Select Health

Dental Copay Plan Schedule

Individual & Small Employer | General Dentists and Specialists
Classic and Prime Networks | Effective Jan 1, 2027

Copays below apply to both **Individual** and **Small Employer** dental copay plans. Amounts are shown by network (Classic or Prime) and provider type (General Dentist or Specialist). **NC** = Not covered. **NR** = Needs review: may be covered depending on circumstances and will be reviewed by a dental coding specialist. Please call for additional details prior to service. Copays are subject to the terms, limitations, and exclusions of your Select Health dental plan. See your policy documents for complete coverage details.

CDT Code	Description	Category	Classic Network		Prime Network	
			General Dentist	Specialist	General Dentist	Specialist
D0120	Periodic oral examination	Preventive	$5	$10	$4	$6
D0140	Limited oral evaluation - problem-focused	Preventive	$25	$40	$20	$23
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	Preventive	$5	$10	$4	$6
D0150	Comprehensive oral evaluation	Preventive	$5	$10	$4	$6
D0160	Detailed and extensive oral evaluation - problem-focused, by report	Preventive	$35	$40	$28	$33
D0170	Re-evaluation - limited problem focused (established patient; not post-operative visit)	Preventive	$5	$10	$4	$6
D0171	Re-evaluation- post operative office visit	Preventive	$5	$10	$4	$6
D0180	Comprehensive periodontal evaluation - new or established patient	Preventive	$20	$30	$16	$18
D0190	A screening, including state or federally mandated screening, to determine an individual's need to be seen by a dentist	Preventive	NC	NC	NC	NC
D0191	A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnoses	Preventive	NC	NC	NC	NC
D0210	Intraoral- complete series of radiographic images	Preventive	$10	$20	$8	$10
D0220	Intraoral- periapical first radiographic image	Preventive	$0	$0	$0	$0
D0230	Intraoral- periapical each additional radiographic image	Preventive	$0	$0	$0	$0
D0240	Intraoral- occlusal radiographic image	Preventive	$10	$20	$8	$10
D0250	Extra-oral 2d projection radiographic image created using a stationary radiation source, and detector	Preventive	$5	$10	$4	$6
D0251	Extra-oral posterior dental radiographic image	Preventive	$20	$20	$16	$18
D0270	Bitewing- single radiographic image	Preventive	$0	$0	$0	$0
D0272	Bitewings- two radiographic images	Preventive	$5	$10	$4	$6
D0273	Bitewings- three radiographic images	Preventive	$5	$10	$4	$6
D0274	Bitewings- four radiographic images	Preventive	$5	$10	$4	$6
D0277	Vertical bitewings- 7 to 8 radiographic images	Preventive	$5	$10	$4	$6
D0310	Sialography	Preventive	NC	NC	NC	NC
D0320	Temporomandibular joint arthrogram, including injection	Preventive	NC	NC	NC	NC
D0321	Other temporomandibular joint radiographic images, by report	Preventive	NC	NC	NC	NC
D0322	Tomographic survey	Preventive	NC	NC	NC	NC
D0330	Panoramic radiographic image	Preventive	$10	$20	$8	$10
D0340	2d cephalometric radiographic image-acquisition, measurement and analysis	Preventive	$90	$100	$72	$79
D0350	2d oral/facial photographic image obtained intra-orally or extra-orally	Preventive	NC	NC	NC	NC
D0364	Cone beam ct capture and interpretation with limited field of view-less than one whole jaw	Preventive	$100	$110	$80	$90
D0365	Cone beam ct capture and interpretation with field of view of one dental arch-mandible	Preventive	$125	$150	$100	$119
D0366	Cone beam ct capture and interpretation with field of view of one full dental arch-maxilla, with or without cranium	Preventive	$125	$150	$100	$119
D0367	Cone beam ct capture and interpretation with field of view of both jaws, with or without cranium	Preventive	$200	$220	$160	$179

CDT Code	Description	Category	Classic Network		Prime Network	
			General Dentist	Specialist	General Dentist	Specialist
D0368	Cone beam ct capture and interpretation for tmj series including two or more exposures	Preventive	NC	NC	NC	NC
D0369	Maxillofacial mri capture and interpretation	Preventive	NC	NC	NC	NC
D0370	Maxillofacial ultrasound capture and interpretation	Preventive	NC	NC	NC	NC
D0371	Sialoendoscopy capture and interpretation	Preventive	NC	NC	NC	NC
D0372	Intraoral tomosynthesis- comprehensive series of radiographic images	Preventive	$10	$15	$8	$10
D0373	Intraoral tomosynthesis- bitewing radiographic image	Preventive	$0	$0	$0	$0
D0374	Intraoral tomosynthesis- periapical radiographic image	Preventive	$20	$20	$16	$18
D0380	Cone beam ct image capture with limited field of view- less than one whole jaw	Preventive	$75	$85	$60	$70
D0381	Cone beam ct image capture with field of view of one full dental arch-mandible	Preventive	$90	$100	$72	$79
D0382	Cone beam ct image capture with field of view of one full dental arch-maxilla, with or without cranium	Preventive	$90	$100	$72	$79
D0383	Cone beam ct image capture with field of view of both jaws, with or without cranium	Preventive	$150	$170	$120	$138
D0384	Cone beam ct image capture for tmj series including two or more exposures	Preventive	NC	NC	NC	NC
D0385	Maxillofacial mri image capture	Preventive	NC	NC	NC	NC
D0386	Maxillofacial ultrasound image capture	Preventive	NC	NC	NC	NC
D0387	Intraoral tomosynthesis- comprehensive series of radiographic images-image capture only	Preventive	$65	$70	$52	$55
D0388	Intraoral tomosynthesis- bitewing radiographic image-image capture only	Preventive	$0	$0	$0	$0
D0389	Intraoral tomosynthesis- periapical radiographic image-image capture only	Preventive	$0	$0	$0	$0
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	Preventive	$10	$10	$4	$6
D0393	Treatment simulation using 3d image volume	Preventive	NC	NC	NC	NC
D0394	Digital subtraction of two or more images or image volumes of the same modality	Preventive	NC	NC	NC	NC
D0395	Fusion of two or more 3d image volumes of one or more modalities	Preventive	NC	NC	NC	NC
D0396	3D printing of a 3D dental surface scan	Preventive	NC	NC	NC	NC
D0411	Hba1c in-office point of service testing	Preventive	NC	NC	NC	NC
D0412	Blood glucose level test	Preventive	NC	NC	NC	NC
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	Preventive	NC	NC	NC	NC
D0415	Bacteriologic studies for determination of pathologic agents	Preventive	NC	NC	NC	NC
D0416	Viral culture	Preventive	NC	NC	NC	NC
D0417	Collection and preparation of saliva sample for laboratory diagnostic analysis	Preventive	NC	NC	NC	NC
D0418	Analysis of saliva sample-laboratory	Preventive	NC	NC	NC	NC
D0419	Assessment of salivary flow by measurement	Preventive	NC	NC	NC	NC
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	Preventive	NC	NC	NC	NC
D0423	Genetic test for susceptibility to diseases- specimen analysis	Preventive	NC	NC	NC	NC
D0425	Caries susceptibility tests	Preventive	NC	NC	NC	NC
D0426	Collection, preparation, and analysis of saliva sample point-of-care	Preventive	NC	NC	NC	NC
D0431	Diag tst detect mucos abnorm	Preventive	NC	NC	NC	NC
D0460	Pulp vitality tests	Preventive	$0	$0	$0	$0

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CDT Code	Description	Category	Classic Network		Prime Network	
			General Dentist	Specialist	General Dentist	Specialist
D0461	Testing for cracked tooth	Preventive	$10	$10	$4	$6
D0470	Diagnostic casts	Preventive	NC	NC	NC	NC
D0472	Accession of tissue gross examination prep/transmission of written report	Preventive	NC	NC	NC	NC
D0473	Accession of tissue gross and microscopic examination prep/trans of report	Preventive	NC	NC	NC	NC
D0474	Accession of tissue gross/micro exam assess of surg margins for presence of disease prep/trans of report	Preventive	NC	NC	NC	NC
D0475	Decalcification procedure	Preventive	NC	NC	NC	NC
D0476	Spec stains for microorganis	Preventive	NC	NC	NC	NC
D0477	Spec stains not for microorg	Preventive	NC	NC	NC	NC
D0478	Immunohistochemical stains	Preventive	NC	NC	NC	NC
D0479	Tissue in-situ hybridization	Preventive	NC	NC	NC	NC
D0480	Processing and interpretation of cytologic smears incl the prep/trans of written report	Preventive	NC	NC	NC	NC
D0481	Electron microscopy	Preventive	NC	NC	NC	NC
D0482	Direct immunofluorescence	Preventive	NC	NC	NC	NC
D0483	Indirect immunofluorescence	Preventive	NC	NC	NC	NC
D0484	Consult slides prep elsewhere	Preventive	NC	NC	NC	NC
D0485	Consult inc prep of slides	Preventive	NC	NC	NC	NC
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination preparation and transmission of written report	Preventive	NC	NC	NC	NC
D0502	Other oral pathology procedures, by report	Preventive	NC	NC	NC	NC
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	Preventive	NC	NC	NC	NC
D0601	Caries risk assessment and documentation, with a finding of low risk	Preventive	$0	$0	$0	$0
D0602	Caries risk assessment and documentation, with a finding of moderate risk	Preventive	$0	$0	$0	$0
D0603	Caries risk assessment and documentation, with a finding of high risk	Preventive	$0	$0	$0	$0
D0604	Antigen testing for a public health related pathogen, including coronavirus	Preventive	NC	NC	NC	NC
D0605	Antibody testing for public health related pathogen, including coronavirus	Preventive	NC	NC	NC	NC
D0606	Molecular testing for a public health related pathogen, including coronavirus	Preventive	NC	NC	NC	NC
D0701	Panoramic radiographic image- image capture only	Preventive	$0	$0	$0	$0
D0702	2-d cephalometric radiographic image- image capture only	Preventive	$75	$85	$60	$70
D0703	2-d oral/facial photographic image obtained intra-orally or extra-orally image capture only	Preventive	NC	NC	NC	NC
D0705	Extra-oral posterior dental radiographic image -image capture only	Preventive	$10	$10	$8	$10
D0706	Intraoral-occlusal radiographic image-image capture only	Preventive	$0	$0	$0	$0
D0707	Intraoral-periapical radiographic image-image capture only	Preventive	$0	$0	$0	$0
D0708	Intraoral-bitewing radiographic image-image capture only	Preventive	$0	$0	$0	$0
D0709	Intraoral-complete series of radiographic images-image capture only	Preventive	$0	$0	$0	$0
D0801	3d dental surface scan-direct	Preventive	NC	NC	NC	NC
D0802	3d dental surface scan-indirect	Preventive	NC	NC	NC	NC
D0803	3d facial surface scan-direct	Preventive	NC	NC	NC	NC
D0804	3d facial surface scan-indirect	Preventive	NC	NC	NC	NC
D0999	Unspecified diagnostic procedure, by report	Preventive	*NR*	*NR*	*NR*	*NR*
D1110	Prophylaxis - adult	Preventive	$10	$30	$8	$10

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CDT Code	Description	Category	Classic Network		Prime Network	
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D1120	Prophylaxis - child	Preventive	$10	$30	$8	$10
D1206	Topical application of fluoride varnish	Preventive	$0	$0	$0	$0
D1208	Topical application of fluoride- excluding varnish	Preventive	$0	$0	$0	$0
D1301	Immunization counseling	Preventive	NC	NC	NC	NC
D1310	Nutritional counseling for control of dental disease	Preventive	NC	NC	NC	NC
D1320	Tobacco counseling for the control and prevention of oral disease	Preventive	NC	NC	NC	NC
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	Preventive	NC	NC	NC	NC
D1330	Oral hygiene instructions	Preventive	NC	NC	NC	NC
D1351	Sealant - per tooth	Preventive	$10	$20	$8	$10
D1353	Sealant repair- per tooth	Preventive	$10	$10	$8	$10
D1354	Application caries arresting medicament - per tooth	Preventive	$20	$20	$16	$18
D1355	Caries preventive medicament application- per tooth	Preventive	$10	$10	$8	$10
D1510	Space maintainer-fixed, unilateral-per quadrant	Preventive	$100	$170	$80	$138
D1516	Space maintainer-fixed-bilateral, maxillary	Preventive	$150	$310	$120	$249
D1517	Space maintainer-fixed-bilateral, mandibular	Preventive	$150	$310	$120	$249
D1520	Space maintainer-removable, unilateral-per quadrant	Preventive	$100	$220	$80	$179
D1526	Space maintainer -removable-bilateral, maxillary	Preventive	$150	$310	$120	$249
D1527	Space maintainer removable-bilateral mandibular	Preventive	$150	$310	$120	$249
D1551	Re-cement or re-bond bilateral space maintainer-maxillary	Preventive	$20	$30	$16	$23
D1552	Re-cement or re-bond bilateral space maintainer-mandibular	Preventive	$20	$30	$16	$23
D1553	Re-cement or re-bond unilateral space maintainer-per quadrant	Preventive	$20	$30	$16	$23
D1556	Removal of fixed unilateral space maintainer- per quadrant	Preventive	$20	$20	$16	$18
D1557	Removal of fixed bilateral space maintainer- maxillary	Preventive	$20	$20	$16	$18
D1558	Removal of fixed bilateral space maintainer- mandibular	Preventive	$20	$20	$16	$18
D1575	Distal shoe space maintainer-fixed, unilateral-per quadrant	Preventive	$200	$220	$160	$179
D1701	Pfizer-biontech covid-19 vaccine administration- first dose	Preventive	NC	NC	NC	NC
D1702	Pfizer-biontech covid-19 vaccine administration- second dose	Preventive	NC	NC	NC	NC
D1703	Moderna covid-19 vaccine administration- first dose	Preventive	NC	NC	NC	NC
D1704	Moderna covid-19 vaccine administration- second dose	Preventive	NC	NC	NC	NC
D1708	Pfizer-biontech covid-19 vaccine administration-third dose	Preventive	NC	NC	NC	NC
D1709	Pfizer-biontech covid-19 vaccine administration- booster dose	Preventive	NC	NC	NC	NC
D1710	Moderna covid-19 vaccine administration- third dose	Preventive	NC	NC	NC	NC
D1711	Moderna covid-19 vaccine administration- booster dose	Preventive	NC	NC	NC	NC
D1713	Pfizer- biontech covid-19 vaccine administration tris-sucrose pediatric-first dose	Preventive	NC	NC	NC	NC
D1714	Pfizer- biontech covid-19 vaccine administration tris-sucrose pediatric-second dose	Preventive	NC	NC	NC	NC
D1720	Influenza vaccine administration	Preventive	NC	NC	NC	NC
D1781	Vaccine administration - human papillomavirus - dose 1	Preventive	NC	NC	NC	NC
D1782	Vaccine administration - human papillomavirus - dose 2	Preventive	NC	NC	NC	NC
D1783	Vaccine administration - human papillomavirus - dose 3	Preventive	NC	NC	NC	NC
D1999	Unspecified preventive procedure, by report	Preventive	*NR*	*NR*	*NR*	*NR*
D2140	Amalgam-one surface, permanent	Basic	$35	$50	$28	$33
D2150	Amalgam-two surfaces, permanent	Basic	$45	$70	$36	$39
D2160	Amalgam-three surfaces, permanent	Basic	$60	$85	$48	$55
D2161	Amalgam-four or more surfaces, permanent	Basic	$60	$85	$48	$55

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CDT Code	Description	Category	Classic Network		Prime Network	
			General Dentist	Specialist	General Dentist	Specialist
D2330	Resin-one surface, anterior	Basic	$45	$70	$36	$39
D2331	Resin-two surfaces, anterior	Basic	$45	$70	$36	$39
D2332	Resin-three surfaces, anterior	Basic	$75	$100	$60	$90
D2335	Resin-based composite- four or more surfaces (anterior)	Basic	$75	$100	$60	$90
D2390	Resin-based composite crown, anterior	Basic	$150	$170	$120	$138
D2391	Resin-based composite - one surface, posterior	Basic	$60	$85	$48	$55
D2392	Resin-based composite - two surfaces, posterior	Basic	$75	$100	$60	$90
D2393	Resin-based composite - three surfaces, posterior	Basic	$90	$110	$72	$90
D2394	Resin-based composite - four or more surfaces, posterior	Basic	$100	$170	$80	$138
D2410	Gold foil-one surface	Basic	NC	NC	NC	NC
D2420	Gold foil-two surfaces	Basic	NC	NC	NC	NC
D2430	Gold foil-three surfaces	Basic	NC	NC	NC	NC
D2510	Inlay-metallic-one surface	Basic	$300	$390	$240	$289
D2520	Inlay-metallic-two surfaces	Basic	$400	$460	$320	$380
D2530	Inlay-metallic-three surfaces	Basic	$500	$550	$400	$470
D2542	Onlay - metallic - two surfaces	Basic	$500	$550	$400	$470
D2543	Onlay - metallic - three surfaces	Basic	$500	$670	$400	$539
D2544	Onlay - metallic - four or more surfaces	Basic	$500	$670	$400	$539
D2610	Inlay-porcelain/ceramic-one surface	Basic	$300	$390	$240	$289
D2620	Inlay-porcelain/ceramic-two surfaces	Basic	$400	$550	$320	$380
D2630	Inlay-porcelain/ceramic-three surfaces	Basic	$500	$550	$400	$470
D2642	Onlay - porcelain/ceramic - two surfaces	Basic	$500	$550	$400	$470
D2643	Onlay - porcelain/ceramic - three surfaces	Basic	$500	$670	$400	$539
D2644	Onlay - porcelain/ceramic - four or more surfaces	Basic	$600	$670	$480	$610
D2650	Inlay-composite/resin-one surface (laboratory processed)	Basic	$300	$390	$240	$289
D2651	Inlay-composite/resin-two surfaces (laboratory processed)	Basic	$350	$460	$280	$289
D2652	Inlay-composite/resin-three surfaces (laboratory processed)	Basic	$350	$460	$280	$380
D2662	Onlay - composite/resin - two surfaces (laboratory processed)	Basic	$350	$460	$280	$380
D2663	Onlay - composite/resin - three surfaces (laboratory processed)	Basic	$400	$460	$320	$380
D2664	Onlay - composite/resin - four or more surfaces (laboratory processed)	Basic	$500	$550	$400	$470
D2710	Crown resin (laboratory)	Major	$150	$550	$120	$470
D2712	Crown 3/4 resin-based compos	Major	$150	$550	$120	$470
D2720	Crown-resin with high noble metal	Major	$350	$670	$280	$610
D2721	Crown-resin with predominantly base metal	Major	$350	$670	$280	$539
D2722	Crown-resin with noble metal	Major	$350	$670	$280	$610
D2740	Crown-porcelain/ceramic	Major	$500	$870	$400	$698
D2750	Crown-porcelain fused to high noble metal	Major	$350	$670	$280	$610
D2751	Crown-porcelain fused to predominantly base metal	Major	$350	$670	$280	$610
D2752	Crown-porcelain fused to noble metal	Major	$350	$670	$280	$610
D2753	Crown- porcelain fused to titanium and titanium alloys	Major	$350	$670	$280	$610
D2780	Crown - 3/4 cast high noble metal	Major	$350	$670	$280	$610
D2781	Crown - 3/4 cast predominately base metal	Major	$300	$670	$240	$539
D2782	Crown - 3/4 cast noble metal	Major	$300	$670	$240	$539
D2783	Crown - 3/4 porcelain/ceramic	Major	$500	$670	$400	$610
D2790	Crown-full cast high noble metal	Major	$350	$670	$280	$610
D2791	Crown-full cast predominantly base metal	Major	$350	$670	$280	$539

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D2792	Crown-full cast noble metal	Major	$400	$670	$320	$539
D2794	Crown-titanium and titanium alloys	Major	$500	$670	$400	$610
D2799	Interim crown - further treatment or completion of diagnosis necessary prior to final impression	Major	$200	$220	$160	$179
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	Major	$20	$50	$16	$23
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	Major	$20	$30	$16	$23
D2920	Re-cement or re-bond crown	Major	$20	$50	$16	$23
D2921	Reattachment of tooth fragment, incisal edge or cusp	Major	$45	$50	$36	$39
D2928	Prefabricated porcelain/ceramic crown- permanent tooth	Major	$100	$150	$80	$138
D2929	Prefabricated porcelain/ceramic crown- primary tooth	Major	$150	$170	$120	$138
D2930	Prefabricated stainless steel crown-primary tooth	Major	$75	$170	$60	$138
D2931	Prefabricated stainless steel crown-permanent tooth	Major	$100	$150	$80	$138
D2932	Prefabricated resin crown	Major	$75	$100	$60	$90
D2933	Prefabricated stainless steel crown with resin window	Major	$100	$170	$80	$138
D2934	Prefab steel crown primary	Major	$100	$170	$80	$138
D2940	Protective restoration	Major	$25	$40	$20	$23
D2949	Restorative foundation for an indirect restoration	Major	$35	$40	$28	$33
D2950	Core buildup, including any pins when required	Major	$75	$150	$60	$119
D2951	Pin retention-per tooth, in addition to restoration	Major	$10	$20	$8	$10
D2952	Cast post and core in addition to crown	Major	$90	$260	$72	$209
D2953	Each additional cast post - same tooth	Major	$75	$100	$60	$90
D2954	Prefabricated post and core in addition to crown	Major	$75	$170	$60	$138
D2955	Post removal	Major	$35	$50	$28	$33
D2956	Removal of an indirect restoration on a natural tooth	Major	$0	$0	$0	$0
D2957	Each additional prefabricated post - same tooth	Major	$60	$70	$48	$55
D2960	Labial veneer (resin laminate) - direct	Major	$250	$350	$200	$289
D2961	Labial veneer (resin laminate) -direct	Major	$350	$460	$280	$380
D2962	Labial veneer (porcelain laminate) - indirect	Major	$400	$550	$320	$470
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	Major	$60	$85	$48	$55
D2975	Coping	Major	$300	$310	$240	$249
D2976	Band stabilization- per tooth	Major	NC	NC	NC	NC
D2980	Crown repair necessitated by restorative material failure	Major	$100	$110	$80	$90
D2981	Inlay repair necessitated by restorative material failure	Major	$60	$70	$48	$55
D2982	Onlay repair necessitated by restorative material failure	Major	$60	$70	$48	$55
D2983	Veneer repair necessitated by restorative material failure	Major	$60	$70	$48	$55
D2989	Excavation of a tooth resulting in the determination of non-restorability	Major	$65	$70	$52	$55
D2990	Placement of an infiltration resin restoration for strengthening, stabilizing, and/or limiting the progression of the lesion	Major	$10	$10	$8	$10
D2991	Application of hydroxyapatite regeneration medicament- per tooth	Major	NC	NC	NC	NC
D2999	Unspecified restorative procedure, by report	Major	*NR*	*NR*	*NR*	*NR*
D3110	Pulp cap-direct (excluding final restoration)	Basic	$20	$30	$16	$23
D3120	Pulp cap-indirect (excluding final restoration)	Basic	$20	$40	$16	$18
D3220	Therapeutic pulpotomy (excluding final restoration)	Basic	$45	$85	$36	$39
D3221	Gross pulpal debridement primary and permanent teeth	Basic	$45	$70	$36	$39

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CDT Code	Description	Category	Classic Network		Prime Network	
			General Dentist	Specialist	General Dentist	Specialist
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	Basic	$75	$85	$60	$70
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (exclud	Basic	$75	$100	$60	$90
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (exclu	Basic	$75	$100	$60	$90
D3310	Anterior (excluding final restoration)	Basic	$250	$550	$200	$380
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	Basic	$350	$670	$280	$539
D3330	Endodontic therapy, molar tooth (excluding final restoration)	Basic	$500	$870	$400	$698
D3331	Treatment of root canal obstruction; non-surgical access	Basic	$75	$170	$60	$138
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	Basic	$60	$260	$48	$209
D3333	Internal root repair of perforation defects	Basic	$125	$170	$100	$138
D3346	Retreatment-anterior, by report	Basic	$500	$670	$400	$539
D3347	Retreatment of previous root canal therapy-premolar	Basic	$600	$670	$480	$610
D3348	Retreatment-molar, by report	Basic	$700	$1,000	$560	$805
D3351	Apexification/recalcification- initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	Basic	$200	$260	$160	$227
D3352	Apexification/recalcification initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	Basic	$100	$110	$80	$90
D3353	Apexification/recalcification-final visit (includes completed root can	Basic	$300	$390	$240	$289
D3355	Pulpal regeneration- initial visit	Basic	$250	$260	$200	$227
D3356	Pulpal regeneration- interim medication replacement	Basic	$100	$110	$80	$90
D3357	Pulpal regeneration- completion of treatment	Basic	$200	$220	$160	$179
D3410	Apicoectomy-anterior	Basic	$500	$550	$400	$470
D3421	Apicoectomy-premolar (first root)	Basic	$500	$550	$400	$470
D3425	Apicoectomy - molar (first root)	Basic	$500	$670	$400	$539
D3426	Apicoectomy - (each additional root)	Basic	$175	$220	$120	$179
D3428	Bone graft in conjunction with periradicular surgery- per tooth, single site	Basic	$250	$260	$200	$209
D3429	Bone graft in conjunction with periradicular surgery- each additional contiguous tooth in the same surgical site	Basic	$100	$175	$80	$140
D3430	Retrograde filling-per root	Basic	$90	$110	$72	$90
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Basic	$280	$310	$225	$245
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	Basic	$350	$390	$280	$289
D3450	Root amputation-per root	Basic	$100	$350	$80	$249
D3460	Endodontic endosseous implant	Basic	$950	$1,300	$760	$994
D3470	Intentional replantation (including necessary splinting)	Basic	$600	$670	$480	$539
D3471	Surgical repair of root resorption- anterior	Basic	$90	$550	$72	$470
D3472	Surgical repair of root resorption- pre molar	Basic	$90	$550	$72	$470
D3473	Surgical repair of root resorption- molar	Basic	$90	$550	$72	$470
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption- anterior	Basic	$90	$460	$72	$380
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption- pre molar	Basic	$90	$550	$72	$380
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption- molar	Basic	$90	$550	$72	$470
D3910	Surgical procedure for isolation of tooth with rubber dam	Basic	$75	$85	$60	$70
D3911	Intraorifice barrier	Basic	$0	$0	$0	$0
D3920	Hemisection (including any root removal), not including root canal the	Basic	$125	$220	$100	$179
D3921	Decoronation or submergence of an erupted tooth	Basic	$35	$50	$28	$33

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CDT Code	Description	Category	Classic Network		Prime Network	
			General Dentist	Specialist	General Dentist	Specialist
D3950	Canal preparation and fitting of preformed dowel or post	Basic	$90	$100	$72	$79
D3999	Unspecified endodontic procedure, by report	Basic	*NR*	*NR*	*NR*	*NR*
D4210	Gingivectomy or gingivoplasty-per quadrant	Basic	$200	$350	$160	$289
D4211	Gingivectomy or gingivoplasty-per tooth	Basic	$60	$85	$48	$55
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	Basic	$45	$50	$36	$39
D4230	Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant	Basic	$400	$460	$320	$380
D4231	Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant	Basic	$280	$310	$225	$249
D4240	Gingival flap procedure, including root planing-per quadrant	Basic	$250	$460	$200	$380
D4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant	Basic	$150	$260	$120	$209
D4245	Apically positioned flap	Basic	$150	$390	$120	$289
D4249	Crown lengthening-hard and soft tissue, by report	Basic	$200	$550	$160	$470
D4260	Osseous surgery (including elevation of a full thickness flap and closure)- four or more contiguous teeth or tooth bounded spaces per quadrant	Basic	$400	$670	$320	$610
D4261	Osseous surgery (including elevation of a full thickness flap and closure)- one to three contiguous teeth or tooth bounded spaces per quadrant	Basic	$300	$390	$240	$289
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	Basic	$200	$260	$160	$209
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	Basic	$100	$170	$80	$138
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	Basic	$280	$310	$225	$249
D4266	Guided tissue regeneration - resorbable barrier, per site, per tooth	Basic	$200	$310	$160	$249
D4267	Guided tissue regeneration - non-resorbable barrier, per site, per too	Basic	$250	$310	$200	$249
D4268	Surgical revision procedure per tooth	Basic	$350	$390	$280	$289
D4270	Pedicle soft tissue graft procedure	Basic	$250	$460	$200	$380
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	Basic	$300	$550	$240	$470
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	Basic	$100	$220	$80	$138
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	Basic	$350	$550	$280	$380
D4276	Combined connective tissue and pedicle graft, per tooth	Basic	$500	$550	$400	$470
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	Basic	$250	$550	$200	$380
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site	Basic	$150	$170	$120	$138
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites)- each additional contiguous tooth, implant or edentulous tooth position in same gra	Basic	$175	$550	$140	$470
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material)- each additional contiguous tooth, implant or edentulous tooth position	Basic	$200	$460	$160	$380
D4286	Removal of non-resorbable barrier	Basic	$45	$50	$36	$39
D4322	Splint- intra-coronal; natural teeth or prosthetic crowns	Basic	$100	$110	$80	$90
D4323	Splint- extra-coronal; natural teeth or prosthetic crowns	Basic	$25	$30	$20	$23
D4341	Periodontal scaling and root planing-per quadrant	Basic	$100	$170	$80	$138

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CDT Code	Description	Category	Classic Network		Prime Network	
			General Dentist	Specialist	General Dentist	Specialist
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant	Basic	$75	$85	$60	$79
D4346	Scaling in presence of generalized moderate or severe gingival inflammation- full mouth, after oral evaluation	Basic	$5	$10	$4	$6
D4355	Full mouth debridement to enable comprehensive oral evaluation and diagnosis on a subsequent visit	Basic	$60	$85	$48	$55
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	Basic	$35	$150	$28	$119
D4910	Periodontal maintenance procedures (following active therapy)	Basic	$60	$110	$48	$90
D4920	Unscheduled dressing change (by someone other than treating dentist)	Basic	$20	$30	$16	$18
D4921	Gingival irrigation- per quadrant	Basic	$0	$0	$0	$0
D4999	Unspecified periodontal procedure, by report	Basic	*NR*	*NR*	*NR*	*NR*
D5110	Complete upper	Major	$500	$1,300	$400	$994
D5120	Complete lower	Major	$500	$1,300	$400	$994
D5130	Immediate upper	Major	$500	$1,300	$400	$994
D5140	Immediate lower	Major	$500	$1,300	$400	$994
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rest, and teeth)	Major	$500	$670	$400	$610
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rest, and teeth)	Major	$500	$670	$400	$610
D5213	Maxillary partial denture-cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Major	$600	$1,000	$480	$805
D5214	Mandibular partial denture-cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Major	$600	$1,000	$480	$805
D5221	Immediate maxillary partial denture-resin base (including retentive/clasping materials, rests and teeth)	Major	$500	$670	$400	$610
D5222	Immediate mandibular partial denture-resin base (including retentive/clasping materials, rests and teeth)	Major	$500	$670	$400	$610
D5223	Immediate maxillary partial denture-cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Major	$600	$1,000	$480	$805
D5224	Immediate mandibular partial denture-cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Major	$600	$1,000	$480	$805
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests and teeth)	Major	$600	$870	$480	$698
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests and teeth)	Major	$600	$870	$480	$698
D5227	Immediate maxillary partial denture- flexible base (including any clasps, rests and teeth)	Major	$600	$870	$480	$698
D5228	Immediate mandibular partial denture- flexible base (including any clasps, rests and teeth)	Major	$600	$870	$480	$698
D5282	Removable unilateral partial denture- one piece cast metal (including retentive/clasping materials, rests and teeth) maxillary	Major	$400	$670	$320	$539
D5283	Removable unilateral partial denture- one piece cast metal (including retentive/clasping materials, rests and teeth) mandibular	Major	$400	$670	$320	$539
D5284	Removable unilateral partial denture- one piece flexible base (including retentive/clasping materials, rests and teeth)- per quadrant	Major	$350	$390	$280	$289
D5286	Removable unilateral partial denture- one piece resin (including retentive/clasping materials, rests and teeth)- per quadrant	Major	$280	$310	$225	$249
D5410	Adjust complete denture-upper	Major	$35	$40	$28	$33
D5411	Adjust complete denture-lower	Major	$35	$40	$28	$33
D5421	Adjust partial denture-upper	Major	$35	$40	$28	$33
D5422	Adjust partial denture-lower	Major	$35	$40	$28	$33
D5511	Repair broken complete denture base, mandibular	Major	$60	$85	$48	$55

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CDT Code	Description	Category	Classic Network		Prime Network	
			General Dentist	Specialist	General Dentist	Specialist
D5512	Repair broken complete denture base, maxillary	Major	$60	$85	$48	$55
D5520	Replace missing or broken teeth-complete denture (each tooth)	Major	$60	$85	$48	$55
D5611	Repair resin partial denture base, mandibular	Major	$60	$85	$48	$55
D5612	Repair resin partial denture base, maxillary	Major	$60	$85	$48	$55
D5621	Repair cast partial framework, mandibular	Major	$60	$85	$48	$55
D5622	Repair cast partial framework, maxillary	Major	$60	$85	$48	$55
D5630	Repair or replace broken retentive/clasping materials per tooth	Major	$60	$85	$48	$55
D5640	Replace broken teeth-per tooth	Major	$60	$85	$48	$55
D5650	Add tooth to existing partial denture	Major	$60	$110	$48	$90
D5660	Add clasp to existing partial denture- per tooth	Major	$60	$110	$48	$90
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	Major	$300	$390	$240	$289
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	Major	$300	$390	$240	$289
D5710	Rebase complete upper denture	Major	$175	$350	$140	$289
D5711	Rebase complete lower denture	Major	$175	$350	$140	$249
D5720	Rebase upper partial denture	Major	$175	$310	$140	$249
D5721	Rebase lower partial denture	Major	$175	$310	$140	$249
D5725	Rebase hybrid prosthesis	Major	$175	$390	$140	$289
D5730	Reline complete maxillary denture (direct)	Major	$90	$150	$72	$119
D5731	Reline complete mandibular denture (direct)	Major	$90	$150	$72	$119
D5740	Reline maxillary partial denture (direct)	Major	$90	$150	$72	$119
D5741	Reline mandibular partial denture (direct)	Major	$90	$150	$72	$119
D5750	Reline complete maxillary denture (indirect)	Major	$125	$260	$100	$227
D5751	Reline complete mandibular denture (indirect)	Major	$125	$260	$100	$227
D5760	Reline maxillary partial denture (indirect)	Major	$125	$220	$100	$179
D5761	Reline mandibular partial denture (indirect)	Major	$125	$220	$100	$179
D5765	Soft liner for complete or partial removable denture- indirect	Major	$125	$220	$100	$179
D5810	Interim complete denture (upper)	Major	NC	NC	NC	NC
D5811	Interim complete denture (lower)	Major	NC	NC	NC	NC
D5820	Interim partial denture (including retentive/clasping materials, rests and teeth), maxillary	Major	$200	$310	$160	$249
D5821	Interim partial denture (including retentive/clasping materials, rests and teeth), mandibular	Major	$200	$310	$160	$249
D5850	Tissue conditioning, upper-per denture unit	Major	$45	$70	$36	$39
D5851	Tissue conditioning, lower-per denture unit	Major	$45	$70	$36	$39
D5862	Precision attachment, by report	Major	NC	NC	NC	NC
D5863	Overdenture- complete maxillary- natural tooth borne	Major	$950	$1,300	$760	$994
D5864	Overdenture- partial maxillary-natural tooth borne	Major	$950	$1,300	$760	$994
D5865	Overdenture- complete mandibular-natural tooth borne	Major	$950	$1,300	$760	$994
D5866	Overdenture- partial mandibular-natural tooth borne	Major	$950	$1,300	$760	$994
D5867	Replacement of replaceable part of semi-precision or precision attachment of natural tooth borne prosthesis, per attachment	Major	NC	NC	NC	NC
D5875	Modification of removable prosthesis following implant surgery	Major	$100	$110	$80	$90
D5876	Add metal substructure to acrylic full denture (per arch)	Major	$150	$170	$120	$138
D5877	Duplication of complete denture- maxillary	Major	$950	$1,000	$760	$805
D5878	Duplication of complete denture- mandibular	Major	$950	$1,000	$760	$805
D5899	Unspecified removable prosthodontic procedure, by report	Major	*NR*	*NR*	*NR*	*NR*
D5909	Maxillary guidance prosthesis with guide flange	Major	NC	NC	NC	NC

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CDT Code	Description	Category	Classic Network		Prime Network	
			General Dentist	Specialist	General Dentist	Specialist
D5911	Facial moulage (sectional)	Major	NC	NC	NC	NC
D5912	Facial moulage (complete)	Major	NC	NC	NC	NC
D5913	Nasal prosthesis	Major	NC	NC	NC	NC
D5914	Auricular prosthesis	Major	NC	NC	NC	NC
D5915	Orbital prosthesis	Major	NC	NC	NC	NC
D5916	Ocular prosthesis	Major	NC	NC	NC	NC
D5919	Facial prosthesis	Major	NC	NC	NC	NC
D5922	Nasal septal prosthesis	Major	NC	NC	NC	NC
D5923	Ocular prosthesis, interim	Major	NC	NC	NC	NC
D5924	Cranial prosthesis	Major	NC	NC	NC	NC
D5925	Facial augmentation implant prosthesis	Major	NC	NC	NC	NC
D5926	Nasal prosthesis, replacement	Major	NC	NC	NC	NC
D5927	Auricular prosthesis, replacement	Major	NC	NC	NC	NC
D5928	Orbital prosthesis, replacement	Major	NC	NC	NC	NC
D5929	Facial prosthesis, replacement	Major	NC	NC	NC	NC
D5930	Maxillary guidance prosthesis without guide flange	Major	NC	NC	NC	NC
D5931	Obturator prosthesis, surgical	Major	NC	NC	NC	NC
D5932	Obturator prosthesis, definitive	Major	NC	NC	NC	NC
D5933	Obturator prosthesis, modification	Major	NC	NC	NC	NC
D5934	Mandibular guidance prosthesis with guide flange	Major	NC	NC	NC	NC
D5935	Mandibular guidance prosthesis without guide flange	Major	NC	NC	NC	NC
D5936	Obturator/prosthesis, interim	Major	NC	NC	NC	NC
D5937	Trismus appliance (not for tm treatment)	Major	NC	NC	NC	NC
D5938	Resection prosthesis, maxillary complete removable	Major	NC	NC	NC	NC
D5939	Resection prosthesis, mandibular complete removable	Major	NC	NC	NC	NC
D5940	Resection prosthesis, maxillary partial removable	Major	NC	NC	NC	NC
D5941	Resection prosthesis, mandibular partial removable	Major	NC	NC	NC	NC
D5942	Resection prosthesis, maxillary implant/abutment supported removable prosthesis for edentulous arch	Major	NC	NC	NC	NC
D5943	Resection prosthesis, mandibular implant/abutment supported removable prosthesis for edentulous arch	Major	NC	NC	NC	NC
D5944	Resection prosthesis, maxillary implant/abutment supported removable prosthesis for the partial edentulous arch	Major	NC	NC	NC	NC
D5945	Resection prosthesis, mandibular implant/abutment supported removable prosthesis for the partial edentulous arch	Major	NC	NC	NC	NC
D5946	Resection prosthesis, maxillary implant/abutment supported fixed prosthesis for edentulous arch	Major	NC	NC	NC	NC
D5947	Resection prosthesis, mandibular implant/abutment supported fixed prosthesis for edentulous arch	Major	NC	NC	NC	NC
D5948	Resection prosthesis, maxillary implant/abutment supported fixed prosthesis for the partial edentulous arch	Major	NC	NC	NC	NC
D5949	Resection prosthesis, mandibular implant/abutment supported fixed prosthesis for the partial edentulous arch	Major	NC	NC	NC	NC
D5951	Feeding aid	Major	NC	NC	NC	NC
D5952	Speech aid prosthesis, pediatric	Major	NC	NC	NC	NC
D5953	Speech aid prosthesis, adult	Major	NC	NC	NC	NC
D5954	Palatal augmentation prosthesis	Major	NC	NC	NC	NC
D5955	Palatal lift prosthesis, definitive	Major	NC	NC	NC	NC
D5958	Palatal lift prosthesis, interim	Major	NC	NC	NC	NC

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			General Dentist	Specialist	General Dentist	Specialist
D5959	Palatal lift prosthesis, modification	Major	NC	NC	NC	NC
D5960	Speech aid prosthesis, modification	Major	NC	NC	NC	NC
D5982	Surgical stent	Major	NC	NC	NC	NC
D5983	Radiation carrier	Major	NC	NC	NC	NC
D5984	Radiation shield	Major	NC	NC	NC	NC
D5985	Radiation cone locator	Major	NC	NC	NC	NC
D5986	Fluoride gel carrier	Major	NC	NC	NC	NC
D5987	Commissure splint	Major	NC	NC	NC	NC
D5988	Surgical splint	Major	NC	NC	NC	NC
D5991	Vesiculobullous disease medicament carrier	Major	NC	NC	NC	NC
D5992	Adjust max prost appliance	Major	NC	NC	NC	NC
D5993	Main/clean max prosthesis	Major	NC	NC	NC	NC
D5995	Periodontal medicament carrier with peripheral seal-laboratory processed- maxillary	Major	NC	NC	NC	NC
D5996	Periodontal medicament carrier with peripheral seal- laboratory processed- mandibular	Major	NC	NC	NC	NC
D5999	Unspecified maxillofacial prosthesis, by report	Major	NC	NC	NC	NC
D6010	Surgical placement of implant body: endosteal implant. see also 21248	Implants	$950	$1,300	$760	$1,200
D6011	Surgical access to an implant body (second stage implant surgery)	Implants	$125	$170	$100	$138
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	Implants	$950	$1,300	$760	$1,200
D6013	Surgical placement of mini implant	Implants	$500	$550	$400	$470
D6040	Subperiosteal implant	Implants	$3,000	$3,500	$2,400	$3,000
D6049	Scaling and debridement in the presence of peri-implantitis inflammation, bleeding upon probing and increased pocket depths, including cleaning of the implant surfaces, without flap entry and closure	Implants	$45	$50	$36	$39
D6050	Transosseous implant	Implants	$3,000	$3,500	$2,400	$3,000
D6051	Interim implant abutment placement	Implants	$125	$170	$100	$138
D6055	Implant connecting bar	Implants	$300	$390	$240	$289
D6056	Prefabricated abutment- includes modification and placement	Implants	$300	$390	$240	$289
D6057	Custom fabricated abutment- includes placement	Implants	$350	$460	$280	$380
D6058	Abutment supported porcelain/ceramic crown	Implants	$700	$870	$560	$698
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	Implants	$600	$870	$480	$698
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	Implants	$600	$670	$480	$610
D6061	Abutment supported porcelain fused to metal crown (noble metal)	Implants	$600	$870	$480	$698
D6062	Abutment supported cast metal crown (high noble metal)	Implants	$600	$870	$480	$698
D6063	Abutment supported cast metal crown (predominantly base metal)	Implants	$500	$670	$400	$539
D6064	Abutment supported cast metal crown (noble metal)	Implants	$600	$670	$480	$610
D6065	Implant supported porcelain/ceramic crown	Implants	$600	$870	$480	$698
D6066	Implant supported crown-porcelain fused to high noble alloys	Implants	$600	$870	$480	$698
D6067	Implant supported crown-high noble alloys	Implants	$600	$670	$480	$610
D6068	Abutment supported retainer for porcelain/ceramic fpd	Implants	$700	$870	$560	$698
D6069	Abutment supported retainer for porcelain fused to metal fpd (high noble metal)	Implants	$600	$870	$480	$698
D6070	Abutment supported retainer for porcelain fused to metal fpd (predominately base metal)	Implants	$600	$670	$480	$610

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CDT Code	Description	Category	Classic Network		Prime Network	
			General Dentist	Specialist	General Dentist	Specialist
D6071	Abutment supported retainer for porcelain fused to metal fpd (noble metal)	Implants	$600	$870	$480	$698
D6072	Abutment supported retainer for cast metal fpd (high noble metal)	Implants	$600	$870	$480	$698
D6073	Abutment supported retainer for cast metal fpd (predominately base metal)	Implants	$600	$670	$480	$610
D6074	Abutment supported retainer for cast metal fpd (noble metal)	Implants	$600	$870	$480	$698
D6075	Implant supported retainer for ceramic fpd	Implants	$600	$870	$480	$698
D6076	Implant supported retainer for fpd - porcelain fused to high noble alloys	Implants	$600	$870	$480	$698
D6077	Implant supported retainer for cast metal fpd - high noble alloys	Implants	$600	$670	$480	$610
D6080	Implant maintenance procedures, when prostheses are removed and reinserted, including cleansing of prostheses and abutments	Implants	$100	$150	$80	$119
D6081	Scaling and debridement in the presence of inflammation of mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	Implants	$45	$50	$36	$39
D6082	Implant supported crown- porcelain fused to predominantly base alloys	Implants	$950	$1,300	$760	$994
D6083	Implant supported crown- porcelain fused to noble alloys	Implants	$950	$1,300	$760	$994
D6084	Implant supported crown- porcelain fused to titanium and titanium alloys	Implants	$950	$1,300	$760	$994
D6085	Interim implant crown	Implants	$90	$110	$72	$90
D6086	Implant supported crown- predominantly base alloys	Implants	$950	$1,000	$760	$805
D6087	Implant supported crown- noble metal alloys	Implants	$950	$1,000	$760	$994
D6088	Implant supported crown- titanium and titanium alloys	Implants	$950	$1,000	$760	$994
D6089	Accessing and retorquing loose implant screw- per screw	Implants	$35	$40	$28	$33
D6090	Repair implant, by report	Implants	$100	$110	$80	$90
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	Implants	$35	$40	$28	$33
D6092	Re-cement or re-bond implant/abutment supported crown	Implants	$45	$50	$36	$39
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	Implants	$60	$85	$48	$55
D6094	Abutment supported crown - titanium and titanium alloys	Implants	$700	$870	$560	$698
D6096	Remove broken implant retaining screw	Implants	$35	$40	$28	$33
D6097	Abutment supported crown- porcelain fused to titanium and titanium alloys	Implants	$600	$870	$480	$698
D6098	Implant supported retainer- porcelain fused to predominantly base alloys	Implants	$950	$1,300	$760	$994
D6099	Implant supported retainer for fpd-porcelain fused to noble alloys	Implants	$950	$1,300	$760	$994
D6100	Surgical removal of implant body	Implants	$200	$310	$160	$249
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	Implants	$150	$170	$120	$138
D6102	Debridement and osseous contouring of a peri-implant defect- or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces	Implants	$150	$170	$120	$138
D6103	Bone graft for repair of peri-implant defect- does not include flap entry and closure.	Implants	$350	$460	$280	$380
D6104	Bone graft at time of implant placement	Implants	$200	$310	$160	$249
D6105	Removal of implant body not requiring bone removal nor flap elevation	Implants	$125	$150	$100	$119
D6106	Guided tissue regeneration- resorbable barrier, per implant	Implants	$280	$310	$225	$249
D6107	Guided tissue regeneration- non-resorbable barrier, per implant	Implants	$280	$310	$225	$249

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CDT Code	Description	Category	Classic Network		Prime Network	
			General Dentist	Specialist	General Dentist	Specialist
D6110	Implant/abutment supported removable denture for edentulous arch-maxillary	Implants	$700	$1,000	$560	$805
D6111	Implant/ abutment supported removable denture for edentulous arch-mandibular	Implants	$700	$1,000	$560	$805
D6112	Implant/ abutment supported removable denture for partially edentulous arch- maxillary	Implants	$700	$1,000	$560	$805
D6113	Implant/ abutment supported removable denture for partially edentulous arch- mandibular	Implants	$700	$1,000	$560	$805
D6114	Implant/ abutment supported fixed denture for edentulous arch-maxillary	Implants	$700	$1,000	$560	$805
D6115	Implant/ abutment supported fixed denture for edentulous arch-mandibular	Implants	$700	$1,000	$560	$805
D6116	Implant/ abutment supported fixed denture for partially edentulous arch- maxillary	Implants	$700	$1,000	$560	$805
D6117	Implant/ abutment supported fixed denture for partially edentulous arch- mandibular	Implants	$700	$1,000	$560	$805
D6118	Implant/abutment supported interim fixed denture for edentulous arch - mandibular	Implants	$400	$550	$320	$380
D6119	Implant/abutment supported interim fixed denture for edentulous arch - maxillary	Implants	$400	$550	$320	$380
D6120	Implant supported retainer- porcelain fused to titanium and titanium alloys	Implants	$950	$1,300	$760	$994
D6121	Implant supported retainer for metal fpd-predominantly base alloys	Implants	$950	$1,000	$760	$994
D6122	Implant supported retainer for fpd- noble metals	Implants	$950	$1,300	$760	$994
D6123	Implant supported retainer for metal fpd- titanium and titanium alloys	Implants	$950	$1,300	$760	$994
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments	Implants	$25	$30	$20	$23
D6190	Radio/surgical implant index	Implants	$100	$110	$80	$90
D6191	Semi-precision abutment- placement	Implants	$350	$390	$280	$289
D6192	Semi-precision attachment- placement	Implants	$35	$40	$28	$33
D6193	Replacement of an implant screw	Implants	$25	$30	$20	$23
D6194	Abutment supported retainer crown for fpd - titanium and titanium alloys	Implants	$500	$670	$400	$539
D6195	Abutment supported retainer- porcelain fused to titanium and titanium alloys	Implants	$600	$870	$480	$698
D6196	Removal of an indirect restoration on an implant retained abutment	Implants	$25	$30	$20	$23
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis per implant	Implants	$65	$70	$52	$55
D6198	Remove interim implant component	Implants	$10	$10	$4	$6
D6199	Unspecified implant procedure, by report	Implants	*NR*	*NR*	*NR*	*NR*
D6205	Pontic-indirect resin based	Major	$150	$550	$120	$470
D6210	Pontic-cast high noble metal	Major	$350	$670	$280	$539
D6211	Pontic-cast predominantly base metal	Major	$300	$670	$240	$539
D6212	Pontic-cast noble metal	Major	$400	$670	$320	$539
D6214	Pontic-titanium and titanium alloys	Major	$500	$670	$400	$539
D6240	Pontic-porcelain fused to high noble metal	Major	$350	$670	$280	$539
D6241	Pontic-porcelain fused to predominantly base metal	Major	$300	$670	$240	$539
D6242	Pontic-porcelain fused to noble metal	Major	$350	$670	$280	$539
D6243	Pontic-porcelain fused to titanium and titanium alloys	Major	$350	$670	$280	$539
D6245	Pontic - porcelain/ceramic	Major	$500	$670	$400	$539
D6250	Pontic-resin with high noble metal	Major	$350	$670	$280	$539

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CDT Code	Description	Category	Classic Network		Prime Network	
			General Dentist	Specialist	General Dentist	Specialist
D6251	Pontic-resin with predominantly base metal	Major	$300	$550	$240	$470
D6252	Pontic-resin with noble metal	Major	$300	$670	$240	$539
D6253	Interim pontic - further treatment or completion of diagnosis necessary prior to final impression	Major	$250	$260	$200	$209
D6280	Implant maintenance procedures when a full arch removable implant/abutment supported denture is removed and reinserted, including cleansing of prosthesis and abutments-per arch	Major	$25	$30	$20	$23
D6545	Retainer-cast metal for acid etched fixed prosthesis	Major	$250	$260	$200	$227
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	Major	$250	$260	$200	$227
D6549	Resin retainer- for resin bonded fixed prosthesis	Major	$150	$170	$120	$138
D6600	Retainer inlay-porcelain/ceramic, two surfaces	Major	$350	$550	$280	$380
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	Major	$350	$550	$280	$470
D6602	Retainer inlay - cast high noble metal, two surfaces	Major	$250	$460	$200	$380
D6603	Retainer inlay - cast high noble metal, three or more surfaces	Major	$250	$550	$200	$470
D6604	Retainer inlay - cast predominantly base metal, two surfaces	Major	$200	$460	$160	$380
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	Major	$250	$550	$200	$470
D6606	Retainer inlay - cast noble metal, two surfaces	Major	$250	$460	$200	$380
D6607	Retainer inlay - cast noble metal, three or more surfaces	Major	$250	$550	$200	$470
D6608	Retainer onlay - porcelain/ceramic, two surfaces	Major	$400	$550	$320	$470
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	Major	$400	$670	$320	$539
D6610	Retainer onlay - cast high noble metal, two surfaces	Major	$350	$390	$280	$289
D6611	Retainer onlay - cast high noble metal, three or more surfaces	Major	$350	$550	$280	$470
D6612	Retainer onlay - cast predominantly base metal, two surfaces	Major	$300	$310	$240	$249
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	Major	$300	$460	$240	$289
D6614	Retainer onlay - cast noble metal, two surfaces	Major	$350	$390	$280	$289
D6615	Retainer onlay - cast noble metal, three or more surfaces	Major	$350	$550	$280	$470
D6624	Retainer inlay titanium	Major	$500	$550	$400	$470
D6634	Retainer onlay titanium	Major	$500	$550	$400	$470
D6710	Retainer crown-indirect resin based composite	Major	$150	$550	$120	$470
D6720	Retainer crown-resin with high noble metal	Major	$350	$670	$280	$610
D6721	Retainer crown-resin with predominantly base metal	Major	$300	$670	$240	$539
D6722	Retainer crown-resin with noble metal	Major	$300	$670	$240	$610
D6740	Retainer crown - porcelain/ceramic	Major	$500	$670	$400	$610
D6750	Retainer crown-porcelain fused to high noble metal	Major	$350	$670	$280	$610
D6751	Retainer crown-porcelain fused to predominantly base metal	Major	$300	$670	$240	$610
D6752	Retainer crown-porcelain fused to noble metal	Major	$350	$670	$280	$610
D6753	Retainer crown- porcelain fused to titanium and titanium alloys	Major	$350	$670	$280	$610
D6780	Retainer crown-3/4 cast high noble metal	Major	$350	$670	$280	$610
D6781	Retainer crown - 3/4 cast predominately base metal	Major	$300	$670	$240	$539
D6782	Retainer crown - 3/4 cast noble metal	Major	$300	$670	$240	$539
D6783	Retainer crown - 3/4 porcelain/ceramic	Major	$500	$670	$400	$610
D6784	Retainer crown 3/4- titanium and titanium alloys	Major	$350	$670	$280	$610
D6790	Retainer crown-full cast high noble metal	Major	$350	$670	$280	$610
D6791	Retainer crown-full cast predominantly base metal	Major	$300	$670	$240	$539
D6792	Retainer crown-full cast noble metal	Major	$400	$670	$320	$539

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CDT Code	Description	Category	Classic Network		Prime Network	
			General Dentist	Specialist	General Dentist	Specialist
D6793	Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	Major	$200	$220	$160	$179
D6794	Retainer crown - titanium and titanium alloys	Major	$500	$670	$400	$610
D6920	Connector bar	Major	$60	$70	$48	$55
D6930	Re-cement or re-bond fixed partial denture	Major	$35	$70	$28	$55
D6940	Stress breaker	Major	$100	$110	$80	$90
D6950	Precision attachment	Major	NC	NC	NC	NC
D6980	Fixed partial denture repair, necessitated by restorative material failure	Major	*NR*	*NR*	*NR*	*NR*
D6985	Pediatric partial denture, fixed	Major	NC	NC	NC	NC
D6999	Unspecified fixed prosthodontic procedure, by report	Major	*NR*	*NR*	*NR*	*NR*
D7111	Extraction, coronal remnants - primary tooth	Basic	$35	$50	$28	$33
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Basic	$45	$100	$36	$79
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated.	Basic	$90	$170	$72	$138
D7220	Removal of impacted tooth-soft tissue	Basic	$100	$170	$80	$138
D7230	Removal of impacted tooth-partially bony	Basic	$150	$260	$120	$227
D7240	Removal of impacted tooth-completely bony	Basic	$150	$350	$120	$289
D7241	Removal of impacted tooth-completely bony, with unusual surgical compl	Basic	$150	$390	$120	$289
D7250	Removal of residual tooth roots (cutting procedure)	Basic	$75	$100	$60	$90
D7251	Coronectomy	Basic	$150	$220	$120	$179
D7252	Partial extraction for immediate implant placement	Basic	$200	$220	$160	$179
D7259	Nerve dissection	Basic	NC	NC	NC	NC
D7260	Oral antral fistula closure	Basic	NC	NC	NC	NC
D7261	Primary closure of a sinus perforation	Basic	NC	NC	NC	NC
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or d	Basic	$125	$310	$100	$249
D7272	Tooth transplantation	Basic	NC	NC	NC	NC
D7280	Exposure of an unerupted tooth	Basic	$175	$310	$140	$249
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	Basic	$100	$150	$80	$138
D7283	Place device impacted tooth	Basic	$0	$0	$0	$0
D7284	Excisional biopsy of minor salivary glands	Basic	$125	$150	$100	$119
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	Basic	$150	$170	$120	$138
D7286	Incisional biopsy of oral tissue-soft	Basic	$75	$150	$60	$90
D7287	Cytology sample collection	Basic	NC	NC	NC	NC
D7288	Brush biopsy	Basic	NC	NC	NC	NC
D7290	Surgical repositioning of teeth	Basic	$200	$260	$160	$209
D7291	Transseptal fiberotomy	Basic	$65	$70	$52	$55
D7292	Placement of temporary anchorage device (screw retained plate) requiring flap	Basic	$300	$350	$240	$289
D7293	Placement of temporary anchorage device requiring flap	Basic	$200	$220	$160	$179
D7294	Placement of temporary anchorage device without flap	Basic	$100	$110	$80	$90
D7295	Bone harvest,auto graft proc	Basic	*NR*	*NR*	*NR*	*NR*
D7296	Corticotomy - one to three teeth or tooth spaces, per quadrant	Basic	NC	NC	NC	NC
D7297	Corticotomy - four or more teeth or tooth spaces, per quadrant	Basic	NC	NC	NC	NC
D7298	Removal of temporary anchorage device (screw retained plate), requiring flap	Basic	$280	$310	$225	$249
D7299	Removal of temporary anchorage device, requiring flap	Basic	$150	$170	$120	$138

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			General Dentist	Specialist	General Dentist	Specialist
D7300	Removal of temporary anchorage device without flap	Basic	$75	$85	$60	$70
D7310	Alveoloplasty in conjunction with extractions - per quadrant	Basic	$75	$110	$60	$90
D7311	Alveoloplasty w/extract 1-3	Basic	$45	$110	$36	$90
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	Basic	$150	$170	$120	$138
D7321	Alveoloplasty not w/extracts	Basic	$125	$150	$100	$119
D7340	Vestibuloplasty-ridge extension (second epithelialization)	Basic	NC	NC	NC	NC
D7350	Vestibuloplasty-ridge extension (including soft tissue grafts, muscle	Basic	NC	NC	NC	NC
D7410	Radical excision-lesion diameter up to 1.25 cm	Basic	$150	$170	$120	$138
D7411	Excision of benign lesion greater than 1.25 cm	Basic	$200	$220	$160	$179
D7412	Excision of benign lesion, complicated	Basic	$280	$310	$225	$249
D7413	Excision of malignant lesion up to 1.25 cm	Basic	NC	NC	NC	NC
D7414	Excision of malignant lesion greater than 1.25 cm	Basic	NC	NC	NC	NC
D7415	Excision of malignant lesion, complicated	Basic	NC	NC	NC	NC
D7440	Excision of malignant tumor-lesion diameter up to 1.25 cm	Basic	NC	NC	NC	NC
D7441	Excision of malignant tumor-lesion diameter greater than 1.25 cm	Basic	NC	NC	NC	NC
D7450	Removal of odontogenic cyst or tumor-lesion diameter up to 1.25 cm	Basic	$280	$310	$225	$249
D7451	Removal of odontogenic cyst or tumor-lesion diameter greater than 1.25	Basic	$300	$350	$240	$289
D7460	Removal of nonodontogenic cyst or tumor-lesion diameter up to 1.25 cm	Basic	$200	$220	$160	$179
D7461	Removal of nonodontogenic cyst or tumor-lesion diameter greater than 1.	Basic	$300	$310	$240	$249
D7465	Destruction of lesion(s) by physical or chemical methods, by report	Basic	$100	$110	$72	$79
D7471	Removal of exostosis - per site	Basic	$250	$260	$200	$227
D7472	Removal of torus palatinus	Basic	$250	$260	$200	$227
D7473	Removal of torus mandibularis	Basic	$250	$260	$200	$227
D7485	Reduction of osseous tuberosity	Basic	$250	$260	$200	$227
D7490	Radical resection of mandible with bone graft	Basic	NC	NC	NC	NC
D7509	Marsupialization of odontogenic cyst	Basic	$150	$170	$120	$138
D7510	Incision and drainage of abscess-intraoral soft tissue	Basic	$60	$110	$48	$90
D7511	Incision/drain abscess intra	Basic	$125	$150	$100	$119
D7520	Incision and drainage of abscess-extraoral soft tissue	Basic	$280	$310	$225	$249
D7521	Incision/drain abscess extra	Basic	$300	$310	$240	$249
D7530	Removal of foreign body, skin, or subcutaneous areolar tissue	Basic	$100	$110	$80	$90
D7540	Removal of reaction-producing foreign bodies-musculoskeletal system	Basic	$150	$170	$120	$138
D7550	Sequestrectomy for osteomyelitis	Basic	$150	$170	$120	$138
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	Basic	$700	$870	$560	$698
D7610	Maxilla-open reduction (teeth immobilized if present)	Basic	NC	NC	NC	NC
D7620	Maxilla-closed reduction (teeth immobilized if present)	Basic	NC	NC	NC	NC
D7630	Mandible-open reduction (teeth immobilized if present)	Basic	NC	NC	NC	NC
D7640	Mandible-closed reduction (teeth immobilized if present)	Basic	NC	NC	NC	NC
D7650	Malar and/or zygomatic arch-open reduction	Basic	NC	NC	NC	NC
D7660	Malar and/or zygomatic arch-closed reduction	Basic	NC	NC	NC	NC
D7670	Alveolus-stabilization of teeth, open reduction splinting	Basic	NC	NC	NC	NC
D7671	Alveolus - open reduction, may include stabilization of teeth	Basic	NC	NC	NC	NC
D7680	Facial bones-complicated reduction with fixation and multiple surgic	Basic	NC	NC	NC	NC
D7710	Maxilla-open reduction	Basic	NC	NC	NC	NC

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			General Dentist	Specialist	General Dentist	Specialist
D7720	Maxilla-closed reduction	Basic	NC	NC	NC	NC
D7730	Mandible-open reduction	Basic	NC	NC	NC	NC
D7740	Mandible-closed reduction	Basic	NC	NC	NC	NC
D7750	Malar and/or zygomatic arch-open reduction	Basic	NC	NC	NC	NC
D7760	Malar and/or zygomatic arch-closed reduction	Basic	NC	NC	NC	NC
D7770	Alveolus-stabilization of teeth, open reduction splinting	Basic	NC	NC	NC	NC
D7771	Alveolus, closed reduction stabilization of teeth	Basic	NC	NC	NC	NC
D7780	Facial bones - complicated reduction with fixation and multiple approaches	Basic	NC	NC	NC	NC
D7810	Open reduction of dislocation	Basic	NC	NC	NC	NC
D7820	Closed reduction of dislocation	Basic	NC	NC	NC	NC
D7830	Manipulation under anesthesia	Basic	NC	NC	NC	NC
D7840	Condylectomy	Basic	NC	NC	NC	NC
D7850	Surgical discectomy; with/without implant	Basic	NC	NC	NC	NC
D7852	Disc repair	Basic	NC	NC	NC	NC
D7854	Synovectomy	Basic	NC	NC	NC	NC
D7856	Myotomy	Basic	NC	NC	NC	NC
D7858	Joint reconstruction	Basic	NC	NC	NC	NC
D7860	Arthrotomy	Basic	NC	NC	NC	NC
D7865	Arthroplasty	Basic	NC	NC	NC	NC
D7870	Arthrocentesis	Basic	NC	NC	NC	NC
D7871	Non-arthroscopic lysis and lavage	Basic	NC	NC	NC	NC
D7872	Arthroscopy-diagnosis, with or without biopsy	Basic	NC	NC	NC	NC
D7873	Arthroscopy: lavage and lysis of adhesions	Basic	NC	NC	NC	NC
D7874	Arthroscopy: disc repositioning and stabilization	Basic	NC	NC	NC	NC
D7875	Arthroscopy: synovectomy	Basic	NC	NC	NC	NC
D7876	Arthroscopy: discectomy	Basic	NC	NC	NC	NC
D7877	Arthroscopy: debridement	Basic	NC	NC	NC	NC
D7880	Occlusal orthotic appliance	Basic	NC	NC	NC	NC
D7881	Occlusal orthotic device adjustment	Basic	NC	NC	NC	NC
D7899	Unspecified tmd therapy, by report	Basic	NC	NC	NC	NC
D7910	Suture of recent small wounds up to 5 cm	Basic	$100	$110	$80	$90
D7911	Complicated suture-up to 5 cm	Basic	$150	$170	$120	$138
D7912	Complicated suture-greater than 5 cm	Basic	$250	$260	$200	$209
D7920	Skin grafts (identify defect covered, location, and type of graft)	Basic	$700	$870	$560	$610
D7921	Collection and application of autologous blood concentrate product	Basic	$500	$550	$400	$470
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	Basic	$25	$30	$20	$23
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation	Basic	NC	NC	NC	NC
D7940	Osteoplasty-for orthognathic deformities	Basic	NC	NC	NC	NC
D7941	Osteotomy-ramus, closed	Basic	NC	NC	NC	NC
D7943	Osteotomy-ramus, open with bone graft	Basic	NC	NC	NC	NC
D7944	Osteotomy-segmented or subapical-per sextant or quadrant	Basic	NC	NC	NC	NC
D7945	Osteotomy-body of mandible	Basic	NC	NC	NC	NC
D7946	Lefort i (maxilla-total)	Basic	NC	NC	NC	NC
D7947	Lefort i (maxilla-segmented)	Basic	NC	NC	NC	NC

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CDT Code	Description	Category	Classic Network		Prime Network	
			General Dentist	Specialist	General Dentist	Specialist
D7948	Lefort ii or lefort iii (osteoplasty of facial bones for midface hypopl	Basic	NC	NC	NC	NC
D7949	Lefort ii or lefort iii-with bone graft	Basic	NC	NC	NC	NC
D7950	Osseous, osteoperiosteal, periosteal, or cartilage graft of the mandibl	Basic	$600	$670	$480	$539
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	Basic	$950	$1,300	$760	$994
D7952	The augmentation of the sinus to increase alveolar height by vertical access through the ridge crest by raising the floor of the sinus and grafting as necessary. this include	Basic	$500	$550	$400	$470
D7953	Bone replacement graft	Basic	$350	$390	$280	$289
D7955	Repair of maxillofacial soft and hard tissue defects	Basic	NC	NC	NC	NC
D7956	Guided tissue regeneration, edentulous area- resorbable barrier, per site	Basic	$280	$310	$225	$249
D7957	Guided tissue regeneration, edentulous area- non-resorbable barrier, per site	Basic	$280	$310	$225	$249
D7961	Buccal / labial frenectomy (frenulectomy)	Basic	$150	$220	$120	$179
D7962	Lingual frenectomy (frenulectomy)	Basic	$150	$220	$120	$179
D7963	Frenuloplasty	Basic	$200	$260	$160	$209
D7970	Excision of hyperplastic tissue-per arch	Basic	$150	$170	$120	$138
D7971	Excision of pericoronal gingiva	Basic	$45	$50	$36	$39
D7972	Surgical reduction of fibrous tuberosity	Basic	$250	$260	$200	$227
D7979	Non - surgical sialolithotomy	Basic	NC	NC	NC	NC
D7980	Surgical sialolithotomy	Basic	NC	NC	NC	NC
D7981	Excision of salivary gland	Basic	NC	NC	NC	NC
D7982	Sialodochoplasty	Basic	NC	NC	NC	NC
D7983	Closure of salivary fistula	Basic	NC	NC	NC	NC
D7990	Emergency tracheotomy	Basic	NC	NC	NC	NC
D7991	Coronoidectomy	Basic	NC	NC	NC	NC
D7993	Surgical placement of craniofacial implant- extra oral	Basic	NC	NC	NC	NC
D7994	Surgical placement: zygomatic implant	Basic	$950	$1,300	$760	$1,200
D7995	Synthetic graft - mandible or facial bones, by report. see also 21299	Basic	NC	NC	NC	NC
D7996	Implant - mandible for augmentation purposes see also code 21299	Basic	*NR*	*NR*	*NR*	*NR*
D7997	Appliance removal (not by dentist who placed appliance) incl removal of archbar	Basic	$65	$70	$52	$55
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	Basic	$600	$670	$560	$610
D7999	Unspecified oral surgery procedure, by report	Basic	*NR*	*NR*	*NR*	*NR*
D9110	Palliative (emergency) treatment of dental pain-minor procedures	Basic	$35	$50	$28	$33
D9120	Fixed partial denture sectioning	Basic	$35	$40	$28	$33
D9128	Photobiomodulation therapy- first 15 minute increment, or any portion thereof	Basic	NC	NC	NC	NC
D9129	Photobiomodulation therapy- each subsequent 15 minute increment, or any portion thereof	Basic	NC	NC	NC	NC
D9130	Temporomandibular joint dysfunction-non-invasive physical therapies	Basic	NC	NC	NC	NC
D9210	Local anesthesia not in conjunction with operative or surgical procedure	Basic	$0	$0	$0	$0
D9211	Regional block anesthesia	Basic	$0	$0	$0	$0
D9212	Trigeminal division block anesthesia	Basic	$0	$0	$0	$0
D9215	Lcl ansthsa w oprtv or srgcl prcdrs	Basic	$0	$0	$0	$0
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	Basic	$5	$10	$4	$6

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CDT Code	Description	Category	Classic Network		Prime Network	
			General Dentist	Specialist	General Dentist	Specialist
D9222	Administration of deep sedation/general anesthesia - first 15 minute increment, or any portion thereof with or without co-administration of nitrous oxide	Basic	$100	$110	$80	$90
D9223	Administration of deep sedation/general anesthesia-each subsequent 15 minute increment, or any portion thereof	Basic	$100	$110	$80	$90
D9224	Administration of general anesthesia with advanced airway- first 15 minute increment, or any portion thereof	Basic	NC	NC	NC	NC
D9225	Administration of general anesthesia with advanced airway- each subsequent 15 minute increment, or any portion thereof	Basic	NC	NC	NC	NC
D9230	Administration of nitrous oxide	Basic	NC	NC	NC	NC
D9239	Administration of moderate sedation - intravenous-first 15 minute increment, or any portion thereof	Basic	$45	$50	$36	$39
D9243	Administration of moderate sedation intravenous-each subsequent 15 minute increment, or any portion thereof	Basic	$45	$50	$36	$39
D9244	In-office administration of minimal sedation-single drug-enteral	Basic	$125	$150	$100	$119
D9245	Administration of moderate sedation- enteral	Basic	$125	$150	$100	$119
D9246	Administration of moderate sedation-non-intravenous parenteral-first 15 minute increment, or any portion thereof	Basic	$125	$150	$100	$119
D9247	Administration of moderate sedation-non-intravenous parenteral-each subsequent 15 minute increment, or any portion thereof	Basic	$125	$150	$100	$119
D9310	Consultation (diagnostic service provided by dentist or physician other	Basic	$0	$0	$0	$0
D9311	Consultation with a medical health care professional	Basic	NC	NC	NC	NC
D9410	House call	Basic	NC	NC	NC	NC
D9420	Hsptl or asc call	Basic	$75	$85	$60	$70
D9430	Office visit for observation (during regularly scheduled hours) no oth	Basic	NC	NC	NC	NC
D9440	Office visit-after regularly scheduled hours	Basic	$35	$50	$28	$33
D9450	Case presentation, detailed and extensive treatment planning	Basic	NC	NC	NC	NC
D9610	Therapeutic drug injection, by report	Basic	$10	$10	$8	$10
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	Basic	$25	$30	$20	$23
D9613	Infiltration of sustained release therapeutic drug-single or multiple sites	Basic	$75	$85	$72	$79
D9630	Drugs or medicaments dispensed in the office for home use	Basic	NC	NC	NC	NC
D9910	Application of desensitizing medicaments	Basic	NC	NC	NC	NC
D9911	Application of desensitizing resin for cervical and/or root surface per tooth	Basic	NC	NC	NC	NC
D9912	Pre-visit patient screening	Basic	NC	NC	NC	NC
D9913	Administration of neuromodulators	Basic	NC	NC	NC	NC
D9914	Administration of dermal fillers	Basic	NC	NC	NC	NC
D9920	Behavior management, by report	Basic	NC	NC	NC	NC
D9930	Treatment of complications (postsurgical) - unusual circumstances, by	Basic	*NR*	*NR*	*NR*	*NR*
D9932	Cleaning and inspection of removable complete denture, maxillary	Basic	NC	NC	NC	NC
D9933	Cleaning and inspection of removable complete denture, mandibular	Basic	NC	NC	NC	NC
D9934	Cleaning and inspection of removable partial denture, maxillary	Basic	NC	NC	NC	NC
D9935	Cleaning and inspection of removable partial denture, mandibular	Basic	NC	NC	NC	NC
D9936	Cleaning and inspection of occlusal guard-per appliance	Basic	NC	NC	NC	NC
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance	Basic	$250	$260	$200	$227
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance	Basic	$25	$30	$20	$23
D9941	Fabrication of athletic mouthguards	Basic	NC	NC	NC	NC

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CDT Code	Description	Category	Classic Network		Prime Network	
			General Dentist	Specialist	General Dentist	Specialist
D9942	Repair/reline occlusal guard	Basic	NC	NC	NC	NC
D9943	Occlusal guard adjustment	Basic	NC	NC	NC	NC
D9944	Occlusal guard-hard appliance, full arch	Basic	NC	NC	NC	NC
D9945	Occlusal guard-soft appliance, full arch	Basic	NC	NC	NC	NC
D9946	Occlusal guard- hard appliance, partial arch	Basic	NC	NC	NC	NC
D9947	Custom sleep apnea appliance fabrication and placement	Basic	NC	NC	NC	NC
D9948	Adjustment of custom sleep apnea appliance	Basic	NC	NC	NC	NC
D9949	Repair of custom sleep apnea appliance	Basic	NC	NC	NC	NC
D9950	Occlusion analysis-mounted case	Basic	NC	NC	NC	NC
D9951	Occlusal adjustment-limited	Basic	NC	NC	NC	NC
D9952	Occlusal adjustment-complete	Basic	NC	NC	NC	NC
D9953	Reline custom sleep apnea appliance (indirect)	Basic	NC	NC	NC	NC
D9954	Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device	Basic	NC	NC	NC	NC
D9955	Oral appliance therapy (OAT) titration visit	Basic	NC	NC	NC	NC
D9956	Administration of home sleep apnea test	Basic	NC	NC	NC	NC
D9957	Screening for sleep related breathing disorders	Basic	NC	NC	NC	NC
D9959	Unspecified sleep apnea services procedure, by report	Basic	NC	NC	NC	NC
D9961	Duplicate/copy patient's records	Basic	NC	NC	NC	NC
D9970	Enamel microabrasion	Basic	NC	NC	NC	NC
D9971	Odontoplasty - per tooth	Basic	NC	NC	NC	NC
D9972	External bleaching- per arch- performed in office	Basic	NC	NC	NC	NC
D9973	External bleaching - per tooth	Basic	NC	NC	NC	NC
D9974	Internal bleaching - per tooth	Basic	NC	NC	NC	NC
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	Basic	NC	NC	NC	NC
D9985	Sales tax	Basic	NC	NC	NC	NC
D9986	Missed appointment	Basic	NC	NC	NC	NC
D9987	Cancelled appointment	Basic	NC	NC	NC	NC
D9990	Certified translation or sign-language services- per visit	Basic	NC	NC	NC	NC
D9991	Dental case management- addressing appointment compliance barriers	Basic	NC	NC	NC	NC
D9992	Dental case management- care coordination	Basic	NC	NC	NC	NC
D9993	Dental case management- motivational interviewing	Basic	NC	NC	NC	NC
D9994	Dental case management- patient education to improve oral health literacy	Basic	NC	NC	NC	NC
D9995	Teledentistry - synchronous; real-time encounter	Basic	NC	NC	NC	NC
D9996	Teledentistry asynchronous; information stored and forwarded to dentist for subsequent review	Basic	NC	NC	NC	NC
D9997	Dental case management - patients with special healthcare needs	Basic	NC	NC	NC	NC
D9999	Unspecified adjunctive procedure, by report	Basic	*NR*	*NR*	*NR*	*NR*

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Notice of Nondiscrimination

Select Health obeys Federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, veteran status, and/or any other characteristic protected by applicable federal or state law.

We provide free:

- Aid to those with disabilities to help them talk with us. This may be sign language interpreters or info in other formats (large print, audio, electronic).
- Help for those whose first language is not English, such as interpreters or member materials in other languages.

Need help? Call:

- Select Health Member Services: **1-800-538-5038 (TTY: 711)**
- Select Health Medicare Member Services: **1-855-442-9900 (TTY: 711)**
- Select Health Medicaid Member Services: **1-855-442-3234 (TTY: 711)**
- Select Health FEHB Member Services: **1-844-345-3342 (TTY: 711)**

If you feel you've been treated unfairly, you can reach the Select Health 504/Civil Rights Coordinator by:

Phone: **1-844-208-9012 (TTY Users: 711)**; Compliance Hotline: **1-800-442-4845**

Mail: Select Health (Attn: Civil Rights Coordinator)
5381 South Green Street
Murray, UT 84123

Email: **ContactCompliance@imail.org**

You may also contact the Office for Civil Rights at:

Online: **ocrportal.hhs.gov/ocr/smartscreen/main.jsf**

Phone: **1-800-368-1019**; TTY Users: **1-800-537-7697**

Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 509F,
HHH Building, Washington, D.C. 20201

HHS complaint forms are available at: **hhs.gov/ocr/complaints/index.html**

This notice is available at: **selecthealth.org/disclaimers/non-discrimination**

Notice of Availability

ATTENTION: We provide free language assistance services. We also offer free auxiliary aids and services when needed. Call **1-800-538-5038 (TTY Users: 711)**.

ATENCIÓN: Ofrecemos servicios gratuitos de asistencia con el idioma. También brindamos servicios y ayudas auxiliares gratuitos cuando los necesite. Llame a Select Health.

注意：我們提供免費的語言協助服務。如有需要，我們也免費提供輔助工具及服務。請致電 Select Health。

CHÚ Ý: Chúng tôi cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí. Chúng tôi cũng cung cấp miễn phí các phương tiện và dịch vụ hỗ trợ bổ sung khi cần. Gọi Select Health.

알림: 저희는 무료 언어 지원 서비스와 필요한 경우 무료 보조 장비 및 서비스를 제공하고 있습니다. Select Health로 전화해 주십시오.

ध्यान दिनुहोस्: हामी भाषासम्बन्धी सहायता सेवा निःशुल्क रूपमा प्रदान गर्छौं। आवश्यक परेमा निःशुल्क सहायक सामग्री तथा सेवाहरू पनि उपलब्ध गराउँछौं। *Select Health* मा फोन गर्नुहोस्।

PAUNAWA: Nagbibigay kami ng mga serbisyo ng tulong sa wika nang walang bayad. Nag-aalok din kami ng mga karagdagang tulong at serbisyo (auxiliary aids) nang walang bayad kung kinakailangan. Tumawag sa Select Health.

ACHTUNG: Wir bieten kostenlose Sprachunterstützung an. Bei Bedarf stellen wir Ihnen auch kostenlose Hilfsmittel und Dienstleistungen zur Verfügung. Rufen Sie Select Health an.

ВНИМАНИЕ. Мы предоставляем бесплатные услуги языковой поддержки. При необходимости мы также предлагаем бесплатные вспомогательные средства и услуги. Позвоните в Select Health.

ATTENTION : Nous fournissons des services d'assistance linguistique gratuits. Nous offrons également des aides et services auxiliaires gratuits en cas de besoin. Appelez Select Health.

注意事項：無料の言語支援サービスを提供しています。また、必要に応じて無料の補助的手段やサービスも提供しています。Select Healthまでお電話ください。

ማሳሰቢያ፦ ነጻ የቋንቋ ድጋፍ አገልግሎቶች እናቀርባለን። እንዲሁም አስፈላጊ ሲሆን ነጻ የተግባቦት መርጃ መሣሪያዎችን እና አገልግሎቶችን እናቀርባለን። ወደ Select Health ይደውሉ።

ПАЖЊА: Ако говорите српски, бићe вам доступне бесплатне услуге језичке подршке. Такође пружамо бесплатна помоћна средства и услуге када су потребни. Контактирајте Select Health.

تنبيه: نقدم خدمات المساعدة اللغوية مجانًا. كما نوفر وسائل وخدمات مساعدة مجانية عند الحاجة. يُرجى الاتصال بـ Select Health.

توجه: ما خدمات رایگان کمک زبانی ارائه می‌کنیم. همچنین، در صورت نیاز، خدمات و تجهیزات کمکی رایگان ارائه می‌دهیم. با Select Health تماس بگیرید.

โปรดทราบ: เราให้บริการช่วยเหลือด้านภาษาฟรี นอกจากนี้เรายังมีบริการและอุปกรณ์ช่วยเหลือเพิ่มเติมฟรีเมื่อจำเป็น โทรติดต่อ Select Health

Select Health: 1-800-538-5038 (TTY Users: 711)

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