

Medi-Cal Dental Schedule of Maximum Allowances

1. Fees payable to providers by Medi-Cal Dental for covered services shall be the LESSER of:
 - a. provider’s billed amount
 - b. the maximum allowance set forth in the schedule below
2. Refer to your Medi-Cal Dental Provider Handbook for specific procedure instructions and program limitations.

Benefit: Dental or medical health care services covered by the Medi-Cal program.

Not a Benefit: Dental or medical health care services not covered by the Medi-Cal program.

Global: Treatment performed in conjunction with another procedure which is not payable separately.

By Report: Payment amount determined from submitted documentation.

| CDT Codes | Procedure Code Description | Maximum \$ Allowance | Effective Date |
|------------------------------|--|----------------------|-----------------|
| Diagnostic Procedures | | | |
| D0120 | Periodic oral evaluation – established patient | \$15.00 | October 6, 2016 |
| D0140 | Limited oral evaluation – problem focused | \$35.00 | |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary caregiver | \$20.00 | October 6, 2016 |
| D0150 | Comprehensive oral evaluation – new or established patient | \$25.00 | October 6, 2016 |
| D0160 | Detailed and extensive oral evaluation – problem focused, by report | \$100.00 | |
| D0170 | Re-evaluation – limited, problem focused (established patient; not post-operative visit) | \$75.00 | |
| D0171 | Re-evaluation post-operative office visit | Global | March 14, 2020 |
| D0180 | Comprehensive periodontal evaluation – new or established patient | Global | |
| D0190 | Screening of a patient | Not a Benefit | |
| D0191 | Assessment of a patient | Not a Benefit | |
| D0210 | Intraoral – complete series of radiographic images | \$40.00 | June 1, 2019 |
| D0220 | Intraoral – periapical first radiographic image | \$10.00 | |
| D0230 | Intraoral – periapical each additional radiographic image | \$3.00 | |
| D0240 | Intraoral – occlusal radiographic image | \$10.00 | |

| CDT Codes | Procedure Code Description | Maximum \$ Allowance | Effective Date |
|------------------|---|-----------------------------|-----------------------|
| D0250 | Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector | \$22.00 | |
| D0251 | Extra-oral posterior dental radiographic image | Not a Benefit | March 14, 2020 |
| D0270 | Bitewing – single radiographic image | \$5.00 | |
| D0272 | Bitewings – two radiographic images | \$10.00 | |
| D0273 | Bitewings – three radiographic images | Global | |
| D0274 | Bitewings – four radiographic images | \$18.00 | |
| D0277 | Vertical bitewings – 7 to 8 radiographic images | Global | |
| D0310 | Sialography | \$100.00 | |
| D0320 | Temporomandibular joint arthrogram, including injection | \$76.00 | |
| D0321 | Other temporomandibular joint radiographic images, by report | Not a Benefit | |
| D0322 | Tomographic survey | \$100.00 | |
| D0330 | Panoramic radiographic image | \$25.00 | |
| D0340 | 2D Cephalometric radiographic image – acquisition, measurement and analysis | \$50.00 | June 1, 2019 |
| D0350 | 2D Oral/Facial photographic image obtained intra-orally or extra orally | \$6.00 | |
| D0351 | 3D photographic image | Not a Benefit | March 14, 2020 |
| D0364 | Cone beam CT capture and interpretation with limited field of view – less than one whole jaw | Not a Benefit | |
| D0365 | Cone beam CT capture and interpretation with limited field of view of one full dental arch – mandible | Not a Benefit | |
| D0366 | Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium | Not a Benefit | |
| D0367 | Cone beam CT capture and interpretation with field of view of both jaws with or without cranium | Not a Benefit | |
| D0368 | Cone beam CT capture and interpretation for TMJ series including two or more exposures | Not a Benefit | |
| D0369 | Maxillofacial MRI capture and interpretation | Not a Benefit | |
| D0370 | Maxillofacial ultrasound capture and interpretation | Not a Benefit | |
| D0371 | Sialoendoscopy capture and interpretation | Not a Benefit | |

| CDT Codes | Procedure Code Description | Maximum \$\$ Allowance | Effective Date |
|------------------|--|-------------------------------|-----------------------|
| D0380 | Cone beam CT image capture with limited field of view – less than one whole jaw | Not a Benefit | |
| D0381 | Cone beam CT image capture with field of view of one full dental arch – mandible | Not a Benefit | |
| D0382 | Cone beam CT image capture with field of view of one full dental arch – maxilla with or without cranium | Not a Benefit | |
| D0383 | Cone beam CT image capture with field of view of both jaws, with or without cranium | Not a Benefit | |
| D0384 | Cone beam CT image capture for TMJ series including two or more exposures | Not a Benefit | |
| D0385 | Maxillofacial MRI image capture | Not a Benefit | |
| D0386 | Maxillofacial ultrasound image capture | Not a Benefit | |
| D0391 | Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report | Not a Benefit | |
| D0393 | Treatment simulation using 3d image volume | Not a Benefit | March 14, 2020 |
| D0394 | Digital subtraction of two or more images or image volumes of the same modality | Not a Benefit | March 14, 2020 |
| D0395 | Fusion of two or more 3d image volumes of one or more modalities | Not a Benefit | March 14, 2020 |
| D0411 | HBA1C in-office point of service testing | Not a Benefit | March 14, 2020 |
| D0412 | Blood glucose level test in-office using a glucose meter | Not a Benefit | March 14, 2020 |
| D0414 | Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report | Not a Benefit | March 14, 2020 |
| D0415 | Collection of microorganisms for culture and sensitivity | Not a Benefit | |
| D0416 | Viral culture | Not a Benefit | |
| D0417 | Collection and preparation of saliva sample for laboratory diagnostic testing | Not a Benefit | |
| D0418 | Analysis of saliva sample | Not a Benefit | |
| D0419 | Assessment of salivary flow by measurement | Not a Benefit | July 1, 2021 |
| D0422 | Collection and preparation of genetic sample material for laboratory analysis and report | Not a Benefit | March 14, 2020 |
| D0423 | Genetic test for susceptibility to diseases – specimen analysis | Not a Benefit | March 14, 2020 |
| D0425 | Caries susceptibility tests | Not a Benefit | |

| CDT Codes | Procedure Code Description | Maximum \$\$ Allowance | Effective Date |
|-----------|---|------------------------|----------------|
| 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 a Benefit | |
| D0460 | Pulp vitality tests | Global | |
| D0470 | Diagnostic casts | \$75.00 | |
| D0472 | Accession of tissue, gross examination, preparation and transmission of written report | Not a Benefit | |
| D0473 | Accession of tissue, gross and microscopic examination, preparation and transmission of written report | Not a Benefit | |
| D0474 | Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report | Not a Benefit | |
| D0475 | Decalcification procedure | Not a Benefit | |
| D0476 | Special stains for microorganisms | Not a Benefit | |
| D0477 | Special stains not for microorganisms | Not a Benefit | |
| D0478 | Immunohistochemical stains | Not a Benefit | |
| D0479 | Tissue in-situ hybridization, including interpretation | Not a Benefit | |
| D0480 | Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report | Not a Benefit | |
| D0481 | Electron microscopy | Not a Benefit | |
| D0482 | Direct immunofluorescence | Not a Benefit | |
| D0483 | Indirect immunofluorescence | Not a Benefit | |
| D0484 | Consultation on slides prepared elsewhere | Not a Benefit | |
| D0485 | Consultation, including preparation of slides from biopsy material supplied by referring source | Not a Benefit | |
| D0486 | <u>Laboratory</u> accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report | Not a Benefit | |
| D0502 | Other oral pathology procedures, by report | By Report | |
| D0600 | Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum | Not a Benefit | March 14, 2020 |

| CDT Codes | Procedure Code Description | Maximum \$ Allowance | Effective Date |
|--------------------|---|----------------------|-----------------|
| D0601 ¹ | Caries risk assessment and documentation, with a finding of low risk | \$15.00 | January 1, 2022 |
| D0602 ² | Caries risk assessment and documentation, with a finding of moderate risk | \$15.00 | January 1, 2022 |
| D0603 ³ | Caries risk assessment and documentation, with a finding of high risk | \$15.00 | January 1, 2022 |
| D0604 | Antigen testing for a public health related pathogen, including coronavirus | Not a Benefit | October 1, 2021 |
| D0605 | Antibody testing for a public health related pathogen, including coronavirus | Not a Benefit | October 1, 2021 |
| D0606 | Molecular testing for a public health related pathogen, including coronavirus | Not a Benefit | May 1, 2022 |
| D0701 | Panoramic radiographic image – image capture only | Global | October 1, 2021 |
| D0702 | 2-D cephalometric radiographic image – image capture only | Global | October 1, 2021 |
| D0703 | 2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only | Global | October 1, 2021 |
| D0704 | 3-D photographic image – image capture only | Not a Benefit | October 1, 2021 |
| D0705 | Extra-oral posterior dental radiographic image – image capture only | Not a Benefit | October 1, 2021 |
| D0706 | Intraoral - occlusal radiographic image – image capture only | Global | October 1, 2021 |
| D0707 | Intraoral - periapical radiographic image – image capture only | Global | October 1, 2021 |
| D0708 | Intraoral - bitewing radiographic image – image capture only | Global | October 1, 2021 |
| D0709 | Intraoral - complete series of radiographic images – image capture only | Global | October 1, 2021 |
| D0999 | Unspecified diagnostic procedure, by report | \$46.00 | May 16, 2020 |

¹ Must be performed and billed with D1310 concurrently as part of the Caries Risk Assessment Bundle to receive payment. Must be performed and billed with D1310 concurrently as part of the Caries Risk Assessment Bundle to receive payment.

² Must be performed and billed with D1310 concurrently as part of the Caries Risk Assessment Bundle to receive payment.

³ Must be performed and billed with D1310 concurrently as part of the Caries Risk Assessment Bundle to receive payment.

| CDT Codes | Procedure Code Description | Maximum \$ Allowance | Effective Date |
|------------------------------|--|----------------------|-----------------|
| Preventive Procedures | | | |
| D1110 | Prophylaxis – adult | \$40.00 | July 15, 2016 |
| D1120 | Prophylaxis – child | \$30.00 | July 15, 2016 |
| D1206 | Topical application of fluoride varnish - child 0 to 5 | \$18.00 | June 1, 2019 |
| D1206 | Topical application of fluoride varnish - child 6 to 20 | \$8.00 | June 1, 2019 |
| D1206 | Topical application of fluoride varnish - adult 21 and over | \$6.00 | June 1, 2019 |
| D1208 | Topical application of fluoride - excluding varnish - child 0-5 | \$18.00 | June 1, 2019 |
| D1208 | Topical application of fluoride - excluding varnish - child 6-20 | \$8.00 | June 1, 2019 |
| D1208 | Topical application of fluoride - excluding varnish - adult | \$6.00 | June 1, 2019 |
| D1310 ⁴ | Nutritional counseling for control of dental disease | \$46.00 | January 1, 2022 |
| D1320 | Tobacco counseling for the control and prevention of oral disease | \$10.00 | June 1, 2019 |
| D1321 | Counseling for the control and prevention of adverse oral, behavioral, and systematic health effects associated with high-risk substance use | Not a Benefit | October 1, 2021 |
| D1330 | Oral hygiene instructions | Global | |
| D1351 | Sealant – per tooth | \$22.00 | |
| D1352 | Preventive resin restoration in a moderate to high caries risk patient – permanent tooth | \$22.00 | |
| D1353 | Sealant repair – per tooth | Not a Benefit | March 14, 2020 |
| D1354 | Interim Application of caries arresting medicament application – per tooth | \$12.00 | January 1, 2022 |
| D1355 | Caries preventive medicament application – per tooth | Not a Benefit | October 1, 2021 |
| D1510 | Space maintainer – fixed – unilateral- per quadrant | \$120.00 | July 1, 2021 |
| D1516 | Space maintainer – fixed – bilateral, maxillary | \$200.00 | March 14, 2020 |
| D1517 | Space maintainer – fixed – bilateral, mandibular | \$200.00 | March 14, 2020 |
| D1520 | Space maintainer – removable – unilateral- per quadrant | Not a Benefit | July 1, 2021 |
| D1526 | Space maintainer – removable – bilateral, maxillary | \$230.00 | March 14, 2020 |
| D1527 | Space maintainer – removable – bilateral, mandibular | \$230.00 | March 14, 2020 |

⁴ Must be performed and billed with D0601, D0602, or D0603 concurrently as part of the Caries Risk Assessment Bundle to receive payment.

| CDT Codes | Procedure Code Description | Maximum \$ Allowance | Effective Date |
|-------------------------------|---|----------------------|------------------|
| D1551 | Re-cement or re-bond bilateral space maintainer – maxillary | \$30.00 | July 1, 2021 |
| D1552 | Re-cement or re-bond bilateral space maintainer – mandibular | \$30.00 | July 1, 2021 |
| D1553 | Re-cement or re-bond unilateral space maintainer – per quadrant | \$30.00 | July 1, 2021 |
| D1556 | Removal of fixed unilateral space maintainer – per quadrant | \$30.00 | July 1, 2021 |
| D1557 | Removal of fixed bilateral space maintainer – maxillary | \$30.00 | July 1, 2021 |
| D1558 | Removal of fixed bilateral space maintainer – mandibular | \$30.00 | July 1, 2021 |
| D1575 | Distal shoe space maintainer – fixed – unilateral- per quadrant | \$120.00 | July 1, 2021 |
| D1701 | Pfizer-BioNTech Covid-19 vaccine administration - first dose | Not a Benefit | May 1, 2022 |
| D1702 | Pfizer-BioNTech Covid-19 vaccine administration - second dose | Not a Benefit | May 1, 2022 |
| D1703 | Moderna Covid-19 vaccine administration - first dose | Not a Benefit | May 1, 2022 |
| D1704 | Moderna Covid-19 vaccine administration - second dose | Not a Benefit | May 1, 2022 |
| D1705 | AstraZeneca Covid-19 vaccine administration - first dose | Not a Benefit | May 1, 2022 |
| D1706 | AstraZeneca Covid-19 vaccine administration - second dose | Not a Benefit | May 1, 2022 |
| D1707 | Janssen Covid-19 vaccine administration | Not a Benefit | May 1, 2022 |
| D1999 | Unspecified preventive procedure, by report | \$46.00 | March 14, 2020 |
| Restorative Procedures | | | |
| D2140 | Amalgam – one surface, primary or permanent | \$39.00 | January 13, 2016 |
| D2150 | Amalgam – two surfaces, primary or permanent | \$48.00 | January 13, 2016 |
| D2160 | Amalgam – three surfaces, primary or permanent | \$57.00 | January 13, 2016 |
| D2161 | Amalgam – four or more surfaces, primary or permanent | \$60.00 | January 13, 2016 |
| D2330 | Resin-based composite – one surface, anterior | \$55.00 | January 13, 2016 |
| D2331 | Resin-based composite – two surfaces, anterior | \$60.00 | January 13, 2016 |
| D2332 | Resin-based composite – three surfaces, anterior | \$65.00 | January 13, 2016 |
| D2335 | Resin-based composite – four or more surfaces or involving incisal angle (anterior) | \$85.00 | January 13, 2016 |

| CDT Codes | Procedure Code Description | Maximum \$ Allowance | Effective Date |
|------------------|--|-----------------------------|-----------------------|
| D2390 | Resin-based composite crown, anterior | \$75.00 | January 13, 2016 |
| D2391 | Resin-based composite – one surface, posterior | \$39.00 | January 13, 2016 |
| D2392 | Resin-based composite – two surfaces, posterior | \$48.00 | January 13, 2016 |
| D2393 | Resin-based composite – three surfaces, posterior | \$57.00 | January 13, 2016 |
| D2394 | Resin-based composite – four or more surfaces, posterior | \$60.00 | January 13, 2016 |
| D2410 | Gold foil – one surface | Not a Benefit | |
| D2420 | Gold foil – two surfaces | Not a Benefit | |
| D2430 | Gold foil – three surfaces | Not a Benefit | |
| D2510 | Inlay – metallic – one surface | Not a Benefit | |
| D2520 | Inlay – metallic – two surfaces | Not a Benefit | |
| D2530 | Inlay – metallic – three surfaces | Not a Benefit | |
| D2542 | Onlay – metallic – two surfaces | Not a Benefit | |
| D2543 | Onlay – metallic – three surfaces | Not a Benefit | |
| D2544 | Onlay – metallic – four or more surfaces | Not a Benefit | |
| D2610 | Inlay – porcelain/ceramic – one surface | Not a Benefit | |
| D2620 | Inlay – porcelain/ceramic – two surfaces | Not a Benefit | |
| D2630 | Inlay – porcelain/ceramic – three or more surfaces | Not a Benefit | |
| D2642 | Onlay – porcelain/ceramic – two surfaces | Not a Benefit | |
| D2643 | Onlay – porcelain/ceramic – three surfaces | Not a Benefit | |
| D2644 | Onlay – porcelain/ceramic – four or more surfaces | Not a Benefit | |
| D2650 | Inlay – resin-based composite – one surface | Not a Benefit | |
| D2651 | Inlay – resin-based composite – two surfaces | Not a Benefit | |
| D2652 | Inlay – resin-based composite – three or more surfaces | Not a Benefit | |
| D2662 | Onlay – resin-based composite – two surfaces | Not a Benefit | |
| D2663 | Onlay – resin-based composite – three surfaces | Not a Benefit | |
| D2664 | Onlay – resin-based composite – four or more surfaces | Not a Benefit | |
| D2710 | Crown – resin - based composite (indirect) | \$150.00 | March 1, 2019 |
| D2712 | Crown – 3/4 resin-based composite (indirect) | \$150.00 | March 1, 2019 |

| CDT Codes | Procedure Code Description | Maximum \$ Allowance | Effective Date |
|-----------|--|----------------------|------------------|
| D2720 | Crown – resin with high noble metal | Not a Benefit | |
| D2721 | Crown – resin with predominantly base metal | \$220.00 | March 1, 2019 |
| D2722 | Crown – resin with noble metal | Not a Benefit | |
| D2740 | Crown – porcelain/ceramic | \$340.00 | March 1, 2019 |
| D2750 | Crown – porcelain fused to high noble metal | Not a Benefit | |
| D2751 | Crown – porcelain fused to predominantly base metal | \$340.00 | March 1, 2019 |
| D2752 | Crown – porcelain fused to noble metal | Not a Benefit | |
| D2753 | Crown – porcelain fused to titanium and titanium alloys | Not a Benefit | July 1, 2021 |
| D2780 | Crown – 3/4 cast high noble metal | Not a Benefit | |
| D2781 | Crown – 3/4 cast predominantly base metal | \$340.00 | March 1, 2019 |
| D2782 | Crown – 3/4 cast noble metal | Not a Benefit | |
| D2783 | Crown – 3/4 porcelain/ceramic | \$340.00 | March 1, 2019 |
| D2790 | Crown – full cast high noble metal | Not a Benefit | |
| D2791 | Crown – full cast predominantly base metal | \$340.00 | March 1, 2019 |
| D2792 | Crown – full cast noble metal | Not a Benefit | |
| D2794 | Crown – titanium and titanium alloys | Not a Benefit | July 1, 2021 |
| D2799 | Provisional <u>Interim</u> crown – further treatment or completion of diagnosis necessary prior to final impression | Not a Benefit | |
| D2910 | Re-cement inlay or re-bond <u>inlay</u> , onlay, veneer or partial coverage restoration | \$30.00 | |
| D2915 | Recement or re-bond indirectly fabricated or prefabricated post and core | Global | |
| D2920 | Recement or re-bond crown | \$30.00 | |
| D2921 | Reattachment of tooth permanent, incisal edge or cusp | Not a Benefit | March 14, 2020 |
| D2928 | Prefabricated porcelain/ceramic crown – permanent tooth | Not a Benefit | October 1, 2021 |
| D2929 | Prefabricated porcelain/ceramic crown - primary tooth | Not a Benefit | March 14, 2020 |
| D2930 | Prefabricated stainless steel crown – primary tooth | \$75.00 | January 13, 2016 |
| D2931 | Prefabricated stainless steel crown – permanent tooth | \$90.00 | January 13, 2016 |
| D2932 | Prefabricated resin crown | \$75.00 | January 13, 2016 |

| CDT Codes | Procedure Code Description | Maximum \$ Allowance | Effective Date |
|------------------------------|--|----------------------|------------------|
| D2933 | Prefabricated stainless steel crown with resin window | \$75.00 | January 13, 2016 |
| D2934 | Prefabricated esthetic coated stainless steel crown – primary tooth | Not a Benefit | |
| D2940 | Protective restoration | \$45.00 | March 14, 2020 |
| D2941 | Interim therapeutic restoration- primary dentition | \$45.00 | March 14, 2020 |
| D2949 | Restorative foundation for an indirect restoration | Global | March 14, 2020 |
| D2950 | Core buildup, including any pins when required | Global | |
| D2951 | Pin retention – per tooth, in addition to restoration | \$80.00 | |
| D2952 | Post and core in addition to crown, indirectly fabricated | \$75.00 | |
| D2953 | Each additional indirectly fabricated post – same tooth | Global | |
| D2954 | Prefabricated post and core in addition to crown | \$75.00 | |
| D2955 | Post removal | Global | |
| D2957 | Each additional prefabricated post – same tooth | Global | |
| D2960 | Labial veneer (resin laminate) –direct | Not a Benefit | October 1, 2021 |
| D2961 | Labial veneer (resin laminate) –indirect | Not a Benefit | October 1, 2021 |
| D2962 | Labial veneer (porcelain laminate) –indirect | Not a Benefit | October 1, 2021 |
| D2971 | Additional procedures to customize construct a new crown <u>to fit</u> under <u>an</u> existing partial denture framework | Global | |
| D2975 | Coping | Not a Benefit | |
| D2980 | Crown repair, necessitated by restorative material failure | \$60.00 | |
| D2981 | Inlay repair necessitated by restorative material failure | Not a Benefit | |
| D2982 | Onlay repair necessitated by restorative material failure | Not a Benefit | |
| D2983 | Veneer repair necessitated by restorative material failure | Not a Benefit | |
| D2990 | Resin infiltration of incipient smooth surface lesions | Not a Benefit | |
| D2999 | Unspecified restorative procedure, by report | \$50.00 | |
| Endodontic Procedures | | | |
| D3110 | Pulp cap – direct (excluding final restoration) | Global | |
| D3120 | Pulp cap – indirect (excluding final restoration) | Global | |

| CDT Codes | Procedure Code Description | Maximum \$ Allowance | Effective Date |
|------------------|---|-----------------------------|-----------------------|
| D3220 | Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction application of medicament | \$71.00 | |
| D3221 | Pulpal debridement, primary and permanent teeth | \$45.00 | |
| D3222 | Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development | \$71.00 | |
| D3230 | Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration) | \$71.00 | |
| D3240 | Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration) | \$71.00 | |
| D3310 | Endodontic therapy, anterior tooth (excluding final restoration) | \$216.00 | March 15, 2017 |
| D3320 | Endodontic therapy, premolar tooth (excluding final restoration) | \$261.00 | March 15, 2017 |
| D3330 | Endodontic therapy, molar tooth (excluding final restoration) | \$331.00 | March 15, 2017 |
| D3331 | Treatment of root canal obstruction; non-surgical access | Global | |
| D3332 | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | Not a Benefit | |
| D3333 | Internal root repair of perforation defects | Global | |
| D3346 | Retreatment of previous root canal therapy – anterior | \$216.00 | March 15, 2017 |
| D3347 | Retreatment of previous root canal therapy – premolar | \$261.00 | March 15, 2017 |
| D3348 | Retreatment of previous root canal therapy – molar | \$331.00 | March 15, 2017 |
| D3351 | Apexification/Recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.) | \$100.00 | |
| D3352 | Apexification/Recalcification - interim medication replacement | \$100.00 | |
| D3353 | Apexification/Recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.) | Not a Benefit | |
| D3355 | Pulpal regeneration – initial visit | Not a Benefit | March 14, 2020 |
| D3356 | Pulpal regeneration – interim medication replacement | Not a Benefit | March 14, 2020 |
| D3357 | Pulpal regeneration- completion of treatment | Not a Benefit | March 14, 2020 |
| D3410 | Apicoectomy – anterior | \$100.00 | |

| CDT Codes | Procedure Code Description | Maximum \$ Allowance | Effective Date |
|-----------|---|----------------------|-----------------|
| D3421 | Apicoectomy – bicuspid premolar (first root) | \$100.00 | |
| D3425 | Apicoectomy – molar (first root) | \$100.00 | |
| D3426 | Apicoectomy – (each additional root) | \$100.00 | |
| D3428 | Bone graft in conjunction with periradicular surgery – per tooth, single site | Not a Benefit | March 14, 2020 |
| D3429 | Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site | Not a Benefit | March 14, 2020 |
| D3430 | Retrograde filling – per root | Global | |
| D3431 | Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery | Not a Benefit | March 14, 2020 |
| D3432 | Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery | Not a Benefit | March 14, 2020 |
| D3450 | Root amputation – per root | Not a Benefit | |
| D3460 | Endodontic endosseous implant | Not a Benefit | |
| D3470 | Intentional reimplantation (including necessary splinting) | Not a Benefit | |
| D3471 | Surgical repair of root resorption – anterior | \$100.00 | October 1, 2021 |
| D3472 | Surgical repair of root resorption – premolar | \$100.00 | October 1, 2021 |
| D3473 | Surgical repair of root resorption – molar | \$100.00 | October 1, 2021 |
| D3501 | Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior | Not a Benefit | October 1, 2021 |
| D3502 | Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar | Not a Benefit | October 1, 2021 |
| D3503 | Surgical exposure of root surface without apicoectomy or repair of root resorption – molar | Not a Benefit | October 1, 2021 |
| D3910 | Surgical procedure for isolation of tooth with rubber dam | Global | |
| D3911 | Intraorifice barrier | Global | May 1, 2022 |
| D3920 | Hemisection (including any root removal), not including root canal therapy | Not a Benefit | |
| D3921 | Decoronation or submergence of an erupted tooth | \$135.00 | May 1, 2022 |
| D3950 | Canal preparation and fitting of preformed dowel or post | Not a Benefit | |
| D3999 | Unspecified endodontic procedure, by report | \$42.00 | |

| CDT Codes | Procedure Code Description | Maximum \$ Allowance | Effective Date |
|-------------------------------|--|----------------------|----------------|
| Periodontal Procedures | | | |
| D4210 | Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bound spaces per quadrant | \$185.00 | |
| D4211 | Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant | \$110.00 | |
| D4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth | Not a Benefit | |
| D4230 | Anatomical crown exposure – four or more contiguous teeth or tooth-bounded <u>bounded tooth</u> spaces per quadrant | Not a Benefit | |
| D4231 | Anatomical crown exposure – one to three teeth or tooth-bounded <u>bounded tooth</u> spaces per quadrant | Not a Benefit | |
| D4240 | Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant | Not a Benefit | |
| D4241 | Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant | Not a Benefit | |
| D4245 | Apically positioned flap | Not a Benefit | |
| D4249 | Clinical crown lengthening – hard tissue | Global | |
| D4260 | Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant | \$350.00 | |
| D4261 | Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces, per quadrant | \$245.00 | |
| D4263 | Bone replacement graft – retained natural tooth- first site in quadrant | Not a Benefit | |
| D4264 | Bone replacement graft – retained natural tooth- each additional site in quadrant | Not a Benefit | |
| D4265 | Biologic materials to aid in soft and osseous tissue regeneration, <u>per site</u> | Global | |
| D4266 | Guided tissue regeneration – resorbable barrier, per site | Not a Benefit | |
| D4267 | Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal) | Not a Benefit | |
| D4268 | Surgical revision procedure, per tooth | Not a Benefit | |

| CDT Codes | Procedure Code Description | Maximum \$ Allowance | Effective Date |
|------------------|---|--------------------------|------------------------|
| D4270 | Pedicle soft tissue graft procedure | Not a Benefit | |
| D4273 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft | Not a Benefit | |
| D4274 | Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) | Not a Benefit | |
| D4275 | Non-Autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft | Not a Benefit | |
| D4276 | Combined connective tissue and double pedicle graft, per tooth | Not a Benefit | |
| D4277 | Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft | Not a Benefit | |
| D4278 | Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site | Not a Benefit | |
| 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 a Benefit | March 14, 2020 |
| D4285 | Non-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 a Benefit | March 14, 2020 |
| D4320 | Provisional splinting—intracoronal | Not a Benefit | May 1, 2022 |
| D4321 | Provisional splinting—extracoronal | Not a Benefit | May 1, 2022 |
| D4322 | Splint - intra-coronal; natural teeth or prosthetic crowns | Not a Benefit | May 1, 2022 |
| D4323 | Splint - extra-coronal; natural teeth or prosthetic crowns | Not a Benefit | May 1, 2022 |
| D4341 | Periodontal scaling and root planing – four or more teeth per quadrant (for beneficiaries in a SNF or ICF) | \$70.00 | |
| D4341 | Periodontal scaling and root planing – four or more teeth per quadrant | \$50.00 | |
| D4342 | Periodontal scaling and root planing – one to three teeth, per quadrant (for beneficiaries in a SNF or ICF) | \$50.00 | |

| CDT Codes | Procedure Code Description | Maximum \$\$ Allowance | Effective Date |
|---|---|------------------------|----------------|
| D4342 | Periodontal scaling and root planing – one to three teeth, per quadrant | \$30.00 | |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation- full mouth, after oral evaluation | Global | May 16, 2020 |
| D4355 | Full mouth debridement to enable a comprehensive evaluation and diagnosis on a subsequent visit | \$75.00 | July 15, 2016 |
| D4381 | Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth | Global | |
| D4910 | Periodontal maintenance | \$55.00 | May 16, 2018 |
| D4920 | Unscheduled dressing change (by someone other than treating dentist or their staff) | \$45.00 | |
| D4921 | Gingival irrigation- per quadrant | Global | March 14, 2020 |
| D4999 | Unspecified periodontal procedure, by report | By Report | |
| Prosthodontic (Removable) Procedures | | | |
| D5110 | Complete denture – maxillary | \$450.00 | |
| D5120 | Complete denture – mandibular | \$450.00 | |
| D5130 | Immediate denture – maxillary | \$450.00 | |
| D5140 | Immediate denture – mandibular | \$450.00 | |
| D5211 | Maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth) | \$250.00 | July 10, 2019 |
| D5212 | Mandibular partial denture – resin base (including retentive/clasping materials, rest and teeth) | \$250.00 | July 10, 2019 |
| D5213 | Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | \$470.00 | July 1, 2021 |
| D5214 | Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | \$470.00 | July 1, 2021 |
| D5221 | Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth) | Not a Benefit | July 1, 2021 |
| D5222 | Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth) | Not a Benefit | July 1, 2021 |
| D5223 | Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | Not a Benefit | July 1, 2021 |

| CDT Codes | Procedure Code Description | Maximum \$ Allowance | Effective Date |
|-----------|--|----------------------|------------------------------------|
| D5224 | Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | Not a Benefit | July 1, 2021 |
| D5225 | Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth) | Not a Benefit | October 1, 2021 |
| D5226 | Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth) | Not a Benefit | October 1, 2021 |
| D5227 | Immediate maxillary partial denture - flexible base (including any clasps, rests, and teeth) | Not a Benefit | May 1, 2022 |
| D5228 | Immediate mandibular partial denture - flexible base (including any clasps, rests, and teeth) | Not a Benefit | May 1, 2022 |
| D5282 | Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary | Not a Benefit | October 1, 2021, March 14, 2020 |
| D5283 | Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular | Not a Benefit | October 1, 2021, March 14, 2020 |
| D5284 | Removable unilateral partial denture – one-piece flexible base (including retentive/clasping materials, rests and teeth), per quadrant | Not a Benefit | October 1, 2021, July 1, 2021 |
| D5286 | Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth), per quadrant | Not a Benefit | October 1, 2021, July 1, 2021 |
| D5410 | Adjust complete denture – maxillary | \$25.00 | |
| D5411 | Adjust complete denture – mandibular | \$25.00 | |
| D5421 | Adjust partial denture – maxillary | \$25.00 | |
| D5422 | Adjust partial denture – mandibular | \$25.00 | |
| D5511 | Repair broken complete denture base, mandibular | \$50.00 | March 14, 2020 |
| D5512 | Repair broken complete denture base, maxillary | \$50.00 | March 14, 2020 |
| D5520 | Replace missing or broken teeth – complete denture (each tooth) | \$50.00 | |
| D5611 | Repair resin partial denture base, mandibular | \$60.00 | March 14, 2020 |
| D5612 | Repair resin partial denture base, maxillary | \$60.00 | March 14, 2020 |
| D5621 | Repair cast partial denture framework, mandibular | \$230.00 | March 14, 2020 |
| D5622 | Repair cast partial denture framework, maxillary | \$230.00 | March 14, 2020 |

| CDT Codes | Procedure Code Description | Maximum \$ Allowance | Effective Date |
|-----------|---|----------------------|-----------------|
| D5630 | Repair or replace broken retentive/clasping materials per tooth | \$100.00 | |
| D5640 | Replace broken teeth – per tooth | \$50.00 | |
| D5650 | Add tooth to existing partial denture | \$60.00 | |
| D5660 | Add clasp to existing partial denture – per tooth | \$100.00 | |
| D5670 | Replace all teeth and acrylic on cast metal framework (maxillary) | Not a Benefit | |
| D5671 | Replace all teeth and acrylic on cast metal framework (mandibular) | Not a Benefit | |
| D5710 | Rebase complete maxillary denture | Not a Benefit | |
| D5711 | Rebase complete mandibular denture | Not a Benefit | |
| D5720 | Rebase maxillary partial denture | Not a Benefit | |
| D5721 | Rebase mandibular partial denture | Not a Benefit | |
| D5725 | Rebase hybrid prosthesis | Not a Benefit | May 1, 2022 |
| D5730 | Reline complete maxillary denture (direct) | \$70.00 | October 1, 2021 |
| D5731 | Reline complete mandibular denture (direct) | \$70.00 | October 1, 2021 |
| D5740 | Reline maxillary partial denture (direct) | \$70.00 | October 1, 2021 |
| D5741 | Reline mandibular partial denture (direct) | \$70.00 | October 1, 2021 |
| D5750 | Reline complete maxillary denture (indirect) | \$140.00 | October 1, 2021 |
| D5751 | Reline complete mandibular denture (indirect) | \$140.00 | October 1, 2021 |
| D5760 | Reline maxillary partial denture (indirect) | \$140.00 | October 1, 2021 |
| D5761 | Reline mandibular partial denture (indirect) | \$140.00 | October 1, 2021 |
| D5765 | Soft liner for complete or partial removable denture - indirect | Not a Benefit | May 1, 2022 |
| D5810 | Interim complete denture (maxillary) | Not a Benefit | |
| D5811 | Interim complete denture (mandibular) | Not a Benefit | |
| D5820 | Interim partial denture (including retentive/clasping materials, rests and teeth), maxillary | Not a Benefit | October 1, 2021 |
| D5821 | Interim partial denture (including retentive/clasping materials, rests and teeth), mandibular | Not a Benefit | October 1, 2021 |
| D5850 | Tissue conditioning, maxillary | \$50.00 | |

| CDT Codes | Procedure Code Description | Maximum \$ Allowance | Effective Date |
|--|---|----------------------|----------------|
| D5851 | Tissue conditioning, mandibular | \$50.00 | |
| D5862 | Precision attachment, by report | Global | |
| D5863 | Overdenture – complete maxillary | \$450.00 | March 14, 2020 |
| D5864 | Overdenture – partial maxillary | Not a Benefit | March 14, 2020 |
| D5865 | Overdenture – complete mandibular | \$450.00 | March 14, 2020 |
| D5866 | Overdenture – partial mandibular | Not a Benefit | March 14, 2020 |
| D5867 | Replacement of replaceable part of semi-precision or precision attachment, (male or female component per attachment) | Not a Benefit | |
| D5875 | Modification of removable prosthesis following implant surgery | Not a Benefit | |
| D5876 | Add metal substructure to acrylic full denture (per arch) | Not a Benefit | March 14, 2020 |
| D5899 | Unspecified removable prosthodontic procedure, by report | By Report | |
| Maxillofacial Prosthetic Procedures | | | |
| D5911 | Facial moulage (sectional) | \$425.00 | |
| D5912 | Facial moulage (complete) | \$534.00 | |
| D5913 | Nasal prosthesis | \$1,200.00 | |
| D5914 | Auricular prosthesis | \$1,200.00 | |
| D5915 | Orbital prosthesis | \$600.00 | |
| D5916 | Ocular prosthesis | \$1,200.00 | |
| D5919 | Facial prosthesis | \$1,200.00 | |
| D5922 | Nasal septal prosthesis | \$600.00 | |
| D5923 | Ocular prosthesis, interim | \$600.00 | |
| D5924 | Cranial prosthesis | \$1,400.00 | |
| D5925 | Facial augmentation implant prosthesis | \$300.00 | |
| D5926 | Nasal prosthesis, replacement | \$300.00 | |
| D5927 | Auricular prosthesis, replacement | \$300.00 | |
| D5928 | Orbital prosthesis, replacement | \$300.00 | |
| D5929 | Facial prosthesis, replacement | \$300.00 | |

| CDT Codes | Procedure Code Description | Maximum \$ Allowance | Effective Date |
|------------------|--|-----------------------------|-----------------------|
| D5931 | Obturator prosthesis, surgical | \$1,000.00 | |
| D5932 | Obturator prosthesis, definitive | \$1,500.00 | |
| D5933 | Obturator prosthesis, modification | \$225.00 | |
| D5934 | Mandibular resection prosthesis with guide flange | \$1,700.00 | |
| D5935 | Mandibular resection prosthesis without guide flange | \$1,400.00 | |
| D5936 | Obturator prosthesis, interim | \$900.00 | |
| D5937 | Trismus appliance (not for TMD treatment) | \$125.00 | |
| D5951 | Feeding aid | \$200.00 | |
| D5952 | Speech aid prosthesis, pediatric | \$800.00 | |
| D5953 | Speech aid prosthesis, adult | \$1,450.00 | |
| D5954 | Palatal augmentation prosthesis | \$200.00 | |
| D5955 | Palatal lift prosthesis, definitive | \$1,400.00 | |
| D5958 | Palatal lift prosthesis, interim | \$800.00 | |
| D5959 | Palatal lift prosthesis, modification | \$220.00 | |
| D5960 | Speech aid prosthesis, modification | \$220.00 | |
| D5982 | Surgical stent | \$125.00 | |
| D5983 | Radiation carrier | \$80.00 | |
| D5984 | Radiation shield | \$200.00 | |
| D5985 | Radiation cone locator | \$200.00 | |
| D5986 | Fluoride gel carrier | \$80.00 | |
| D5987 | Commissure splint | \$125.00 | |
| D5988 | Surgical splint | \$205.00 | |
| D5991 | Vesiculobullous Disease Medicament Carrier | \$80.00 | |
| D5992 | Adjust maxillofacial prosthetic appliance, by report | Not a Benefit | |
| D5993 | Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report | Not a Benefit | |
| D5995 | Periodontal medicament carrier with peripheral seal – laboratory processed – maxillary | Not a Benefit | October 1, 2021 |

| CDT Codes | Procedure Code Description | Maximum \$ Allowance | Effective Date |
|-----------------------------------|---|----------------------|---------------------------------|
| D5996 | Periodontal medicament carrier with peripheral seal – laboratory processed – mandibular | Not a Benefit | October 1, 2021 |
| D5999 | Unspecified maxillofacial prosthesis, by report | By Report | |
| Implant Service Procedures | | | |
| D6010 | Surgical placement of implant body: endosteal implant | By Report | |
| D6011 | Surgical access to an implant body (second stage implant surgery) | Global | October 1, 2021, March 14, 2020 |
| D6012 | Surgical placement of interim implant body for transitional prosthesis: endosteal implant | Not a Benefit | May 1, 2022 |
| D6013 | Surgical placement of mini implant | By Report | March 14, 2020 |
| D6040 | Surgical placement: eosteal implant | By Report | |
| D6050 | Surgical placement: transosteal implant | By Report | |
| D6051 | Interim <u>implant</u> abutment <u>placement</u> | Not a Benefit | |
| D6055 | Connecting bar – implant supported or abutment supported | By Report | |
| D6056 | Prefabricated abutment – includes modification and placement | By Report | |
| D6057 | Custom fabricated abutment – includes placement | By Report | |
| D6058 | Abutment supported porcelain/ceramic crown | By Report | |
| D6059 | Abutment supported porcelain fused to metal crown (high noble metal) | Not a Benefit | July 1, 2021 |
| D6060 | Abutment supported porcelain fused to metal crown (predominantly base metal) | By Report | |
| D6061 | Abutment supported porcelain fused to metal crown (noble metal) | Not a Benefit | July 1, 2021 |
| D6062 | Abutment supported cast metal crown (high noble metal) | Not a Benefit | July 1, 2021 |
| D6063 | Abutment supported cast metal crown (predominantly base metal) | By Report | |
| D6064 | Abutment supported cast metal crown (noble metal) | Not a Benefit | July 1, 2021 |
| D6065 | Implant supported porcelain/ceramic crown | By Report | |
| D6066 | Implant supported crown- porcelain fused to high noble alloys | Not a Benefit | July 1, 2021 |
| D6067 | Implant supported crown- high noble alloys | Not a Benefit | July 1, 2021 |

| CDT Codes | Procedure Code Description | Maximum \$ Allowance | Effective Date |
|-----------|--|----------------------|----------------|
| D6068 | Abutment supported retainer for porcelain/ceramic FPD | By Report | |
| D6069 | Abutment supported retainer for porcelain fused to metal FPD (high noble metal) | Not a Benefit | July 1, 2021 |
| D6070 | Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) | By Report | |
| D6071 | Abutment supported retainer for porcelain fused to metal FPD (noble metal) | Not a Benefit | July 1, 2021 |
| D6072 | Abutment supported retainer for cast metal FPD (high noble metal) | Not a Benefit | July 1, 2021 |
| D6073 | Abutment supported retainer for cast metal FPD (predominantly base metal) | By Report | |
| D6074 | Abutment supported retainer for cast metal FPD (noble metal) | Not a Benefit | July 1, 2021 |
| D6075 | Implant supported retainer for ceramic FPD | By Report | |
| D6076 | Implant supported retainer for FPD- porcelain fused to high noble alloys | Not a Benefit | July 1, 2021 |
| D6077 | Implant supported retainer for cast metal FPD- high noble alloys | Not a Benefit | July 1, 2021 |
| D6080 | Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments | By Report | |
| 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 | Global | March 14, 2020 |
| D6082 | Implant supported crown – porcelain fused to predominately base alloys | By Report | July 1, 2021 |
| D6083 | Implant supported crown – porcelain fused to noble alloys | Not a Benefit | July 1, 2021 |
| D6084 | Implant supported crown – porcelain fused to titanium and <u>or</u> titanium alloys | Not a Benefit | July 1, 2021 |
| D6085 | Provisional <u>Interim</u> implant crown | Not a Benefit | March 14, 2020 |
| D6086 | Implant supported crown – predominately base alloys | By Report | July 1, 2021 |
| D6087 | Implant supported crown – noble alloys | Not a Benefit | July 1, 2021 |
| D6088 | Implant supported crown – titanium and titanium alloys | Not a Benefit | July 1, 2021 |
| D6090 | Repair implant supported prosthesis, by report | By Report | |

| CDT Codes | Procedure Code Description | Maximum \$ Allowance | Effective Date |
|-----------|---|----------------------|-----------------|
| D6091 | Replacement of replaceable part of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment | By Report | October 1, 2021 |
| D6092 | Recement or re-bond implant/abutment supported crown | \$30.00 | |
| D6093 | Recement or re-bond implant/abutment supported fixed partial denture | \$50.00 | |
| D6094 | Abutment supported crown- titanium and titanium alloys | Not a Benefit | July 1, 2021 |
| D6095 | Repair implant abutment, by report | By Report | |
| D6096 | Remove broken implant retaining screw | Not a Benefit | March 14, 2020 |
| D6097 | Abutment supported crown – porcelain fused to titanium and titanium alloys | Not a Benefit | July 1, 2021 |
| D6098 | Implant supported retainer – porcelain fused to predominately base alloys | By Report | July 1, 2021 |
| D6099 | Implant supported retainer for FPD – porcelain fused to noble alloys | Not a Benefit | July 1, 2021 |
| D6100 | <u>Surgical removal of</u> implant body removal, by report | \$45.00 | |
| D6101 | Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant services, including flap entry and closure | Not a Benefit | |
| D6102 | Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure | Not a Benefit | |
| D6103 | Bone graft for repair of peri-implant defect – does not include flap entry and closure | Not a Benefit | |
| D6104 | Bone graft at time of implant placement | Not a Benefit | |
| D6110 | Implant/abutment supported removable denture for edentulous arch – maxillary | By Report | March 14, 2020 |
| D6111 | Implant/abutment supported removable denture for edentulous arch – mandibular | By Report | March 14, 2020 |
| D6112 | Implant/abutment supported removable denture for partially edentulous arch – maxillary | By Report | March 14, 2020 |
| D6113 | Implant/abutment supported removable denture for partially edentulous arch – mandibular | By Report | March 14, 2020 |
| D6114 | Implant/abutment supported fixed denture for edentulous arch – maxillary | By Report | March 14, 2020 |

| CDT Codes | Procedure Code Description | Maximum \$ Allowance | Effective Date |
|---------------------------------------|---|----------------------|-----------------|
| D6115 | Implant/abutment supported fixed denture for edentulous arch – mandibular | By Report | March 14, 2020 |
| D6116 | Implant/abutment supported fixed denture for partially edentulous arch – maxillary | By Report | March 14, 2020 |
| D6117 | Implant/abutment supported fixed denture for partially edentulous arch – mandibular | By Report | March 14, 2020 |
| D6118 | Implant/abutment supported interim fixed denture for edentulous arch – maxillary | Not a Benefit | March 14, 2020 |
| D6119 | Implant/abutment supported interim fixed denture for edentulous arch – mandibular | Not a Benefit | March 14, 2020 |
| D6120 | Implant supported retainer – porcelain fused to titanium and titanium alloys | Not a Benefit | July 1, 2021 |
| D6121 | Implant supported retainer for metal FPD – predominately base alloys | By Report | July 1, 2021 |
| D6122 | Implant supported retainer for metal FPD – noble alloys | Not a Benefit | July 1, 2021 |
| D6123 | Implant supported retainer for metal FPD – titanium and titanium alloys | Not a Benefit | July 1, 2021 |
| D6190 | Radiographic/Surgical implant index, by report | Global | |
| D6191 | Semi-precision abutment – placement | By Report | October 1, 2021 |
| D6192 | Semi-precision attachment – placement | By Report | October 1, 2021 |
| D6194 | Abutment supported retainer crown for FPD titanium and titanium alloys | Not a Benefit | July 1, 2021 |
| D6195 | Abutment supported retainer – porcelain fused to titanium and titanium alloys | Not a Benefit | July 1, 2021 |
| D6198 | Remove interim implant component | Not a Benefit | May 1, 2022 |
| D6199 | Unspecified implant procedure, by report | By Report | |
| Fixed Prosthodontic Procedures | | | |
| D6205 | Pontic – indirect resin based composite | Not a Benefit | |
| D6210 | Pontic – cast high noble metal | Not a Benefit | |
| D6211 | Pontic – cast predominantly base metal | \$325.00 | |
| D6212 | Pontic – cast noble metal | Not a Benefit | |
| D6214 | Pontic – titanium and titanium alloys | Not a Benefit | July 1, 2021 |
| D6240 | Pontic – porcelain fused to high noble metal | Not a Benefit | |

| CDT Codes | Procedure Code Description | Maximum \$\$ Allowance | Effective Date |
|-----------|---|------------------------|----------------|
| D6241 | Pontic – porcelain fused to predominantly base metal | \$325.00 | |
| D6242 | Pontic – porcelain fused to noble metal | Not a Benefit | |
| D6243 | Pontic – porcelain fused to titanium and titanium alloys | Not a Benefit | July 1, 2021 |
| D6245 | Pontic – porcelain/ceramic | \$325.00 | |
| D6250 | Pontic – resin with high noble metal | Not a Benefit | |
| D6251 | Pontic – resin with predominantly base metal | \$325.00 | |
| D6252 | Pontic – resin with noble metal | Not a Benefit | |
| D6253 | Provisional <u>Interim</u> pontic – further treatment or completion of diagnosis necessary prior to final impression | Not a Benefit | |
| D6545 | Retainer – cast metal for resin bonded fixed prosthesis | Not a Benefit | |
| D6548 | Retainer – porcelain/ceramic for resin bonded fixed prosthesis | Not a Benefit | |
| D6549 | Resin Retainer – for Resin Bonded Fixed Prosthesis | Not a Benefit | March 14, 2020 |
| D6600 | Retainer Inlay – porcelain/ceramic, two surfaces | Not a Benefit | |
| D6601 | Retainer Inlay – porcelain/ceramic, three or more surfaces | Not a Benefit | |
| D6602 | Retainer Inlay – cast high noble metal, two surfaces | Not a Benefit | |
| D6603 | Retainer Inlay – cast high noble metal, three or more surfaces | Not a Benefit | |
| D6604 | Retainer Inlay – cast predominantly base metal, two surfaces | Not a Benefit | |
| D6605 | Retainer Inlay – cast predominantly base metal, three or more surfaces | Not a Benefit | |
| D6606 | Retainer Inlay – cast noble metal, two surfaces | Not a Benefit | |
| D6607 | Retainer Inlay – cast noble metal, three or more surfaces | Not a Benefit | |
| D6608 | Retainer Onlay – porcelain/ceramic, two surfaces | Not a Benefit | |
| D6609 | Retainer Onlay – porcelain/ceramic, three or more surfaces | Not a Benefit | |
| D6610 | Retainer Onlay – cast high noble metal, two surfaces | Not a Benefit | |
| D6611 | Retainer Onlay – cast high noble metal, three or more surfaces | Not a Benefit | |
| D6612 | Retainer Onlay – cast predominantly base metal, two surfaces | Not a Benefit | |

| CDT Codes | Procedure Code Description | Maximum \$ Allowance | Effective Date |
|-----------|---|----------------------|----------------|
| D6613 | Retainer Onlay – cast predominantly base metal, three or more surfaces | Not a Benefit | |
| D6614 | Retainer Onlay – cast noble metal, two surfaces | Not a Benefit | |
| D6615 | Retainer Onlay – cast noble metal, three or more surfaces | Not a Benefit | |
| D6624 | Retainer Inlay – titanium | Not a Benefit | |
| D6634 | Retainer Onlay – titanium | Not a Benefit | |
| D6710 | Retainer Crown – indirect resin based composite | Not a Benefit | |
| D6720 | Retainer Crown – resin with high noble metal | Not a Benefit | |
| D6721 | Retainer Crown – resin with predominantly base metal | \$220.00 | |
| D6722 | Retainer Crown – resin with noble metal | Not a Benefit | |
| D6740 | Retainer Crown – porcelain/ceramic | \$340.00 | |
| D6750 | Retainer Crown – porcelain fused to high noble metal | Not a Benefit | |
| D6751 | Retainer Crown – porcelain fused to predominantly base metal | \$340.00 | |
| D6752 | Retainer Crown – porcelain fused to noble metal | Not a Benefit | |
| D6753 | Retainer Crown – porcelain fused to titanium and titanium alloys | Not a Benefit | July 1, 2021 |
| D6780 | Retainer Crown – 3/4 cast high noble metal | Not a Benefit | |
| D6781 | Retainer Crown – 3/4 cast predominantly base metal | \$340.00 | |
| D6782 | Retainer Crown – 3/4 cast noble metal | Not a Benefit | |
| D6783 | Retainer Crown – 3/4 porcelain/ceramic | \$340.00 | |
| D6784 | Retainer Crown 3/4 – titanium and titanium alloys | Not a Benefit | July 1, 2021 |
| D6790 | Retainer Crown – full cast high noble metal | Not a Benefit | |
| D6791 | Retainer Crown – full cast predominantly base metal | \$340.00 | |
| D6792 | Retainer Crown – full cast noble metal | Not a Benefit | |
| D6793 | Provisional <u>Interim</u> retainer crown – further treatment or completion of diagnosis necessary prior to final impression | Not a Benefit | |
| D6794 | Retainer Crown – titanium and titanium alloys | Not a Benefit | July 1, 2021 |
| D6920 | Connector bar | Not a Benefit | |
| D6930 | Re-cement or re-bond fixed partial denture | \$50.00 | |

| CDT Codes | Procedure Code Description | Maximum \$ Allowance | Effective Date |
|--|--|----------------------|----------------|
| D6940 | Stress breaker | Not a Benefit | |
| D6950 | Precision attachment | Not a Benefit | |
| D6980 | Fixed partial denture repair, necessitated by restorative material failure | \$75.00 | |
| D6985 | Pediatric partial denture, fixed | Not a Benefit | |
| D6999 | Unspecified fixed prosthodontic procedure, by report | By Report | |
| Oral and Maxillofacial Surgery Procedures | | | |
| D7111 | Extraction, coronal remnants – primary tooth | \$41.00 | |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | \$41.00 | |
| D7210 | Extraction, of erupted tooth requiring removal of bone and/or sectioning of tooth, AND including elevation of mucoperiosteal flap if indicated | \$85.00 | |
| D7220 | Removal of impacted tooth – soft tissue | \$100.00 | |
| D7230 | Removal of impacted tooth – partially bony | \$135.00 | |
| D7240 | Removal of impacted tooth – completely bony | \$165.00 | |
| D7241 | Removal of impacted tooth – completely bony, with unusual surgical complications | \$235.00 | |
| D7250 | Surgical Removal of residual tooth roots (cutting procedure) | \$100.00 | |
| D7251 | Coronectomy – intentional partial tooth removal | Not a Benefit | |
| D7260 | Oroantral fistula closure | \$300.00 | |
| D7261 | Primary closure of a sinus perforation | \$100.00 | |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | \$175.00 | |
| D7272 | Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization) | Not a Benefit | |
| D7280 | Exposure of an unerupted tooth | \$100.00 | |
| D7282 | Mobilization of erupted or malpositioned tooth to aid eruption | Not a Benefit | |
| D7283 | Placement of device to facilitate eruption of impacted tooth | \$135.00 | |
| D7285 | Incisional Biopsy of oral tissue – hard (bone, tooth) | \$100.00 | |

| CDT Codes | Procedure Code Description | Maximum \$ Allowance | Effective Date |
|-----------|---|----------------------|----------------|
| D7286 | Incisional Biopsy of oral tissue – soft | \$30.00 | |
| D7287 | Exfoliative cytological sample collection | Not a Benefit | |
| D7288 | Brush biopsy - transepithelial sample collection | Not a Benefit | |
| D7290 | Surgical repositioning of teeth | \$135.00 | |
| D7291 | Transseptal fiberotomy/supra crestal fiberotomy, by report | \$50.00 | |
| D7292 | Placement of temporary anchorage device [screw retained plate] requiring flap; includes device removal | Not a Benefit | |
| D7293 | Placement of temporary anchorage device requiring flap; includes device removal | Not a Benefit | |
| D7294 | Placement of temporary anchorage device without flap; includes device removal | Not a Benefit | |
| D7295 | Harvest of bone for use in autogenous grafting procedure | Not a Benefit | |
| D7296 | Corticotomy – one to three teeth or tooth spaces, per quadrant | Not a Benefit | March 14, 2020 |
| D7297 | Corticotomy – four or more teeth or tooth spaces, per quadrant | Not a Benefit | March 14, 2020 |
| D7298 | Removal of temporary anchorage device [screwed retained plate], requiring flap | Not a Benefit | May 1, 2022 |
| D7299 | Removal of temporary anchorage device, requiring flap | Not a Benefit | May 1, 2022 |
| D7300 | Removal of temporary anchorage device, without flap | Not a Benefit | May 1, 2022 |
| D7310 | Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | \$50.00 | |
| D7311 | Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | Global | |
| D7320 | Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | \$100.00 | |
| D7321 | Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant | Global | |
| D7340 | Vestibuloplasty – ridge extension (secondary epithelialization) | \$200.00 | |
| D7350 | Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) | \$500.00 | |

| CDT Codes | Procedure Code Description | Maximum \$ Allowance | Effective Date |
|------------------|---|-----------------------------|-----------------------|
| D7410 | Excision of benign lesion up to 1.25 cm | \$100.00 | June 1, 2019 |
| D7411 | Excision of benign lesion greater than 1.25 cm | \$250.00 | June 1, 2019 |
| D7412 | Excision of benign lesion, complicated | \$325.00 | |
| D7413 | Excision of malignant lesion up to 1.25 cm | \$325.00 | |
| D7414 | Excision of malignant lesion greater than 1.25 cm | \$400.00 | |
| D7415 | Excision of malignant lesion, complicated | \$450.00 | |
| D7440 | Excision of malignant tumor – lesion diameter up to 1.25 cm | \$325.00 | |
| D7441 | Excision of malignant tumor – lesion diameter greater than 1.25 cm | \$500.00 | |
| D7450 | Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm | \$100.00 | |
| D7451 | Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm | \$200.00 | |
| D7460 | Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm | \$100.00 | |
| D7461 | Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm | \$250.00 | |
| D7465 | Destruction of lesion(s) by physical or chemical method, by report | \$50.00 | |
| D7471 | Removal of lateral exostosis (maxilla or mandible) | \$100.00 | |
| D7472 | Removal of torus palatinus | \$200.00 | |
| D7473 | Removal of torus mandibularis | \$100.00 | |
| D7485 | Surgical reduction of osseous tuberosity | \$75.00 | |
| D7490 | Radical resection of maxilla or mandible | \$1,200.00 | |
| D7510 | Incision and drainage of abscess – intraoral soft tissue | \$50.00 | |
| D7511 | Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces) | \$75.00 | |
| D7520 | Incision and drainage of abscess – extraoral soft tissue | \$75.00 | |
| D7521 | Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces) | \$100.00 | |
| D7530 | Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue | \$60.00 | |

| CDT Codes | Procedure Code Description | Maximum \$ Allowance | Effective Date |
|------------------|---|-----------------------------|-----------------------|
| D7540 | Removal of reaction producing foreign bodies, musculoskeletal system | \$130.00 | |
| D7550 | Partial ostectomy/sequestrectomy for removal of non-vital bone | \$100.00 | |
| D7560 | Maxillary sinusotomy for removal of tooth fragment or foreign body | \$380.00 | |
| D7610 | Maxilla – open reduction (teeth immobilized, if present) | \$1,000.00 | |
| D7620 | Maxilla – closed reduction (teeth immobilized, if present) | \$500.00 | |
| D7630 | Mandible – open reduction (teeth immobilized, if present) | \$1,200.00 | |
| D7640 | Mandible – closed reduction (teeth immobilized, if present) | \$700.00 | |
| D7650 | Malar and/or zygomatic arch – open reduction | \$500.00 | |
| D7660 | Malar and/or zygomatic arch – closed reduction | \$250.00 | |
| D7670 | Alveolus – closed reduction, may include stabilization of teeth | \$225.00 | |
| D7671 | Alveolus – open reduction, may include stabilization of teeth | \$275.00 | |
| D7680 | Facial bones – complicated reduction with fixation and multiple surgical approaches | By Report | |
| D7710 | Maxilla – open reduction | \$1,200.00 | |
| D7720 | Maxilla – closed reduction | \$800.00 | |
| D7730 | Mandible – open reduction | \$1,200.00 | |
| D7740 | Mandible – closed reduction | \$800.00 | |
| D7750 | Malar and/or zygomatic arch – open reduction | \$500.00 | |
| D7760 | Malar and/or zygomatic arch – closed reduction | \$250.00 | |
| D7770 | Alveolus – open reduction stabilization of teeth | \$1,000.00 | |
| D7771 | Alveolus, closed reduction stabilization of teeth | \$500.00 | |
| D7780 | Facial bones – complicated reduction with fixation and multiple approaches | By Report | |
| D7810 | Open reduction of dislocation | \$140.00 | |
| D7820 | Closed reduction of dislocation | \$140.00 | |
| D7830 | Manipulation under anesthesia | \$140.00 | |

| CDT Codes | Procedure Code Description | Maximum \$ Allowance | Effective Date |
|------------------|--|-----------------------------|-----------------------|
| D7840 | Condylectomy | \$1,000.00 | |
| D7850 | Surgical discectomy, with/without implant | \$1,000.00 | |
| D7852 | Disc repair | \$780.00 | |
| D7854 | Synovectomy | \$800.00 | |
| D7856 | Myotomy | \$810.00 | |
| D7858 | Joint reconstruction | \$1,550.00 | |
| D7860 | Arthrotomy | \$940.00 | |
| D7865 | Arthroplasty | \$1,100.00 | |
| D7870 | Arthrocentesis | \$440.00 | |
| D7871 | Non-arthroscopic lysis and lavage | Global | |
| D7872 | Arthroscopy – diagnosis, with or without biopsy | \$800.00 | |
| D7873 | Arthroscopy – lavage and lysis of adhesions | \$800.00 | |
| D7874 | Arthroscopy – disc repositioning and stabilization | \$800.00 | |
| D7875 | Arthroscopy – synovectomy | \$800.00 | |
| D7876 | Arthroscopy – discectomy | \$1,000.00 | |
| D7877 | Arthroscopy – debridement | \$800.00 | |
| D7880 | Occlusal orthotic device, by report | \$300.00 | |
| D7881 | Occlusal Orthotic Device Adjustment | Global | March 14, 2020 |
| D7899 | Unspecified TMD therapy, by report | By Report | |
| D7910 | Suture of recent small wounds up to 5 cm | \$75.00 | |
| D7911 | Complicated suture – up to 5 cm | \$85.00 | |
| D7912 | Complicated suture – greater than 5 cm | \$95.00 | |
| D7920 | Skin graft (identify defect covered, location and type of graft) | \$310.00 | |
| D7921 | Collection and application of autologous blood concentrate product | Not a Benefit | |
| D7922 | Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site | Global | July 1, 2021 |
| D7940 | Osteoplasty – for orthognathic deformities | \$1,300.00 | |
| D7941 | Osteotomy – mandibular rami | \$2,000.00 | |

| CDT Codes | Procedure Code Description | Maximum \$ Allowance | Effective Date |
|-----------|--|----------------------|-----------------|
| D7943 | Osteotomy – mandibular rami with bone graft; includes obtaining the graft | \$2,800.00 | |
| D7944 | Osteotomy – segmented or subapical | \$600.00 | |
| D7945 | Osteotomy – body of mandible | \$600.00 | |
| D7946 | LeFort I (maxilla – total) | \$1,300.00 | |
| D7947 | LeFort I (maxilla – segmented) | \$2,000.00 | |
| D7948 | LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft | \$2,300.00 | |
| D7949 | LeFort II or LeFort III – with bone graft | \$3,000.00 | |
| D7950 | Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla facial bones – autogenous or nonautogenous, by report | \$800.00 | |
| D7951 | Sinus augmentation with bone or bone substitutes via a lateral open approach | \$1,000.00 | |
| D7952 | Sinus augmentation with bone or bone substitute via a vertical approach | \$750.00 | |
| D7953 | Bone replacement graft for ridge preservation – per site | Not a Benefit | |
| D7955 | Repair of maxillofacial soft and/or hard tissue defect | By Report | |
| D7961 | Buccal/labial frenectomy (frenulectomy) | \$200.00 | October 1, 2021 |
| D7962 | Lingual frenectomy (frenulectomy) | \$200.00 | October 1, 2021 |
| D7963 | Frenuloplasty | \$200.00 | |
| D7970 | Excision of hyperplastic tissue – per arch | \$100.00 | |
| D7971 | Excision of pericoronal gingiva | \$50.00 | |
| D7972 | Surgical reduction of fibrous tuberosity | \$50.00 | |
| D7979 | Non-surgical Sialolithotomy | \$45.00 | May 16, 2020 |
| D7980 | Surgical Sialolithotomy | \$235.00 | |
| D7981 | Excision of salivary gland, by report | \$521.00 | |
| D7982 | Sialodochoplasty | \$365.00 | |
| D7983 | Closure of salivary fistula | \$120.00 | |
| D7990 | Emergency tracheotomy | \$200.00 | |
| D7991 | Coronoidectomy | \$558.00 | |

| CDT Codes | Procedure Code Description | Maximum \$ Allowance | Effective Date |
|-------------------------------|--|--------------------------|-----------------|
| D7993 | Surgical placement of craniofacial implant – extra oral | By Report | October 1, 2021 |
| D7994 | Surgical placement: zygomatic implant | By Report | October 1, 2021 |
| D7995 | Synthetic graft – mandible or facial bones, by report | \$335.00 | |
| D7996 | Implant – mandible for augmentation purposes (excluding alveolar ridge), by report | Not a Benefit | |
| D7997 | Appliance removal (not by dentist who placed appliance), includes removal of archbar | \$45.00 | |
| D7998 | Intraoral placement of a fixation device not in conjunction with a fracture | Not a Benefit | |
| D7999 | Unspecified oral surgery procedure, by report | By Report | |
| Orthodontic Procedures | | | |
| D8010 | Limited orthodontic treatment of the primary dentition | Not a Benefit | |
| D8020 | Limited orthodontic treatment of the transitional dentition | Not a Benefit | |
| D8030 | Limited orthodontic treatment of the adolescent dentition | Not a Benefit | |
| D8040 | Limited orthodontic treatment of the adult dentition | Not a Benefit | |
| D8050 | Interceptive orthodontic treatment of the primary dentition | Not a Benefit | May 1, 2022 |
| D8060 | Interceptive orthodontic treatment of the transitional dentition | Not a Benefit | May 1, 2022 |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition | Not a Benefit | |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition Handicapping malocclusion | \$750.00 | |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition cleft palate – primary dentition | \$425.00 | |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition cleft palate – mixed dentition | \$625.00 | |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition cleft palate – permanent dentition | \$925.00 | |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition facial growth management – primary dentition | \$425.00 | |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition facial growth management – mixed dentition | \$625.00 | |

| CDT Codes | Procedure Code Description | Maximum \$ Allowance | Effective Date |
|------------------|--|--------------------------|------------------------|
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition facial growth management – permanent dentition | \$1,000.00 | |
| D8090 | Comprehensive orthodontic treatment of the adult dentition | Not a Benefit | |
| D8210 | Removable appliance therapy | \$245.00 | |
| D8220 | Fixed appliance therapy | \$245.00 | |
| D8660 | Pre-orthodontic treatment examination to monitor growth and development | \$50.00 | |
| D8670 | Periodic orthodontic treatment visit Handicapping malocclusion | \$210.00 | |
| D8670 | Periodic orthodontic treatment visit cleft palate – primary dentition | \$125.00 | |
| D8670 | Periodic orthodontic treatment visit cleft palate – mixed dentition | \$140.00 | |
| D8670 | Periodic orthodontic treatment visit facial growth management – mixed dentition | \$140.00 | |
| D8670 | Periodic orthodontic treatment visit facial growth management – permanent dentition | \$300.00 | |
| D8680 | Orthodontic retention (removal of appliances, construction and placement of retainer(s)) | \$244.00 | |
| D8681 | Removable orthodontic retainer adjustment | Global | March 14, 2020 |
| D8690 | Orthodontic treatment (alternative billing to a contract-fee) | Not a Benefit | May 1, 2022 |
| D8695 | Removal of Fixed Orthodontic Appliance(s) – other than at conclusion of treatment | \$50.00 | May 16, 2020 |
| D8696 | Repair of orthodontic appliance – maxillary | \$50.00 | July 1, 2021 |
| D8697 | Repair of orthodontic appliance – mandibular | \$50.00 | July 1, 2021 |
| D8698 | Re-cement or re-bond fixed retainer – maxillary | \$30.00 | July 1, 2021 |
| D8699 | Re-cement or re-bond fixed retainer – mandibular | \$30.00 | July 1, 2021 |
| D8701 | Repair of fixed retainers, includes reattachment – maxillary | \$50.00 | July 1, 2021 |
| D8702 | Repair of fixed retainers, includes reattachment – mandibular | \$50.00 | July 1, 2021 |
| D8703 | Replacement of lost or broken retainer – maxillary | \$200.00 | July 1, 2021 |

| CDT Codes | Procedure Code Description | Maximum \$ Allowance | Effective Date |
|--------------------------------------|---|-----------------------------|-----------------------|
| D8704 | Replacement of lost or broken retainer – mandibular | \$200.00 | July 1, 2021 |
| D8999 | Unspecified orthodontic procedure, by report | By Report | |
| Adjunctive Service Procedures | | | |
| D9110 | Palliative (emergency) treatment of dental pain – minor procedure | \$45.00 | |
| D9120 | Fixed partial denture sectioning | \$50.00 | |
| D9130 | Temporomandibular joint dysfunction – non-invasive physical therapies | Global | March 14, 2020 |
| D9210 | Local anesthesia not in conjunction with operative or surgical procedures | \$45.00 | |
| D9211 | Regional block anesthesia | Global | |
| D9212 | Trigeminal division block anesthesia | Global | |
| D9215 | Local anesthesia in conjunction with operative or surgical procedures | Global | |
| D9219 | Evaluation for moderate sedation, deep sedation or general anesthesia | Global | March 14, 2020 |
| D9222 | Deep sedation/general anesthesia – first 15 minutes | \$45.68 | March 14, 2020 |
| D9223 | Deep sedation/general anesthesia – each subsequent 15 minute increment | \$45.68 | March 14, 2020 |
| D9230 | Inhalation of nitrous oxide/anxiolysis analgesia | \$25.00 | |
| D9239 | Intravenous moderate (conscious) sedation/analgesia – first 15 minutes | \$21.07 | March 14, 2020 |
| D9243 | Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment | \$21.07 | March 14, 2020 |
| D9248 | Non-intravenous conscious sedation | \$25.00 | |
| D9310 | Consultation diagnostic service provided by dentist or physician other than requesting dentist or physician | Global | |
| D9311 | Consultation with medical health care professional | Not a Benefit | March 14, 2020 |
| D9410 | House/Extended care facility call | \$20.00 | |
| D9420 | Hospital or ambulatory surgical center call | \$50.00 | |
| D9430 | Office visit for observation (during regularly scheduled hours) – no other services performed | \$20.00 | July 10, 2019 |
| D9440 | Office visit – after regularly scheduled hours | \$20.00 | |

| CDT Codes | Procedure Code Description | Maximum \$ Allowance | Effective Date |
|--------------|---|----------------------|--------------------|
| D9450 | Case presentation, detailed and extensive treatment planning | Not a Benefit | |
| D9610 | Therapeutic parenteral drug, single administration | \$15.00 | |
| D9612 | Therapeutic parenteral drug, two or more administrations, different medications | Global | |
| D9613 | Infiltration of sustained release therapeutic drug, per quadrant —single or multiple sites | Not a Benefit | March 14, 2020 |
| D9630 | Drugs or medicaments dispensed in the office for home use | Not a Benefit | |
| D9910 | Application of desensitizing medicament | \$43.00 | July 10, 2019 |
| D9911 | Application of desensitizing resin for cervical and/or root surface, per tooth | Not a Benefit | |
| D9912 | Pre-visit patient screening | Global | May 1, 2022 |
| D9920 | Behavior management, by report | \$100.00 | July 1, 2018 |
| D9930 | Treatment of complications (post-surgical) – unusual circumstances, by report | \$15.00 | |
| D9932 | Cleaning and inspection of a removable complete denture, maxillary | Not a Benefit | March 14, 2020 |
| D9933 | Cleaning and inspection of a removable complete denture, mandibular | Not a Benefit | March 14, 2020 |
| D9934 | Cleaning and inspection of a removable partial denture, maxillary | Not a Benefit | March 14, 2020 |
| D9935 | Cleaning and inspection of a removable partial denture, mandibular | Not a Benefit | March 14, 2020 |
| D9941 | Fabrication of athletic mouth guard | Not a Benefit | |
| D9942 | Repair and/or relines of occlusal guard | Not a Benefit | |
| D9943 | Occlusal guard adjustment | Not a Benefit | March 14, 2020 |
| D9944 | Occlusal guard – hard appliance, full arch | Not a Benefit | March 14, 2020 |
| D9945 | Occlusal guard – soft appliance, full arch | Not a Benefit | March 14, 2020 |
| D9946 | Occlusal guard – hard appliance, partial arch | Not a Benefit | March 14, 2020 |
| D9947 | Custom sleep apnea appliance fabrication and placement | Not a Benefit | May 1, 2022 |
| D9948 | Adjustment of custom sleep apnea appliance | Not a Benefit | May 1, 2022 |
| D9949 | Repair of custom sleep apnea appliance | Not a Benefit | May 1, 2022 |

| CDT Codes | Procedure Code Description | Maximum \$ Allowance | Effective Date |
|-----------|---|--|-----------------|
| D9950 | Occlusion analysis – mounted case | \$180.00 | |
| D9951 | Occlusal adjustment – limited | \$25.00 | |
| D9952 | Occlusal adjustment – complete | \$400.00 | |
| D9961 | Duplicate/copy patient records | Not a Benefit | March 14, 2020 |
| D9970 | Enamel microabrasion | Not a Benefit | |
| D9971 | Odontoplasty– per tooth | Not a Benefit | October 1, 2021 |
| D9972 | External bleaching – per arch – performed in office | Not a Benefit | |
| D9973 | External bleaching – per tooth | Not a Benefit | |
| D9974 | Internal bleaching – per tooth | Not a Benefit | |
| D9975 | External bleaching for home application, per arch; includes materials and fabrication of custom trays | Not a Benefit | |
| D9985 | Sales tax | Not a Benefit | March 14, 2020 |
| D9986 | Missed appointment | Not a Benefit | March 14, 2020 |
| D9987 | Cancelled appointment | Not a Benefit | March 14, 2020 |
| D9990 | Certified translation or sign language services – per visit | Refer to MOC | May 16, 2020 |
| D9991 | Dental Case Management – addressing appointment compliance barriers | Not a Benefit | March 14, 2020 |
| D9992 | Dental Case Management – Care Coordination | Refer to MOC | May 16, 2020 |
| D9993 | Dental Case Management – motivational Interviewing | Not a Benefit <i>(Benefit in DTI)</i> | March 14, 2020 |
| D9994 | Dental Case Management – patient education to improve oral health literacy | Not a Benefit | March 14, 2020 |
| D9995 | Teledentistry – synchronous; real-time encounter | \$0.24/min up to 90 minutes | May 16, 2020 |
| D9996 | Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review * Transmission costs associated with store and forward are not payable | \$0.00* | May 16, 2020 |
| D9997 | Dental case management – patients with special health care needs | Refer to MOC | July 1, 2021 |
| D9999 | Unspecified adjunctive procedure, by report | By Report | |