

Medi-Cal Dental Schedule of Maximum Allowances (SMA)

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

| 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 – comprehensive 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 | |

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| D0240 | Intraoral – occlusal radiographic image | \$10.00 | |
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2. Refer to your *Medi-Cal Dental Program 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 that is not payable separately.

By Report: Payment amount determined from submitted documentation.

| 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 intraorally or extra orally | \$6.00 | |
| 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 | |

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| 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 |
|------------------|---|-------------------------------|-----------------------|
| D0372 | Intraoral tomosynthesis – comprehensive series of radiographic images | Not a Benefit | |
| D0373 | Intraoral tomosynthesis – bitewing radiographic image | Not a Benefit | |
| D0374 | Intraoral tomosynthesis - periapical radiographic image | Not a Benefit | |
| 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 | |
| D0387 | Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only | Not a Benefit | |
| D0388 | Intraoral tomosynthesis – bitewing radiographic image – image capture only | Not a Benefit | |
| D0389 | Intraoral tomosynthesis – periapical radiographic image – image capture only | Not a Benefit | |

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| D0391 | Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report | Not a Benefit | |
| D0393 | Virtual treatment simulation using 3D image volume or surface scan | 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 |
| D0396 | 3D printing of a 3D dental surface scan | Not a Benefit | |
| 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 |

| CDT Codes | Code Description | Procedure | Maximum \$\$ Allowance | Effective Date |
|------------------|--|------------------|-------------------------------|-----------------------|
| 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 | |

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| 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 | |

| CDT Codes | Procedure Code Description | Maximum \$\$ Allowance | Effective Date |
|-----------|--|---------------------------|----------------|
| 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 | |

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| D0486 | Laboratory 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 |
| 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 intraorally or extra-orally – image capture only | Global | 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 |

| CDT Codes | Procedure Code Description | Maximum \$\$ Allowance | Effective Date |
|-----------|--|------------------------|-----------------|
| D0707 | Intraoral – periapical radiographic image – image capture only | Global | October 1, 2021 |
| D0708 | Intraoral – bitewing radiographic image – image capture only | Global | October 1, 2021 |

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| D0709 | Intraoral - comprehensive series of radiographic images – image capture only | Global | October 1, 2021 |
| D0801 | 3D dental surface scan – direct | Not a Benefit | |
| D0802 | 3D dental surface scan – indirect | Not a Benefit | |
| D0803 | 3D facial surface scan – direct | Not a Benefit | |
| D0804 | 3D facial surface scan – indirect- a surface scan of constructed facial features | Not a Benefit | |
| D0999 | Unspecified diagnostic procedure, by report | \$46.00 | May 16, 2020 |
| 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 |
| D1301 | Immunization counseling | Not a Benefit | |
| 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 | |

| CDT Codes | Code Description | Procedure | Maximum \$\$ Allowance | Effective Date |
|-----------|--|-----------|------------------------|-----------------|
| 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 | Application of caries arresting medicament – 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 |
| 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 | May 16, 2020 |
| D1701 | Pfizer-BioNTech Covid-19 vaccine administration – first dose | | Not a Benefit | May 1, 2022 |

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| 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 |

| CDT Codes | Code Description | Procedure | Maximum \$\$ Allowance | Effective Date |
|-----------|--|-----------|------------------------|----------------|
| 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 |
| D1708 | Pfizer-BioNTech Covid-19 vaccine administration – third dose | | Not a Benefit | |
| D1709 | Pfizer-BioNTech Covid-19 vaccine administration – booster dose | | Not a Benefit | |
| D1710 | Moderna Covid-19 vaccine administration – third dose | | Not a Benefit | |
| D1711 | Moderna Covid-19 vaccine administration – booster dose | | Not a Benefit | |
| D1712 | Janssen Covid-19 vaccine administration – booster dose | | Not a Benefit | |
| D1713 | Pfizer-BioNTech Covid-19 vaccine administration – tris-sucrose pediatric – first dose | | Not a Benefit | |
| D1714 | Pfizer-BioNTech Covid-19 vaccine administration – tris-sucrose pediatric – second dose | | Not a Benefit | |
| D1781 | Vaccine administration – human papillomavirus – dose 1 | | Not a Benefit | |
| D1782 | Vaccine administration - human papillomavirus - dose 2 | | Not a Benefit | |
| D1783 | Vaccine administration – human papillomavirus – dose 3 | | Not a Benefit | |
| D1999 | Unspecified preventive procedure, by report | | \$46.00 | March 14, 2020 |

| Restorative Procedures | | | |
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| 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 | \$57.21 | March 1, 2023 |
| D2331 | Resin-based composite – two surfaces, anterior | \$57.21 | March 1, 2023 |
| D2332 | Resin-based composite – three surfaces, anterior | \$57.21 | March 1, 2023 |

| CDT Codes | Procedure Code Description | Maximum \$\$ Allowance | Effective Date |
|------------------|---|-----------------------------------|-----------------------|
| D2335 | Resin-based composite – four or more surfaces or involving incisal angle (anterior) | \$85.00 | January 13, 2016 |
| 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 | |

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| 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 |

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| 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 | Interim crown – further treatment or completion of diagnosis necessary prior to final impression | Not a Benefit | |
| D2910 | Re-cement or re-bond inlay, 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 |

| CDT Codes | Procedure Code Description | Maximum \$\$ Allowance | Effective Date |
|-----------|---|------------------------|------------------|
| D2932 | Prefabricated resin crown | \$75.00 | January 13, 2016 |
| 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 | |

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| 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 a crown to fit under an existing partial denture framework | Global | |
| D2975 | Coping | Not a Benefit | |
| D2976 | Band Stabilization – per tooth | 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 | |
| D2989 | Restorative service - excavation of a tooth resulting in the determination of non-restorability | Global | February 1, 2024 |

| CDT Codes | Procedure Code Description | Maximum \$\$ Allowance | Effective Date |
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| D2990 | Resin infiltration of incipient smooth surface lesions | Not a Benefit | |
| D2991 | Application of hydroxyapatite regeneration medicament – per tooth | 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 | |
| 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 |

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| D3351 | Apexification/Recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.) | \$100.00 | |
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| CDT Codes | Code Description | Procedure | Maximum \$\$ Allowance | Effective Date |
|-----------|---|-----------|------------------------|----------------|
| 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 | |
| D3421 | Apicoectomy – 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 | |

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| 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 |

| CDT Codes | Procedure Code Description | Maximum \$\$ Allowance | Effective Date |
|-------------------------------|--|---------------------------|-----------------|
| 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 | |
| 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 | |

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| D4230 | Anatomical crown exposure – four or more contiguous teeth or bounded tooth spaces per quadrant | Not a Benefit | |
| D4231 | Anatomical crown exposure – one to three teeth bounded tooth 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 | \$350.00 | |

| CDT Codes | Code Description | Procedure | Maximum \$\$ Allowance | Effective Date |
|-----------|--|-----------|------------------------|----------------|
| | contiguous teeth or tooth bounded spaces per quadrant | | | |
| 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, per site | | Global | |
| D4266 | Guided tissue regeneration, natural teeth – resorbable barrier, per site | | Not a Benefit | |
| D4267 | Guided tissue regeneration, natural teeth – nonresorbable barrier, per site | | Not a Benefit | |
| D4268 | Surgical revision procedure, per tooth | | Not a Benefit | |
| D4270 | Pedicle soft tissue graft procedure | | Not a Benefit | |

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| 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 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) – | Not a Benefit | March 14, 2020 |

| CDT Codes | Procedure Code Description | Maximum \$\$ Allowance | Effective Date |
|-----------|---|---------------------------|----------------|
| | each additional contiguous tooth, implant or edentulous tooth position in same graft site | | |
| 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 |
| D4286 | Removal of non-resorbable barrier | Not a Benefit | |
| 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 | |

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| 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 | |
| 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 periodontal 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 with medicinal agent – per quadrant | Global | March 14, 2020 |
| D4999 | Unspecified periodontal procedure, by report | By Report | |
| Prosthodontic (Removable) Procedures | | | |
| D5110 | Complete denture – maxillary | \$450.00 | |

| CDT Codes | Code Description | Procedure | Maximum \$\$ Allowance | Effective Date |
|-----------|--|-----------|------------------------|----------------|
| 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 |

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| 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 |
| 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 |

| CDT Codes | Procedure Code Description | Maximum \$\$ Allowance | Effective Date |
|-----------|---|---------------------------|---------------------------------|
| 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 |

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| 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 |
| 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 | |

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| D5721 | Rebase mandibular partial denture | Not a Benefit | |
| D5725 | Rebase hybrid prosthesis | Not a Benefit | May 1, 2022 |

| CDT Codes | Code Description | Procedure | Maximum \$\$ Allowance | Effective Date |
|-----------|---|-----------|------------------------|-----------------|
| 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 | |
| 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 |

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| D5867 | Replacement of replaceable part of semi-precision or precision attachment, 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 | |

| CDT Codes | Code Description | Procedure | Maximum \$\$ Allowance | Effective Date |
|------------------|--|------------------|-------------------------------|-----------------------|
| 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 | | \$1,440.00 | |
| 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 | |
| D5931 | Obturator prosthesis, surgical | | \$1,000.00 | |
| D5932 | Obturator prosthesis, definitive | | \$1,500.00 | |

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| 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 | |

| CDT Codes | Procedure Code Description | Maximum \$\$ Allowance | Effective Date |
|-----------|--|---------------------------|----------------|
| 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 | |

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| D5995 | Periodontal medicament carrier with peripheral seal – laboratory processed – maxillary | Not a Benefit | October 1, 2021 |
| 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: eposteal implant | By Report | |
| D6050 | Surgical placement: transosteal implant | By Report | |
| D6051 | Interim implant abutment placement | 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 |

| CDT Codes | Procedure Code Description | Maximum \$\$ Allowance | Effective Date |
|-----------|--|---------------------------|----------------|
| 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 |

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| 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 |
| 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, | Global | March 14, 2020 |

| CDT Codes | Code Description | Procedure | Maximum \$\$ Allowance | Effective Date |
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| | including cleaning of the implant surfaces, without flap entry and closure | | |
| 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 or titanium alloys | Not a Benefit | July 1, 2021 |
| D6085 | Interim 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 |
| D6089 | Implant service - accessing and retorquing loose implant screw | Global | February 1, 2024 |
| D6090 | Repair implant supported prosthesis, by report | By Report | |
| D6091 | Replacement of replaceable part of semi-precision or precision attachment 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 | Surgical removal of implant body | \$45.00 | |

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| D6101 | Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning | Not a Benefit | |
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| CDT Codes | Code Description | Procedure | Maximum \$\$ Allowance | Effective Date |
|-----------|--|-----------|------------------------|----------------|
| | of the exposed implant services, including flap entry and closure | | | |
| D6102 | Debridement and osseous contouring of a periimplant 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 | |
| D6105 | Removal of implant body not requiring bone removal nor flap elevation | | \$22.00 | April 1, 2023 |
| D6106 | Guided tissue regeneration – resorbable barrier, per implant | | Not a Benefit | |
| D6107 | Guided tissue regeneration – non-resorbable barrier, per implant | | 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 |
| 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 |

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| 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 |

| CDT Codes | Code Description | Procedure | Maximum \$\$ Allowance | Effective Date |
|---------------------------------------|---|-----------|------------------------|-----------------|
| 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 |
| D6197 | Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant | | Not a Benefit | |
| 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 | |

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| D6214 | Pontic – titanium and titanium alloys | Not a Benefit | July 1, 2021 |
| D6240 | Pontic – porcelain fused to high noble metal | Not a Benefit | |
| 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 | |

| CDT Codes | Code Description | Procedure | Maximum \$\$ Allowance | Effective Date |
|-----------|---|-----------|------------------------|----------------|
| D6253 | Interim 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 | |

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| 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 | |
| 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 | |

| CDT Codes | Code Description | Procedure | Maximum \$\$ Allowance | Effective Date |
|-----------|--|-----------|------------------------|----------------|
| 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 | |

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| 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 | Interim 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 | |
| D6940 | Stress breaker | Not a Benefit | |
| D6950 | Precision attachment | Not a Benefit | |
| D6980 | Fixed partial denture repair, necessitated by restorative material failure | \$75.00 | |

| CDT Codes | Procedure Code Description | Maximum \$\$ Allowance | Effective Date |
|--|--|------------------------|----------------|
| 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 | |

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| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | \$41.00 | |
| D7210 | Extraction, 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 | Removal of residual tooth roots (cutting procedure) | \$100.00 | |
| D7251 | Coronectomy – intentional partial tooth removal, impacted teeth only | \$135.00 | April 1, 2023 |
| 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 | |
| D7284 | Excisional biopsy of minor salivary glands | Not a Benefit | |
| D7285 | Incisional Biopsy of oral tissue – hard (bone, tooth) | \$100.00 | |
| 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 | |

| CDT Codes | Procedure Code Description | Maximum \$\$ Allowance | Effective Date |
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| 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 | Not a Benefit | |
| D7293 | Placement of temporary anchorage device requiring flap | Not a Benefit | |
| D7294 | Placement of temporary anchorage device without flap | 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 | |

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| 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 | |

| CDT Codes | Code Description | Procedure | Maximum \$\$ Allowance | Effective Date |
|------------------|---|------------------|-------------------------------|-----------------------|
| 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 | |
| D7509 | Marsupialization of odontogenic cyst | | Not a Benefit | |
| D7510 | Incision and drainage of abscess – intraoral soft tissue | | \$50.00 | |

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| 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 | |
| D7540 | Removal of reaction producing foreign bodies, musculoskeletal system | \$130.00 | |

| CDT Codes | Code Description | Procedure | Maximum \$\$ Allowance | Effective Date |
|-----------|---|-----------|------------------------|----------------|
| 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 | |

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| 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 | |
| D7840 | Condylectomy | \$1,000.00 | |
| D7850 | Surgical discectomy, with/without implant | \$1,000.00 | |

| CDT Codes | Code Description | Procedure | Maximum \$\$ Allowance | Effective Date |
|-----------|---|-----------|------------------------|----------------|
| 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 | |

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| 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 |
| D7939 | Indexing for osteotomy using dynamic robotic assisted or dynamic navigation | Not a Benefit | |
| D7940 | Osteoplasty – for orthognathic deformities | \$1,300.00 | |
| D7941 | Osteotomy – mandibular rami | \$2,000.00 | |
| D7943 | Osteotomy – mandibular rami with bone graft; includes obtaining the graft | \$2,800.00 | |
| D7944 | Osteotomy – segmented or subapical | \$600.00 | |

| CDT Codes | Procedure Code Description | Maximum \$\$ Allowance | Effective Date |
|-----------|--------------------------------|---------------------------|----------------|
| D7945 | Osteotomy – body of mandible | \$600.00 | |
| D7946 | LeFort I (maxilla – total) | \$1,300.00 | |
| D7947 | LeFort I (maxilla – segmented) | \$2,000.00 | |

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| 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— 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 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 | |
| D7956 | Guided tissue regeneration, edentulous area – resorbable barrier, per site | Not a Benefit | |
| D7957 | Guided tissue regeneration, edentulous area – non-resorbable barrier, per site | Not a Benefit | |
| 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 | |
| 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 | |

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| 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 |
| 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 |

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| 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 |
| D8704 | Replacement of lost or broken retainer – mandibular | \$200.00 | July 1, 2021 |
| D8999 | Unspecified orthodontic procedure, by report | By Report | |

| CDT Codes | Code Description | Procedure | Maximum \$\$ Allowance | Effective Date |
|--------------------------------------|---|-----------|------------------------|----------------|
| Adjunctive Service Procedures | | | | |
| D9110 | Palliative treatment of dental pain – per visit | | \$45.00 | |
| D9120 | Fixed partial denture sectioning | | \$50.00 | |
| D9130 | Temporomandibular joint dysfunction – noninvasive 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 | |

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| 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 | |
| D9450 | Case presentation, subsequent to detailed and extensive treatment planning | Not a Benefit | |
| D9610 | Therapeutic parenteral drug, single administration | \$15.00 | |

| CDT Codes | Procedure Code Description | Maximum \$\$ Allowance | Effective Date |
|-----------|---|------------------------|----------------|
| D9612 | Therapeutic parenteral drug, two or more administrations, different medications | Global | |
| D9613 | Infiltration of sustained release therapeutic drug, per quadrant | 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 | |

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| 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 |
| D9938 | Fabrication of a custom removable clear plastic temporary aesthetic appliance | Not a Benefit | |
| D9939 | Placement of a custom removable clear plastic temporary aesthetic appliance | Not a Benefit | |
| D9941 | Fabrication of athletic mouth guard | Not a Benefit | |
| D9942 | Repair and/or reline 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 |
| D9950 | Occlusion analysis – mounted case | \$180.00 | |

| CDT Codes | Procedure Code Description | Maximum \$\$ Allowance | Effective Date |
|-----------|---|------------------------|----------------|
| D9951 | Occlusal adjustment – limited | \$25.00 | |
| D9952 | Occlusal adjustment – complete | \$400.00 | |
| D9953 | Reline custom sleep apnea appliance (indirect) | Not a Benefit | |
| D9954 | Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device | Not a Benefit | |
| D9955 | Oral appliance therapy (OAT) titration visit | Not a Benefit | |
| D9956 | Administration of home sleep apnea test | Not a Benefit | |

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| D9957 | Screening for sleep related breathing disorders | Global | February 1, 2024 |
| 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 | Refer to MOC | March 14, 2020 |
| D9987 | Cancelled appointment | Refer to MOC | 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 | Refer to MOC | March 14, 2020 |
| D9992 | Dental Case Management – Care Coordination | Refer to MOC | May 16, 2020 |
| D9993 | Dental Case Management – motivational Interviewing | Not a Benefit (Benefit in DTI) | 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 |
| CDT Codes | Procedure Code Description | Maximum \$\$ Allowance | Effective Date |
| D9997 | Dental case management – patients with special health care needs | Refer to MOC | July 1, 2021 |
| D9999 | Unspecified adjunctive procedure, by report | By Report | |

- ¹ *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.*
- ⁴ *Must be performed and billed with D0601, D0602, or D0603 concurrently as part of the Caries Risk Assessment Bundle to receive payment.*