

# Denti-Cal Bulletin



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VOLUME 24, NUMBER 1

PO BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609

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## ***Denti-Cal to Implement Current Dental Terminology Version 4 (CDT-4) Codes***

Effective March 1, 2008, Denti-Cal will begin accepting Current Dental Terminology Version 4 (CDT-4) procedure codes. **Prior to that date, CDT-4 codes will not be accepted by Denti-Cal and will be denied.**

Attached is the new Schedule of Maximum Allowances for the CDT-4 procedure codes to assist in submission of TARs and claims. For criteria of the new CDT-4 procedure codes, refer to Denti-Cal Bulletin Volume 23, Number 41, released in November 2007.

In preparation for the acceptance of CDT-4 codes, Denti-Cal seminars have focused on CDT-4 training and will do so through the first quarter of 2008. As implementation of CDT-4 will change criteria, all providers should consider the CDT-4 training seminars a must-attend event. Refer to Denti-Cal Bulletin Volume 23, Number 51, released in December 2007, for a complete first quarter seminar schedule. Please refer to the Denti-Cal Web site ([www.denti-cal.ca.gov](http://www.denti-cal.ca.gov)) Most Popular Links to view the Provider Bulletins. There is also a link from the Provider Seminars page.

CDT-4 changes the requirements for submission of documents in the following ways:

### **Claims**

- ◆ Claims submitted with dates of service before March 1, 2008 must utilize Denti-Cal local codes. Do not submit CDT-4 codes for dates of service prior to March 1, 2008. **They will be denied.**
- ◆ Claims submitted with dates of service on or after March 1, 2008 **must utilize CDT-4 codes.**
- ◆ **Do not submit claims with a mixture of local and CDT-4 codes.** They should be submitted on separate claims, based on date of service and the appropriate code set in effect.

### **Treatment Authorization Requests (TARs)**

- ◆ Effective March 1, 2008, TARs must be submitted with CDT-4 codes. Do not submit CDT-4 codes prior to March 1, 2008. **They will be denied.**
- ◆ Do not include services with dates of service prior to March 1, 2008. **The dated services with local codes will be denied.** They should be submitted on a separate claim.

- ◆ On and after March 1, 2008 Denti-Cal will convert all in-process TARs from local codes to CDT-4 codes. These documents will be subject to the new criteria and submission requirements for CDT-4 which may result in additional information required or a denial.

### Notices of Authorization (NOAs)

- ◆ NOAs issued with local codes will be valid after the effective date of March 1, 2008 as long as the services are rendered during the authorization period.
- ◆ If there is a change in the authorized treatment plan or additional services are required, do not add these services to the NOA. **They will be denied.** Submit a new claim or TAR for any additional services.

Look for additional information regarding CDT-4 in upcoming bulletins. For questions on the above, or any other information, please contact the Denti-Cal Telephone Service Center at (800) 423-0507.

### Denti-Cal Seminars Scheduled for January 2008

CDT Training/D141	Burlingame	January 10, 2008
CDT Training/D142	Oakland	January 11, 2008
CDT Training/D143	Oxnard	January 16, 2008
CDT Training/D144	Garden Grove	January 18, 2008
CDT Training/D145	Fresno	January 24, 2008
CDT Training/D146	Modesto	January 25, 2008
CDT Training/D147	Bakersfield	January 30, 2008
Ortho CDT Training/D148	Bakersfield	January 31, 2008

# DENTI-CAL SCHEDULE OF MAXIMUM ALLOWANCES

1. Fees payable to providers by Denti-Cal for covered services shall be the LESSER of:
  - a. provider's billed amount
  - b. the maximum allowance set forth in the schedule below
2. Refer to your Medi-Cal Dental 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 which is not payable separately

CDT-4 Codes	Procedure Code Description	Maximum \$\$ Allowance
<b>01-Diagnostic</b>		
D0120	Periodic oral evaluation	\$15.00
D0140	Limited oral evaluation – problem focused	\$35.00
D0150	Comprehensive oral evaluation – new or established patient	\$25.00
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
D0180	Comprehensive periodontal evaluation – new or established patient	Global
D0210	Intraoral – complete series (including bitewings)	\$40.00
D0220	Intraoral – periapical first film	\$10.00
D0230	Intraoral – periapical each additional film	\$3.00
D0240	Intraoral – occlusal film	\$10.00
D0250	Extraoral – first film	\$22.00
D0260	Extraoral – each additional film	\$5.00
D0270	Bitewing – single film	\$5.00
D0272	Bitewings – two films	\$10.00
D0274	Bitewings – four films	\$18.00
D0277	Vertical bitewings – 7 to 8 films	Global
D0290	Posterior – anterior or lateral skull and facial bone survey film	\$35.00
D0310	Sialography	\$100.00
D0320	Temporomandibular joint arthrogram, including injection	\$76.00
D0321	Other temporomandibular joint arthrogram, including injection	Not A Benefit
D0322	Tomographic survey	\$100.00
D0330	Panoramic film	\$25.00
D0340	Cephalometric film	\$50.00

<b>CDT-4 Codes</b>	<b>Procedure Code Description</b>	<b>Maximum \$\$ Allowance</b>
D0350	Oral/Facial images (including intra and extraoral images)	\$6.00
D0415	Bacteriologic studies for determination of pathologic agents	Not A Benefit
D0425	Caries susceptibility tests	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
D0480	Processing and interpretation of cytologic smears, including the preparation and transmission of written report	Not A Benefit
D0502	Other oral pathology procedures, by report	By Report
D0999	Unspecified diagnostic procedure, by report	\$46.00

## **02-Preventive**

D1110	Prophylaxis – adult	\$40.00
D1120	Prophylaxis – child	\$30.00
D1201	Topical application of fluoride (including prophylaxis) – child	\$35.00
D1203	Topical application of fluoride (prophylaxis not included) – child	\$8.00
D1204	Topical application of fluoride (prophylaxis not included) – adult	\$6.00
D1205	Topical application of fluoride (including prophylaxis) – adult	\$40.00
D1310	Nutritional counseling for control of dental disease	Global
D1320	Tobacco counseling for the control and prevention of oral disease	Global
D1330	Oral hygiene instructions	Global
D1351	Sealant – per tooth	\$22.00
D1510	Space maintainer-fixed – unilateral	\$120.00
D1515	Space maintainer-fixed – bilateral	\$200.00
D1520	Space maintainer-removable – unilateral	\$230.00
D1525	Space maintainer-removable – bilateral	\$230.00
D1550	Re-cementation of space maintainer	\$30.00

## **03-Restorative**

D2140	Amalgam – one surface, primary or permanent	\$39.00
D2150	Amalgam – two surfaces, primary or permanent	\$48.00
D2160	Amalgam – three surfaces, primary or permanent	\$57.00
D2161	Amalgam – four or more surfaces, primary or permanent	\$60.00
D2330	Resin-based composite – one surface, anterior	\$55.00

<b>CDT-4 Codes</b>	<b>Procedure Code Description</b>	<b>Maximum \$\$ Allowance</b>
D2331	Resin-based composite – two surfaces, anterior	\$60.00
D2332	Resin-based composite – three surfaces, anterior	\$65.00
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$85.00
D2390	Resin-based composite crown, anterior	\$75.00
D2391	Resin-based composite – one surface, posterior	\$39.00
D2392	Resin-based composite – two surfaces, posterior	\$48.00
D2393	Resin-based composite – three surfaces, posterior	\$57.00
D2394	Resin-based composite – four or more surfaces, posterior	\$60.00
D2410	Gold foil – one surface	Not A Benefit
D2420	Gold foil – two surfaces	Not A Benefit
D2430	Gold foil – three surfaces	Not A Benefit
D2510	Inlay – metallic – one surface	Not A Benefit
D2520	Inlay – metallic – two surfaces	Not A Benefit
D2530	Inlay – metallic – three surfaces	Not A Benefit
D2542	Onlay – metallic – two surfaces	Not A Benefit
D2543	Onlay – metallic – three surfaces	Not A Benefit
D2544	Onlay – metallic – four or more surfaces	Not A Benefit
D2610	Inlay – porcelain/ceramic – one surface	Not A Benefit
D2620	Inlay – porcelain/ceramic – two surfaces	Not A Benefit
D2630	Inlay – porcelain/ceramic – three or more surfaces	Not A Benefit
D2642	Onlay – porcelain/ceramic – two surfaces	Not A Benefit
D2643	Onlay – porcelain/ceramic – three surfaces	Not A Benefit
D2644	Onlay – porcelain/ceramic – four or more surfaces	Not A Benefit
D2650	Inlay – resin-based composite – one surface	Not A Benefit
D2651	Inlay – resin-based composite – two surfaces	Not A Benefit
D2652	Inlay – resin-based composite – three or more surfaces	Not A Benefit
D2662	Onlay – resin-based composite – two surfaces	Not A Benefit
D2663	Onlay – resin-based composite – three surfaces	Not A Benefit
D2664	Onlay – resin-based composite – four or more surfaces	Not A Benefit
D2710	Crown – resin (indirect)	\$150.00
D2720	Crown – resin with high noble metal	Not A Benefit
D2721	Crown – resin with predominantly base metal	\$220.00
D2722	Crown – resin with noble metal	Not A Benefit
D2740	Crown – porcelain/ceramic substrate	\$340.00
D2750	Crown – porcelain fused to high noble metal	Not A Benefit
D2751	Crown – porcelain fused to predominantly base metal	\$340.00
D2752	Crown – porcelain fused to noble metal	Not A Benefit
D2780	Crown – 3/4 cast high noble metal	Not A Benefit

<b>CDT-4 Codes</b>	<b>Procedure Code Description</b>	<b>Maximum \$\$ Allowance</b>
D2781	Crown – 3/4 cast predominantly base metal	\$340.00
D2782	Crown – 3/4 cast noble metal	Not A Benefit
D2783	Crown – 3/4 porcelain/ceramic	\$340.00
D2790	Crown – full cast high noble metal	Not A Benefit
D2791	Crown – full cast predominantly base metal	\$340.00
D2792	Crown – full cast noble metal	Not A Benefit
D2799	Provisional crown	Not A Benefit
D2910	Recement inlay	\$30.00
D2920	Recement crown	\$30.00
D2930	Prefabricated stainless steel crown – primary tooth	\$75.00
D2931	Prefabricated stainless steel crown – permanent tooth	\$90.00
D2932	Prefabricated resin crown	\$75.00
D2933	Prefabricated stainless steel crown with resin window	\$75.00
D2940	Sedative filling	\$45.00
D2950	Core buildup, including any pins	Global
D2951	Pin retention – per tooth, in addition to restoration	\$80.00
D2952	Cast post and core in addition to crown	\$75.00
D2953	Each additional cast post – same tooth	Global
D2954	Prefabricated post and core in addition to crown	\$75.00
D2955	Post removal (not in conjunction with endodontic therapy)	Global
D2957	Each additional prefabricated post - same tooth	Global
D2960	Labial veneer (resin laminate) – chairside	Not A Benefit
D2961	Labial veneer (resin laminate) – laboratory	Not A Benefit
D2962	Labial veneer (porcelain laminate) – laboratory	Not A Benefit
D2970	Temporary crown (fractured tooth)	\$45.00
D2980	Crown repair, by report	\$60.00
D2999	Unspecified restorative procedure, by report	\$50.00

#### **04-Endodontics**

D2940	Sedative filling	\$45.00
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
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	Anterior (excluding final restoration)	\$216.00

<b>CDT-4 Codes</b>	<b>Procedure Code Description</b>	<b>Maximum \$\$ Allowance</b>
D3320	Bicuspid (excluding final restoration)	\$261.00
D3330	Molar (excluding final restoration)	\$331.00
D3331	Treatment of root canal obstruction; non-surgical access	Global
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	Not A Benefit
D3333	Internal root repair of perforation defects	Global
D3346	Retreatment of previous root canal therapy – anterior	\$216.00
D3347	Retreatment of previous root canal therapy – bicuspid	\$261.00
D3348	Retreatment of previous root canal therapy – molar	\$331.00
D3351	Apexification/Recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$100.00
D3352	Apexification/Recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	\$100.00
D3353	Apexification/Recalcification – final visit (apical closure/calcific repair of perforations, root resorption, etc.)	Not A Benefit
D3410	Apicoectomy/Periradicular surgery – anterior	\$100.00
D3421	Apicoectomy/Periradicular surgery – bicuspid (first root)	\$100.00
D3425	Apicoectomy/Periradicular surgery – molar (first root)	\$100.00
D3426	Apicoectomy/Periradicular surgery – (each additional root)	\$100.00
D3430	Retrograde filling – per root	Global
D3450	Root amputation – per root	Not A Benefit
D3460	Endodontic endosseous implant	Not A Benefit
D3470	Intentional reimplantation (including necessary splinting)	Not A Benefit
D3910	Surgical procedure for isolation of tooth with rubber dam	Global
D3920	Hemisection (including any root removal), not including root canal therapy	Not A Benefit
D3950	Canal preparation and fitting of preformed dowel or post	Not A Benefit
D3999	Unspecified endodontic procedure, by report	\$42.00

#### **05-Periodontics**

D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant	\$185.00
D4211	Gingivectomy or gingivoplasty – one to three teeth, per quadrant	\$110.00
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or bounded teeth spaces per quadrant	Not A Benefit
D4241	Gingival flap procedure, including root planing – one to three teeth per quadrant	Not A Benefit
D4245	Apically positioned flap	Not A Benefit
D4249	Clinical crown lengthening – hard tissue	Not A Benefit
D4260	Osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant	\$350.00
D4261	Osseous surgery (including flap entry and closure) – one to three teeth, per quadrant	\$245.00
D4263	Bone replacement graft – first site in quadrant	Not A Benefit

<b>CDT-4 Codes</b>	<b>Procedure Code Description</b>	<b>Maximum \$\$ Allowance</b>
D4264	Bone replacement graft – each additional site in quadrant	Not A Benefit
D4265	Biologic materials to aid in soft and osseous tissue regeneration	Global
D4266	Guided tissue regeneration – resorbable barrier, per site	Not A Benefit
D4267	Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)	Not A Benefit
D4268	Surgical revision procedure, per tooth	Not A Benefit
D4270	Pedicle soft tissue graft procedure	Not A Benefit
D4271	Free soft tissue graft procedure (including donor site surgery)	Not A Benefit
D4273	Subepithelial connective tissue graft procedures	Not A Benefit
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	Not A Benefit
D4275	Soft tissue allograft	Not A Benefit
D4276	Combined connective tissue and double pedicle graft	Not A Benefit
D4320	Provisional splinting – intracoronal	Not A Benefit
D4321	Provisional splinting – extracoronal	Not A Benefit
D4341	Periodontal scaling and root planing – four or more contiguous teeth or bounded teeth spaces per quadrant	\$50.00
D4342	Periodontal scaling and root planing – one to three teeth, per quadrant	\$30.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	Global
D4381	Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	Global
D4910	Periodontal maintenance	Not A Benefit
D4920	Unscheduled dressing change (by someone other than treating dentist)	\$45.00
D4999	Unspecified periodontal procedure, by report	By Report

## **06-Prosthetics**

D5110	Complete denture – maxillary	\$450.00
D5120	Complete denture – mandibular	\$450.00
D5130	Immediate denture – maxillary	\$450.00
D5140	Immediate denture – mandibular	\$450.00
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$250.00
D5212	Mandibular partial denture – resin base (including any conventional clasps, rest and teeth)	\$250.00
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rest and teeth)	\$470.00
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rest and teeth)	\$470.00
D5281	Removable unilateral partial denture – one piece cast metal (including clasps and teeth)	Not A Benefit
D5410	Adjust complete denture – maxillary	\$25.00
D5411	Adjust complete denture – mandibular	\$25.00



<b>CDT-4 Codes</b>	<b>Procedure Code Description</b>	<b>Maximum \$\$ Allowance</b>
D5421	Adjust partial denture – maxillary	\$25.00
D5422	Adjust partial denture – mandibular	\$25.00
D5510	Repair broken complete denture base	\$50.00
D5520	Replace missing or broken teeth – complete denture (each tooth)	\$50.00
D5610	Repair resin denture base	\$60.00
D5620	Repair cast framework	\$230.00
D5630	Repair or replace broken clasp	\$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	\$100.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	Not A Benefit
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	Not A Benefit
D5710	Rebase complete maxillary denture	Not A Benefit
D5711	Rebase complete mandibular denture	Not A Benefit
D5720	Rebase maxillary partial denture	Not A Benefit
D5721	Rebase mandibular partial denture	Not A Benefit
D5730	Reline complete maxillary denture (chairside)	\$70.00
D5731	Reline complete mandibular denture (chairside)	\$70.00
D5740	Reline maxillary partial denture (chairside)	\$70.00
D5741	Reline mandibular partial denture (chairside)	\$70.00
D5750	Reline complete maxillary denture (laboratory)	\$140.00
D5751	Reline complete mandibular denture (laboratory)	\$140.00
D5760	Reline maxillary partial denture (laboratory)	\$140.00
D5761	Reline mandibular partial denture (laboratory)	\$140.00
D5810	Interim complete denture (maxillary)	Not A Benefit
D5811	Interim complete denture (mandibular)	Not A Benefit
D5820	Interim partial denture (maxillary)	Not A Benefit
D5821	Interim partial denture (mandibular)	Not A Benefit
D5850	Tissue conditioning, maxillary	\$50.00
D5851	Tissue conditioning, mandibular	\$50.00
D5860	Overdenture – complete, by report	\$450.00
D5861	Overdenture – partial, by report	Not A Benefit
D5862	Precision attachment, by report	Global
D5867	Replacement of replaceable part of semi-precision or precision attachment (male or female component)	Not A Benefit
D5875	Modification of removable prosthesis following implant surgery	Not A Benefit
D5899	Unspecified removable prosthodontic procedure, by report	By Report

<b>CDT-4 Codes</b>	<b>Procedure Code Description</b>	<b>Maximum \$\$ Allowance</b>
<b>07-MFO Prosthetics</b>		
D5911	Facial moulage (sectional)	\$425.00
D5912	Facial moulage (complete)	\$534.00
D5913	Nasal prosthesis	\$1,200.00
D5914	Auricular prosthesis	\$1,200.00
D5915	Orbital prosthesis	\$600.00
D5916	Ocular prosthesis	\$1,200.00
D5919	Facial prosthesis	\$1,200.00
D5922	Nasal septal prosthesis	\$600.00
D5923	Ocular prosthesis, interim	\$600.00
D5924	Cranial prosthesis	\$1,400.00
D5925	Facial augmentation implant prosthesis	\$300.00
D5926	Nasal prosthesis, replacement	\$300.00
D5927	Auricular prosthesis, replacement	\$300.00
D5928	Orbital prosthesis, replacement	\$300.00
D5929	Facial prosthesis, replacement	\$300.00
D5931	Obturator prosthesis, surgical	\$1,000.00
D5932	Obturator prosthesis, definitive	\$1,500.00
D5933	Obturator prosthesis, modification	\$225.00
D5934	Mandibular resection prosthesis with guide flange	\$1,700.00
D5935	Mandibular resection prosthesis without guide flange	\$1,400.00
D5936	Obturator prosthesis, interim	\$900.00
D5937	Trismus appliance (not for TMD treatment)	\$125.00
D5951	Feeding aid	\$200.00
D5952	Speech aid prosthesis, pediatric	\$800.00
D5953	Speech aid prosthesis, adult	\$1,450.00
D5954	Palatal augmentation prosthesis	\$200.00
D5955	Palatal lift prosthesis, definitive	\$1,400.00
D5958	Palatal lift prosthesis, interim	\$800.00
D5959	Palatal lift prosthesis, modification	\$220.00
D5960	Speech aid prosthesis, modification	\$220.00
D5982	Surgical stent	\$125.00
D5983	Radiation carrier	\$80.00
D5984	Radiation shield	\$200.00
D5985	Radiation cone locator	\$200.00
D5986	Fluoride gel carrier	\$80.00
D5987	Commissure splint	\$125.00
D5988	Surgical splint	\$205.00

<b>CDT-4 Codes</b>	<b>Procedure Code Description</b>	<b>Maximum \$\$ Allowance</b>
D5999	Unspecified maxillofacial prosthesis, by report	By Report
<b>08-Implant</b>		
D6010	Surgical placement of implant body: endosteal implant	By Report
D6020	Abutment placement of substitution: endosteal implant	By Report
D6040	Surgical placement: eposteal implant	By Report
D6050	Surgical placement: transosteal implant	By Report
D6053	Implant/Abutment supported removable denture for completely edentulous arch	By Report
D6054	Implant/Abutment supported removable denture for partially edentulous arch	By Report
D6055	Dental implant supported connecting bar	By Report
D6056	Prefabricated abutment	By Report
D6057	Custom abutment	By Report
D6058	Abutment supported porcelain/ceramic crown	By Report
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	By Report
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	By Report
D6061	Abutment supported porcelain fused to metal crown (noble metal)	By Report
D6062	Abutment supported cast metal crown (high noble metal)	By Report
D6063	Abutment supported cast metal crown (predominantly base metal)	By Report
D6064	Abutment supported cast metal crown (noble metal)	By Report
D6065	Implant supported porcelain/ceramic crown	By Report
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	By Report
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	By Report
D6068	Abutment supported retainer for porcelain/ceramic FPD	By Report
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	By Report
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)	By Report
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	By Report
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	By Report
D6074	Abutment supported retainer for cast metal FPD (noble metal)	By Report
D6075	Implant supported retainer for ceramic FPD	By Report
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	By Report
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	By Report
D6078	Implant/Abutment supported fixed denture for completely edentulous arch	By Report
D6079	Implant/Abutment supported fixed denture for partially edentulous arch	By Report

<b>CDT-4 Codes</b>	<b>Procedure Code Description</b>	<b>Maximum \$\$ Allowance</b>
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	By Report
D6090	Repair implant supported prosthesis, by report	By Report
D6095	Repair implant abutment, by report	By Report
D6100	Implant removal, by report	\$45.00
D6199	Unspecified implant procedure, by report	By Report

### **09-Prosthetic Fixed**

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
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
D6245	Pontic – porcelain/ceramic	\$325.00
D6250	Pontic – resin with high noble metal	Not A Benefit
D6251	Pontic – resin with predominantly base metal	\$325.00
D6252	Pontic – resin with noble metal	Not A Benefit
D6253	Provisional pontic	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
D6600	Inlay – porcelain/ceramic, two surfaces	Not A Benefit
D6601	Inlay – porcelain/ceramic, three or more surfaces	Not A Benefit
D6602	Inlay – cast high noble metal, two surfaces	Not A Benefit
D6603	Inlay – cast high noble metal, three or more surfaces	Not A Benefit
D6604	Inlay – cast predominantly base metal, two surfaces	Not A Benefit
D6605	Inlay – cast predominantly base metal, three or more surfaces	Not A Benefit
D6606	Inlay – cast noble metal, two surfaces	Not A Benefit
D6607	Inlay – cast noble metal, three or more surfaces	Not A Benefit
D6608	Onlay – porcelain/ceramic, two surfaces	Not A Benefit
D6609	Onlay – porcelain/ceramic, three or more surfaces	Not A Benefit
D6610	Onlay – cast high noble metal, two surfaces	Not A Benefit
D6611	Onlay – cast high noble metal, three or more surfaces	Not A Benefit
D6612	Onlay – cast predominantly base metal, two surfaces	Not A Benefit
D6613	Onlay – cast predominantly base metal, three or more surfaces	Not A Benefit
D6614	Onlay – cast noble metal, two surfaces	Not A Benefit
D6615	Onlay – cast noble metal, three or more surfaces	Not A Benefit
D6720	Crown – resin with high noble metal	Not A Benefit
D6721	Crown – resin with predominantly base metal	\$220.00

<b>CDT-4 Codes</b>	<b>Procedure Code Description</b>	<b>Maximum \$\$ Allowance</b>
D6722	Crown – resin with noble metal	Not A Benefit
D6740	Crown – porcelain/ceramic	\$340.00
D6750	Crown – porcelain fused to high noble metal	Not A Benefit
D6751	Crown – porcelain fused to predominantly base metal	\$340.00
D6752	Crown – porcelain fused to noble metal	Not A Benefit
D6780	Crown – 3/4 cast high noble metal	Not A Benefit
D6781	Crown – 3/4 cast predominantly base metal	\$340.00
D6782	Crown – 3/4 cast noble metal	Not A Benefit
D6783	Crown – 3/4 porcelain/ceramic	\$340.00
D6790	Crown – full cast high noble metal	Not A Benefit
D6791	Crown – full cast predominantly base metal	\$340.00
D6792	Crown – full cast noble metal	Not A Benefit
D6793	Provisional retainer crown	Not A Benefit
D6920	Connector bar	Not A Benefit
D6930	Recement fixed partial denture	\$50.00
D6940	Stress breaker	Not A Benefit
D6950	Precision attachment	Not A Benefit
D6970	Cast post and core in addition to fixed partial denture retainer	\$75.00
D6971	Cast post as part of fixed partial denture retainer	\$75.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer	\$75.00
D6973	Core build up for retainer, including any pins	Global
D6975	Coping – metal	Not A Benefit
D6976	Each additional cast post – same tooth	Global
D6977	Each additional prefabricated post – same tooth	Global
D6980	Fixed partial denture repair, by report	\$75.00
D6985	Pediatric partial denture, fixed	Not A Benefit
D6999	Unspecified fixed prosthodontic procedure, by report	By Report

### **10-Oral Surgery**

D7111	Coronal remnants – deciduous tooth	\$41.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$41.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$85.00
D7220	Removal of impacted tooth – soft tissue	\$100.00
D7230	Removal of impacted tooth – partially bony	\$135.00
D7240	Removal of impacted tooth – completely bony	\$165.00
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$235.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$100.00

<b>CDT-4 Codes</b>	<b>Procedure Code Description</b>	<b>Maximum \$\$ Allowance</b>
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	Surgical access of an unerupted tooth	\$100.00
D7281	Surgical exposure of impacted or unerupted tooth to aid eruption	\$135.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	Not A Benefit
D7285	Biopsy of oral tissue – hard (bone, tooth)	\$100.00
D7286	Biopsy of oral tissue – soft (all others)	\$30.00
D7287	Cytology sample collection	Not A Benefit
D7290	Surgical repositioning of teeth	\$135.00
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$50.00
D7310	Alveoloplasty in conjunction with extractions – per quadrant	\$50.00
D7320	Alveoloplasty not in conjunction with extractions – per quadrant	\$100.00
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
D7410	Excision of benign lesion up to 1.25 cm	\$100.00
D7411	Excision of benign lesion greater than 1.25 cm	\$250.00
D7412	Excision of benign lesion, complicated	\$325.00
D7413	Excision of malignant lesion up to 1.25 cm	\$325.00
D7414	Excision of malignant lesion greater than 1.25 cm	\$400.00
D7415	Excision of malignant lesion, complicated	\$450.00
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm	\$325.00
D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm	\$500.00
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	\$100.00
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	\$200.00
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	\$100.00
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	\$250.00
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$50.00
D7471	Removal of lateral exostosis (maxilla or mandible)	\$100.00
D7472	Removal of torus palatinus	\$200.00
D7473	Removal of torus mandibularis	\$100.00
D7485	Surgical reduction of osseous tuberosity	\$75.00

<b>CDT-4 Codes</b>	<b>Procedure Code Description</b>	<b>Maximum \$\$ Allowance</b>
D7490	Radical resection of mandible with bone graft	\$1,200.00
D7510	Incision and drainage of abscess – intraoral soft tissue	\$50.00
D7520	Incision and drainage of abscess – extraoral soft tissue	\$75.00
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
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$100.00
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$380.00
D7610	Maxilla – open reduction (teeth immobilized, if present)	\$1,000.00
D7620	Maxilla – closed reduction (teeth immobilized, if present)	\$500.00
D7630	Mandible – open reduction (teeth immobilized, if present)	\$1,200.00
D7640	Mandible – closed reduction (teeth immobilized, if present)	\$700.00
D7650	Malar and/or zygomatic arch – open reduction	\$500.00
D7660	Malar and/or zygomatic arch – closed reduction	\$250.00
D7670	Alveolus – closed reduction, may include stabilization of teeth	\$225.00
D7671	Alveolus – open reduction, may include stabilization of teeth	\$275.00
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches	By Report
D7710	Maxilla – open reduction	\$1,200.00
D7720	Maxilla – closed reduction	\$800.00
D7730	Mandible – open reduction	\$1,200.00
D7740	Mandible – closed reduction	\$800.00
D7750	Malar and/or zygomatic arch – open reduction	\$500.00
D7760	Malar and/or zygomatic arch – closed reduction	\$250.00
D7770	Alveolus – open reduction stabilization of teeth	\$1,000.00
D7771	Alveolus, closed reduction stabilization of teeth	\$500.00
D7780	Facial bones – complicated reduction with fixation and multiple surgical 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
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

<b>CDT-4 Codes</b>	<b>Procedure Code Description</b>	<b>Maximum \$\$ Allowance</b>
D7871	Non-arthroscopic lysis and lavage	Global
D7872	Arthroscopy – diagnosis, with or without biopsy	\$800.00
D7873	Arthroscopy – surgical: lavage and lysis of adhesions	\$800.00
D7874	Arthroscopy – surgical: disc repositioning and stabilization	\$800.00
D7875	Arthroscopy – surgical: synovectomy	\$800.00
D7876	Arthroscopy – surgical: discectomy	\$1,000.00
D7877	Arthroscopy – surgical: debridement	\$800.00
D7880	Occlusal orthotic device, by report	\$300.00
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
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 – per sextant or quadrant	\$600.00
D7945	Osteotomy – body of mandible	\$600.00
D7946	LeFort I (maxilla – total)	\$1,300.00
D7947	LeFort I (maxilla – segmented)	\$2,000.00
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft	\$2,300.00
D7949	LeFort II or LeFort III – with bone graft	\$3,000.00
D7950	Osseous, osteoperiosteal, or cartilage graft of mandible or facial bones – autogenous or nonautogenous, by report	\$800.00
D7955	Repair of maxillofacial soft and hard tissue defect	By Report
D7960	Frenulectomy (frenectomy or frenotomy) – separate procedure	\$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
D7980	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
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



CDT-4 Codes	Procedure Code Description	Maximum \$\$ Allowance
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	\$45.00
D7999	Unspecified oral surgery procedure, by report	By Report

## 11-Orthodontics

D8010	Limited orthodontic treatment of the primary dentition	Not A Benefit
D8020	Limited orthodontic treatment of the transitional dentition	Not A Benefit
D8030	Limited orthodontic treatment of the adolescent dentition	Not A Benefit
D8040	Limited orthodontic treatment of the adult dentition	Not A Benefit
D8050	Interceptive orthodontic treatment of the primary dentition	Not A Benefit
D8060	Interceptive orthodontic treatment of the transitional dentition	Not A Benefit
D8070	Comprehensive orthodontic treatment of the transitional dentition	Not A Benefit
D8080	Comprehensive orthodontic treatment of the adolescent dentition <i>Handicapping malocclusion</i>	\$750.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition <i>Cleft palate - primary dentition</i>	\$425.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition <i>Cleft palate - mixed dentition</i>	\$625.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition <i>Cleft palate - permanent dentition</i>	\$925.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition <i>Facial growth management - primary dentition</i>	\$425.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition <i>Facial growth management - mixed dentition</i>	\$625.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition <i>Facial growth management - permanent dentition</i>	\$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 visit	\$50.00
D8670	Periodic orthodontic treatment visit (as part of contract) <i>Handicapping malocclusion</i>	\$70.00
D8670	Periodic orthodontic treatment visit (as part of contract) <i>Cleft palate - primary dentition</i>	\$50.00
D8670	Periodic orthodontic treatment visit (as part of contract) <i>Cleft palate - mixed dentition</i>	\$50.00
D8670	Periodic orthodontic treatment visit (as part of contract) <i>Cleft palate - permanent dentition</i>	\$100.00
D8670	Periodic orthodontic treatment visit (as part of contract) <i>Facial growth management - primary dentition</i>	\$50.00

<b>CDT-4 Codes</b>	<b>Procedure Code Description</b>	<b>Maximum \$\$ Allowance</b>
D8670	Periodic orthodontic treatment visit (as part of contract) <i>Facial growth management - mixed dentition</i>	\$50.00
D8670	Periodic orthodontic treatment visit (as part of contract) <i>Facial growth management - permanent dentition</i>	\$100.00
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$244.00
D8690	Orthodontic treatment (alternative billing to a contract fee)	Not A Benefit
D8691	Repair of orthodontic appliance	\$50.00
D8692	Replacement of lost or broken retainer	\$200.00
D8999	Unspecified orthodontic procedure, by report	By Report

## 12-Adjunctive General

D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$45.00
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	Global
D9220	Deep sedation/general anesthesia – first 30 minutes	\$127.00
D9221	Deep sedation/general anesthesia – each additional 15 minutes	\$63.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$25.00
D9241	Intravenous conscious sedation/analgesia – first 30 minutes	\$100.00
D9242	Intravenous conscious sedation/analgesia – each additional 15 minutes	\$30.00
D9248	Non-intravenous conscious sedation	\$25.00
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	Global
D9410	House/Extended care facility call	\$20.00
D9420	Hospital call	\$50.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$20.00
D9440	Office visit – after regularly scheduled hours	\$20.00
D9450	Case presentation, detailed and extensive treatment planning	Not A Benefit
D9610	Therapeutic drug injection, by report	\$15.00
D9630	Other drugs and/or medicaments, by report	Not A Benefit
D9910	Application of desensitizing medicament	\$43.00
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	Not A Benefit
D9920	Behavior management, by report	Not A Benefit
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	\$15.00
D9940	Occlusal guard, by report	Not A Benefit
D9941	Fabrication of athletic mouthguard	Not A Benefit

<b>CDT-4 Codes</b>	<b>Procedure Code Description</b>	<b>Maximum \$\$ Allowance</b>
D9950	Occlusion analysis – mounted case	\$180.00
D9951	Occlusal adjustment – limited	\$25.00
D9952	Occlusal adjustment – complete	\$400.00
D9970	Enamel microabrasion	Not A Benefit
D9971	Odontoplasty 1-2 teeth; includes removal of enamel projections	Not A Benefit
D9972	External bleaching – per arch	Not A Benefit
D9973	External bleaching – per tooth	Not A Benefit
D9974	Internal bleaching – per tooth	Not A Benefit
D9999	Unspecified adjunctive procedure, by report	By Report