

2017 Dental Procedures Schedule of Reimbursements

CDT Code	Description	Category	Scheduled Reimbursement	
			In network	Out-of-network
D0120	Periodic oral evaluation - established patient	Preventive	\$24	\$24
D0140	Limited Oral Evaluation - problem focused	Preventive	\$38	\$38
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	Preventive	\$39	\$39
D0150	Comprehensive oral evaluation - new or established patient	Preventive	\$39	\$39
D0180	Comprehensive periodontal evaluation - new or established patient	Preventive	\$39	\$39
D0210	Intraoral - complete series of radiographic images	Preventive	\$75	\$75
D0220	Intraoral - periapical first radiographic image	Preventive	\$15	\$15
D0230	Intraoral - periapical each addition radiographic image	Preventive	\$9	\$9
D0240	Intraoral - occlusal radiographic image	Preventive	\$20	\$20
D0270	Bitewing - single radiographic image	Preventive	\$17	\$17
D0272	Bitewings - two radiographic images	Preventive	\$22	\$22
D0273	Bitewings - three radiographic images	Preventive	\$24	\$24
D0274	Bitewings - four radiographic images	Preventive	\$34	\$34
D0277	Vertical bitewings - 7 to 8 radiographic images	Preventive	\$44	\$44
D0330	Panoramic radiographic image	Preventive	\$63	\$63
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	Preventive	\$28	\$28
D0470	Diagnostic casts	Basic	\$11	\$11
D1110	Prophylaxis - Adult	Preventive	\$53	\$53
D1120	Prophylaxis - Child	Preventive	\$38	\$38
D1206	Topical application of fluoride varnish	Preventive	\$19	\$19
D1208	Topical application of fluoride - excluding varnish	Preventive	\$19	\$19
D1351	Sealant - per tooth	Preventive	\$27	\$27
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth.	Preventive	\$27	\$27
D1510	Space maintainer - fixed - unilateral	Preventive	\$194	\$194
D1515	Space maintainer - fixed - bilateral	Preventive	\$303	\$303
D1520	Space maintainer - removable - unilateral	Preventive	\$180	\$180
D1525	Space maintainer - removable - bilateral	Preventive	\$282	\$282
D1550	Re-cementation of or re-bond space maintainer	Preventive	\$37	\$37
D1555	Removal of fixed space maintainer	Preventive	\$25	\$25
D1575	Distal shoe space maintainer - fixed - unilateral	Preventive	\$194	\$194
D2140	Amalgam - one surface, primary or permanent	Basic	\$58	\$58
D2150	Amalgam - two surfaces, primary or permanent	Basic	\$77	\$77
D2160	Amalgam - three surfaces, primary or permanent	Basic	\$98	\$98
D2161	Amalgam - four or more surfaces, primary or permanent	Basic	\$117	\$117
D2330	Resin-based composite - one surface, anterior	Basic	\$77	\$77
D2331	Resin-based composite - two surfaces, anterior	Basic	\$107	\$107
D2332	Resin-based composite - three surfaces, anterior	Basic	\$117	\$117
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	Basic	\$126	\$126
D2391	Resin-based composite - one surface - posterior	Basic	\$58	\$58
D2392	Resin-based composite - two surfaces - posterior	Basic	\$77	\$77
D2393	Resin-based composite - three surfaces - posterior	Basic	\$98	\$98
D2394	Resin-based composite - four or more surfaces - posterior	Basic	\$117	\$117
D2510	Inlay - metallic - one surface	Major	\$300	\$110
D2520	Inlay - metallic - two surfaces	Major	\$355	\$130
D2530	Inlay - metallic - three or more surfaces	Major	\$382	\$140
D2542	Onlay - metallic - two surfaces	Major	\$437	\$160
D2543	Onlay - metallic - three surfaces	Major	\$437	\$160
D2544	Onlay - metallic - four or more surfaces	Major	\$450	\$165
D2610	Inlay - porcelain/ceramic - one surface	Major	\$273	\$100
D2620	Inlay - porcelain/ceramic - two surfaces	Major	\$355	\$130
D2630	Inlay - porcelain/ceramic - three or more surfaces	Major	\$396	\$145
D2642	Onlay - porcelain/ceramic - two surfaces	Major	\$382	\$140
D2643	Onlay - porcelain/ceramic - three surfaces	Major	\$437	\$160
D2644	Onlay - porcelain/ceramic - four or more surfaces	Major	\$464	\$170
D2650	Inlay - resin-based composite - one surface	Major	\$232	\$85
D2651	Inlay - resin-based composite - two surfaces	Major	\$314	\$115
D2652	Inlay - resin-based composite - three or more surfaces	Major	\$341	\$125
D2662	Onlay - resin-based composite - two surfaces	Major	\$328	\$120
D2663	Onlay - resin-based composite - three surfaces	Major	\$382	\$140

CDT Code	Description	Category	In network	Out-of-network
D2664	Onlay - resin-based composite - four or more surfaces	Major	\$396	\$145
D2710	Crown - resin-based composite (indirect)	Major	\$341	\$125
D2712	Crown - 3/4 resin-based composite (indirect)	Major	\$341	\$125
D2720	Crown - resin with high noble metal	Major	\$437	\$160
D2721	Crown - resin with predominantly base metal	Major	\$355	\$130
D2722	Crown - resin with noble metal	Major	\$396	\$145
D2740	Crown - porcelain/ceramic substrate	Major	\$505	\$185
D2750	Crown - porcelain fused to high noble metal	Major	\$491	\$180
D2751	Crown - porcelain fused to predominantly base metal	Major	\$437	\$160
D2752	Crown - porcelain fused to noble metal	Major	\$464	\$170
D2780	Crown - 3/4 cast high noble metal	Major	\$450	\$165
D2781	Crown - 3/4 cast predominantly base metal	Major	\$410	\$150
D2782	Crown - 3/4 cast noble metal	Major	\$423	\$155
D2783	Crown - 3/4 porcelain/ceramic	Major	\$437	\$160
D2790	Crown - full cast high noble metal	Major	\$464	\$170
D2791	Crown - full cast predominantly base metal	Major	\$396	\$145
D2792	Crown - full cast noble metal	Major	\$437	\$160
D2794	Crown - titanium	Major	\$464	\$170
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	Basic	\$49	\$49
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	Basic	\$49	\$49
D2920	Re-cement or re-bond crown	Basic	\$49	\$49
D2929	Prefabricated porcelain/ceramic crown - primary tooth	Basic	\$194	\$194
D2930	Prefabricated stainless steel crown - primary tooth	Basic	\$156	\$156
D2931	Prefabricated stainless steel crown - permanent tooth	Basic	\$165	\$165
D2932	Prefabricated resin crown	Major	\$303	\$111
D2933	Prefabricated stainless steel crown with resin window	Major	\$303	\$111
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	Basic	\$194	\$194
D2940	Protective restoration	Basic	\$49	\$49
D2941	Interim therapeutic restoration - primary dentition	Basic	\$35	\$35
D2950	Core buildup, including any pins when required	Major	\$68	\$25
D2951	Pin retention - per tooth, in addition to restoration	Basic	\$26	\$26
D2952	Post and core in addition to crown, indirectly fabricated	Major	\$164	\$60
D2954	Prefabricated post and core in addition to crown	Major	\$109	\$40
D2960	Labial veneer (resin laminate) - chairside	Major	\$328	\$120
D2961	Labial veneer (resin laminate) - laboratory	Major	\$491	\$180
D2962	Labial veneer (porcelain laminate) - laboratory	Major	\$696	\$255
D2980	Crown repair necessitated by restorative material failure	Basic	\$74	\$74
D2981	Inlay repair necessitated by restorative material failure	Basic	\$74	\$74
D2982	Onlay repair necessitated by restorative material failure	Basic	\$74	\$74
D2983	Veneer repair necessitated by restorative material failure	Basic	\$74	\$74
D2990	Resin infiltration of incipient smooth surface lesions	Basic	\$12	\$12
D3110	Pulp cap - direct (excluding final restoration)	Basic	\$30	\$30
D3120	Pulp cap - indirect (excluding final restoration)	Basic	\$30	\$30
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	Basic	\$98	\$98
D3221	Pulpal debridement, primary and permanent teeth	Basic	\$98	\$98
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	Basic	\$98	\$98
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	Basic	\$126	\$126
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	Basic	\$137	\$137
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	Basic	\$418	\$418
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	Basic	\$495	\$495
D3330	Endodontic therapy, molar (excluding final restoration)	Basic	\$651	\$651
D3346	Retreatment of previous root canal therapy - anterior	Basic	\$555	\$555
D3347	Retreatment of previous root canal therapy - bicuspid	Basic	\$632	\$632
D3348	Retreatment of previous root canal therapy - molar	Basic	\$768	\$768
D3351	Apexification/recalcification - initial visit (apical closure/calific repair of perforations, root resorption, pulp space disinfection, etc.)	Basic	\$124	\$124
D3352	Apexification/recalcification - interim medication replacement (apical closure/calific repair of perforations, root resorption, pulp space disinfection, etc.)	Basic	\$82	\$82
D3353	Apexification/recalcification - final visit (apical closure/calific repair of perforations, root resorption, pulp space disinfection, etc.)	Basic	\$291	\$291
D3355	Pulpal regeneration - initial visit	Basic	\$124	\$124
D3356	Pulpal regeneration - interim medication replacement	Basic	\$82	\$82
D3357	Pulpal regeneration - completion of treatment	Basic	\$82	\$82
D3410	Apicoectomy - anterior	Basic	\$389	\$389

CDT Code	Description	Category	In network	Out-of-network
D3421	Apicoectomy - bicuspid (first root)	Basic	\$467	\$467
D3425	Apicoectomy - molar (first root)	Basic	\$487	\$487
D3426	Apicoectomy - (each additional root)	Basic	\$175	\$175
D3427	Periradicular surgery without apicoectomy	Basic	\$420	\$420
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	Basic	\$194	\$194
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	Basic	\$145	\$145
D3430	Retrograde filling - per root	Basic	\$77	\$77
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	Basic	\$243	\$243
D3450	Root amputation - per root	Basic	\$252	\$252
D3920	Hemisection (including any root removal), not including root canal therapy	Basic	\$214	\$214
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	Major	\$456	\$167
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	Major	\$120	\$44
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	Major	\$115	\$42
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	Major	\$530	\$194
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	Major	\$371	\$136
D4249	Clinical crown lengthening - hard tissue	Major	\$683	\$250
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	Major	\$1,016	\$372
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	Major	\$713	\$261
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	Major	\$303	\$111
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	Basic	\$145	\$145
D4266	Guided tissue regeneration - resorbable barrier, per site	Basic	\$243	\$243
D4267	Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal)	Basic	\$282	\$282
D4270	Pedicle soft tissue graft procedure	Major	\$456	\$167
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	Basic	\$574	\$574
D4274	Mesial/Distal or proximal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	Basic	\$145	\$145
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in	Major	\$857	\$314
D4276	Combined connective tissue and double pedicle graft, per tooth	Major	\$876	\$321
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	Major	\$759	\$278
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in graft	Major	\$405	\$149
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	Basic	\$345	\$345
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	Basic	\$329	\$329
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	Basic	\$126	\$126
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	Basic	\$89	\$89
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	Preventive	\$53	\$53
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	Basic	\$58	\$58
D4910	Periodontal maintenance	Preventive	\$53	\$53
D5110	Complete denture - maxillary	Major	\$601	\$220
D5120	Complete denture - mandibular	Major	\$601	\$220
D5130	Immediate denture - maxillary	Major	\$628	\$230
D5140	Immediate denture - mandibular	Major	\$628	\$230
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	Major	\$437	\$160
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	Major	\$437	\$160
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Major	\$655	\$240
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Major	\$655	\$240
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	Major	\$459	\$168
D5222	Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	Major	\$459	\$168
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Major	\$688	\$252
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Major	\$688	\$252
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	Major	\$655	\$240
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	Major	\$655	\$240
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	Basic	\$166	\$166
D5410	Adjust complete denture - maxillary	Basic	\$39	\$39
D5411	Adjust complete denture - mandibular	Basic	\$39	\$39
D5421	Adjust partial denture - maxillary	Basic	\$39	\$39
D5422	Adjust partial denture - mandibular	Basic	\$39	\$39
D5510	Repair broken complete denture base	Basic	\$126	\$126
D5520	Replace missing or broken teeth - complete denture (each tooth)	Basic	\$98	\$98
D5610	Repair resin denture base	Basic	\$88	\$88
D5620	Repair cast framework	Basic	\$98	\$98

CDT Code	Description	Category	In network	Out-of-network
D5630	Repair or replace broken clasp - per tooth	Basic	\$77	\$77
D5640	Replace broken teeth - per tooth	Basic	\$77	\$77
D5650	Add tooth to existing partial denture	Basic	\$98	\$98
D5660	Add clasp to existing partial denture - per tooth	Basic	\$137	\$137
D5710	Rebase complete maxillary denture	Basic	\$301	\$301
D5711	Rebase complete mandibular denture	Basic	\$301	\$301
D5720	Rebase maxillary partial denture	Basic	\$282	\$282
D5721	Rebase mandibular partial denture	Basic	\$282	\$282
D5730	Reline complete maxillary denture (chairside)	Basic	\$145	\$145
D5731	Reline complete mandibular denture (chairside)	Basic	\$145	\$145
D5740	Reline maxillary partial denture (chairside)	Basic	\$117	\$117
D5741	Reline mandibular partial denture (chairside)	Basic	\$117	\$117
D5750	Reline complete maxillary denture (laboratory)	Basic	\$252	\$252
D5751	Reline complete mandibular denture (laboratory)	Basic	\$252	\$252
D5760	Reline maxillary partial denture (laboratory)	Basic	\$214	\$214
D5761	Reline mandibular partial denture (laboratory)	Basic	\$214	\$214
D5820	Interim partial denture (maxillary)	Major	\$205	\$75
D5821	Interim partial denture (mandibular)	Major	\$205	\$75
D5850	Tissue conditioning, maxillary	Basic	\$77	\$77
D5851	Tissue conditioning, mandibular	Basic	\$77	\$77
D6010	Surgical placement of implant body: endosteal implant	Implant	\$788	\$225
D6011	Second stage implant surgery	Implant	\$385	\$110
D6013	Surgical placement of mini implant	Implant	\$788	\$225
D6040	Surgical placement: eosteal implant	Implant	\$1,173	\$335
D6050	Surgical placement: transosteal implant	Implant	\$1,173	\$335
D6055	Connecting bar - implant supported or abutment supported	Implant	\$910	\$260
D6056	Prefabricated abutment - includes modification and placement	Implant	\$336	\$96
D6057	Custom fabricated abutment - includes placement	Implant	\$466	\$133
D6058	Abutment supported porcelain/ceramic crown	Implant	\$648	\$185
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	Implant	\$630	\$180
D6060	Abutment supported porcelain fused to metal crown metal (predominantly base metal)	Implant	\$560	\$160
D6061	Abutment supported porcelain fused to metal crown (noble metal)	Implant	\$595	\$170
D6062	Abutment supported cast metal crown (high noble metal)	Implant	\$595	\$170
D6063	Abutment supported cast metal crown (predominantly base metal)	Implant	\$508	\$145
D6064	Abutment supported cast metal crown (noble metal)	Implant	\$560	\$160
D6065	Implant supported porcelain/ceramic crown	Implant	\$648	\$185
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	Implant	\$630	\$180
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	Implant	\$595	\$170
D6068	Abutment supported retainer for porcelain/ceramic FPD	Implant	\$648	\$185
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	Implant	\$630	\$180
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	Implant	\$560	\$160
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	Implant	\$595	\$170
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	Implant	\$595	\$170
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	Implant	\$508	\$145
D6074	Abutment supported retainer for cast metal FPD (noble metal)	Implant	\$560	\$160
D6075	Implant supported retainer for ceramic FPD	Implant	\$648	\$185
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	Implant	\$630	\$180
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	Implant	\$595	\$170
D6090	Repair implant supported prosthesis, by report	Implant	\$252	\$72
D6092	Recement or re-bond implant/abutment supported crown	Implant	\$98	\$28
D6093	Recement or re-bond implant/abutment supported fixed partial denture	Implant	\$137	\$39
D6094	Abutment supported crown (titanium)	Implant	\$595	\$170
D6095	Repair implant abutment, by report	Implant	\$252	\$72
D6100	Implant removal, by report	Implant	\$322	\$92
D6104	Bone graft at time of implant placement	Implant	\$389	\$111
D6110	Implant/abutment supported removable denture for edentulous arch - maxillary (added-CDT 15)	Implant	\$809	\$231
D6111	Implant/abutment supported removable denture for edentulous arch - mandibular (added-CDT 15)	Implant	\$809	\$231
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary (added-CDT 15)	Implant	\$844	\$241
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular (added-CDT 15)	Implant	\$844	\$241
D6114	Implant/abutment supported fixed denture for edentulous arch - maxillary (added-CDT 15)	Implant	\$770	\$220
D6115	Implant/abutment supported fixed denture for edentulous arch - mandibular (added-CDT 15)	Implant	\$770	\$220
D6116	Implant/abutment supported fixed denture for partially edentulous arch - maxillary (added-CDT 15)	Implant	\$840	\$240

CDT Code	Description	Category	In network	Out-of-network
D6117	Implant/abutment supported fixed denture for partially edentulous arch - mandibular (added-CDT 15)	Implant	\$840	\$240
D6190	Radiographic/surgical implant index, by report	Implant	\$256	\$73
D6194	Abutment supported retainer crown for FPD (titanium)	Implant	\$595	\$170
D6210	Pontic - cast high noble metal	Major	\$478	\$175
D6211	Pontic - cast predominantly base metal	Major	\$396	\$145
D6212	Pontic - cast noble metal	Major	\$437	\$160
D6214	Pontic - titanium	Major	\$491	\$180
D6240	Pontic - porcelain fused to high noble metal	Major	\$491	\$180
D6241	Pontic - porcelain fused to predominantly base metal	Major	\$423	\$155
D6242	Pontic - porcelain fused to noble metal	Major	\$464	\$170
D6245	Pontic - porcelain/ceramic	Major	\$505	\$185
D6250	Pontic - resin with high noble metal	Major	\$437	\$160
D6251	Pontic - resin with predominantly base metal	Major	\$382	\$140
D6252	Pontic - resin with noble metal	Major	\$423	\$155
D6545	Retainer - cast metal for resin bonded fixed prosthesis	Major	\$177	\$65
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	Major	\$177	\$65
D6549	Resin retainer - for resin bonded fixed prosthesis	Major	\$90	\$33
D6710	Retainer crown - indirect resin based composite	Major	\$341	\$125
D6720	Retainer crown - resin with high noble metal	Major	\$437	\$160
D6721	Retainer crown - resin with predominantly base metal	Major	\$396	\$145
D6722	Retainer crown - resin with noble metal	Major	\$423	\$155
D6740	Retainer crown - porcelain/ceramic	Major	\$505	\$185
D6750	Retainer crown - porcelain fused to high noble metal	Major	\$491	\$180
D6751	Retainer crown - porcelain fused to predominantly base metal	Major	\$437	\$160
D6752	Retainer crown - porcelain fused to noble metal	Major	\$464	\$170
D6780	Retainer crown - 3/4 cast high noble metal	Major	\$437	\$160
D6781	Retainer crown - 3/4 cast predominantly base metal	Major	\$369	\$135
D6782	Retainer crown - 3/4 cast noble metal	Major	\$369	\$135
D6783	Retainer crown - 3/4 porcelain/ceramic	Major	\$437	\$160
D6790	Retainer crown - full cast high noble metal	Major	\$464	\$170
D6791	Retainer crown - full cast predominantly base metal	Major	\$396	\$145
D6792	Retainer crown - full cast noble metal	Major	\$437	\$160
D6794	Retainer crown - titanium	Major	\$464	\$170
D6930	Re-cement or re-bond fixed partial denture	Basic	\$68	\$68
D6980	Fixed partial denture repair necessitated by restorative material failure	Basic	\$126	\$126
D7111	Extraction, coronal remnants - deciduous tooth	Basic	\$68	\$68
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Basic	\$68	\$68
D7210	surgical removal of Extraction, erupted root requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	Basic	\$137	\$137
D7220	Removal of impacted tooth - soft tissue (STI)	Basic	\$186	\$186
D7230	Removal of impacted tooth - partially bony (PBI)	Basic	\$243	\$243
D7240	Removal of impacted tooth - completely bony (FBI)	Basic	\$301	\$301
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications (FBID)	Basic	\$331	\$331
D7250	surgical Removal of residual tooth roots (cutting procedure)	Basic	\$145	\$145
D7260	Oroantral fistula closure	Basic	\$331	\$331
D7280	surgical access Exposure of an unerupted tooth	Basic	\$340	\$340
D7285	Incisional Biopsy of oral tissue - hard (bone, tooth)	Basic	\$145	\$145
D7286	Incisional Biopsy of oral tissue - soft	Basic	\$145	\$145
D7288	Brush Biopsy - transepithelial sample collection	Basic	\$145	\$145
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	Basic	\$126	\$126
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	Basic	\$126	\$126
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	Basic	\$165	\$165
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	Major	\$128	\$47
D7410	Excision of benign lesion up to 1.25 cm	Basic	\$186	\$186
D7411	Excision of benign lesion greater than 1.25 cm	Basic	\$278	\$278
D7412	Excision of benign lesion, complicated	Basic	\$306	\$306
D7413	Excision of malignant lesion up to 1.25 cm	Basic	\$186	\$186
D7414	Excision of malignant lesion greater than 1.25 cm	Basic	\$278	\$278
D7415	Excision of malignant lesion, complicated	Basic	\$306	\$306
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	Basic	\$233	\$233
D7441	Excision of malignant tumor - lesion diameter over 1.25 cm	Basic	\$243	\$243
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	Basic	\$224	\$224

CDT Code	Description	Category	In network	Out-of-network
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	Basic	\$233	\$233
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	Basic	\$194	\$194
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	Basic	\$418	\$418
D7471	Removal of lateral exostosis (maxilla or mandible)	Basic	\$292	\$292
D7510	Incision and drainage of abscess - intraoral soft tissue	Basic	\$98	\$98
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (included drainage of multiple fascial spaces)	Basic	\$109	\$109
D7520	Incision and drainage of abscess - extraoral soft tissue	Basic	\$117	\$117
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (included drainage of multiple fascial spaces)	Basic	\$128	\$128
D7953	Bone replacement graft for ridge preservation - per site	Implant	\$389	\$111
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	Basic	\$224	\$224
D7963	Frenuloplasty	Basic	\$224	\$224
D7970	Excision of hyperplastic tissue - per arch	Basic	\$186	\$186
D7971	Excision of pericoronal gingiva	Basic	\$98	\$98
D8010	Limited orthodontic treatment of the primary dentition - <i>Considered under age 19</i>	Orthodontic	\$652	\$163
D8020	Limited orthodontic treatment of the transitional dentition - <i>Considered under age 19</i>	Orthodontic	\$652	\$163
D8030	Limited orthodontic treatment of the adolescent dentition - <i>Considered under age 19</i>	Orthodontic	\$652	\$163
D8040	Limited orthodontic treatment of the adult dentition - <i>Considered under age 19</i>	Orthodontic	\$652	\$163
D8050	Interceptive orthodontic treatment of the primary dentition - <i>Considered under age 19</i>	Orthodontic	\$916	\$229
D8060	Interceptive orthodontic treatment of the transitional dentition - <i>Considered under age 19</i>	Orthodontic	\$916	\$229
D8070	Comprehensive orthodontic treatment of the transitional dentition - <i>Considered under age 19</i>	Orthodontic	\$2,612	\$653
D8080	Comprehensive orthodontic treatment of the adolescent dentition - <i>Considered under age 19</i>	Orthodontic	\$2,612	\$653
D8090	Comprehensive orthodontic treatment of the adult dentition - <i>Considered under age 19</i>	Orthodontic	\$2,612	\$653
D8210	Removable appliance therapy - <i>Considered under age 19</i>	Orthodontic	\$88	\$22
D8660	Pre-orthodontic treatment visit - <i>Considered under age 19</i>	Orthodontic	\$252	\$63
D8670	Periodic orthodontic treatment visit (as part of contract)	Orthodontic	\$56	\$14
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s)) - <i>Considered under age 19</i>	Orthodontic	\$424	\$106
D8681	Removable orthodontic retainer adjustment - <i>Considered under age 19</i>	Orthodontic	\$16	\$4
D8693	Rebonding or recementing of fixed retainers - <i>Considered under age 19</i>	Orthodontic	\$156	\$39
D9110	Palliative (emergency) treatment of dental pain - minor procedure	Preventive	\$47	\$47
D9220	Deep sedation/general anesthesia - first 30 minutes (Deleted with CDT 16)	Basic	\$103	\$103
D9221	Deep sedation/general anesthesia - each additional 15 minutes (Deleted with CDT 16)	Basic	\$103	\$103
D9223	Deep sedation/general anesthesia – each 15 minute increment	Basic	\$103	\$103
D9241	Intravenous moderate (conscious) sedation/analgesia - first 30 minutes (Deleted with CDT 16)	Basic	\$93	\$93
D9242	Intravenous moderate (conscious) sedation/analgesia - each additional 15 minutes (Deleted with CDT 16)	Basic	\$93	\$93
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	Basic	\$93	\$93
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	Basic	\$58	\$58
D9610	Therapeutic parenteral drug, single administration	Basic	\$19	\$19
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	Basic	\$30	\$30
D9951	Occlusal adjustment - limited	Basic	\$58	\$58
D9952	Occlusal adjustment - complete	Basic	\$156	\$156
D0160	Detailed and extensive oral evaluation - problem focused, by report	Not covered	\$0	\$0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	Not covered	\$0	\$0
D0171	Re-evaluation - post-operative office visit	Not covered	\$0	\$0
D0190	Screening of a Patient	Not covered	\$0	\$0
D0191	Assessment of a Patient	Not covered	\$0	\$0
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	Not covered	\$0	\$0
D0251	Extra-oral posterior dental radiographic image	Not covered	\$0	\$0
D0260	Extraoral - each additional radiographic image (Deleted with CDT 16)	Not covered	\$0	\$0
D0290	Posterior - anterior or lateral skull and facial bone survey radiographic images (Deleted with CDT 17)	Not covered	\$0	\$0
D0310	Sialography	Not covered	\$0	\$0
D0320	Temporomandibular Joint Arthrogram, including injection	Not covered	\$0	\$0
D0321	Other temporomandibular joint radiographic images, by report	Not covered	\$0	\$0
D0322	Tomographic survey	Not covered	\$0	\$0
D0340	2D cephalometric radiographic image acquisition, measurement and analysis	Not covered	\$0	\$0
D0350	2D Oral/facial images, photographic images obtained intraorally or extraorally	Not covered	\$0	\$0
D0351	3D photographic image	Not covered	\$0	\$0
D0364	Cone Beam CT capture and interpretation with limited field of view - less than one whole jaw	Not covered	\$0	\$0
D0365	Cone Beam CT capture and interpretation with field of view of one full dental arch - mandible	Not covered	\$0	\$0
D0366	Cone Beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	Not covered	\$0	\$0
D0367	Cone Beam CT capture and interpretation with field of view of both jaws; with or without cranium	Not covered	\$0	\$0
D0368	Cone Beam CT capture and interpretation for TMJ series including two or more exposures	Not covered	\$0	\$0
D0369	Maxillofacial MRI capture and interpretation	Not covered	\$0	\$0
D0370	Maxillofacial ultrasound capture and interpretation	Not covered	\$0	\$0
D0371	Sialoendoscopy capture and interpretation	Not covered	\$0	\$0
D0380	Cone Beam CT image capture with limited field of view - less than one whole jaw	Not covered	\$0	\$0
D0381	Cone Beam CT image capture with field of view of one full dental arch - mandible	Not covered	\$0	\$0
D0382	Cone Beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	Not covered	\$0	\$0
D0383	Cone Beam CT image capture with field of view of both jaws, with or without cranium	Not covered	\$0	\$0
D0384	Cone Beam CT image capture for TMJ series including two or more exposures	Not covered	\$0	\$0
D0385	Maxillofacial MRI image capture	Not covered	\$0	\$0
D0386	Maxillofacial ultrasound image capture	Not covered	\$0	\$0
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	Not covered	\$0	\$0
D0393	Treatment simulation using 3D image volume	Not covered	\$0	\$0
D0394	Digital subtraction of two or more images or image volumes of the same modality	Not covered	\$0	\$0
D0395	Fusion of two or more 3D image volumes of one or more modalities	Not covered	\$0	\$0
D0416	Viral Culture	Not covered	\$0	\$0

CDT Code	Description	Category	In network	Out-of-network
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	Not covered	\$0	\$0
D0418	Analysis of saliva sample	Not covered	\$0	\$0
D0421	Genetic test for susceptibility to oral diseases (Deleted with CDT 16)	Not covered	\$0	\$0
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	Not covered	\$0	\$0
D0423	Genetic test for susceptibility to diseases – specimen analysis	Not covered	\$0	\$0
D0425	Caries Susceptibility Tests	Not covered	\$0	\$0
D0460	Pulp Vitality Tests	Not covered	\$0	\$0
D0472	Accession of tissue, gross examination, preparation and transmission of written report	Not covered	\$0	\$0
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	Not covered	\$0	\$0
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	Not covered	\$0	\$0
D0475	Decalcification procedure	Not covered	\$0	\$0
D0476	Special stains for microorganisms	Not covered	\$0	\$0
D0477	Special stains, not for microorganisms	Not covered	\$0	\$0
D0478	Immunohistochemical stains	Not covered	\$0	\$0
D0479	Tissue in-situ hybridization, including interpretation	Not covered	\$0	\$0
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	Not covered	\$0	\$0
D0481	Electron microscopy - diagnostic (description of service following procedure name removed with CDT-15)	Not covered	\$0	\$0
D0482	Direct immunofluorescence	Not covered	\$0	\$0
D0483	Indirect immunofluorescence	Not covered	\$0	\$0
D0484	Consultation on slides prepared elsewhere	Not covered	\$0	\$0
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	Not covered	\$0	\$0
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	Not covered	\$0	\$0
D0502	Other oral pathology procedures, by report	Not covered	\$0	\$0
D0601	Caries risk assessment and documentation, with a finding of low risk	Not covered	\$0	\$0
D0602	Caries risk assessment and documentation, with a finding of moderate risk	Not covered	\$0	\$0
D0603	Caries risk assessment and documentation, with a finding of high risk	Not covered	\$0	\$0
D0999	Unspecified diagnostic procedure, by report	Not covered	\$0	\$0
D1310	Nutritional counseling for control of dental disease	Not covered	\$0	\$0
D1320	Tobacco counseling for the control and prevention of oral disease	Not covered	\$0	\$0
D1330	Oral hygiene instructions	Not covered	\$0	\$0
D1353	Sealant repair - per tooth	Not covered	\$0	\$0
D1354	interim caries arresting medicament application	Not covered	\$0	\$0
D1999	Unspecified preventive procedure, by report	Not covered	\$0	\$0
D2390	Resin-based composite crown, anterior	Not covered	\$0	\$0
D2410	Gold foil - one surface	Not covered	\$0	\$0
D2420	Gold foil - two surfaces	Not covered	\$0	\$0
D2430	Gold foil - three surfaces	Not covered	\$0	\$0
D2799	Provisional crown - further treatment or completion of diagnosis necessary prior to final impression	Not covered	\$0	\$0
D2921	Reattachment of tooth fragment, incisal edge or cusp	Not covered	\$0	\$0
D2949	Restorative foundation for an indirect restoration	Not covered	\$0	\$0
D2953	Each additional indirectly fabricated post - same tooth	Not covered	\$0	\$0
D2955	Post removal	Not covered	\$0	\$0
D2957	Each additional prefabricated post - same tooth	Not covered	\$0	\$0
D2970	Temporary crown (fractured tooth) (Deleted with CDT 16)	Not covered	\$0	\$0
D2971	Additional procedures to construct new crown under existing partial denture framework	Not covered	\$0	\$0
D2975	Coping	Not covered	\$0	\$0
D2999	Unspecified restorative procedure, by report	Not covered	\$0	\$0
D3331	Treatment of root canal obstruction; non-surgical access	Not covered	\$0	\$0
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	Not covered	\$0	\$0
D3333	Internal root repair of perforation defects	Not covered	\$0	\$0
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Not covered	\$0	\$0
D3460	Endodontic endosseous implant	Not covered	\$0	\$0
D3470	Intentional reimplantation (including necessary splinting)	Not covered	\$0	\$0
D3910	Surgical procedure for isolation of tooth with rubber dam	Not covered	\$0	\$0
D3950	Canal preparation and fitting of preformed dowel or post	Not covered	\$0	\$0
D3999	Unspecified endodontic procedure, by report	Not covered	\$0	\$0
D4230	Anatomical crown exposure - four or more contiguous teeth per quadrant	Not covered	\$0	\$0
D4231	Anatomical crown exposure - one to three teeth per quadrant	Not covered	\$0	\$0
D4245	Apically positioned flap	Not covered	\$0	\$0
D4265	Biologic materials to aid in soft and osseous tissue regeneration	Not covered	\$0	\$0
D4268	Surgical revision procedure, per tooth	Not covered	\$0	\$0
D4320	Provisional splinting - intracoronal	Not covered	\$0	\$0
D4321	Provisional splinting - extracoronal	Not covered	\$0	\$0
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	Not covered	\$0	\$0
D4920	Unscheduled dressing change (by other than treating dentist or their staff)	Not covered	\$0	\$0
D4921	Gingival irrigation - per quadrant	Not covered	\$0	\$0
D4999	Unspecified periodontal procedure, by report	Not covered	\$0	\$0
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	Not covered	\$0	\$0
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	Not covered	\$0	\$0
D5810	Interim complete denture (maxillary)	Not covered	\$0	\$0
D5811	Interim complete denture (mandibular)	Not covered	\$0	\$0
D5860	Overdenture - complete (By report) (Deleted with CDT-14)	Not covered	\$0	\$0
D5861	Overdenture - partial (By report) (Deleted with CDT-14)	Not covered	\$0	\$0
D5862	Precision attachment, by report	Not covered	\$0	\$0
D5863	Overdenture - complete maxillary	Not covered	\$0	\$0
D5864	Overdenture - partial maxillary	Not covered	\$0	\$0
D5865	Overdenture - complete - mandibular	Not covered	\$0	\$0
D5866	Overdenture - partial - mandibular	Not covered	\$0	\$0
D5867	Replacement of replaceable part of semi-precision or precision attachment (male or female component)	Not covered	\$0	\$0
D5875	Modification of removable prosthesis following implant surgery	Not covered	\$0	\$0
D5899	Unspecified removable prosthodontic procedure, by report	Not covered	\$0	\$0
D5911	Facial moulage (sectional)	Not covered	\$0	\$0
D5912	Facial moulage (complete)	Not covered	\$0	\$0
D5913	Nasal prosthesis	Not covered	\$0	\$0
D5914	Auricular prosthesis	Not covered	\$0	\$0
D5915	Orbital prosthesis	Not covered	\$0	\$0
D5916	Obturator prosthesis, surgical	Not covered	\$0	\$0
D5919	Obturator prosthesis, definitive	Not covered	\$0	\$0
D5922	Obturator prosthesis, modification	Not covered	\$0	\$0
D5923	Mandibular resection prosthesis with guide flange	Not covered	\$0	\$0
D5924	Mandibular resection prosthesis without guide flange	Not covered	\$0	\$0
D5925	Obturator prosthesis, interim	Not covered	\$0	\$0
D5926	Trismus appliance (not for TMD treatment)	Not covered	\$0	\$0
D5927	Auricular prosthesis, replacement	Not covered	\$0	\$0
D5928	Orbital prosthesis, replacement	Not covered	\$0	\$0
D5929	Facial prosthesis, replacement	Not covered	\$0	\$0
D5931	Obturator prosthesis, surgical	Not covered	\$0	\$0

CDT Code	Description	Category	In network	Out-of- network
D5932	Obturator prosthesis, definitive	Not covered	\$0	\$0
D5933	Obturator prosthesis, modification	Not covered	\$0	\$0
D5934	Mandibular resection prosthesis with guide flange	Not covered	\$0	\$0
D5935	Mandibular resection prosthesis without guide flange	Not covered	\$0	\$0
D5936	Obturator prosthesis, interim	Not covered	\$0	\$0
D5937	Trismus appliance (not for TMD treatment)	Not covered	\$0	\$0
D5951	Feeding aid	Not covered	\$0	\$0
D5952	Speech aid prosthesis, pediatric	Not covered	\$0	\$0
D5953	Speech aid prosthesis, adult	Not covered	\$0	\$0
D5954	Palatal augmentation prosthesis	Not covered	\$0	\$0
D5955	Palatal lift prosthesis, definitive	Not covered	\$0	\$0
D5958	Palatal lift prosthesis, interim	Not covered	\$0	\$0
D5959	Palatal lift prosthesis, modification	Not covered	\$0	\$0
D5960	Speech aid prosthesis, modification	Not covered	\$0	\$0
D5982	Surgical stent	Not covered	\$0	\$0
D5983	Radiation carrier	Not covered	\$0	\$0
D5984	Radiation shield	Not covered	\$0	\$0
D5985	Radiation cone locator	Not covered	\$0	\$0
D5986	Fluoride gel carrier	Not covered	\$0	\$0
D5987	Commissure splint	Not covered	\$0	\$0
D5988	Surgical splint	Not covered	\$0	\$0
D5991	Vesiculobullous disease medicament carrier	Not covered	\$0	\$0
D5992	Adjust maxillofacial prosthetic appliance, by report	Not covered	\$0	\$0
D5993	Maintenance & cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report	Not covered	\$0	\$0
D5994	Periodontal medicament carrier with peripheral seal - laboratory processed	Not covered	\$0	\$0
D5999	Unspecified maxillofacial prosthesis, by report	Not covered	\$0	\$0
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	Not covered	\$0	\$0
D6051	Interim abutment	Not covered	\$0	\$0
D6080	Implant maintenance procedures, when prostheses are removed and reinserted, including cleansing of prostheses and abutments	Not covered	\$0	\$0
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	Not covered	\$0	\$0
D6101	Debridement of a periimplant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	Not covered	\$0	\$0
D6102	Debridement and osseous contouring of a periimplant defect; or defects surrounding a single implant, and includes surface cleaning of the exposed implant surfaces and including flap entry and closure	Not covered	\$0	\$0
D6103	Bone graft for repair of periimplant defect - does not include flap entry and closure.	Not covered	\$0	\$0
D6199	Unspecified implant procedure, by report	Not covered	\$0	\$0
D6205	Pontic - indirect resin based composite	Not covered	\$0	\$0
D6253	Provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	Not covered	\$0	\$0
D6600	Retainer inlay - porcelain/ceramic, two surfaces	Not covered	\$0	\$0
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	Not covered	\$0	\$0
D6602	Retainer inlay - cast high noble metal, two surfaces	Not covered	\$0	\$0
D6603	Retainer inlay - cast high noble metal, three or more surfaces	Not covered	\$0	\$0
D6604	Retainer inlay - cast predominantly base metal, two surfaces	Not covered	\$0	\$0
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	Not covered	\$0	\$0
D6606	Retainer inlay - cast noble metal, two surfaces	Not covered	\$0	\$0
D6607	Retainer inlay - cast noble metal, three or more surfaces	Not covered	\$0	\$0
D6608	Retainer onlay - porcelain/ceramic, two surfaces	Not covered	\$0	\$0
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	Not covered	\$0	\$0
D6610	Retainer onlay - cast high noble metal, two surfaces	Not covered	\$0	\$0
D6611	Retainer onlay - cast high noble metal, three or more surfaces	Not covered	\$0	\$0
D6612	Retainer onlay - cast predominantly base metal, two surfaces	Not covered	\$0	\$0
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	Not covered	\$0	\$0
D6614	Retainer onlay - cast noble metal, two surfaces	Not covered	\$0	\$0
D6615	Retainer onlay - cast noble metal, three or more surfaces	Not covered	\$0	\$0
D6624	Retainer inlay - titanium	Not covered	\$0	\$0
D6634	Retainer onlay - titanium	Not covered	\$0	\$0
D6793	Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	Not covered	\$0	\$0
D6920	Connector bar	Not covered	\$0	\$0
D6940	Stress breaker	Not covered	\$0	\$0
D6950	Precision attachment	Not covered	\$0	\$0
D6975	Coping (deleted with CDT15)	Not covered	\$0	\$0
D6985	Pediatric partial denture, fixed	Not covered	\$0	\$0
D6999	Unspecified fixed prosthodontic procedure, by report	Not covered	\$0	\$0
D7251	Coronectomy - intentional partial tooth removal	Not covered	\$0	\$0
D7261	Primary closure of a sinus perforation	Not covered	\$0	\$0
D7270	Tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth	Not covered	\$0	\$0
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	Not covered	\$0	\$0
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	Not covered	\$0	\$0
D7283	Placement of device to facilitate eruption of impacted tooth	Not covered	\$0	\$0
D7287	Exfoliative cytological sample collection	Not covered	\$0	\$0
D7290	Surgical repositioning of teeth	Not covered	\$0	\$0
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	Not covered	\$0	\$0
D7292	surgical Placement of temporary anchorage device [screw retained plate] requiring flap; includes device removal	Not covered	\$0	\$0

CDT Code	Description	Category	In network	Out-of-network
D7293	surgical Placement of temporary anchorage device requiring flap; includes device removal	Not covered	\$0	\$0
D7294	surgical Placement of temporary anchorage device without flap; includes device removal	Not covered	\$0	\$0
D7295	Harvest of bone for use in autogenous grafting procedures	Not covered	\$0	\$0
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	Not covered	\$0	\$0
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	Not covered	\$0	\$0
D7465	Destruction of lesion(s) by physical or chemical method, by report	Not covered	\$0	\$0
D7472	Removal of torus palatinus	Not covered	\$0	\$0
D7473	Removal of torus mandibularis	Not covered	\$0	\$0
D7485	Surgical Reduction of osseous tuberosity	Not covered	\$0	\$0
D7490	Radical resection of maxilla or mandible	Not covered	\$0	\$0
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	Not covered	\$0	\$0
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	Not covered	\$0	\$0
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	Not covered	\$0	\$0
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	Not covered	\$0	\$0
D7610	Maxilla - open reduction (teeth immobilized, if present)	Not covered	\$0	\$0
D7620	Maxilla - closed reduction (teeth immobilized, if present)	Not covered	\$0	\$0
D7630	Mandible - open reduction (teeth immobilized, if present)	Not covered	\$0	\$0
D7640	Mandible - closed reduction (teeth immobilized, if present)	Not covered	\$0	\$0
D7650	Malar and/or zygomatic arch - open reduction	Not covered	\$0	\$0
D7660	Malar and/or zygomatic arch - closed reduction	Not covered	\$0	\$0
D7670	Alveolus - closed reduction, may include stabilization of teeth	Not covered	\$0	\$0
D7671	Alveolus - open reduction, may include stabilization of teeth	Not covered	\$0	\$0
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	Not covered	\$0	\$0
D7710	Maxilla - open reduction	Not covered	\$0	\$0
D7720	Maxilla - closed reduction	Not covered	\$0	\$0
D7730	Mandible - open reduction	Not covered	\$0	\$0
D7740	Mandible - closed reduction	Not covered	\$0	\$0
D7750	Malar and/or zygomatic arch - open reduction	Not covered	\$0	\$0
D7760	Malar and/or zygomatic arch - closed reduction	Not covered	\$0	\$0
D7770	Alveolus - open reduction stabilization of teeth	Not covered	\$0	\$0
D7771	Alveolus - closed reduction stabilization of teeth	Not covered	\$0	\$0
D7780	Facial bones - complicated reduction with fixation and multiple surgical approaches	Not covered	\$0	\$0
D7810	Open reduction of dislocation	Not covered	\$0	\$0
D7820	Closed reduction of dislocation	Not covered	\$0	\$0
D7830	Manipulation under anesthesia	Not covered	\$0	\$0
D7840	Condylectomy	Not covered	\$0	\$0
D7850	Surgical discectomy, with/without implant	Not covered	\$0	\$0
D7852	Disc repair	Not covered	\$0	\$0
D7854	Synovectomy	Not covered	\$0	\$0
D7856	Myotomy	Not covered	\$0	\$0
D7858	Joint reconstruction	Not covered	\$0	\$0
D7860	Arthrotomy	Not covered	\$0	\$0
D7865	Arthroplasty	Not covered	\$0	\$0
D7870	Arthrocentesis	Not covered	\$0	\$0
D7871	Non-arthroscopic lysis and lavage	Not covered	\$0	\$0
D7872	Arthroscopy - diagnosis, with or without biopsy	Not covered	\$0	\$0
D7873	Arthroscopy - surgical: lavage and lysis of adhesions	Not covered	\$0	\$0
D7874	Arthroscopy - surgical: disc repositioning and stabilization	Not covered	\$0	\$0
D7875	Arthroscopy - surgical: synovectomy	Not covered	\$0	\$0
D7876	Arthroscopy - surgical: discectomy	Not covered	\$0	\$0
D7877	Arthroscopy - surgical: debridement	Not covered	\$0	\$0
D7880	Occlusal orthotic device, by report	Not covered	\$0	\$0
D7881	Occlusal orthotic device adjustment	Not covered	\$0	\$0
D7899	Unspecified TMD therapy, by report	Not covered	\$0	\$0
D7910	Suture of recent small wounds up to 5 cm	Not covered	\$0	\$0
D7911	Complicated suture - up to 5 cm	Not covered	\$0	\$0
D7912	Complicated suture - greater than 5 cm	Not covered	\$0	\$0
D7920	Skin graft (identify defect covered, location and type of graft)	Not covered	\$0	\$0
D7921	Collection and application of autologous blood concentrate product	Not covered	\$0	\$0
D7940	Osteoplasty (for orthognathic deformities)	Not covered	\$0	\$0
D7941	Osteotomy - mandibular rami	Not covered	\$0	\$0
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	Not covered	\$0	\$0
D7944	Osteotomy - segmented or subapical	Not covered	\$0	\$0
D7945	Osteotomy - body of mandible	Not covered	\$0	\$0
D7946	LeFort I (maxilla - total)	Not covered	\$0	\$0
D7947	LeFort I (maxilla - segmented)	Not covered	\$0	\$0
D7948	LeFort II or LeFort III (osteoplasty of facial bone for midface hypoplasia or retrusion)-without bone graft	Not covered	\$0	\$0
D7949	LeFort II or LeFort III - with bone graft	Not covered	\$0	\$0
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	Not covered	\$0	\$0
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	Not covered	\$0	\$0
D7952	Sinus augmentation via a vertical approach	Not covered	\$0	\$0
D7955	Repair of maxillofacial soft and/or hard tissue defect	Not covered	\$0	\$0
D7972	Surgical reduction of fibrous tuberosity	Not covered	\$0	\$0
D7980	Sialolithotomy	Not covered	\$0	\$0
D7981	Excision of salivary gland, by report	Not covered	\$0	\$0
D7982	Sialodochoplasty	Not covered	\$0	\$0
D7983	Closure of salivary fistula	Not covered	\$0	\$0
D7990	Emergency tracheotomy	Not covered	\$0	\$0
D7991	Coronoidectomy	Not covered	\$0	\$0
D7995	Synthetic graft - mandible or facial bones, by report	Not covered	\$0	\$0
D7996	Implant - mandible for augmentation purposes (excluding alveolar ridge), by report	Not covered	\$0	\$0
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	Not covered	\$0	\$0
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	Not covered	\$0	\$0
D7999	Unspecified oral surgery procedure, by report	Not covered	\$0	\$0
D8691	Repair of orthodontic appliance	Not covered	\$0	\$0
D8692	Replacement of lost or broken retainer	Not covered	\$0	\$0
D8694	Repair of fixed retainers, includes reattachment	Not covered	\$0	\$0
D8999	Unspecified orthodontic procedure, by report	Not covered	\$0	\$0
D9120	Fixed partial denture sectioning	Not covered	\$0	\$0
D9210	Local anesthesia not in conjunction with operative or surgical procedures	Not covered	\$0	\$0
D9211	Regional block anesthesia	Not covered	\$0	\$0
D9212	Trigeminal division block anesthesia	Not covered	\$0	\$0
D9215	Local anesthesia in conjunction with operative or surgical procedures	Not covered	\$0	\$0
D9219	Evaluation for deep sedation or general anesthesia	Not covered	\$0	\$0
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	Not covered	\$0	\$0
D9248	Non-intravenous conscious sedation This includes non-iv minimal and moderate sedation.	Not covered	\$0	\$0
D9410	House/extended care facility call	Not covered	\$0	\$0
D9420	Hospital or ambulatory surgical center call	Not covered	\$0	\$0
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	Not covered	\$0	\$0

CDT Code	Description	Category	In network	Out-of- network
D9440	Office visit - after regularly scheduled hours	Not covered	\$0	\$0
D9450	Case presentation, detailed and extensive treatment planning	Not covered	\$0	\$0
D9630	Other drugs and/or medicaments dispensed in the office for home use by report	Not covered	\$0	\$0
D9910	Application of desensitizing medicaments	Not covered	\$0	\$0
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	Not covered	\$0	\$0
D9920	Behavior management, by report	Not covered	\$0	\$0
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	Not covered	\$0	\$0
D9931	Cleaning and inspection of a removable appliance	Not covered	\$0	\$0
D9932	Cleaning and inspection of a removable complete denture, maxillary This procedure does not include any adjustments	Not covered	\$0	\$0
D9933	Cleaning and inspection of a removable complete denture, mandibular This procedure does not include any adjustments	Not covered	\$0	\$0
D9934	Cleaning and inspection of a removable partial denture, maxillary This procedure does not include any adjustments	Not covered	\$0	\$0
D9935	Cleaning and inspection of a removable partial denture, mandibular This procedure does not include any adjustments	Not covered	\$0	\$0
D9940	Occlusal guard, by report	Not covered	\$0	\$0
D9941	Fabrication of athletic mouthguard	Not covered	\$0	\$0
D9942	Repair and/or relin of an occlusal guard	Not covered	\$0	\$0
D9943	Occlusal guard adjustment	Not covered	\$0	\$0
D9950	Occlusal analysis - mounted case	Not covered	\$0	\$0
D9970	Enamel microabrasion	Not covered	\$0	\$0
D9971	Odontoplasty 1-2 teeth; includes removal of enamel projections	Not covered	\$0	\$0
D9972	External bleaching - per arch - performed in office	Not covered	\$0	\$0
D9973	External bleaching - per tooth	Not covered	\$0	\$0
D9974	Internal bleaching - per tooth	Not covered	\$0	\$0
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	Not covered	\$0	\$0
D9985	Sales tax	Not covered	\$0	\$0
D9986	Missed appointment	Not covered	\$0	\$0
D9987	Cancelled appointment	Not covered	\$0	\$0
D9999	Unspecified adjunctive procedure, by report	Not covered	\$0	\$0