

Covered California 2025 Dental Copay Schedule

Date: April 18, 2024

***To the extent that adult dental plan benefits are not essential health benefits, the standardization of copays expressed in this document do not mandate their inclusion in a dental plan.**

Member Cost Share amounts describe the Enrollee's out of pocket costs.

| Procedure Category | CDT Code | Updated CDT-25- Nomenclature | Pediatric Dental EHB | *Adult Dental |
|--------------------|----------|---|------------------------------|------------------------------|
| | | | Up to Age 19 | 19 and Older |
| | | | In-Network Member Cost Share | In-Network Member Cost Share |
| Diagnostic | D0120 | Periodic oral evaluation - established patient | No Charge | No Charge |
| | D0140 | Limited oral evaluation - problem focused | No Charge | No Charge |
| | D0145 | Oral evaluation for a patient under three years of age and counseling with primary caregiver | No Charge | Not Covered |
| | D0150 | Comprehensive oral evaluation - new or established patient | No Charge | No Charge |
| | D0160 | Detailed and extensive oral evaluation - problem focused, by report | No Charge | No Charge |
| | D0170 | Re-evaluation - limited, problem focused (established patient; not post-operative visit) | No Charge | No Charge |
| | D0171 | Re-evaluation – post-operative office visit | No Charge | No Charge |
| | D0180 | Comprehensive periodontal evaluation - new or established patient | No Charge | No Charge |
| | D0190 | Screening of a patient | Not Covered | No Charge |
| | D0191 | Assessment of a patient | Not Covered | No Charge |
| | D0210 | Intraoral - comprehensive series of radiographic images | No Charge | No Charge |
| | D0220 | Intraoral - periapical first radiographic image | No Charge | No Charge |
| | D0230 | Intraoral - periapical each additional radiographic image | No Charge | No Charge |
| | D0240 | Intraoral - occlusal radiographic image | No Charge | No Charge |
| | D0250 | Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector | No Charge | No Charge |
| | D0251 | Extra-oral posterior dental radiographic image | No Charge | Not Covered |
| | D0270 | Bitewing - single radiographic image | No Charge | No Charge |
| | D0272 | Bitewings - two radiographic images | No Charge | No Charge |
| | D0273 | Bitewings - three radiographic images | No Charge | No Charge |
| | D0274 | Bitewings - four radiographic images | No Charge | No Charge |
| | D0277 | Vertical bitewings - 7 to 8 radiographic images | No Charge | No Charge |
| | D0310 | Sialography | No Charge | No Charge |
| | D0320 | Temporomandibular joint arthrogram, including injection | No Charge | No Charge |
| | D0322 | Tomographic survey | No Charge | No Charge |
| | D0330 | Panoramic radiographic image | No Charge | No Charge |
| | D0340 | 2D cephalometric radiographic image – acquisition, measurement and analysis | No Charge | No Charge |
| | D0350 | 2D oral/facial photographic image obtained intra-orally or extra-orally | No Charge | No Charge |
| | D0396 | 3D printing of a 3D dental surface scan | No Charge | No Charge |
| | D0419 | Assessment of salivary flow by measurement | Not Covered | No Charge |
| | D0431 | Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures | Not Covered | No Charge |
| | D0460 | Pulp vitality tests | No Charge | No Charge |
| | D0470 | Diagnostic casts | No Charge | No Charge |
| | D0502 | Other oral pathology procedures, by report | No Charge | No Charge |
| | D0601 | Caries risk assessment and documentation, with a finding of low risk | No Charge | No Charge |
| | D0602 | Caries risk assessment and documentation, with a finding of moderate risk | No Charge | No Charge |
| | D0603 | Caries risk assessment and documentation, with a finding of high risk | No Charge | No Charge |
| | D0701 | Panoramic radiographic image – image capture only | No Charge | No Charge |
| | D0702 | 2-D cephalometric radiographic image – image capture only | No Charge | No Charge |
| | D0703 | 2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only | No Charge | No Charge |
| | D0705 | Extra-oral posterior dental radiographic image – image capture only | No Charge | Not Covered |

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|--------------------|-------------|--|---|------------------------------|
| | | | Up to Age 19 | 19 and Older |
| | | | In-Network Member Cost Share | In-Network Member Cost Share |
| | D0706 | Intraoral – occlusal radiographic image – image capture only | No Charge | No Charge |
| | D0707 | Intraoral – periapical radiographic image – image capture only | No Charge | No Charge |
| | D0708 | Intraoral – bitewing radiographic image – image capture only | No Charge | No Charge |
| | D0709 | Intraoral – comprehensive series of radiographic images – image capture only | No Charge | No Charge |
| | D0801 | 3D dental surface scan - direct | No Charge | No Charge |
| | D0802 | 3D dental surface scan - indirect | No Charge | No Charge |
| | D0803 | 3D facial surface scan - direct | No Charge | No Charge |
| | D0804 | 3D facial surface scan - indirect | No Charge | No Charge |
| | D0999 | Unspecified diagnostic procedure, by report | No Charge | No Charge |
| Preventive | D1110 | Prophylaxis - adult | No Charge | No Charge |
| | D1120 | Prophylaxis - child | No Charge | Not Covered |
| | D1206 | Topical application of fluoride varnish | No Charge | No Charge |
| | D1208 | Topical application of fluoride – excluding varnish | No Charge | No Charge |
| | D1310 | Nutritional counseling for control of dental disease | No Charge | No Charge |
| | D1320 | Tobacco counseling for the control and prevention of oral disease | No Charge | No Charge |
| | D1321 | Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use | No Charge | No Charge |
| | D1330 | Oral hygiene instructions | No Charge | No Charge |
| | D1351 | Sealant - per tooth | No Charge | No Charge |
| | D1352 | Preventive resin restoration in a moderate to high caries risk patient – permanent tooth | No Charge | Not Covered |
| | D1353 | Sealant repair – per tooth | No Charge | No Charge |
| | D1354 | Interim caries arresting medicament application - per tooth | No Charge | No Charge |
| | D1355 | Caries preventive medicament application – per tooth | No Charge | No Charge |
| | D1510 | Space maintainer - fixed - unilateral - per quadrant | No Charge | No Charge |
| | D1516 | Space maintainer – fixed – bilateral, maxillary | No Charge | No Charge |
| | D1517 | Space maintainer – fixed – bilateral, mandibular | No Charge | No Charge |
| | D1520 | Space maintainer - removable - unilateral - per quadrant | No Charge | No Charge |
| | D1526 | Space maintainer – removable – bilateral, maxillary | No Charge | No Charge |
| | D1527 | Space maintainer – removable – bilateral, mandibular | No Charge | No Charge |
| | D1551 | Re-cement or re-bond bilateral space maintainer - maxillary | No Charge | No Charge |
| | D1552 | Re-cement or re-bond bilateral space maintainer - mandibular | No Charge | No Charge |
| | D1553 | Re-cement or re-bond unilateral space maintainer - per quadrant | No Charge | No Charge |
| | D1556 | Removal of fixed unilateral space maintainer - per quadrant | No Charge | No Charge |
| | D1557 | Removal of fixed bilateral space maintainer - maxillary | No Charge | No Charge |
| | D1558 | Removal of fixed bilateral space maintainer - mandibular | No Charge | No Charge |
| | D1575 | Distal shoe space maintainer – fixed, unilateral - per quadrant | No Charge | No Charge |
| | Restorative | D2140 | Amalgam - one surface, primary or permanent | \$25 |
| D2150 | | Amalgam - two surfaces, primary or permanent | \$30 | \$30 |
| D2160 | | Amalgam - three surfaces, primary or permanent | \$40 | \$40 |
| D2161 | | Amalgam - four or more surfaces, primary or permanent | \$45 | \$45 |
| D2330 | | Resin-based composite - one surface, anterior | \$30 | \$30 |
| D2331 | | Resin-based composite - two surfaces, anterior | \$45 | \$45 |
| D2332 | | Resin-based composite - three surfaces, anterior | \$55 | \$55 |
| D2335 | | Resin-based composite - four or more surfaces (anterior) | \$60 | \$60 |
| D2390 | | Resin-based composite crown, anterior | \$50 | \$50 |
| D2391 | | Resin-based composite - one surface, posterior | \$30 | \$30 |

| Procedure Category | CDT Code | Updated CDT-25- Nomenclature | Pediatric | *Adult Dental |
|--------------------|----------|---|------------------------------|------------------------------|
| | | | Dental EHB | |
| | | | Up to Age 19 | 19 and Older |
| | | | In-Network Member Cost Share | In-Network Member Cost Share |
| | D2392 | Resin-based composite - two surfaces, posterior | \$40 | \$40 |
| | D2393 | Resin-based composite - three surfaces, posterior | \$50 | \$50 |
| | D2394 | Resin-based composite - four or more surfaces, posterior | \$70 | \$70 |
| | D2542 | Onlay - metallic - two surfaces | Not Covered | \$185 |
| | D2543 | Onlay - metallic - three surfaces | Not Covered | \$200 |
| | D2544 | Onlay - metallic - four or more surfaces | Not Covered | \$215 |
| | D2642 | Onlay - porcelain/ceramic - two surfaces | Not Covered | \$250 |
| | D2643 | Onlay - porcelain/ceramic - three surfaces | Not Covered | \$275 |
| | D2644 | Onlay - porcelain/ceramic - four or more surfaces | Not Covered | \$300 |
| | D2662 | Onlay - resin-based composite - two surfaces | Not Covered | \$160 |
| | D2663 | Onlay - resin-based composite - three surfaces | Not Covered | \$180 |
| | D2664 | Onlay - resin-based composite - four or more surfaces | Not Covered | \$200 |
| | D2710 | Crown - resin-based composite (indirect) | \$140 | \$140 |
| | D2712 | Crown - 3/4 resin-based composite (indirect) | \$190 | \$200 |
| | D2720 | Crown - resin with high noble metal | Not Covered | \$300 |
| | D2721 | Crown - resin with predominantly base metal | \$300 | \$300 |
| | D2722 | Crown - resin with noble metal | Not Covered | \$300 |
| | D2740 | Crown - porcelain/ceramic | \$300 | \$300 |
| | D2750 | Crown - porcelain fused to high noble metal | Not Covered | \$300 |
| | D2751 | Crown - porcelain fused to predominantly base metal | \$300 | \$300 |
| | D2752 | Crown - porcelain fused to noble metal | Not Covered | \$300 |
| | D2753 | Crown - porcelain fused to titanium and titanium alloys | Not Covered | \$300 |
| | D2780 | Crown - 3/4 cast high noble metal | Not Covered | \$300 |
| | D2781 | Crown - 3/4 cast predominantly base metal | \$300 | \$300 |
| | D2782 | Crown - 3/4 cast noble metal | Not Covered | \$300 |
| | D2783 | Crown - 3/4 porcelain/ceramic | \$310 | \$310 |
| | D2790 | Crown - full cast high noble metal | Not Covered | \$300 |
| | D2791 | Crown - full cast predominantly base metal | \$300 | \$300 |
| | D2792 | Crown - full cast noble metal | Not Covered | \$300 |
| | D2794 | Crown - titanium and titanium alloys | Not Covered | \$300 |
| | D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | \$25 | \$25 |
| | D2915 | Re-cement or re-bond indirectly fabricated or prefabricated post and core | \$25 | \$25 |
| | D2920 | Re-cement or re-bond crown | \$25 | \$15 |
| | D2921 | Reattachment of tooth fragment, incisal edge or cusp | \$45 | \$45 |
| | D2928 | Prefabricated porcelain/ceramic crown – permanent tooth | \$120 | Not Covered |
| | D2929 | Prefabricated porcelain/ceramic crown – primary tooth | \$95 | Not Covered |
| | D2930 | Prefabricated stainless steel crown - primary tooth | \$65 | Not Covered |
| | D2931 | Prefabricated stainless steel crown - permanent tooth | \$75 | \$75 |
| | D2932 | Prefabricated resin crown | \$75 | Not Covered |
| | D2933 | Prefabricated stainless steel crown with resin window | \$80 | Not Covered |
| | D2940 | Protective restoration | \$25 | \$20 |
| | D2941 | Interim therapeutic restoration – primary dentition | \$30 | Not Covered |
| | D2949 | Restorative foundation for an indirect restoration | \$45 | Not Covered |
| | D2950 | Core buildup, including any pins when required | \$20 | \$20 |
| | D2951 | Pin retention - per tooth, in addition to restoration | \$25 | \$20 |
| | D2952 | Post and core in addition to crown, indirectly fabricated | \$100 | \$60 |
| | D2953 | Each additional indirectly fabricated post - same tooth | \$30 | \$30 |
| | D2954 | Prefabricated post and core in addition to crown | \$90 | \$60 |
| | D2955 | Post removal | \$60 | Not Covered |
| | D2957 | Each additional prefabricated post - same tooth | \$35 | \$35 |
| | D2971 | Additional procedures to customize a crown to fit under an existing partial denture framework | \$35 | Not Covered |
| | D2976 | Band stabilization – per tooth | \$40 | \$40 |

| Procedure Category | CDT Code | Updated CDT-25- Nomenclature | Pediatric | *Adult Dental |
|--------------------|--|---|------------------------------|------------------------------|
| | | | Dental EHB | |
| | | | Up to Age 19 | 19 and Older |
| | | | In-Network Member Cost Share | In-Network Member Cost Share |
| | D2980 | Crown repair necessitated by restorative material failure | \$50 | \$50 |
| | D2989 | Excavation of a tooth resulting in the determination of non-restorability | \$50 | \$50 |
| | D2991 | Application of hydroxyapatite regeneration medicament – per tooth | No Charge | No Charge |
| | D2999 | Unspecified restorative procedure, by report | \$40 | \$40 |
| Endodontics | D3110 | Pulp cap - direct (excluding final restoration) | \$20 | \$20 |
| | D3120 | Pulp cap - indirect (excluding final restoration) | \$25 | \$25 |
| | D3220 | Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | \$40 | \$35 |
| | D3221 | Pulpal debridement, primary and permanent teeth | \$40 | \$50 |
| | D3222 | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development | \$60 | \$60 |
| | D3230 | Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) | \$55 | Not Covered |
| | D3240 | Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) | \$55 | Not Covered |
| | D3310 | Endodontic therapy, anterior tooth (excluding final restoration) | \$195 | \$200 |
| | D3320 | Endodontic therapy, premolar tooth (excluding final restoration) | \$235 | \$235 |
| | D3330 | Endodontic therapy, molar tooth (excluding final restoration) | \$300 | \$300 |
| | D3331 | Treatment of root canal obstruction; non-surgical access | \$50 | \$50 |
| | D3332 | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | Not Covered | \$85 |
| | D3333 | Internal root repair of perforation defects | \$80 | \$80 |
| | D3346 | Retreatment of previous root canal therapy - anterior | \$240 | \$245 |
| | D3347 | Retreatment of previous root canal therapy - premolar | \$295 | \$295 |
| | D3348 | Retreatment of previous root canal therapy - molar | \$350 | \$350 |
| | D3351 | Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.) | \$85 | \$85 |
| | D3352 | Apexification/recalcification – interim medication replacement | \$45 | \$50 |
| | D3353 | Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.) | Not Covered | Not Covered |
| | D3410 | Apicoectomy - anterior | \$240 | \$240 |
| | D3421 | Apicoectomy - premolar (first root) | \$250 | \$250 |
| | D3425 | Apicoectomy - molar (first root) | \$275 | \$275 |
| | D3426 | Apicoectomy (each additional root) | \$110 | \$110 |
| | D3428 | Bone graft in conjunction with periradicular surgery - per tooth, single site | \$350 | Not Covered |
| | D3429 | Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site | \$350 | Not Covered |
| | D3430 | Retrograde filling - per root | \$90 | \$90 |
| | D3431 | Biologic materials to aid in soft and osseous tissue regeneration, in conjunction with periradicular surgery | \$80 | \$80 |
| | D3432 | Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery | Not Covered | \$145 |
| | D3450 | Root amputation - per root | Not Covered | \$110 |
| | D3471 | Surgical repair of root resorption - anterior | \$160 | \$160 |
| | D3472 | Surgical repair of root resorption – premolar | \$160 | \$160 |
| | D3473 | Surgical repair of root resorption – molar | \$160 | \$160 |
| | D3910 | Surgical procedure for isolation of tooth with rubber dam | \$30 | \$50 |
| D3920 | Hemisection (including any root removal), not including root canal therapy | Not Covered | \$120 | |
| D3950 | Canal preparation and fitting of preformed dowel or post | Not Covered | \$60 | |
| D3999 | Unspecified endodontic procedure, by report | \$100 | \$100 | |
| Periodontics | D4210 | Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant | \$150 | \$150 |
| | D4211 | Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | \$50 | \$50 |

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|---------------------------|----------|---|------------------------------|------------------------------|
| | | | Dental EHB | |
| | | | Up to Age 19 | 19 and Older |
| | | | In-Network Member Cost Share | In-Network Member Cost Share |
| | D4240 | Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant | Not Covered | \$135 |
| | D4241 | Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant | Not Covered | \$70 |
| | D4249 | Clinical crown lengthening – hard tissue | \$165 | \$200 |
| | D4260 | Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant | \$265 | \$265 |
| | D4261 | Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant | \$140 | \$140 |
| | D4263 | Bone replacement graft – retained natural tooth – first site in quadrant | Not Covered | \$105 |
| | D4264 | Bone replacement graft – retained natural tooth – each additional site in quadrant | Not Covered | \$75 |
| | D4265 | Biologic materials to aid in soft and osseous tissue regeneration, per site | \$80 | \$80 |
| | D4266 | Guided tissue regeneration, natural teeth - resorbable barrier, per site | Not Covered | \$145 |
| | D4267 | Guided tissue regeneration, natural teeth - non-resorbable barrier, per site | Not Covered | \$175 |
| | D4270 | Pedicle soft tissue graft procedure | Not Covered | \$155 |
| | D4273 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft | Not Covered | \$220 |
| | D4275 | Non-autogenous connective tissue graft procedure (including recipient site and donor material) – first tooth, implant or edentulous tooth position in same graft site | Not Covered | \$190 |
| | D4283 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site | Not Covered | \$185 |
| | 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 | Not Covered | \$175 |
| | D4286 | Removal of non-resorbable barrier | Not Covered | \$175 |
| | D4341 | Periodontal scaling and root planing - four or more teeth per quadrant | \$55 | \$55 |
| | D4342 | Periodontal scaling and root planing - one to three teeth per quadrant | \$30 | \$25 |
| | D4346 | Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation | \$40 | \$40 |
| | D4355 | Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit | \$40 | \$40 |
| | D4381 | Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth | \$10 | \$10 |
| | D4910 | Periodontal maintenance | \$30 | \$30 |
| | D4920 | Unscheduled dressing change (by someone other than treating dentist or their staff) | \$15 | Not Covered |
| | D4999 | Unspecified periodontal procedure, by report | \$350 | \$350 |
| Prosthodontics, removable | D5110 | Complete denture - maxillary | \$300 | \$400 |
| | D5120 | Complete denture - mandibular | \$300 | \$400 |
| | D5130 | Immediate denture - maxillary | \$300 | \$400 |
| | D5140 | Immediate denture - mandibular | \$300 | \$400 |
| | D5211 | Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) | \$300 | \$325 |
| | D5212 | Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) | \$300 | \$325 |

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|--------------------|----------|--|------------------------------|------------------------------|
| | | | Dental EHB | |
| | | | Up to Age 19 | 19 and Older |
| | | | In-Network Member Cost Share | In-Network Member Cost Share |
| | D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | \$335 | \$375 |
| | D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | \$335 | \$375 |
| | D5221 | Immediate maxillary partial denture – resin base (including, retentive/clasping materials rests and teeth) | \$275 | \$300 |
| | D5222 | Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth) | \$275 | \$300 |
| | D5223 | Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | \$330 | \$370 |
| | D5224 | Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | \$330 | \$370 |
| | D5225 | Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth) | Not Covered | \$375 |
| | D5226 | Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth) | Not Covered | \$375 |
| | D5227 | Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth) | Not Covered | \$375 |
| | D5228 | Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) | Not Covered | \$375 |
| | D5282 | Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary | Not Covered | \$250 |
| | D5283 | Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular | Not Covered | \$250 |
| | D5284 | Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests, and teeth) – per quadrant | Not Covered | \$250 |
| | D5286 | Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests, and teeth) – per quadrant | Not Covered | \$250 |
| | D5410 | Adjust complete denture - maxillary | \$20 | \$20 |
| | D5411 | Adjust complete denture - mandibular | \$20 | \$20 |
| | D5421 | Adjust partial denture - maxillary | \$20 | \$20 |
| | D5422 | Adjust partial denture - mandibular | \$20 | \$20 |
| | D5511 | Repair broken complete denture base, mandibular | \$40 | \$30 |
| | D5512 | Repair broken complete denture base, maxillary | \$40 | \$30 |
| | D5520 | Replace missing or broken teeth - complete denture (each tooth) | \$40 | \$30 |
| | D5611 | Repair resin denture base, mandibular | \$40 | \$30 |
| | D5612 | Repair resin denture base, maxillary | \$40 | \$30 |
| | D5621 | Repair cast framework, mandibular | \$40 | \$35 |
| | D5622 | Repair cast framework, maxillary | \$40 | \$35 |
| | D5630 | Repair or replace broken retentive/clasping materials - per tooth | \$50 | \$30 |
| | D5640 | Replace broken teeth - per tooth | \$35 | \$30 |
| | D5650 | Add tooth to existing partial denture | \$35 | \$35 |
| | D5660 | Add clasp to existing partial denture - per tooth | \$60 | \$45 |
| | D5670 | Replace all teeth and acrylic on cast metal framework (maxillary) | Not Covered | \$195 |
| | D5671 | Replace all teeth and acrylic on cast metal framework (mandibular) | Not Covered | \$195 |
| | D5710 | Rebase complete maxillary denture | Not Covered | \$155 |
| | D5711 | Rebase complete mandibular denture | Not Covered | \$155 |
| | D5720 | Rebase maxillary partial denture | Not Covered | \$150 |
| | D5721 | Rebase mandibular partial denture | Not Covered | \$150 |
| | D5730 | Reline complete maxillary denture (direct) | \$60 | \$80 |
| | D5731 | Reline complete mandibular denture (direct) | \$60 | \$80 |
| | D5740 | Reline maxillary partial denture (direct) | \$60 | \$75 |
| | D5741 | Reline mandibular partial denture (direct) | \$60 | \$75 |
| | D5750 | Reline complete maxillary denture (indirect) | \$90 | \$120 |

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|------------------------------|--|---|--|--|
| | | | Up to Age 19 In-Network Member Cost Share | 19 and Older In-Network Member Cost Share |
| | D5751 | Reline complete mandibular denture (indirect) | \$90 | \$120 |
| | D5760 | Reline maxillary partial denture (indirect) | \$80 | \$110 |
| | D5761 | Reline mandibular partial denture (indirect) | \$80 | \$110 |
| | D5850 | Tissue conditioning, maxillary | \$30 | \$35 |
| | D5851 | Tissue conditioning, mandibular | \$30 | \$35 |
| | D5862 | Precision attachment, by report | \$90 | \$100 |
| | D5863 | Overdenture – complete maxillary | \$300 | \$300 |
| | D5864 | Overdenture – partial maxillary | \$300 | \$300 |
| | D5865 | Overdenture – complete mandibular | \$300 | \$300 |
| | D5866 | Overdenture – partial mandibular | \$300 | \$300 |
| | D5876 | Add metal substructure to acrylic full denture (per arch) | Not Covered | \$30 |
| D5899 | Unspecified removable prosthodontic procedure, by report | \$350 | \$400 | |
| Maxillofacial Prosthetics | D5911 | Facial moulage (sectional) | \$285 | Not Covered |
| | D5912 | Facial moulage (complete) | \$350 | Not Covered |
| | D5913 | Nasal prosthesis | \$350 | Not Covered |
| | D5914 | Auricular prosthesis | \$350 | Not Covered |
| | D5915 | Orbital prosthesis | \$350 | Not Covered |
| | D5916 | Ocular prosthesis | \$350 | Not Covered |
| | D5919 | Facial prosthesis | \$350 | Not Covered |
| | D5922 | Nasal septal prosthesis | \$350 | Not Covered |
| | D5923 | Ocular prosthesis, interim | \$350 | Not Covered |
| | D5924 | Cranial prosthesis | \$350 | Not Covered |
| | D5925 | Facial augmentation implant prosthesis | \$200 | Not Covered |
| | D5926 | Nasal prosthesis, replacement | \$200 | Not Covered |
| | D5927 | Auricular prosthesis, replacement | \$200 | Not Covered |
| | D5928 | Orbital prosthesis, replacement | \$200 | Not Covered |
| | D5929 | Facial prosthesis, replacement | \$200 | Not Covered |
| | D5931 | Obturator prosthesis, surgical | \$350 | Not Covered |
| | D5932 | Obturator prosthesis, definitive | \$350 | Not Covered |
| | D5933 | Obturator prosthesis, modification | \$150 | Not Covered |
| | D5934 | Mandibular resection prosthesis with guide flange | \$350 | Not Covered |
| | D5935 | Mandibular resection prosthesis without guide flange | \$350 | Not Covered |
| | D5936 | Obturator prosthesis, interim | \$350 | Not Covered |
| | D5937 | Trismus appliance (not for TMD treatment) | \$85 | Not Covered |
| | D5951 | Feeding aid | \$135 | Not Covered |
| | D5952 | Speech aid prosthesis, pediatric | \$350 | Not Covered |
| | D5953 | Speech aid prosthesis, adult | \$350 | Not Covered |
| | D5954 | Palatal augmentation prosthesis | \$135 | Not Covered |
| | D5955 | Palatal lift prosthesis, definitive | \$350 | Not Covered |
| | D5958 | Palatal lift prosthesis, interim | \$350 | Not Covered |
| | D5959 | Palatal lift prosthesis, modification | \$145 | Not Covered |
| | D5960 | Speech aid prosthesis, modification | \$145 | Not Covered |
| | D5982 | Surgical stent | \$70 | Not Covered |
| | D5983 | Radiation carrier | \$55 | Not Covered |
| | D5984 | Radiation shield | \$85 | Not Covered |
| D5985 | Radiation cone locator | \$135 | Not Covered | |
| D5986 | Fluoride gel carrier | \$35 | Not Covered | |
| D5987 | Commissure splint | \$85 | Not Covered | |
| D5988 | Surgical splint | \$95 | Not Covered | |
| D5991 | Vesiculobullous disease medicament carrier | \$70 | Not Covered | |
| D5999 | Unspecified maxillofacial prosthesis, by report | \$350 | Not Covered | |
| Implant Services | D6010 | Surgical placement of implant body: endosteal implant | \$350 | Not Covered |
| | D6011 | Surgical access to an implant body (second stage implant surgery) | \$350 | Not Covered |

| Procedure Category | CDT Code | Updated CDT-25- Nomenclature | Pediatric | *Adult Dental |
|--------------------|----------|--|------------------------------|------------------------------|
| | | | Dental EHB | |
| | | | Up to Age 19 | 19 and Older |
| | | | In-Network Member Cost Share | In-Network Member Cost Share |
| | D6012 | Surgical placement of interim implant body for transitional prosthesis; endosteal implant | \$350 | Not Covered |
| | D6013 | Surgical placement of mini implant | \$350 | Not Covered |
| | D6040 | Surgical placement: eposteal implant | \$350 | Not Covered |
| | D6050 | Surgical placement: transosteal implant | \$350 | Not Covered |
| | D6055 | Connecting bar – implant supported or abutment supported | \$350 | Not Covered |
| | D6056 | Prefabricated abutment – includes modification and placement | \$135 | Not Covered |
| | D6057 | Custom fabricated abutment – includes placement | \$180 | Not Covered |
| | D6058 | Abutment supported porcelain/ceramic crown | \$320 | Not Covered |
| | D6059 | Abutment supported porcelain fused to metal crown (high noble metal) | \$315 | Not Covered |
| | D6060 | Abutment supported porcelain fused to metal crown (predominantly base metal) | \$295 | Not Covered |
| | D6061 | Abutment supported porcelain fused to metal crown (noble metal) | \$300 | Not Covered |
| | D6062 | Abutment supported cast metal crown (high noble metal) | \$315 | Not Covered |
| | D6063 | Abutment supported cast metal crown (predominantly base metal) | \$300 | Not Covered |
| | D6064 | Abutment supported cast metal crown (noble metal) | \$315 | Not Covered |
| | D6065 | Implant supported porcelain/ceramic crown | \$340 | Not Covered |
| | D6066 | Implant supported crown - porcelain fused to high noble alloys | \$335 | Not Covered |
| | D6067 | Implant supported crown - high noble alloys | \$340 | Not Covered |
| | D6068 | Abutment supported retainer for porcelain/ceramic FPD | \$320 | Not Covered |
| | D6069 | Abutment supported retainer for porcelain fused to metal FPD (high noble metal) | \$315 | Not Covered |
| | D6070 | Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) | \$290 | Not Covered |
| | D6071 | Abutment supported retainer for porcelain fused to metal FPD (noble metal) | \$300 | Not Covered |
| | D6072 | Abutment supported retainer for cast metal FPD (high noble metal) | \$315 | Not Covered |
| | D6073 | Abutment supported retainer for cast metal FPD (predominantly base metal) | \$290 | Not Covered |
| | D6074 | Abutment supported retainer for cast metal FPD (noble metal) | \$320 | Not Covered |
| | D6075 | Implant supported retainer for ceramic FPD | \$335 | Not Covered |
| | D6076 | Implant supported retainer FPD - porcelain fused to high noble alloys | \$330 | Not Covered |
| | D6077 | Implant supported retainer for metal FPD high noble alloys | \$350 | Not Covered |
| | D6080 | Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments | \$30 | Not Covered |
| | D6081 | Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure | \$30 | Not Covered |
| | D6082 | Implant supported crown - porcelain fused to predominantly base alloys | \$335 | Not Covered |
| | D6083 | Implant supported crown - porcelain fused to noble alloys | \$335 | Not Covered |
| | D6084 | Implant supported crown - porcelain fused to titanium and titanium alloys | \$335 | Not Covered |
| | D6085 | Interim implant crown | \$300 | Not Covered |
| | D6086 | Implant supported crown - predominantly base alloys | \$340 | Not Covered |
| | D6087 | Implant supported crown - noble alloys | \$340 | Not Covered |
| | D6088 | Implant supported crown - titanium and titanium alloys | \$340 | Not Covered |
| | D6089 | Accessing and retorquing loose implant screw - per screw | \$60 | Not Covered |
| | D6090 | Repair implant supported prosthesis, by report | \$65 | Not Covered |
| | D6091 | Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment | \$40 | Not Covered |
| | D6092 | Re-cement or re-bond implant/abutment supported crown | \$25 | Not Covered |
| | D6093 | Re-cement or re-bond implant/abutment supported fixed partial denture | \$35 | Not Covered |
| | D6094 | Abutment supported crown - titanium and titanium alloys | \$295 | Not Covered |
| | D6095 | Repair implant abutment, by report | \$65 | Not Covered |
| | D6096 | Remove broken implant retaining screw | \$60 | Not Covered |

| Procedure Category | CDT Code | Updated CDT-25- Nomenclature | Pediatric Dental EHB | *Adult Dental |
|-----------------------|----------|---|------------------------------|------------------------------|
| | | | Up to Age 19 | 19 and Older |
| | | | In-Network Member Cost Share | In-Network Member Cost Share |
| | D6097 | Abutment supported crown - porcelain fused to titanium and titanium alloys | \$315 | Not Covered |
| | D6098 | Implant supported retainer - porcelain fused to predominantly base alloys | \$330 | Not Covered |
| | D6099 | Implant supported retainer for FPD - porcelain fused to noble alloys | \$330 | Not Covered |
| | D6100 | Surgical removal of implant body | \$110 | Not Covered |
| | D6105 | Removal of implant body not requiring bone removal or flap elevation | \$110 | Not Covered |
| | D6110 | Implant /abutment supported removable denture for edentulous arch – maxillary | \$350 | Not Covered |
| | D6111 | Implant /abutment supported removable denture for edentulous arch – mandibular | \$350 | Not Covered |
| | D6112 | Implant /abutment supported removable denture for partially edentulous arch – maxillary | \$350 | Not Covered |
| | D6113 | Implant /abutment supported removable denture for partially edentulous arch – mandibular | \$350 | Not Covered |
| | D6114 | Implant /abutment supported fixed denture for edentulous arch – maxillary | \$350 | Not Covered |
| | D6115 | Implant /abutment supported fixed denture for edentulous arch – mandibular | \$350 | Not Covered |
| | D6116 | Implant /abutment supported fixed denture for partially edentulous arch – maxillary | \$350 | Not Covered |
| | D6117 | Implant /abutment supported fixed denture for partially edentulous arch – mandibular | \$350 | Not Covered |
| | D6118 | Implant/abutment supported interim fixed denture for edentulous arch - mandibular | \$350 | Not Covered |
| | D6119 | Implant/abutment supported interim fixed denture for edentulous arch - maxillary | \$350 | Not Covered |
| | D6120 | Implant supported retainer – porcelain fused to titanium and titanium alloys | \$330 | Not Covered |
| | D6121 | Implant supported retainer for metal FPD – predominantly base alloys | \$350 | Not Covered |
| | D6122 | Implant supported retainer for metal FPD – noble alloys | \$350 | Not Covered |
| | D6123 | Implant supported retainer for metal FPD – titanium and titanium alloys | \$350 | Not Covered |
| | D6190 | Radiographic/surgical implant index, by report | \$75 | Not Covered |
| | D6191 | Semi-precision abutment – placement | \$350 | Not Covered |
| | D6192 | Semi-precision attachment – placement | \$350 | Not Covered |
| | D6194 | Abutment supported retainer crown for FPD - titanium and titanium alloys | \$265 | Not Covered |
| | D6195 | Abutment supported retainer - porcelain fused to titanium and titanium alloys | \$315 | Not Covered |
| | D6197 | Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant | \$95 | Not Covered |
| | D6198 | Remove interim implant component | \$110 | Not Covered |
| | D6199 | Unspecified implant procedure, by report | \$350 | Not Covered |
| Prosthodontics, fixed | D6205 | Pontic - indirect resin based composite | Not Covered | \$165 |
| | D6210 | Pontic - cast high noble metal | Not Covered | \$300 |
| | D6211 | Pontic - cast predominantly base metal | \$300 | \$300 |
| | D6212 | Pontic - cast noble metal | Not Covered | \$300 |
| | D6214 | Pontic - titanium and titanium alloys | Not Covered | \$300 |
| | D6240 | Pontic - porcelain fused to high noble metal | Not Covered | \$300 |
| | D6241 | Pontic - porcelain fused to predominantly base metal | \$300 | \$300 |
| | D6242 | Pontic - porcelain fused to noble metal | Not Covered | \$300 |
| | D6243 | Pontic - porcelain fused to titanium and titanium alloys | Not Covered | \$300 |
| | D6245 | Pontic - porcelain/ceramic | \$300 | \$300 |
| | D6250 | Pontic - resin with high noble metal | Not Covered | \$300 |
| | D6251 | Pontic - resin with predominantly base metal | \$300 | \$300 |

| Procedure Category | CDT Code | Updated CDT-25- Nomenclature | Pediatric Dental EHB | *Adult Dental |
|-----------------------------------|----------|---|------------------------------------|------------------------------------|
| | | | Up to Age 19 | 19 and Older |
| | | | In-Network Member Cost Share | In-Network Member Cost Share |
| | D6252 | Pontic - resin with noble metal | Not Covered | \$300 |
| | D6545 | Retainer - cast metal for resin bonded fixed prosthesis | Not Covered | \$130 |
| | D6548 | Retainer - porcelain/ceramic for resin bonded fixed prosthesis | Not Covered | \$145 |
| | D6549 | Retainer – for resin bonded fixed prosthesis | Not Covered | \$130 |
| | D6608 | Retainer onlay - porcelain/ceramic, two surfaces | Not Covered | \$200 |
| | D6609 | Retainer onlay - porcelain/ceramic, three or more surfaces | Not Covered | \$200 |
| | D6610 | Retainer onlay - cast high noble metal, two surfaces | Not Covered | \$200 |
| | D6611 | Retainer onlay - cast high noble metal, three or more surfaces | Not Covered | \$200 |
| | D6612 | Retainer onlay - cast predominantly base metal, two surfaces | Not Covered | \$200 |
| | D6613 | Retainer onlay - cast predominantly base metal, three or more surfaces | Not Covered | \$200 |
| | D6614 | Retainer onlay - cast noble metal, two surfaces | Not Covered | \$200 |
| | D6615 | Retainer onlay - cast noble metal, three or more surfaces | Not Covered | \$200 |
| | D6634 | Retainer onlay - titanium | Not Covered | \$200 |
| | D6710 | Retainer crown - indirect resin based composite | Not Covered | \$200 |
| | D6720 | Retainer crown - resin with high noble metal | Not Covered | \$300 |
| | D6721 | Retainer crown - resin with predominantly base metal | \$300 | \$300 |
| | D6722 | Retainer crown - resin with noble metal | Not Covered | \$300 |
| | D6740 | Retainer crown - porcelain/ceramic | \$300 | \$300 |
| | D6750 | Retainer crown - porcelain fused to high noble metal | Not Covered | \$300 |
| | D6751 | Retainer crown - porcelain fused to predominantly base metal | \$300 | \$300 |
| | D6752 | Retainer crown - porcelain fused to noble metal | Not Covered | \$300 |
| | D6753 | Retainer crown - porcelain fused to titanium and titanium alloys | Not Covered | \$300 |
| | D6781 | Retainer crown - 3/4 cast predominantly base metal | \$300 | \$300 |
| | D6782 | Retainer crown - 3/4 cast noble metal | Not Covered | \$300 |
| | D6783 | Retainer crown - 3/4 porcelain/ceramic | \$300 | \$300 |
| | D6784 | Retainer crown ¾ - titanium and titanium alloys | \$300 | \$300 |
| | D6791 | Retainer crown - full cast predominantly base metal | \$300 | \$300 |
| | D6794 | Retainer crown - titanium and titanium alloys | Not Covered | \$300 |
| | D6930 | Re-cement or re-bond fixed partial denture | \$40 | \$40 |
| | D6980 | Fixed partial denture repair necessitated by restorative material failure | \$95 | \$95 |
| | D6999 | Unspecified fixed prosthodontic procedure, by report | \$350 | \$400 |
| Oral Maxillofacial Prosthetics | D7111 | Extraction, coronal remnants - primary tooth | \$40 | \$40 |
| | D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | \$65 | \$65 |
| | D7210 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | \$120 | \$115 |
| | D7220 | Removal of impacted tooth - soft tissue | \$95 | \$85 |
| | D7230 | Removal of impacted tooth - partially bony | \$145 | \$145 |
| | D7240 | Removal of impacted tooth - completely bony | \$160 | \$160 |
| | D7241 | Removal of impacted tooth - completely bony, with unusual surgical complications | \$175 | \$175 |
| | D7250 | Removal of residual tooth roots (cutting procedure) | \$80 | \$75 |
| | D7260 | Oroantral fistula closure | \$280 | \$280 |
| | D7261 | Primary closure of a sinus perforation | \$285 | \$285 |
| | D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | \$185 | \$185 |
| | D7280 | Exposure of an unerupted tooth | \$220 | \$220 |
| | D7283 | Placement of device to facilitate eruption of impacted tooth | \$85 | \$85 |
| | D7284 | Excisional biopsy of minor salivary glands | \$115 | \$115 |
| | D7285 | Incisional biopsy of oral tissue-hard (bone, tooth) | \$180 | \$180 |
| | D7286 | Incisional biopsy of oral tissue-soft | \$110 | \$110 |
| | D7287 | Exfoliative cytological sample collection | Not Covered | \$35 |
| | D7288 | Brush biopsy - transepithelial sample collection | Not Covered | \$35 |
| | D7290 | Surgical repositioning of teeth | \$185 | \$185 |

| Procedure Category | CDT Code | Updated CDT-25- Nomenclature | Pediatric Dental EHB | *Adult Dental |
|--------------------|----------|---|------------------------------|------------------------------|
| | | | Up to Age 19 | 19 and Older |
| | | | In-Network Member Cost Share | In-Network Member Cost Share |
| | D7291 | Transseptal fiberotomy/supra crestal fiberotomy, by report | \$80 | \$80 |
| | D7310 | Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | \$85 | \$85 |
| | D7311 | Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | \$50 | \$50 |
| | D7320 | Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | \$120 | \$120 |
| | D7321 | Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | \$65 | \$65 |
| | D7340 | Vestibuloplasty - ridge extension (secondary epithelialization) | \$350 | \$350 |
| | D7350 | Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) | \$350 | \$350 |
| | D7410 | Excision of benign lesion up to 1.25 cm | \$75 | \$75 |
| | D7411 | Excision of benign lesion greater than 1.25 cm | \$115 | \$115 |
| | D7412 | Excision of benign lesion, complicated | \$175 | \$175 |
| | D7413 | Excision of malignant lesion up to 1.25 cm | \$95 | \$95 |
| | D7414 | Excision of malignant lesion greater than 1.25 cm | \$120 | \$120 |
| | D7415 | Excision of malignant lesion, complicated | \$255 | \$255 |
| | D7440 | Excision of malignant tumor - lesion diameter up to 1.25 cm | \$105 | \$105 |
| | D7441 | Excision of malignant tumor - lesion diameter greater than 1.25 cm | \$185 | \$200 |
| | D7450 | Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm | \$180 | \$180 |
| | D7451 | Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm | \$330 | \$330 |
| | D7460 | Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm | \$155 | \$180 |
| | D7461 | Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm | \$250 | \$250 |
| | D7465 | Destruction of lesion(s) by physical or chemical method, by report | \$40 | \$50 |
| | D7471 | Removal of lateral exostosis (maxilla or mandible) | \$140 | \$140 |
| | D7472 | Removal of torus palatinus | \$145 | \$140 |
| | D7473 | Removal of torus mandibularis | \$140 | \$140 |
| | D7485 | Reduction of osseous tuberosity | \$105 | \$105 |
| | D7490 | Radical resection of maxilla or mandible | \$350 | \$350 |
| | D7509 | Marsupialization of odontogenic cyst | \$180 | \$180 |
| | D7510 | Incision and drainage of abscess - intraoral soft tissue | \$70 | \$55 |
| | D7511 | Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | \$70 | \$69 |
| | D7520 | Incision and drainage of abscess - extraoral soft tissue | \$70 | \$70 |
| | D7521 | Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | \$80 | \$80 |
| | D7530 | Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue | \$45 | \$45 |
| | D7540 | Removal of reaction producing foreign bodies, musculoskeletal system | \$75 | \$75 |
| | D7550 | Partial ostectomy/sequestrectomy for removal of non-vital bone | \$125 | \$125 |
| | D7560 | Maxillary sinusotomy for removal of tooth fragment or foreign body | \$235 | \$235 |
| | D7610 | Maxilla - open reduction (teeth immobilized, if present) | \$140 | \$140 |
| | D7620 | Maxilla - closed reduction (teeth immobilized, if present) | \$250 | \$250 |
| | D7630 | Mandible - open reduction (teeth immobilized, if present) | \$350 | \$580 |
| | D7640 | Mandible - closed reduction (teeth immobilized, if present) | \$350 | \$480 |
| | D7650 | Malar and/or zygomatic arch - open reduction | \$350 | \$270 |
| | D7660 | Malar and/or zygomatic arch - closed reduction | \$350 | \$580 |
| | D7670 | Alveolus - closed reduction, may include stabilization of teeth | \$170 | \$170 |

| Procedure Category | CDT Code | Updated CDT-25- Nomenclature | Pediatric Dental EHB | *Adult Dental |
|--------------------|----------|--|------------------------------|------------------------------|
| | | | Up to Age 19 | 19 and Older |
| | | | In-Network Member Cost Share | In-Network Member Cost Share |
| | D7671 | Alveolus - open reduction, may include stabilization of teeth | \$230 | \$230 |
| | D7680 | Facial bones - complicated reduction with fixation and multiple surgical approaches | \$350 | \$500 |
| | D7710 | Maxilla - open reduction | \$110 | \$110 |
| | D7720 | Maxilla - closed reduction | \$180 | \$180 |
| | D7730 | Mandible - open reduction | \$350 | \$390 |
| | D7740 | Mandible - closed reduction | \$290 | \$290 |
| | D7750 | Malar and/or zygomatic arch - open reduction | \$220 | \$220 |
| | D7760 | Malar and/or zygomatic arch - closed reduction | \$350 | \$1,100 |
| | D7770 | Alveolus - open reduction stabilization of teeth | \$135 | \$135 |
| | D7771 | Alveolus, closed reduction stabilization of teeth | \$160 | \$160 |
| | D7780 | Facial bones - complicated reduction with fixation and multiple approaches | \$350 | \$440 |
| | D7810 | Open reduction of dislocation | \$350 | \$730 |
| | D7820 | Closed reduction of dislocation | \$80 | \$80 |
| | D7830 | Manipulation under anesthesia | \$85 | \$85 |
| | D7840 | Condylectomy | \$350 | \$930 |
| | D7850 | Surgical discectomy, with/without implant | \$350 | \$900 |
| | D7852 | Disc repair | \$350 | \$400 |
| | D7854 | Synovectomy | \$350 | \$390 |
| | D7856 | Myotomy | \$350 | \$600 |
| | D7858 | Joint reconstruction | \$350 | \$860 |
| | D7860 | Arthrotoomy | \$350 | \$350 |
| | D7865 | Arthroplasty | \$350 | \$510 |
| | D7870 | Arthrocentesis | \$90 | \$90 |
| | D7871 | Non-arthroscopic lysis and lavage | \$150 | \$150 |
| | D7872 | Arthroscopy - diagnosis, with or without biopsy | \$350 | \$350 |
| | D7873 | Arthroscopy: lavage and lysis of adhesions | \$350 | \$1,200 |
| | D7874 | Arthroscopy: disc repositioning and stabilization | \$350 | \$410 |
| | D7875 | Arthroscopy: synovectomy | \$350 | \$410 |
| | D7876 | Arthroscopy: discectomy | \$350 | \$270 |
| | D7877 | Arthroscopy: debridement | \$350 | \$430 |
| | D7880 | Occlusal orthotic device, by report | \$120 | \$120 |
| | D7881 | Occlusal orthotic device adjustment | \$30 | \$50 |
| | D7899 | Unspecified TMD therapy, by report | \$350 | \$350 |
| | D7910 | Suture of recent small wounds up to 5 cm | \$35 | \$50 |
| | D7911 | Complicated suture - up to 5 cm | \$55 | \$75 |
| | D7912 | Complicated suture - greater than 5 cm | \$130 | \$150 |
| | D7920 | Skin graft (identify defect covered, location and type of graft) | \$120 | Not Covered |
| | D7922 | Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site | \$80 | \$80 |
| | D7939 | Indexing for osteotomy using dynamic robotic assisted or dynamic navigation | \$350 | Not Covered |
| | D7940 | Osteoplasty - for orthognathic deformities | \$160 | Not Covered |
| | D7941 | Osteotomy - mandibular rami | \$350 | Not Covered |
| | D7943 | Osteotomy - mandibular rami with bone graft; includes obtaining the graft | \$350 | Not Covered |
| | D7944 | Osteotomy - segmented or subapical | \$275 | Not Covered |
| | D7945 | Osteotomy - body of mandible | \$350 | Not Covered |
| | D7946 | LeFort I (maxilla - total) | \$350 | Not Covered |
| | D7947 | LeFort I (maxilla - segmented) | \$350 | Not Covered |
| | D7948 | LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft | \$350 | Not Covered |
| | D7949 | LeFort II or LeFort III - with bone graft | \$350 | Not Covered |
| | D7950 | Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report | \$190 | Not Covered |

| Procedure Category | CDT Code | Updated CDT-25- Nomenclature | Pediatric Dental EHB | *Adult Dental |
|-----------------------------|--|--|------------------------------|------------------------------|
| | | | Up to Age 19 | 19 and Older |
| | | | In-Network Member Cost Share | In-Network Member Cost Share |
| | D7951 | Sinus augmentation with bone or bone substitutes via a lateral open approach | \$290 | Not Covered |
| | D7952 | Sinus augmentation via a vertical approach | \$175 | Not Covered |
| | D7955 | Repair of maxillofacial soft and/or hard tissue defect | \$200 | Not Covered |
| | D7956 | Guided tissue regeneration, edentulous area - resorbable barrier, per site | Not Covered | \$145 |
| | D7957 | Guided tissue regeneration, edentulous area - non-resorbable barrier, per site | Not Covered | \$175 |
| | D7961 | Buccal / labial frenectomy (frenulectomy) | \$120 | \$120 |
| | D7962 | Lingual frenectomy (frenulectomy) | \$120 | \$120 |
| | D7963 | Frenuloplasty | \$120 | \$120 |
| | D7970 | Excision of hyperplastic tissue - per arch | \$175 | \$176 |
| | D7971 | Excision of pericoronal gingiva | \$80 | \$80 |
| | D7972 | Surgical reduction of fibrous tuberosity | \$100 | Not Covered |
| | D7979 | Non-surgical Sialolithotomy | \$155 | \$155 |
| | D7980 | Surgical sialolithotomy | \$155 | \$155 |
| | D7981 | Excision of salivary gland, by report | \$120 | \$120 |
| | D7982 | Sialodochoplasty | \$215 | \$215 |
| | D7983 | Closure of salivary fistula | \$140 | \$140 |
| | D7990 | Emergency tracheotomy | \$350 | Not Covered |
| | D7991 | Coronoidectomy | \$345 | Not Covered |
| | D7995 | Synthetic graft - mandible or facial bones, by report | \$150 | Not Covered |
| | D7997 | Appliance removal (not by dentist who placed appliance), includes removal of archbar | \$60 | Not Covered |
| | D7999 | Unspecified oral surgery procedure, by report | \$350 | \$350 |
| Orthodontics | D8080 | Comprehensive orthodontic treatment of the adolescent dentition | \$350 | Not Covered |
| | D8210 | Removable appliance therapy | | |
| | D8220 | Fixed appliance therapy | | |
| | D8660 | Pre-orthodontic treatment examination to monitor growth and development | | |
| | D8670 | Periodic orthodontic treatment visit | | |
| | D8680 | Orthodontic retention (removal of appliances, construction and placement of retainer(s)) | | |
| | D8681 | Removable orthodontic retainer adjustment | | |
| | D8696 | Repair of orthodontic appliance – maxillary | | |
| | D8697 | Repair of orthodontic appliance – mandibular | | |
| | D8698 | Re-cement or re-bond fixed retainer – maxillary | | |
| | D8699 | Re-cement or re-bond fixed retainer – mandibular | | |
| | D8701 | Repair of fixed retainer, includes reattachment – maxillary | | |
| | D8702 | Repair of fixed retainer, includes reattachment – mandibular | | |
| | D8703 | Replacement of lost or broken retainer – maxillary | | |
| | D8704 | Replacement of lost or broken retainer – mandibular | | |
| D8999 | Unspecified orthodontic procedure, by report | | | |
| Adjunctive General Services | D9110 | Palliative treatment of dental pain - per visit | \$30 | \$28 |
| | D9120 | Fixed partial denture sectioning | \$95 | \$95 |
| | D9210 | Local anesthesia not in conjunction with operative or surgical procedures | \$10 | \$10 |
| | D9211 | Regional block anesthesia | \$20 | \$20 |
| | D9212 | Trigeminal division block anesthesia | \$60 | \$60 |
| | D9215 | Local anesthesia in conjunction with operative or surgical procedures | \$15 | \$15 |
| | D9219 | Evaluation for moderate sedation, deep sedation or general anesthesia | \$45 | \$45 |
| | D9222 | Deep sedation/general anesthesia - first 15 minute | \$45 | \$45 |
| | D9223 | Deep sedation/general anesthesia – each subsequent 15 minute increment | \$45 | \$45 |

| Procedure Category | CDT Code | Updated CDT-25- Nomenclature | Pediatric Dental EHB | *Adult Dental |
|--------------------|----------|---|------------------------------|------------------------------|
| | | | Up to Age 19 | 19 and Older |
| | | | In-Network Member Cost Share | In-Network Member Cost Share |
| | D9230 | Inhalation of nitrous oxide/analgesia, anxiolysis | \$15 | Not Covered |
| | D9239 | Intravenous moderate (conscious) sedation/analgesia – first 15 minutes | \$60 | \$45 |
| | D9243 | Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment | \$60 | \$45 |
| | D9248 | Non-intravenous conscious sedation | \$65 | Not Covered |
| | D9310 | Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | \$50 | \$45 |
| | D9311 | Consultation with a medical health professional | No Charge | No Charge |
| | D9410 | House/extended care facility call | \$50 | Not Covered |
| | D9420 | Hospital or ambulatory surgical center call | \$135 | Not Covered |
| | D9430 | Office visit for observation (during regularly scheduled hours) - no other services performed | \$20 | \$12 |
| | D9440 | Office visit - after regularly scheduled hours | \$45 | \$40 |
| | D9450 | Case presentation, subsequent to detailed and extensive treatment planning | Not Covered | No Charge |
| | D9610 | Therapeutic parenteral drug, single administration | \$30 | Not Covered |
| | D9612 | Therapeutic parenteral drugs, two or more administrations, different medications | \$40 | Not Covered |
| | D9910 | Application of desensitizing medicament | \$20 | \$22 |
| | D9930 | Treatment of complications (post-surgical) - unusual circumstances, by report | \$35 | \$50 |
| | D9942 | Repair and/or relines of occlusal guard | Not Covered | \$35 |
| | D9943 | Occlusal guard adjustment | Not Covered | \$35 |
| | D9944 | Occlusal guard – hard appliance, full arch | Not Covered | \$115 |
| | D9945 | Occlusal guard – soft appliance, full arch | Not Covered | \$115 |
| | D9946 | Occlusal guard – hard appliance, partial arch | Not Covered | \$115 |
| | D9950 | Occlusion analysis - mounted case | \$120 | Not Covered |
| | D9951 | Occlusal adjustment - limited | \$45 | \$45 |
| | D9952 | Occlusal adjustment - complete | \$210 | \$210 |
| | D9995 | Teledentistry - synchronous; real-time encounter | No Charge | No Charge |
| | D9996 | Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review | No Charge | No Charge |
| | D9997 | Dental case management - patients with special health care needs | No Charge | No Charge |
| | D9999 | Unspecified adjunctive procedure, by report | No Charge | No Charge |