

CIGNA DENTAL SM
PPO FEE SCHEDULE - SP86

CDT* Code	CDT* Description of Service	Contract Fee (\$)	CDT* Code	CDT* Description of Service	Contract Fee (\$)
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DIAGNOSTIC

D0120	Periodic oral evaluation - established patient	\$26
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$26
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$53
D0180	Comprehensive periodontal evaluation - new or established patient	\$40
D0220	Intraoral - periapical first radiographic image	\$13
D0240	Intraoral - occlusal radiographic images	\$21
D0251	extra-oral posterior dental radiographic image	\$41
D0272	Bitewings - two radiographic images	\$22
D0274	Bitewings - four radiographic images	\$34
D0330	Panoramic radiographic image	\$61
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	\$28
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	\$242
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	\$264
D0372	intraoral tomosynthesis - comprehensive series of radiographic images	\$77
D0374	intraoral tomosynthesis - periapical radiographic image	\$13
D0388	intraoral tomosynthesis - bitewing radiographic image - image capture only	\$11
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	\$46
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	\$35
D0486	laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report.	\$94
D0604	Antigen testing for a public health related pathogen including coronavirus	\$35
D0701	Panoramic radiographic image - image capture only	\$46
D0703	2D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	\$21
D0706	Intraoral - occlusal radiographic image - image capture only	\$16
D0708	Intraoral - bitewing radiographic image - image capture only	\$11
D0801	3D dental surface scan - direct	\$31
D0803	3D facial surface scan - direct	\$31

DIAGNOSTIC

D0140	Limited oral evaluation - problem focused	\$55
D0150	Comprehensive oral evaluation - new or established patient	\$40
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$48
D0210	intraoral - comprehensive series of radiographic images	\$77
D0230	Intraoral - periapical each additional radiographic image	\$10
D0250	extra-oral 2D projection radiographic image created using a stationary radiation source, and detector	\$25
D0270	Bitewing - single radiographic image	\$14
D0273	Bitewings - three radiographic images	\$29
D0277	Vertical bitewings - 7 to 8 radiographic images	\$48
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	\$53
D0364	Cone beam CT capture and interpretation with limited field of view - less than one whole jaw	\$220
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	\$242
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	\$264
D0373	intraoral tomosynthesis - bitewing radiographic image	\$14
D0387	intraoral tomosynthesis - comprehensive series of radiographic images - image capture only	\$58
D0389	intraoral tomosynthesis - periapical radiographic image - image capture only	\$10
D0415	Collection of microorganisms for culture and sensitivity	\$42
D0470	Diagnostic casts	\$57
D0600	non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin and cementum	\$11
D0605	Antibody testing for a public health related pathogen including coronavirus	\$35
D0702	2-D cephalometric radiographic image - image capture only	\$40
D0705	Extra-oral posterior dental radiographic image - image capture only	\$31
D0707	Intraoral - periapical radiographic image - image capture only	\$10
D0709	intraoral - comprehensive series of radiographic images - image capture only	\$58
D0802	3D dental surface scan - indirect	\$31
D0804	3D facial surface scan - indirect	\$31

PREVENTIVE

D1110	Prophylaxis adult	\$59
D1206	Topical application of fluoride varnish	\$20
D1320	Tobacco counseling for the control and prevention of oral disease	\$21
D1351	Sealant - per tooth	\$33
D1353	sealant repair - per tooth	\$33
D1355	Caries preventive medicament application - per tooth	\$20
D1516	Space Maintainer fixed bilateral, maxillary	\$319
D1520	space maintainer - removable,- unilateral - per quadrant	\$174
D1527	Space Maintainer removable bilateral, mandibular	\$331
D1552	re-cement or re-bond bilateral space maintainer - mandibular	\$43
D1556	removal of fixed unilateral space maintainer - per quadrant	\$46

PREVENTIVE

D1120	Prophylaxis - child	\$42
D1208	topical application of fluoride - excluding varnish	\$20
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	\$21
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	\$33
D1354	application of caries arresting medicament - per tooth	\$20
D1510	space maintainer - fixed, unilateral - per quadrant	\$183
D1517	Space Maintainer fixed bilateral, mandibular	\$319
D1526	Space Maintainer removable bilateral, maxillary	\$331
D1551	re-cement or re-bond bilateral space maintainer - maxillary	\$43

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D1558	removal of fixed bilateral space maintainer - mandibular	\$46	D1553	re-cement or re-bond unilateral space maintainer - per quadrant	\$43
			D1557	removal of fixed bilateral space maintainer - maxillary	\$46
			D1575	distal shoe space maintainer - fixed, - unilateral - per quadrant	\$201

RESTORATIVE

D2140	Amalgam - one surface, primary or permanent	\$59
D2160	Amalgam - three surfaces, primary or permanent	\$96
D2330	Resin-based composite - one surface, anterior	\$78
D2332	Resin-based composite - three surfaces, anterior	\$138
D2390	Resin-based composite crown, anterior	\$166
D2392	Resin-based composite - two surfaces, posterior	\$102
D2394	Resin-based composite - four or more surfaces, posterior	\$144
D2520	Inlay - metallic - two surfaces	\$425
D2542	Onlay - metallic - two surfaces	\$502
D2544	Onlay - metallic - four or more surfaces	\$540
D2620	Inlay - porcelain/ceramic - two surfaces	\$411
D2642	Onlay - porcelain/ceramic - two surfaces	\$460
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$530
D2651	Inlay - resin-based composite - two surfaces	\$363
D2662	Onlay - resin-based composite - two surfaces	\$414
D2664	Onlay - resin-based composite - four or more surfaces	\$468
D2712	Crown - 3/4 resin-based composite (indirect)	\$216
D2721	Crown - resin with predominantly base metal	\$406
D2740	Crown porcelain/ceramic	\$586
D2751	Crown - porcelain fused to predominantly base metal	\$508
D2753	crown - porcelain fused to titanium and titanium alloys	\$589
D2781	Crown - 3/4 cast predominantly base metal	\$558
D2783	Crown - 3/4 porcelain/ceramic	\$586
D2791	Crown - full cast predominantly base metal	\$481
D2794	crown - titanium and titanium alloys	\$554
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$56
D2920	re-cement or re-bond crown	\$52
D2929	Prefabricated porcelain/ceramic crown - primary tooth	\$173
D2931	Prefabricated stainless steel crown - permanent tooth	\$135
D2933	Prefabricated stainless steel crown with resin window	\$173
D2940	Protective restoration	\$53
D2949	restorative foundation for an indirect restoration	\$33
D2951	Pin retention - per tooth, in addition to restoration	\$31
D2953	Each additional indirectly fabricated post - same tooth	\$128
D2957	Each additional prefabricated post - same tooth	\$77
D2961	Labial veneer (resin laminate) - indirect	\$388
D2971	additional procedures to customize a crown to fit under an existing partial denture framework	\$37
D2980	Crown repair necessitated by restorative material failure	\$121

ENDODONTICS

D3110	Pulp cap - direct (excluding final restoration)	\$47
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$91
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$91

RESTORATIVE

D2150	Amalgam - two surfaces, primary or permanent	\$78
D2161	Amalgam - four or more surfaces, primary or permanent	\$113
D2331	Resin-based composite - two surfaces, anterior	\$103
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$140
D2391	Resin-based composite - one surface, posterior	\$78
D2393	Resin-based composite - three surfaces, posterior	\$138
D2510	Inlay - metallic - one surface	\$333
D2530	Inlay - metallic - three or more surfaces	\$461
D2543	Onlay - metallic - three surfaces	\$527
D2610	Inlay - porcelain/ceramic - one surface	\$366
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$468
D2643	Onlay - porcelain/ceramic - three surfaces	\$509
D2650	Inlay - resin-based composite - one surface	\$326
D2652	Inlay - resin-based composite - three or more surfaces	\$406
D2663	Onlay - resin-based composite - three surfaces	\$439
D2710	Crown - resin-based composite (indirect)	\$216
D2720	Crown - resin with high noble metal	\$586
D2722	Crown - resin with noble metal	\$550
D2750	Crown - porcelain fused to high noble metal	\$589
D2752	Crown - porcelain fused to noble metal	\$540
D2780	Crown - 3/4 cast high noble metal	\$600
D2782	Crown - 3/4 cast noble metal	\$541
D2790	Crown - full cast high noble metal	\$554
D2792	Crown - full cast noble metal	\$492
D2799	interim crown - further treatment or completion of diagnosis necessary prior to final impression	\$157
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	\$52
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	\$173
D2930	Prefabricated stainless steel crown - primary tooth	\$130
D2932	Prefabricated resin crown	\$153
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$173
D2941	interim therapeutic restoration - primary dentition	\$53
D2950	Core buildup, including any pins	\$98
D2952	Post and core in addition to crown, indirectly fabricated	\$202
D2954	Prefabricated post and core in addition to crown	\$169
D2960	Labial veneer (resin laminate) - direct	\$298
D2962	Labial veneer (porcelain laminate) - indirect	\$480
D2975	coping	\$325

ENDODONTICS

D3120	Pulp cap - indirect (excluding final restoration)	\$58
D3221	Pulpal debridement, primary and permanent teeth	\$91
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$114
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$403

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D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$105	D3330	Endodontic therapy, molar (excluding final restoration)	\$634
D3320	Endodontic Therapy, premolar tooth (excluding final restoration)	\$470	D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$197
D3331	Treatment of root canal obstruction; non-surgical access	\$138	D3346	Retreatment of previous root canal therapy - anterior	\$508
D3333	Internal root repair of perforation defects	\$120	D3348	Retreatment of previous root canal therapy - molar	\$741
D3347	Retreatment of previous root canal therapy - premolar	\$582	D3352	apexification/recalcification -interim medication replacement (apical closure/calclific repair of perforations, root resorption, pulp space disinfection, etc.)	\$41
D3351	Apexification/Recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	\$201	D3355	pulpal regeneration - initial visit	\$201
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calclific repair of perforations, root resorption, etc.)	\$201	D3357	pulpal regeneration - completion of treatment	\$201
D3356	pulpal regeneration - interim medication replacement	\$41	D3421	Apicoectomy, premolar (first root)	\$499
D3410	apicoectomy - anterior	\$499	D3426	apicoectomy (each additional root)	\$233
D3425	apicoectomy - molar (first root)	\$499	D3429	bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	\$201
D3428	bone graft in conjunction with periradicular surgery - per tooth, single site	\$249	D3431	biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	\$369
D3430	Retrograde filling - per root	\$161	D3450	Root amputation - per root	\$281
D3432	guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	\$369	D3472	Surgical repair of root resorption - premolar	\$499
D3471	Surgical repair of root resorption - anterior	\$499	D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	\$499
D3473	Surgical repair of root resorption - molar	\$499	D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	\$499
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	\$499			
D3921	decoronation or submergence of an erupted tooth	\$499			

PERIODONTICS

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$224
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$79
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$176
D4260	osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$660
D4263	bone replacement graft - retained natural tooth - first site in quadrant	\$249
D4265	biologic materials to aid in soft and osseous tissue regeneration, per site	\$284
D4267	guided tissue regeneration, natural teeth - non-resorbable barrier, per site	\$407
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	\$527
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$523
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$455
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	\$264
D4286	removal of non-resorbable barrier	\$81
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$65
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	\$77
D4910	Periodontal maintenance	\$98

PERIODONTICS

D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$79
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$351
D4249	clinical crown lengthening - hard tissue	\$476
D4261	osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$330
D4264	bone replacement graft - retained natural tooth - each additional site in quadrant	\$201
D4266	guided tissue regeneration, natural teeth - resorbable barrier, per site	\$369
D4270	Pedicle soft tissue graft procedure	\$491
D4274	mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$301
D4276	combined connective tissue and pedicle graft, per tooth	\$905
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	\$228
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	\$262
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$129
D4346	scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	\$59
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	\$57

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CDT* Code	CDT* Description of Service	Contract Fee (\$)	CDT* Code	CDT* Description of Service	Contract Fee (\$)
PROSTHODONTICS, REMOVABLE			PROSTHODONTICS, REMOVABLE		
D5110	Complete denture - maxillary	\$771	D5120	Complete denture - mandibular	\$771
D5130	Immediate denture - maxillary	\$829	D5140	Immediate denture - mandibular	\$829
D5211	maxillary partial denture - resin base (retentive/clasping materials, rests, and teeth)	\$449	D5212	mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$449
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$854	D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$854
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	\$449	D5222	immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	\$449
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$854	D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$854
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests and teeth)	\$449	D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests and teeth)	\$449
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$449	D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$449
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary	\$448	D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular	\$448
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant	\$448	D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant	\$448
D5410	Adjust complete denture - maxillary	\$51	D5411	Adjust complete denture - mandibular	\$51
D5421	Adjust partial denture - maxillary	\$51	D5422	Adjust partial denture - mandibular	\$51
D5511	Repair broken complete denture base, mandibular	\$96	D5512	Repair broken complete denture base, maxillary	\$96
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$77	D5611	Repair resin partial denture base, mandibular	\$99
D5612	Repair resin partial denture base, maxillary	\$99	D5621	Repair cast partial framework, mandibular	\$113
D5622	Repair cast partial framework, maxillary	\$113	D5630	repair or replace broken retentive/clasping materials - per tooth	\$114
D5640	Replace broken teeth - per tooth	\$78	D5650	Add tooth to existing partial denture	\$100
D5660	add clasp to existing partial denture - per tooth	\$129	D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$564
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$564	D5710	Rebase complete maxillary denture	\$339
D5711	Rebase complete mandibular denture	\$339	D5720	Rebase maxillary partial denture	\$329
D5721	Rebase mandibular partial denture	\$329	D5725	rebase hybrid prosthesis	\$678
D5730	Reline complete maxillary denture (direct)	\$151	D5731	Reline complete mandibular denture (direct)	\$151
D5740	Reline maxillary partial denture (direct)	\$141	D5741	Reline mandibular partial denture (direct)	\$141
D5750	Reline complete maxillary denture (indirect)	\$252	D5751	Reline complete mandibular denture (indirect)	\$252
D5760	Reline maxillary partial denture (indirect)	\$254	D5761	Reline mandibular partial denture (indirect)	\$254
D5765	soft liner for complete or partial removable denture - indirect	\$252	D5810	Interim complete denture (maxillary)	\$360
D5811	Interim complete denture (mandibular)	\$360	D5820	Interim partial denture (including retentive/clasping materials, rests and teeth), maxillary	\$288
D5821	Interim partial denture (including retentive/clasping materials, rests and teeth), mandibular	\$288	D5850	Tissue conditioning, maxillary	\$84
D5851	Tissue conditioning, mandibular	\$84	D5863	overdenture - complete maxillary	\$938
D5864	overdenture - partial maxillary	\$938	D5865	overdenture - complete mandibular	\$938
D5866	overdenture - partial mandibular	\$938	D5876	Addition of metal substructure to acrylic full denture (per arch)	\$282
IMPLANT SERVICES			IMPLANT SERVICES		
D5875	Modification of removable prosthesis following implant surgery	\$215	D6010	surgical placement of implant body: endosteal implant	\$1,200
D6011	Surgical access to an implant body (second stage implant surgery)	\$1,200	D6013	surgical placement of mini implant	\$1,200
D6055	Connecting bar - implant supported or abutment supported	\$393	D6056	Prefabricated abutment - includes modification and placement	\$308
D6057	Custom fabricated abutment - includes placement	\$450	D6058	abutment supported porcelain/ceramic crown	\$794
D6059	abutment supported porcelain fused to metal crown (high noble metal)	\$815	D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	\$710
D6061	abutment supported porcelain fused to metal crown (noble metal)	\$718	D6062	abutment supported cast metal crown (high noble metal)	\$758
			D6064	abutment supported cast metal crown (noble metal)	\$626
			D6066	implant supported crown - porcelain fused to high noble alloys	\$815

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D6063	abutment supported cast metal crown (predominantly base metal)	\$580	D6068	abutment supported retainer for porcelain/ceramic FPD	\$794
D6065	implant supported porcelain/ceramic crown	\$794	D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$710
D6067	implant supported crown - high noble alloys	\$758	D6072	abutment supported retainer for cast metal FPD (high noble metal)	\$758
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$815	D6074	abutment supported retainer for cast metal FPD (noble metal)	\$626
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$718	D6076	implant supported retainer for FPD - porcelain fused to high noble alloys	\$815
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	\$580	D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	\$61
D6075	implant supported retainer for ceramic FPD	\$794	D6082	implant supported crown - porcelain fused to predominantly base alloys	\$710
D6077	implant supported retainer for metal FPD - high noble alloys	\$758	D6084	implant supported crown - porcelain fused to titanium and titanium alloys	\$815
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	\$22	D6086	implant supported crown - predominantly base alloys	\$580
D6083	implant supported crown - porcelain fused to noble alloys	\$718	D6088	implant supported crown - titanium and titanium alloys	\$758
D6085	interim implant crown	\$157	D6093	re-cement or re-bond implant/abutment supported fixed partial denture	\$74
D6087	implant supported crown - noble alloys	\$626	D6096	Remove broken implant retaining screw	\$52
D6092	re-cement or re-bond implant/abutment supported crown	\$52	D6098	implant supported retainer - porcelain fused to predominantly base alloys	\$710
D6094	abutment supported crown - titanium and titanium alloys	\$758	D6100	surgical removal of implant body	\$225
D6097	abutment supported crown - porcelain fused to titanium and titanium alloys'	\$815	D6102	debridement and osseous contouring of a periimplant defect or defects surrounding a single implant, and includes surface cleaning of the exposed implant surfaces ,including flap entry and closure	\$330
D6099	implant supported retainer for FPD - porcelain fused to noble alloys	\$718	D6104	Bone graft at time of implant placement	\$249
D6101	debridement of a periimplant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	\$176	D6106	guided tissue regeneration - resorbable barrier, per implant	\$369
D6103	bone graft for repair of peri-implant defect - does not include flap entry and closure	\$249	D6110	implant /abutment supported removable denture for edentulous arch - maxillary	\$938
D6105	removal of implant body not requiring bone removal nor flap elevation	\$113	D6112	implant /abutment supported removable denture for partially edentulous arch - maxillary	\$938
D6107	guided tissue regeneration - non-resorbable barrier, per implant	\$407	D6120	implant supported retainer - porcelain fused to titanium and titanium alloys	\$815
D6111	implant /abutment supported removable denture for edentulous arch - mandibular	\$938	D6122	implant supported retainer for metal FPD - noble alloys	\$626
D6113	implant /abutment supported removable denture for partially edentulous arch - mandibular	\$938	D6190	Radiographic/surgical implant index, by report	\$201
D6121	implant supported retainer for metal FPD - predominantly base alloys	\$580	D6192	Semi-precision attachment - placement	\$231
D6123	implant supported retainer for metal FPD - titanium and titanium alloys	\$758	D6195	abutment supported retainer - porcelain fused to titanium and titanium alloys	\$815
D6191	Semi-precision abutment - placement	\$154			
D6194	abutment supported retainer crown for FPD -titanium and titanium alloys	\$758			
D6197	replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	\$78			

PROSTHODONTICS, FIXED

D6205	Pontic - indirect resin based composite	\$217
D6211	Pontic - cast predominantly base metal	\$481
D6214	pontic - titanium and titanium alloys	\$554
D6241	Pontic - porcelain fused to predominantly base metal	\$508
D6243	pontic - porcelain fused to titanium and titanium alloys	\$589
D6250	Pontic - resin with high noble metal	\$586
D6252	Pontic - resin with noble metal	\$550
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$213
D6549	resin retainer - for resin bonded fixed prosthesis	\$263
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	\$486
D6603	retainer inlay - cast high noble metal, three or more surfaces	\$486

PROSTHODONTICS, FIXED

D6210	Pontic - cast high noble metal	\$554
D6212	Pontic - cast noble metal	\$492
D6240	Pontic - porcelain fused to high noble metal	\$589
D6242	Pontic - porcelain fused to noble metal	\$540
D6245	Pontic - porcelain/ceramic	\$586
D6251	Pontic - resin with predominantly base metal	\$406
D6253	interim pontic - further treatment or completion of diagnosis necessary prior to final impression	\$111
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$263
D6600	retainer inlay - porcelain/ceramic, two surfaces	\$448
D6602	retainer inlay - cast high noble metal, two surfaces	\$448

CIGNA DENTAL SM
PPO FEE SCHEDULE - SP86

CDT* Code	CDT* Description of Service	Contract Fee (\$)	CDT* Code	CDT* Description of Service	Contract Fee (\$)
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	\$486	D6604	retainer inlay - cast predominantly base metal, two surfaces	\$448
D6607	retainer inlay - cast noble metal, three or more surfaces	\$486	D6606	retainer inlay - cast noble metal, two surfaces	\$448
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	\$580	D6608	retainer onlay - porcelain/ceramic, two surfaces	\$551
D6611	retainer onlay - cast high noble metal, three or more surfaces	\$580	D6610	retainer onlay - cast high noble metal, two surfaces	\$551
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	\$580	D6612	retainer onlay - cast predominantly base metal, two surfaces	\$551
D6615	retainer onlay - cast noble metal, three or more surfaces	\$580	D6614	retainer onlay - cast noble metal, two surfaces	\$551
D6634	retainer onlay - titanium	\$580	D6624	retainer inlay - titanium	\$486
D6720	retainer crown - resin with high noble metal	\$586	D6710	retainer crown - indirect resin based composite	\$217
D6722	retainer crown - resin with noble metal	\$550	D6721	retainer crown - resin with predominantly base metal	\$406
D6750	retainer crown - porcelain fused to high noble metal	\$589	D6740	retainer crown - porcelain/ceramic	\$586
D6752	retainer crown - porcelain fused to noble metal	\$540	D6751	retainer crown - porcelain fused to predominantly base metal	\$508
D6780	retainer crown - 3/4 cast high noble metal	\$600	D6753	retainer crown - porcelain fused to titanium and titanium alloys	\$589
D6782	retainer crown - 3/4 cast noble metal	\$541	D6781	retainer crown - 3/4 cast predominantly base metal	\$558
D6784	retainer crown 3/4 - titanium and titanium alloys	\$600	D6783	retainer crown - 3/4 porcelain/ceramic	\$586
D6791	retainer crown - full cast predominantly base metal	\$481	D6790	retainer crown - full cast high noble metal	\$554
D6793	interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	\$111	D6792	retainer crown - full cast noble metal	\$492
D6930	re-cement or re-bond fixed partial denture	\$74	D6794	retainer crown - titanium and titanium alloys	\$554

ORAL AND MAXILLOFACIAL SURGERY

D7111	Extraction Coronal Remnants - primary tooth	\$72
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$145
D7230	Removal of impacted tooth - partially bony	\$238
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$315
D7251	coronectomy - intentional partial tooth removal, impacted teeth only	\$238
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$145
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	\$197
D7288	Brush biopsy - transepithelial sample collection	\$64
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$106
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$195
D7410	Excision of benign lesion up to 1.25 cm	\$211
D7471	Removal of lateral exostosis (maxilla or mandible)	\$327
D7473	Removal of torus mandibularis	\$327
D7510	Incision and drainage of abscess - intraoral soft tissue	\$96
D7520	Incision and drainage of abscess - extraoral soft tissue	\$150
D7880	Occlusal orthotic device, by report	\$403
D7953	bone replacement graft for ridge preservation - per site	\$233
D7957	guided tissue regeneration, edentulous area - non-resorbable barrier, per site	\$233
D7963	Frenuloplasty	\$281
D7971	Excision of pericoronal gingiva	\$103

ORTHODONTICS

D8010	Limited orthodontic treatment of the primary dentition	\$1,242
D8030	Limited orthodontic treatment of the adolescent dentition	
	Records	\$153
	Placement of appliance and activation	\$774

ORAL AND MAXILLOFACIAL SURGERY

D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$72
D7220	Removal of impacted tooth - soft tissue	\$176
D7240	Removal of impacted tooth - completely bony	\$279
D7250	removal of residual tooth roots (cutting procedure)	\$145
D7280	exposure of an unerupted tooth	\$301
D7283	Placement of device to facilitate eruption of impacted tooth	\$76
D7286	incisional biopsy of oral tissue-soft	\$158
D7291	Transseptal fibrotomy/supra crestal fibrotomy, by report	\$40
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$53
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$98
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$217
D7472	Removal of torus palatinus	\$327
D7485	reduction of osseous tuberosity	\$195
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$144
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$224
D7881	occlusal orthotic device adjustment	\$43
D7956	guided tissue regeneration, edentulous area - resorbable barrier, per site	\$233
D7961	Buccal / labial frenectomy (frenulectomy)	\$224
D7970	Excision of hyperplastic tissue - per arch	\$226
D7994	Surgical placement: zygomatic implant	\$1,440

ORTHODONTICS

D8020	Limited orthodontic treatment of the transitional dentition	
	Records	\$153
	Placement of appliance and activation	\$774
	Monthly payment	\$110

CIGNA DENTAL SM
PPO FEE SCHEDULE - SP86

CDT* Code	CDT* Description of Service	Contract Fee (\$)	CDT* Code	CDT* Description of Service	Contract Fee (\$)
	Monthly payment	\$110		Retention (per arch)	\$211
	Retention (per arch)	\$211	D8040	Limited orthodontic treatment of the adult dentition	
D8070	Comprehensive orthodontic treatment of the transitional dentition			Records	\$153
	Records	\$153		Placement of appliance and activation	\$774
	Placement of appliance and activation	\$774		Monthly payment	\$110
	Monthly payment	\$110		Retention (per arch)	\$211
	Retention (per arch)	\$211	D8080	Comprehensive orthodontic treatment of the adolescent dentition	
D8090	Comprehensive orthodontic treatment of the adult dentition			Records	\$153
	Records	\$153		Placement of appliance and activation	\$774
	Placement of appliance and activation	\$774		Monthly payment	\$110
	Monthly payment	\$110		Retention (per arch)	\$211
	Retention (per arch)	\$211	D8210	Removable appliance therapy	\$283
D8220	Fixed appliance therapy	\$370	D8660	pre-orthodontic treatment examination to monitor growth and development	\$59

ADJUNCTIVE GENERAL SERVICES

D9110	palliative treatment of dental pain - per visit	\$46
D9222	Deep sedation/general anesthesia - first 15 minutes	\$115
D9239	Intravenous moderate (conscious) sedation/anesthesia - first 15 minutes	\$104
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$59
D9610	Therapeutic parenteral drug, single administration	\$30
D9910	Application of desensitizing medicament	\$30
D9942	Repair and/or reline of occlusal guard	\$96
D9944	occlusal guard - hard appliance, full arch	\$271
D9946	occlusal guard - hard appliance, partial arch	\$163
D9951	Occlusal adjustment - limited	\$62
D9973	External bleaching - per tooth	\$183

ADJUNCTIVE GENERAL SERVICES

D9120	Fixed partial denture sectioning	\$46
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	\$115
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	\$104
D9311	consultation with a medical health care professional	\$8
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	\$39
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$36
D9943	occlusal guard adjustment	\$26
D9945	occlusal guard - soft appliance, full arch	\$136
D9950	Occlusion analysis - mounted case	\$134
D9952	Occlusal adjustment - complete	\$270
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$220

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CIGNA HEALTH AND LIFE INSURANCE COMPANY (CHLIC)

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For services which are not covered (those listed in the "Services not Covered" section of the Member's certificate booklet) and are listed on your fee schedule, the Member is responsible for payment directly to you at your Contracted Fee with the exception of Providers in AK, AL, AR, AZ, CA, CO, CT, FL, GA, IA, ID, IL, KS, KY, LA, MD, MN, MO, MS, MT, NC, ND, NE, NJ, NM, NV, NY, OK, OR, PA, RI, SD, TN, TX, UT, VA, WA, WI and WY; in those states, for services which are not covered, the member is responsible for payment directly to you at your Usual Fee.

Covered Services not listed on this fee schedule will be compensated at 20% off either the Dentist's usual fee or the customary fee charged by most dentists in the geographic area where the service is rendered. Since the American Dental Association may periodically change CDT codes, this 20% discount will never apply when there is a comparable code already listed on the schedule.

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