcelain/ceramic substrate	\$450
D2750 D2751	Crown – porcelain fused to high noble metal ** Crown – porcelain fused to predominantly base metal	430 430
D2751 D2752	Crown – porcelain fused to noble metal	430 420 420
D2780	Crown – ¾ cast high noble metal **	420
D2781	Crown – 3/ cost predominantly base metal	420 420
D2782 D2783	Crown – ¾ cast noble metal Crown – ¾ porcelain/ceramic	420 420
D2790 D2791 D2792	Crown – full cast high noble metal **	420 430 430 430
D2791	Crown – full cast predominantly base metal	430
D2792 D2794	Crown – full cast noble metal Crown – titanium	430 430
D2134	Other Restorative Services	430
D2910	Recement inlay, onlay, or partial coverage restoration	16 16
D2915	Recement cast or prefabricated post and core	
D2920 D2930	Recement crown Prefabricated stainless steel crown – primary tooth	16 110
D2930	Prefabricated stainless steel crown – primary tooth	125 132 132
D2932	Prefabricated resin crown	132
D2931 D2932 D2933 D2934	Prefabricated stainless steel crown with resin window	132 142
D2934 D2940	Prefabricated esthetic coated stainless steel crown – primary tooth Sedative filling	142 16
D2950	Core buildup, including any pins	113
D2951	Pin retention – per tooth, in addition to restoration	24 160
D2950 D2951 D2952	Post and core in addition to crown, indirectly fabricated	160
D2953 D2954	Each additional indirectly fabricated post – same tooth	50 130
D2954 D2957	Prefabricated post and core in addition to crown Each additional prefabricated post – same tooth	130 29
D2957 D2960 D2970	Labial veneer (resin laminate) – chairside	29 250 100
D2970	Temporary crown (fractured tooth)	100
D2971	Additional procedures to construct new crown under existing partial denture framework	125
D3110	Pulp Capping Pulp cap – direct (excluding final restoration)	12
D3120	Pulp cap – indirect (excluding final restoration)	9
	Pulpotomy	
D3220 D3221 D3222	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	33 32
D3221	Pulpal debridement, primary and permanent teeth Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	32 33
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	37
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	38
D2240	Endodontic Therapy (Including Treatment Plan, Clinical Procedures And Follow-up Care)	126
D3310 D3320 D3330	Root canal, anterior (excluding final restoration) Root canal, bicuspid (excluding final restoration)	126 148
D3330	Root canal, molar (excluding final restoration)	148 192
D3331		0
D3331 D3332 D3333	Treatment of root canal obstruction; non-surgical access Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	126
D3333	Internal root repair of perforation defects	63
D2246	Endodontic Retreatment Retreatment of previous root canal therapy – anterior	285
D3346 D3347	Retreatment of previous root canal therapy – anterior Retreatment of previous root canal therapy – bicuspid	285 335
D3348	Retreatment of previous root canal therapy – molar	400
Doute	Apicoectomy/Periradicular Services	105
D3410 D3421	Apicoectomy/periradicular surgery – anterior Apicoectomy/periradicular surgery – bicuspid (first root)	137 147
D3425	Apicoectomy/periradicular surgery – bicuspid (first root) Apicoectomy/periradicular surgery – molar (first root)	155
D3426	Apicoectomy/periradicular surgery (each additional root)	63
D3426 D3430 D3950	Retrograde filling – per root	63 46 20
D3950	Canal preparation and fitting of preformed dowel or post Surgical Services (Including Usual Postoperative Care)	20
D4210 D4211 D4240 D4241 D4249 D4260	Gingivectomy or gingivoplasty – four or more contiquous teeth or bounded teeth spaces per quadrant	105
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or bounded teeth spaces per quadrant	105 30 121 73 147
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or bounded teeth spaces per quadrant	121
D4241	Gingival flap procedure, including root planing – one to three contiquous teeth or bounded teeth spaces per quadrant	73 147
D4249	Clinical crown lengthening – hard tissue Osseous surgery (including flap entry and closure) – four or more contiquous teeth or bounded teeth spaces per quadrant	210
	Osseous surgery (including flap entry and closure) – one to three contiguous teeth or bounded teeth spaces per quadrant	137
D4268	Surgical revision procedure, per tooth	0 147
D4268 D4270 D4271	Pedicle soft tissue graft procedure	147
D4271	Free soft tissue graft procedure (including donor site surgery) Subepithelial connective tissue graft procedures, per tooth	170 187
D4273	Indexpensional commonante assure grant procedures), per toom	187



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D5130. Complete denture — mandibular. D5140. Immediate denture — mandibular. D5140. Immediate denture — mandibular. D5211. Maxillary partial Dentures (Including Routine Post-Delivery Caro). D5211. Maxillary partial denture — resin base (including any conventional clasps, rests and teeth). D5212. Mandibular partial denture — resin base (including any conventional clasps, rests and teeth). D5213. Maxillary partial denture — resin base (including any conventional clasps, rests and teeth). D5214. Mandibular partial denture — cast metal framework with resin denture bases (including any conventional clasps, rests and teeth). D5214. Mandibular partial denture — cast metal framework with resin denture bases (including any conventional clasps, rests and teeth). D5226. Maxillary partial denture — flexible base (including any clasps, rests and teeth). D5227. Maxillary partial denture — flexible base (including any clasps, rests and teeth). D5228. Mandibular partial denture — maxillary. D5410. Adjust complete denture — mandibular. D5411. Adjust complete denture — mandibular. D5421. Adjust partial denture — mandibular. D5422. Adjust partial denture — mandibular. D54310. Repair broken complete denture base. D5510. Repair broken complete denture base. D5510. Repair price maxillary denture. D5510. Repair price maxillary denture. D5510. Repair or replace broken clasp. D5520. Repair or replace broken clasp. D5530. Repair or replace broken clasp. D55410. Add toch to existing partial denture. D55510. Repair or replace broken teeth — per tooth D5560. Repair or replace broken teeth — per tooth D5560. Repair or replace broken teeth — per tooth D5560. Repair or replace broken teeth — per tooth D5560. Repair or replace broken teeth — per tooth D5560. Repair or replace broken teeth — per tooth D5660. Add tooth to existing partial denture. D5660. Add tooth to existing partial denture. D5671. Rebase complete maxillary denture (chairside). D6721. Rebase complete maxillary denture (chairside). D6731. Reline	580 580 580 620
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D5411 Adjust complete denture – mandibular D5421 Adjust partial denture – mandibular D5422 Adjust partial denture – mandibular Repairs To Complete Dentures Repairs To Complete Dentures D5510 Repaire mandibular Repairs To Partial Dentures D5520 Replace missing or broken teeth – complete denture (each tooth) Repair To Partial Dentures D5510 Repair resin denture base D5510 Repair resin denture base D5520 Repair resin denture base D5530 Repair resin denture base D5530 Repair or replace broken clasp D5630 Repair or replace broken clasp D5630 Repair or replace broken clasp D5640 Replace broken teeth – per tooth D5650 Add tooth to existing partial denture D5660 Add clasp to existing partial denture D5670 Replace all teeth and actylic on cast metal framework (maxillary) D5671 Replace all teeth and actylic on cast metal framework (mandibular) D6771 Rebase complete maxillary denture D57710 Rebase complete mandibular denture D57721 Rebase maxillary partial denture D57721 Rebase maxillary partial denture D57721 Rebase maxillary partial denture D57731 Reline maxillary partial denture D5730 Reline complete maxillary denture (chairside) D5731 Reline maxillary partial denture (chairside) D5740 Reline maxillary partial denture (chairside) D5750 Reline complete maxillary denture (chairside)	675
D5411 Adjust partial denture — maxillary D5422 Adjust partial denture — maxillary D5422 Adjust partial denture — maxillary D5422 Adjust partial denture — maxillary D5510 Repair broken complete denture base D5520 Replace missing or broken teeth — complete denture (each tooth) Repairs To Partial Dentures D5610 Repair cast framework D5610 Repair ersin denture base D5620 Repair cast framework D5630 Repair or replace broken clasp D5640 Replace broken teeth — per tooth D5650 Add tooth to existing partial denture D5650 Add tooth to existing partial denture D5660 Add closh to existing partial denture D5670 Replace all teeth and acrylic on cast metal framework (maxillary) D5671 Replace all teeth and acrylic on cast metal framework (mandibular) D5671 Replace all teeth and acrylic on cast metal framework (mandibular) D5710 Rebase complete maxillary denture D5711 Rebase complete maxillary denture D5721 Rebase mandibular partial denture D5721 Rebase mandibular partial denture D5721 Rebase mandibular partial denture D5731 Reline complete maxillary denture (chairside) D5731 Reline complete maxillary denture (chairside) D5740 Reline maxillary partial denture (chairside) D5750 Reline complete maxillary denture (chairside) D5751 Reline complete maxillary denture (chairside) D5750 Reline complete maxillary denture (laboratory)	27 27 27 27
Repairs To Complete Dentures D5510 Repair broken complete denture base D5520 Replace missing or broken teeth – complete denture (each tooth) Repairs To Partial Dentures D5610 Repair resin denture base D5620 Repair cast framework D5630 Repair or replace broken clasp D5630 Repair or replace broken clasp D5640 Replace broken teeth – per tooth D5650 Add tooth to existing partial denture D5660 Add clasp to existing partial denture D5670 Replace all teeth and acrylic on cast metal framework (maxillary) D5671 Replace all teeth and acrylic on cast metal framework (mandibular) Denture Rebase Procedures D5710 Rebase complete maxillary denture D5720 Rebase maxillary denture D5720 Rebase mandibular partial denture D5730 Reline complete maxillary denture D5731 Reline complete maxillary denture (chairside) D5741 Reline mandibular partial denture (chairside) D5741 Reline mandibular partial denture (chairside) D5741 Reline mandibular partial denture (chairside) D5750 Reline complete maxillary denture (chairside) D5750 Reline complete maxillary denture (chairside) D5751 Reline complete maxillary denture (chairside) D5750 Reline complete maxillary denture (chairside) D5751 Reline complete maxillary denture (chairside) D5750 Reline complete maxillary denture (laboratory) D5760 Reline maxillary partial denture (laboratory)	27
Repairs To Complete Dentures D5510 Repair broken complete denture base D5520 Replace missing or broken teeth – complete denture (each tooth) Repairs To Partial Dentures D5610 Repair resin denture base D5620 Repair cast framework D5630 Repair or replace broken clasp D5630 Repair or replace broken clasp D5640 Replace broken teeth – per tooth D5650 Add tooth to existing partial denture D5660 Add clasp to existing partial denture D5670 Replace all teeth and acrylic on cast metal framework (maxillary) D5671 Replace all teeth and acrylic on cast metal framework (mandibular) Denture Rebase Procedures D5710 Rebase complete maxillary denture D5720 Rebase maxillary denture D5720 Rebase mandibular partial denture D5730 Reline complete maxillary denture D5731 Reline complete maxillary denture (chairside) D5741 Reline mandibular partial denture (chairside) D5741 Reline mandibular partial denture (chairside) D5741 Reline mandibular partial denture (chairside) D5750 Reline complete maxillary denture (chairside) D5750 Reline complete maxillary denture (chairside) D5751 Reline complete maxillary denture (chairside) D5750 Reline complete maxillary denture (chairside) D5751 Reline complete maxillary denture (chairside) D5750 Reline complete maxillary denture (laboratory) D5760 Reline maxillary partial denture (laboratory)	27 27
D5510 Repair broken complete denture base D5520 Replace missing or broken teeth – complete denture (each tooth) Repair To Partial Dentures D5610 Repair resin denture base D5620 Repair cast framework D5630 Repair or replace broken clasp D5640 Replace broken teeth – per tooth D5650 Add tooth to existing partial denture D5660 Add clasp to existing partial denture D5660 Add clasp to existing partial denture D5670 Replace all teeth and acrylic on cast metal framework (maxillary) D5671 Replace all teeth and acrylic on cast metal framework (mandibular) D5711 Rebase complete maxillary denture D5720 Rebase maxillary partial denture D5720 Rebase maxillary partial denture D5730 Reline complete maxillary denture (chairside) D5731 Reline maxillary denture (chairside) D5741 Reline maxillary partial denture D6741 Reline maxillary partial denture (chairside) D5740 Reline complete maxillary denture (chairside) D5741 Reline maxillary partial denture (chairside) D5741 Reline maxillary partial denture (chairside) D5741 Reline maxillary partial denture (chairside) D5750 Reline complete maxillary denture (chairside) D5751 Reline complete maxillary denture (chairside) D5750 Reline complete maxillary denture (laboratory) D5760 Reline maxillary partial denture (laboratory)	
D5520 Replace missing or broken teeth – complete denture (each tooth) Repairs To Partial Dentures	69
D5610 Repair resin denture base D5620 Repair cast framework D5630 Repair or replace broken clasp D5640 Replace broken teeth – per tooth D5650 Add tooth to existing partial denture D5650 Add tooth to existing partial denture D5660 Add clasp to existing partial denture D5670 Replace all teeth and acrylic on cast metal framework (maxillary) D5671 Replace all teeth and acrylic on cast metal framework (mandibular) D5671 Replace all teeth and acrylic on cast metal framework (mandibular) D5710 Rebase complete maxillary denture D5711 Rebase complete maxillary denture D5720 Rebase maxillary partial denture D5721 Rebase maxillary partial denture D5721 Replace maxillary denture (chairside) D5731 Reline complete maxillary denture (chairside) D5731 Reline complete maxillary denture (chairside) D5740 Reline maxillary partial denture (chairside) D5751 Reline maxillary partial denture (chairside) D5750 Reline maxillary partial denture (chairside) D5751 Reline maxillary partial denture (chairside) D5750 Reline complete maxillary denture (laboratory) D5760 Reline complete maxillary denture (laboratory)	66
D5620 Repair cast framework	
D5630 Repair or replace broken clasp	80 80
D5640 Replace broken teeth – per tooth D5650 Add tooth to existing partial denture D5660 Add clasp to existing partial denture D5670 Replace all teeth and acrylic on cast metal framework (maxillary) D5671 Replace all teeth and acrylic on cast metal framework (mandibular) Denture Rebase Procedures D5710 Rebase complete maxillary denture D5711 Rebase complete mandibular denture D5720 Rebase maxillary partial denture D5721 Rebase maxillary partial denture D5721 Rebase mandibular partial denture D5731 Reline complete maxillary denture (chairside) D5730 Reline complete maxillary denture (chairside) D5740 Reline maxillary partial denture (chairside) D5741 Reline maxillary partial denture (chairside) D5741 Reline complete maxillary denture (chairside) D5750 Reline complete maxillary denture (chairside) D5751 Reline complete maxillary denture (chairside) D5750 Reline complete maxillary denture (laboratory) D5760 Reline maxillary partial denture (laboratory)	80
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D5660	81
Denture Rebase Procedures D5710 Rebase complete maxillary denture D5711 Rebase complete mandibular denture D5720 Rebase maxillary partial denture D5721 Rebase mandibular partial denture D5721 Rebase mandibular partial denture Denture Reline Procedures D5730 Reline complete maxillary denture (chairside) D5731 Reline complete mandibular denture (chairside) D5740 Reline maxillary partial denture (chairside) D5741 Reline mandibular partial denture (chairside) D5750 Reline complete maxillary denture (aboratory) D5760 Reline complete mandibular denture (laboratory) D5760 Reline maxillary partial denture (laboratory)	62 81 102 223 223
Denture Rebase Procedures D5710 Rebase complete maxillary denture D5711 Rebase complete mandibular denture D5720 Rebase maxillary partial denture D5721 Rebase mandibular partial denture D5721 Rebase mandibular partial denture Denture Reline Procedures D5730 Reline complete maxillary denture (chairside) D5731 Reline complete mandibular denture (chairside) D5740 Reline maxillary partial denture (chairside) D5741 Reline mandibular partial denture (chairside) D5750 Reline complete maxillary denture (aboratory) D5760 Reline complete mandibular denture (laboratory) D5760 Reline maxillary partial denture (laboratory)	223
D5710 Rebase complete maxillary denture D5711 Rebase complete manifolular denture D5720 Rebase maxillary partial denture D5721 Rebase manifolular partial denture D5721 Rebase manifolular partial denture Denture Reline Procedures D5730 Reline complete maxillary denture (chairside) D5731 Reline complete maxillary denture (chairside) D5740 Reline maxillary partial denture (chairside) D5741 Reline maxillary partial denture (chairside) D5750 Reline complete maxillary denture (idaboratory) D5750 Reline complete manifolular denture (idaboratory) D5760 Reline maxillary partial denture (laboratory)	223
D5720 Rebase maxillary partial denture D5721 Rebase mandibular partial denture Denture Reline Procedures D5730 Reline complete maxillary denture (chairside) D5731 Reline complete mandibular denture (chairside) D5740 Reline maxillary partial denture (chairside) D5741 Reline mandibular partial denture (chairside) D5750 Reline complete maxillary denture (chairside) D5751 Reline complete maxillary denture (laboratory) D5760 Reline complete mandibular denture (laboratory) D5760 Reline maxillary partial denture (laboratory)	230
D5721 Rebase mandibular partial denture Denture Reline Procedures D5730 Reline complete maxillary denture (chairside) D5731 Reline complete mandibular denture (chairside) D5740 Reline maxillary partial denture (chairside) D5741 Reline mandibular partial denture (chairside) D5750 Reline complete maxillary denture (laboratory) D5751 Reline complete mandibular denture (laboratory) D5760 Reline maxillary partial denture (laboratory)	230 230 230 230 230
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D5730 Reline complete maxillary denture (chairside) D5731 Reline complete mandibular denture (chairside) D5740 Reline maxillary partial denture (chairside) D5741 Reline mandibular partial denture (chairside) D5750 Reline complete maxillary denture (laboratory) D5751 Reline complete mandibular denture (laboratory) D5760 Reline maxillary partial denture (laboratory)	230
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D5741 Reline mandibular partial denture (chairside) D5750 Reline complete maxillary denture (laboratory) D5751 Reline complete mandibular denture (laboratory) D5760 Reline maxillary partial denture (laboratory)	130
D5751 Reline complete mandibular denture (laboratory) D5760 Reline maxillary partial denture (laboratory)	125
D5751 Reline complete mandibular denture (laboratory) D5760 Reline maxillary partial denture (laboratory)	125 125 186
	186
	186
D5761 Reline mandibular partial denture (laboratory) Interim Prosthesis	186
	175
D5821 Interim partial denture (mandibular)	175
Other Removable Prosthetic Services	
D5850 Tissue conditioning, maxillary D5851 Tissue conditioning, mandibular	55 55
Fixed Partial Denture Pontics ^^	
D6210 Pontic – cast high noble metal **	400 400
D6211 Pontic – cast predominantly base metal	400
D6212 Pontic – cast noble metal D6214 Pontic – titanium	400
D6240 Pontic – porcelain fused to high noble metal **	400 400 400 400
D6241 Pontic – porcelain fused to predominantly base metal	400
D6242 Pontic – porcelain fused to noble metal	400 410
D6245 Pontic – porcelain/ceramic Fixed Partial Denture Retainers – Inlays/Onlays ^^	
D6600 Inlay – porcelain/ceramic – two surfaces	368
D6601 Inlay – porcelain/ceramic – three or more surfaces	
D6602 Inlay – cast high noble metal, two surfaces ** D6603 Inlay – cast high noble metal, three or more surfaces **	383
D6604 Inlay – cast night hoose metal, three or more surfaces	368 383 368 383 383 368



CDT Codes ++	Covered Dental Services	Patient Charges
	Fixed Partial Denture Retainers – Inlays/Onlays ^^ (continued)	
D6605 D6606	Inlay – cast predominantly base metal, three or more surfaces Inlay – cast noble metal, two surfaces	\$383 368
D6607	Inlay – cast noble metal, three or more surfaces	383
D6608 D6609	Onlay – porcelain/ceramic, two surfaces Onlay – porcelain/ceramic, three or more surfaces	383 383 400
D6609 D6610	Onlay – porceiain/ceramic, three or more surraces Onlay – cast high noble metal, two surfaces **	383 400
D6611	Onlay – cast high noble metal, three or more surfaces **	400
D6612 D6613	Onlay – cast predominantly base metal, two surfaces Onlay – cast predominantly base metal, three or more surfaces	383 400 383
D6614	Onlay – cast noble metal, two surfaces	383
D6615	Onlay – cast noble metal, three or more surfaces	400 368
D6624 D6634	Inlay – titanium Onlay – titanium	383
	Fixed Partial Denture Retainers – Crowns ^^	
D6740 D6750	Crown – porcelain/ceramic Crown – porcelain fused to high noble metal **	450 430
D6751	Crown – porcelain fused to fright hobie metal Crown – porcelain fused to predominantly base metal	
D6751 D6752	Crown – porcelain fused to noble metal	430 430 430
D6780 D6781	Crown – ¾ cast high noble metal **	430 430
D6782	Crown – ¾ cast predominantly base metal Crown – ¾ cast noble metal	430
D6782 D6783 D6790	Crown – 3/2 porcelain/ceramic	430 430 430 430
D6790 D6791	Crown – full cast high noble metal ** Crown – full cast predominantly base metal	430 430
D6792	Crown – full cast noble metal	430
D6794	Crown – titanium	430 430
D6930	Other Fixed Partial Denture Services Recement fixed partial denture	26
D6930 D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	160
D6972 D6973 D6976	Prefabricated post and core in addition to fixed partial denture retainer Core build up for retainer, including any pins	130 113
D6976	Each additional cast post – same tooth	50
D6977	Each additional prefabricated post – same tooth	50 29 125
D6999	Multiple crown and bridge unit treatment plan – per unit, six or more units per treatment plan ^^ Extractions	125
D7111	Extraction, coronal remnants – deciduous tooth	16
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) Surgical Extractions (Includes Local Anesthesia, Suturing, If Needed, And Routine Postoperative Care)	23
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	46
D7210 D7220 D7230	Removal of impacted tooth – soft tissue	62 82
D7230 D7240	Removal of impacted tooth – partially bony Removal of impacted tooth – completely bony	82 96
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	
D7250 D7261	Surgical removal of residual tooth roots (cutting procedure)	116 51 250
D/261	Primary closure of a sinus perforation Other Surgical Procedures	230
D7280	Surgical access of an unerupted tooth	82
D7283 D7285	Placement of device to facilitate eruption of impacted tooth Biopsy of oral tissue – hard (bone, tooth)	35 70
D7286	Biopsy of oral tissue – soft	65
D7288	Brush biopsy – transepithelial sample collection	65
D7310	Alveoloplasty - Surgical Preparation Of Ridge For Dentures Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	53
D7310 D7311 D7320	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per guadrant	26 92
D7320 D7321	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	92 65
D1 UE	Surgical Excision Of Intra-Osseous Lesions	65
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	165 240
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm Excision Of Bone Tissue	
D7471 D7472	Removal of lateral exostosis (maxilla or mandible)	215 215
D7472	Removal of torus palatinus	215 215
D7473	Removal of torus mandibularis Surgical Incision	213
D7510 D7511	Incision and drainage of abscess – intraoral soft tissue	44 48
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces) Other Repair Procedures	
D7960	Other Repair Procedures Frenulectomy (frenectomy or frenotomy) – separate procedure	100 168
D7963	Frenuloplasty	168

CDT Codes ++	Covered Dental Services	Patient Charges
	Unclassified Treatment	
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$20
D9120 D9215	Fixed partial denture sectioning	15
D9215	Local anesthesia	0
D9220	Deep sedation/general anesthesia – first 30 minutes +++	195
D9220 D9221	Deep sedation/general anesthesia – each additional 15 minutes +++	75
D9241	Intravenous conscious sedation/analgesia – first 30 minutes +++	195
D9242	Intravenous conscious sedation/analgesia – each additional 15 minutes +++	75
	Professional Consultation	
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	34
	Professional Visits	
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	0
D9440	Office visit – after regularly scheduled hours	50
D9450	Case presentation, detailed and extensive treatment planning	0
	Miscellaneous Services	
D9951	Occlusal adjustment – limited	23
D9971	Odontoplasty – one to two teeth	23
D9972	External bleaching – per arch	
I	Broken appointment	25

Current Dental Terminology (CDT) © American Dental Association (ADA)

- + The Patient Charges for codes D1110, D1120, D1203, D1204, D1206 and D4910 are limited to the first two services in any 12-month period. For each additional service in the same 12-month period, see codes D1999, D2999 and D4999 for the applicable Patient Charge.
- ++ Covered Services are subject to exclusions, limitations and Plan provisions as described in Member's Plan booklet and the Manual (including the Quality Management retrospective review). Other codes may be used to describe Covered Services.
- * The Member will be responsible for the Office Visit Fee when the Plan Schedule suffix listed on the ID Card and Eligibility Report is an "M". The Plan will be responsible for the Office Visit Fee when the Plan Schedule suffix listed on the ID Card and Eligibility Report is a "G". The ID Card and Eligibility Report will indicate if the Office Visit Fee is \$5 or \$10.
- # Routine prophylaxis or periodontal maintenance procedure a total of four services in any 12-month period. One of the covered periodontal maintenance procedures may be performed by a participating periodontal Specialist if done within three to six months following completion of approved, active periodontal therapy (periodontal scaling and root planing or periodontal osseous surgery) by a participating periodontal Specialist. Active periodontal therapy includes periodontal scaling and root planing or periodontal osseous surgery.
- = Fluoride Treatment a total of four services in any 12-month period.
- Sealants are limited to permanent teeth up to the 16th birthday.
- ** If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal.
- The Patient Charge for these services is per unit.
- +++ Procedure codes D9220, D9221, D9241 and D9242 are limited to a participating oral surgery Specialist. Additionally, these services are only covered in conjunction with other covered surgical services.

Underwritten by: (IL) - First Commonwealth Insurance Company, (MO) - First Commonwealth of Missouri, (IN) - First Commonwealth Limited Health Services Corporation, (MI) - First Commonwealth Inc., (CA) - Managed Dental Care, (TX) - Managed Dental Guard, Inc. (DHMO), (NJ) - Managed Dental Guard, Inc., (FL, NY) - The Guardian Life Insurance Company of America. All First Commonwealth, Managed Dental Guard, Inc., and Managed Dental Care entities referenced are wholly-owned subsidiaries of The Guardian Life Insurance Company of America. Limitations and exclusions apply. Plan documents are the final arbiter of coverage.

The Guardian Life Insurance Company of America, New York, NY 10004

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