

Cigna DentalSM

PPO FEE SCHEDULE Vu Nguyen DDS

PROCEDURE CODE	PROCEDURE DESCRIPTION	CONTRACT FEE (\$)	PROCEDURE CODE	PROCEDURE DESCRIPTION	CONTRACT FEE (\$)
DIAGNOSTIC SERVICES			PREVENTIVE SERVICES		
D0120	Periodic oral evaluation -established patient	\$27	D1110	Prophylaxis-adult	\$61
D0140	Limited oral evaluation-problem focused	\$57	D1120	Prophylaxis-child	\$43
D0145	Oral evaluation for patient under three years of age and counseling with primary caregiver	\$27	D1206	Topical application of fluoride varnish to high caries risk patients	\$21
D0150	Comprehensive oral evaluation - new or established patient	\$41	D1208	Topical application of fluoride – excluding varnish	\$21
D0160	Detailed and extensive oral evaluation-problem focused, by report	\$55	D1320	Tobacco counseling for the control and prevention of oral disease	\$22
D0170	Re-evaluation- limited problem focused (established patient)	\$49	D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	\$22
D0180	Comprehensive Periodontal evaluation - new or established patient	\$41	D1354	Application of caries arresting medicament – per tooth	\$21
D0210	Intraoral - complete series of radiographic images	\$79	D1355	Caries preventive medicament application – per tooth	\$21
D0220	Intraoral-periapical first radiographic image	\$13	D1351	Sealant-per tooth	\$34
D0230	Intraoral-periapical each additional radiographic image	\$10	D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	\$34
D0240	Intraoral-occlusal radiographic image	\$22	D1353	Sealant repair – per tooth	\$34
D0250	Extraoral-first radiographic image	\$26	D1510	Space maintainer - fixed - unilateral	\$188
D0251	Extra-oral -2D projection radiographic image created using a stationary radiation source, and detector	\$42	D1516	Space maintainer – fixed – bilateral, maxillary	\$329
D0270	Bitewing-single radiographic image	\$14	D1517	Space maintainer – fixed – bilateral, mandibular	\$329
D0272	Bitewings-two radiographic images	\$23	D1520	Space maintainer - removable - unilateral per quadrant	\$179
D0273	Bitewings-three radiographic images	\$30	D1526	Space maintainer – removable – bilateral, maxillary	\$341
D0274	Bitewings-four radiographic images	\$35	D1527	Space maintainer – removable – bilateral, mandibular	\$341
D0277	Vertical bitewings - 7 to 8 radiographic images	\$49	D1551	Recement or rebond bilateral space maintainer maxillary	\$44
D0330	Panoramic radiographic image	\$63	D1552	Recement or rebond bilateral space maintainer mandibular	\$44
D0340	Cephalometric radiographic image	\$55	D1553	Recement or rebond bilateral space maintainer mandibular	\$44
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	\$29	D1556	Removal of fixed unilateral space maintainer-per quadrant	\$47
D0364	Cone beam CT capture and interpretation with limited field of view – less than one	\$227	D1557	Removal of fixed bilateral space maintainer- mandibular	\$47
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible	\$249	D1558	Removal of fixed bilateral space maintainer- maxillary	\$47
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	\$249	D1575	Distal shoe space maintainer-fixed-unilateral	\$207
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	\$272	BASIC RESTORATIONS		
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposure	\$272	D2140	Amalgam-one surface, primary or permanent	\$61
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	\$79	D2150	Amalgam-two surfaces, primary or permanent	\$80
D0373	Intraoral tomosynthesis – bitewing radiographic image	\$14	D2160	Amalgam-three surfaces, primary or permanent	\$99
D0374	Intraoral tomosynthesis – periapical radiographic image	\$13	D2161	Amalgam-four or more surfaces, primary or permanent	\$116
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	\$60	D2330	Resin-based composite-one surface, anterior	\$80
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	\$11	D2331	Resin-based composite-two surfaces, anterior	\$106
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	\$10	D2332	Resin-based composite-three surfaces, anterior	\$142
D0391	Interpretation of diagnosis image by a practitioner not associated with capture of the image, including report	\$47	D2335	Resin-based composite-four or more surfaces, or involving incisal angle (anterior)	\$144
D0415	Collection of microorganisms for culture and sensitivity	\$43	D2390	Resin-based composite crown, anterior	\$171
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	\$36	D2391	Resin-based composite-one surface, posterior	\$80
D0470	Diagnostic casts	\$59	D2392	Resin-based composite-two surfaces, posterior	\$105
D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report.	\$97	D2393	Resin-based composite-three surfaces, posterior	\$142
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in the structure of enamel, dentin and cementum	\$11	D2394	Resin-based composite-four or more surfaces, posterior	\$148
D0604	Antigen testing for a public health related pathogen including coronavirus	\$36	INLAY/ONLAY RESTORATIONS		
D0605	Antibody testing for a public health related pathogen including coronavirus	\$36	D2510	Inlay-metallic-one surface	\$343
D0701	Panoramic radiographic image – image capture only	\$47	D2520	Inlay-metallic-two surfaces	\$438
D0702	2-D cephalometric radiographic image – image capture only	\$41	D2530	Inlay-metallic-three or more surfaces	\$475
D0703	image capture only	\$22	D2542	Onlay-metallic-two surfaces	\$517
D0705	Extra-oral posterior dental radiographic image – image capture only	\$32	D2543	Onlay-metallic-three surfaces	\$543
D0706	Intraoral – occlusal radiographic image – image capture only	\$16	D2544	Onlay-metallic-four or more surfaces	\$556
D0707	Intraoral – periapical radiographic image – image capture only	\$10	D2610	Inlay-porcelain/ceramic-one surface	\$377
D0708	Intraoral – bitewing radiographic image – image capture only	\$11	D2620	Inlay-porcelain/ceramic-two surfaces	\$423
D0709	Intraoral – complete series of radiographic images – image capture only	\$60	D2630	Inlay-porcelain/ceramic-three or more surfaces	\$482
D0801	3D dental surface scan – direct	\$32	D2642	Onlay-porcelain/ceramic-two surfaces	\$474
D0802	3D dental surface scan – indirect	\$32	D2643	Onlay-porcelain/ceramic-three surfaces	\$524
D0803	3D facial surface scan – direct	\$32	D2644	Onlay-porcelain/ceramic-four or more surfaces	\$546
D0804	3D facial surface scan – indirect	\$32	D2650	Inlay-resin-based composite-one surface	\$336
			D2651	Inlay-resin-based composite-two surfaces	\$374
			D2652	Inlay-resin-based composite-three or more surfaces	\$418
			D2662	Onlay-resin-based composite-two surfaces	\$426
			D2663	Onlay-resin-based composite-three surfaces	\$452
			D2664	Onlay-resin-based composite-four or more surfaces	\$482
			CROWNS-SINGLE RESTORATIONS ONLY		
			D2710	Crown-resin (indirect)	\$222
			D2712	Crown-3/4 resin-based composite (indirect)	\$222
			D2720	Crown-resin with high noble metal	\$604
			D2721	Crown-resin with predominantly base metal	\$418
			D2722	Crown-resin with noble metal	\$567
			D2740	Crown – Porcelain/ceramic	\$604
			D2750	Crown-porcelain fused to high noble metal	\$607
			D2751	Crown-porcelain fused to predominantly base metal	\$523

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D2752	Crown-porcelain fused to noble metal	\$556
D2753	Crown - porcelain fused to titanium and titanium alloys	\$607
D2780	Crown-3/4 cast high noble metal	\$618
D2781	Crown-3/4 cast predominantly base metal	\$575
D2782	Crown-3/4 cast noble metal	\$557
D2783	Crown-3/4 porcelain / ceramic	\$604
D2790	Crown-full cast high noble metal	\$571
D2791	Crown-full cast predominantly base metal	\$495
D2792	Crown-full cast noble metal	\$507
D2794	Crown - titanium and titanium alloys	\$571
D2799	Interim crown– further treatment or completion of diagnosis necessary prior to final impression	\$162
OTHER RESTORATIVE SERVICES		
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$58
D2915	Re-cement or re-bond cast indirectly fabricated or prefabricated post and core	\$54
D2920	Re-cement or re-bond crown	\$54
D2928	Prefabricated porcelain/ceramic crown – permanent tooth	\$178
D2929	Prefabricated porcelain/ceramic crown-primary tooth	\$178
D2930	Prefabricated stainless steel crown-primary tooth	\$134
D2931	Prefabricated stainless steel crown-permanent tooth	\$139
D2932	Prefabricated resin crown	\$158
D2933	Prefabricated stainless steel crown with resin window	\$178
D2934	Prefabricated esthetic coated stainless steel crown-primary tooth	\$178
D2940	Protective restoration	\$55
D2941	Interim therapeutic restoration – primary	\$55
D2949	Restorative foundation for an indirect restoration	\$34
D2950	Core buildup, including any pins	\$101
D2951	Pin retention-per tooth, in addition to restoration	\$32
D2952	Cast post and core in addition to crown, indirectly fabricated	\$208
D2953	Each additional, indirectly fabricated post -same tooth	\$132
D2954	Prefabricated post and core in addition to crown	\$174
D2957	Each additional prefabricated post - same tooth	\$79
D2960	Labial veneer (resin laminate)-chairside	\$307
D2961	Labial veneer (resin laminate)-laboratory	\$400
D2962	Labial veneer (porcelain laminate)-laboratory	\$494
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	\$38
D2975	Coping	\$335
D2980	Crown repair necessitated by restorative material failure	\$125
ENDODONTIC SERVICES		
D3110	Pulp cap - direct (excluding final restoration)	\$48
D3120	Pulp cap - indirect (excluding final restoration)	\$60
D3220	Therapeutic pulpotomy (excluding final restoration)	\$94
D3221	Pulpal debridement, primary or permanent teeth	\$94
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$94
D3230	Pulpal therapy (resorbable filling)-anterior primary tooth	\$117
D3240	Pulpal therapy (resorbable filling)-posterior primary tooth	\$108
D3310	Root canal therapy, anterior tooth (excluding final restoration)	\$415
D3320	Endodontic therapy, Premolar tooth (excluding final restorations)	\$484
D3330	Endodontic therapy, Molar tooth (excluding final restorations)	\$653
D3331	Treatment of root canal obstruction; non - surgical access	\$142
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$203
D3333	Internal root repair of perforation defects	\$124
D3346	Retreatment of previous root canal-anterior	\$523
D3347	Retreatment of previous root canal therapy –Premolar	\$599
D3348	Retreatment of previous root canal-molar	\$763
D3351	Apexification/Recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	\$207
D3352	Apexification/recalcification-interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$42
D3353	Apexification/recalcification-final visit (includes completed RCT)	\$207
D3355	Pulpal regeneration - initial visit	\$207
D3356	Pulpal regeneration - interim medication	\$42
D3357	Pulpal regeneration - completion of treatment	\$207
D3410	Apicoectomy surgery-anterior	\$514
D3421	Apicoectomy – premolar (first root)	\$514
D3425	Apicoectomy surgery-molar (first root)	\$514
D3426	Apicoectomy surgery (each additional root)	\$240

PROCEDURE CODE	PROCEDURE DESCRIPTION	CONTRACT FEE (\$)
D3428	Bone graft in conjunction with periradicular surgery-per tooth, single site	\$256
D3429	Bone graft in conjunction with periradicular surgery- each additional contiguous tooth in the same surgical site	\$207
D3430	Retrograde filling-per root	\$166
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	\$380
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	\$380
D3450	Root amputation-per root	\$289
D3471	Surgical repair of root resorption – anterior	\$514
D3472	Surgical repair of root resorption – premolar	\$514
D3473	Surgical repair of root resorption – molar	\$514
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	\$514
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	\$514
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	\$514
D3921	Decoronation or submergence of an erupted tooth	\$514
PERIODONTIC SERVICES		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$231
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$81
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$81
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$362
D4241	Gingival flap procedure, including root planning - one to three teeth per quadrant	\$181
D4249	Clinical crown lengthening-hard tissue	\$490
D4260	Osseous surgery (including elevation of a full thickness flap entry and closure) -four or more contiguous teeth or tooth bounded spaces per quadrant	\$680
D4261	Osseous surgery (including elevation of a full thickness flap entry and closure) –one to three contiguous teeth or tooth bounded spaces per quadrant	\$340
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	\$256
D4264	Bone replacement graft retained natural tooth- each additional site in quadrant	\$207
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	\$293
D4266	Guided tissue regeneration-resorbable barrier, per site	\$380
D4267	Guided tissue regeneration-nonresorbable barrier, per site (includes membrane removal)	\$419
D4270	Pedicle soft tissue graft procedure	\$506
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	\$543
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$310
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$539
D4276	Combined connective tissue and pedicle graft, per tooth	\$932
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous	\$469
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	\$235
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	\$272
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	\$270
D4286	Removal of non-resorbable barrier	\$83
D4341	Periodontal scaling and root planning - four or more teeth per quadrant	\$133
D4342	Periodontal scaling and root planning - one to three teeth per quadrant	\$67
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation-full mouth after oral evaluation	\$61
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	\$79
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	\$59
D4910	Periodontal maintenance	\$101

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PROCEDURE CODE	PROCEDURE DESCRIPTION	CONTRACT FEE (\$)	PROCEDURE CODE	PROCEDURE DESCRIPTION	CONTRACT FEE (\$)
	PROSTHODONTICS - REMOVABLE		D5865	Overdenture - complete mandibular	\$966
D5110	Complete denture-maxillary	\$794	D5866	Overdenture - partial mandibular	\$966
D5120	Complete denture-mandibular	\$794	D5876	Add metal substructure to acrylic full denture (per arch)	\$290
D5130	Immediate denture-maxillary	\$854		IMPLANT SURGICAL SERVICES	
D5140	Immediate denture-mandibular	\$854	D6010	Surgical placement of implant body: endosteal implant	\$1,236
D5211	Maxillary partial denture-resin base	\$462	D6011	Second stage implant surgery	\$1,236
D5212	Mandibular partial denture-resin base	\$462	D6013	Surgical placement of mini implant	\$1,236
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$880	D6055	Connecting bar - implant supported or abutment supported	\$405
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials rests and teeth)	\$880	D6056	Prefabricated abutment - includes placement	\$317
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials rests and teeth)	\$462	D6057	Custom abutment - includes placement	\$464
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials rests and teeth)	\$462	D6080	Implant maintenance procedures, when prosthesis are removed and reinserted, including cleansing of prosthesis, and abutments	\$63
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials rests and teeth)	\$880	D6190	Radiographic/surgical implant index, by report	\$207
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials rests and teeth)	\$880	D7994	Surgical placement: zygomatic implant	\$1,483
D5225	Maxillary partial denture-flexible base	\$462		IMPLANT SUPPORTED PROSTHETICS	
D5226	Mandibular partial denture-flexible base	\$462	D5875	Modification of removable prosthesis following implant surgery edentulous arch	\$221
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$462	D6058	Abutment supported porcelain/ceramic crown	\$818
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$462	D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$839
D5282	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary	\$461	D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$731
D5283	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular	\$461	D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$740
D5284	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular	\$461	D6062	Abutment supported cast metal crown (high noble metal)	\$781
D5286	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular	\$461	D6063	Abutment supported cast metal crown (predominantly base metal)	\$597
	ADJUSTMENTS, REPAIRS, REBASE, RELINE, OTHER SERVICES		D6064	Abutment supported cast metal crown (noble metal)	\$645
D5410	Adjust complete denture-maxillary	\$53	D6065	Implant supported porcelain/ceramic crown	\$818
D5411	Adjust complete denture-mandibular	\$53	D6066	Implant supported porcelain fused high noble alloys	\$839
D5421	Adjust partial denture-maxillary	\$53	D6067	Implant supported crown (high noble alloys)	\$781
D5422	Adjust partial denture-mandibular	\$53	D6068	Abutment supported retainer for porcelain/ceramic FPD	\$818
D5511	Repair broken complete denture base, mandibular	\$99	D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$839
D5512	Repair broken complete denture base, maxillary	\$99	D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$731
D5520	Replace missing or broken teeth-complete denture (each tooth)	\$79	D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$740
D5611	Repair resin partial denture base, mandibular	\$102	D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$781
D5612	Repair resin partial denture base, maxillary	\$102	D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$597
D5621	Repair cast partial framework, mandibular	\$116	D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$645
D5622	Repair cast partial framework, maxillary	\$116	D6075	Implant supported retainer for ceramic FPD	\$818
D5630	Repair or replace broken clasp retentive/clasping materials - per tooth	\$117	D6076	Implant supported retainer for porcelain fused to FPD high noble alloys	\$839
D5640	Replace broken teeth-per tooth	\$80	D6077	Implant supported retainer for metal FPD high noble alloys	\$781
D5650	Add tooth to existing partial denture	\$103	D5660	Add clasp to existing partial denture – per tooth	\$133
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$581	D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$581
D5710	Rebase complete maxillary denture	\$349	D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant including cleaning of the implant surface without flap entry or closure	\$23
D5711	Rebase complete mandibular denture	\$349	D6082	Implant supported crown – porcelain fused to predominantly base alloys	\$731
D5720	Rebase maxillary partial denture	\$339	D6083	Implant supported crown - porcelain fused to noble alloys	\$740
D5721	Rebase mandibular partial denture	\$339	D6084	Implant supported crown – porcelain fused to titanium and titanium	\$839
D5725	Rebase hybrid prosthesis	\$698	D6085	Interim implant crown	\$162
D5730	Reline complete maxillary denture-chairside	\$156	D6086	Implant supported crown – predominantly base alloys	\$597
D5731	Reline complete mandibular denture-chairside	\$156	D6087	Implant supported crown – noble alloys	\$645
D5740	Reline maxillary partial denture-chairside	\$145	D6088	Implant supported crown – titanium and titanium alloys	\$781
D5741	Reline mandibular partial denture-chairside	\$145	D6092	Re-cement or re-bond implant/abutment supported crown	\$54
D5750	Reline complete maxillary denture-laboratory	\$260	D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$76
D5751	Reline complete mandibular denture-laboratory	\$260	D6094	Abutment supported crown - (titanium and titanium alloys)	\$781
D5760	Reline maxillary partial denture-laboratory	\$262	D6096	Remove broken implant retaining screw	\$54
D5761	Reline mandibular partial denture-laboratory	\$262	D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys	\$839
D5765	Soft liner for complete or partial removable denture – indirect	\$260	D6098	Implant supported retainer – porcelain fused to predominantly base alloys	\$731
D5810	Interim complete denture-maxillary	\$371	D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	\$740
D5811	Interim complete denture-mandibular	\$371	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	\$181
D5820	Interim partial denture-maxillary	\$297	D6102	Debridement and osseous contouring of a periimplant defect; or defects surrounding a single implant, and includes surface cleaning of the exposed implant surfaces and ,including flap entry and closure	\$340
D5821	Interim partial denture-mandibular	\$297	D6103	Bone graft for repair of peri-implant defect - does not include flap entry and closure.	\$256
D5850	Tissue conditioning-maxillary	\$87	D6104	Bone graft at time of implant placement	\$256
D5851	Tissue conditioning-mandibular	\$87	D6105	Removal of implant body not requiring bone removal,nor flap elevation	\$116
D5863	Overdenture - complete maxillary	\$966	D6106	Guided tissue regeneration – resorbable barrier, per implant	\$380
D5864	Overdenture - partial maxillary	\$966	D6107	Guided tissue regeneration – non-resorbable barrier,per implant	\$419
			D6197	Replacement of restorative material used to close an access opening of a screw - retained implant supported prosthesis, per implant	\$80

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D6110	Implant /abutment supported removable denture for edentulous arch – maxillary	\$966	D6794	Retainer Crown - titanium and titanium alloys	\$571
D6111	Implant /abutment supported removable denture for edentulous arch – mandibular	\$966	D6930	PROSTHODONTICS - FIXED - OTHER SERVICES Re-cement or re-bond fixed partial denture	\$76
D6112	Implant /abutment supported removable denture for partially edentulous arch – maxillary	\$966	D7111	Extraction, coronal remnants – primary tooth	\$74
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys	\$839	D7140	Extraction, erupted tooth or exposed root	\$74
D6121	Implant supported retainer for metal FPD – predominantly base alloys	\$597	D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$149
D6122	Implant supported retainer for metal FPD – noble alloys	\$645	D7220	Removal of impacted tooth-soft tissue	\$181
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys	\$781	D7230	Removal of impacted tooth-partially bony	\$245
D6113	Implant /abutment supported removable denture for partially edentulous arch – mandibular	\$966	D7240	Removal of impacted tooth-completely bony	\$287
D6191	Semi-precision abutment - placement	\$159	D7241	Removal of impacted tooth-completely bony, with unusual surgical complications	\$324
D6192	Semi-precision attachment - placement	\$238	D7250	Removal of residual tooth roots (cutting procedure)	\$149
D6194	Abutment supported retainer crown for FPD - (titanium)	\$781	D7251	Coronectomy - intentional partial tooth removal	\$245
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys	\$839		ORAL SURGERY - OTHER PROCEDURES	
D6205	Pontic-indirect resin based composite	\$224	D7280	Exposure of an unerupted tooth	\$310
D6210	Pontic-cast high noble metal	\$571	D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$149
D6211	Pontic-cast predominantly base metal	\$495	D7283	Placement of device to facilitate eruption of impacted tooth	\$78
D6212	Pontic-cast noble metal	\$507	D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	\$203
D6214	Pontic - titanium and titanium alloys	\$571	D7286	Incisional biopsy of oral tissue-soft	\$163
D6240	Pontic-porcelain fused to high noble metal	\$607	D7288	Brush biopsy - transepithelial sample collection	\$66
D6241	Pontic-porcelain fused to predominantly base metal	\$523	D7291	Transseptal fiberotomy / supra crestal fiberotomy, by report	\$41
D6242	Pontic-porcelain fused to noble metal	\$556	D7310	Alveoloplasty in conjunction with extractions-four or more teeth or tooth spaces, per quadrant	\$109
D6243	Pontic – porcelain fused to titanium and titanium alloys	\$607	D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$55
D6245	Pontic-porcelain /ceramic	\$604	D7320	Alveoloplasty not in conjunction with extractions-four or more teeth or tooth spaces, per quadrant	\$201
D6250	Pontic-resin with high noble metal	\$604	D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$101
D6251	Pontic-resin with predominantly base metal	\$418	D7410	Excision of benign lesion, up to 1.25 cm	\$217
D6252	Pontic-resin with noble metal	\$567	D7450	Removal of benign odontogenic cyst or tumor-lesion diameter up to 1.25 cm	\$224
D6253	Interim pontic – further treatment or completion of diagnosis necessary prior to final impression	\$114	D7471	Removal of lateral exostosis (maxilla or mandible)	\$337
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$219	D7472	Removal of torus palatinus	\$337
D6548	Retainer - porcelain / ceramic for resin bonded fixed prosthesis	\$271	D7473	Removal of torus mandibularis	\$337
D6549	Resin retainer – for resin bonded fixed prosthesis	\$271	D7485	Reduction of osseous tuberosity	\$201
D6600	Retainer -Inlay – Porcelain/ceramic, 2 surfaces	\$461	D7510	Incision and drainage of abscess-intraoral soft tissue	\$99
D6601	Retainer - Inlay – Porcelain/ceramic, 3 or more surfaces	\$501	D7511	Incision and drainage of abscess-intraoral soft tissue-complicated (includes drainage of multiple fascial spaces)	\$148
D6602	Retainer - Inlay – Cast high noble metal, 2 surfaces	\$461	D7520	Incision and drainage of abscess-extraoral soft tissue	\$155
D6603	Retainer - Inlay – Cast high noble metal, 3 or more surfaces	\$501	D7521	Incision and drainage of abscess-extraoral soft tissue-complicated (includes drainage of multiple fascial spaces)	\$231
D6604	Retainer - Inlay – Cast predominantly base metal, 2 surfaces	\$461	D7880	Occlusal orthotic device, by report	\$415
D6605	Retainer - Inlay – Cast predominantly base metal, 3 or more surfaces	\$501	D7881	Occlusal orthotic device adjustment	\$44
D6606	Retainer - Inlay – Cast noble metal, 2 surfaces	\$461	D7953	Bone replacement graft for ridge preservation - per site	\$240
D6607	Retainer - Inlay – Cast noble metal, 3 or more surfaces	\$501	D7956	Guided tissue regeneration, edentulous area – resorbable barrier, per site	\$240
D6608	Retainer - Onlay – Porcelain/ceramic, 2 surfaces	\$568	D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site please	\$240
D6609	Retainer - Onlay – Porcelain/ceramic, 3 or more surfaces	\$597	D7961	Buccal / labial frenectomy (frenulectomy)	\$231
D6610	Retainer - Onlay – Cast high noble metal, 2 surfaces	\$568	D7963	Frenuloplasty	\$289
D6611	Retainer - Onlay – Cast high noble metal, 3 or more surfaces	\$597	D7970	Excision of hyperplastic tissue, per arch	\$233
D6612	Retainer - Onlay – Cast predominantly base metal, 2 surfaces	\$568	D7971	Excision of pericoronal gingiva	\$106
D6613	Retainer - Onlay – Cast predominantly base metal, 3 or more surfaces	\$597		ORTHODONTIC SERVICES	
D6614	Retainer - Onlay – Cast noble metal, 2 surfaces	\$568	D8010	Limited orthodontic treatment of the primary dentition	\$1,279
D6615	Retainer - Onlay – Cast noble metal, 3 or more surfaces	\$597	D8020	Limited orthodontic treatment of the transitional dentition	
D6624	Retainer -Inlay – Titanium	\$501		Records	\$158
D6634	Retainer - Onlay – Titanium	\$597		Placement of appliance and activation	\$797
D6710	Retainer - Crown – Indirect resin based composite	\$224		Monthly payment	\$113
D6720	Retainer - Crown – Resin with high noble metal	\$604		Retention (per arch)	\$217
D6721	Retainer - Crown – Resin with predominantly base metal	\$418	D8030	Limited orthodontic treatment of the adolescent dentition	
D6722	Retainer - Crown – Resin with noble metal	\$567		Records	\$158
D6740	Retainer - Crown – Porcelain/ceramic	\$604		Placement of appliance and activation	\$797
D6750	Retainer - Crown – Porcelain fused to high noble metal	\$607		Monthly payment	\$113
D6751	Retainer - Crown – Porcelain fused to predominantly base metal	\$523		Retention (per arch)	\$217
D6752	Retainer - Crown – Porcelain fused to noble metal	\$556	D8040	Limited orthodontic treatment of the adult dentition	
D6753	Retainer crown – porcelain fused to titanium and titanium alloys	\$607		Records	\$158
D6780	Retainer - Crown – 3/4 cast high noble metal	\$618		Placement of appliance and activation	\$797
D6781	Retainer - Crown – 3/4 cast predominantly base metal	\$575		Monthly payment	\$113
D6782	Retainer - Crown – 3/4 cast noble metal	\$557		Retention (per arch)	\$217
D6783	Retainer - Crown – 3/4 porcelain/ceramic	\$604			
D6784	Retainer crown ¾ – titanium and titanium alloys	\$618			
D6790	Retainer - Crown – Full cast high noble metal	\$571			
D6791	Retainer - Crown – Full cast predominantly base metal	\$495			
D6792	Retainer - Crown – Full cast noble metal	\$507			
D6793	Interim retainer crown – further treatment or completion of diagnosis necessary prior to final impression	\$114			

(continued on next page)

PROCEDURE CODE	PROCEDURE DESCRIPTION	CONTRACT FEE (\$)	PROCEDURE CODE	PROCEDURE DESCRIPTION	CONTRACT FEE (\$)
D8070	Comprehensive orthodontic treatment of the transitional dentition		D9239	Intravenous moderate (conscious) sedation/anesthesia – first 15 min	\$107
	Records	\$158	D9243	Intravenous moderate (conscious) sedation/anesthesia – each subsequent 15 minute increment	\$107
	Placement of appliance and activation	\$797	D9310	Consultation -diagnostic service provided by dentist or physician other than requesting dentist or physician	\$61
	Monthly payment	\$113			
	Retention (per arch)	\$217	D9311	Consultation with a medical health care professional	\$8
D8080	Comprehensive orthodontic treatment of the adolescent dentition		D9610	Therapeutic drug injection, single administration	\$31
	Records	\$158	D9612	Therapeutic parenteral drugs, two or more administrations, different medications	\$40
	Placement of appliance and activation	\$797			
	Monthly payment	\$113	D9910	Application of desensitizing medicament	\$31
	Retention (per arch)	\$217	D9911	Application of desensitizing resin for cervical and / or root surface, per tooth	\$37
D8090	Comprehensive orthodontic treatment of the adult dentition		D9942	Repair and / or reline of occlusal guard	\$99
	Records	\$158	D9943	Occlusal guard adjustment	\$27
	Placement of appliance and activation	\$797	D9944	Occlusal guard – hard appliance, full arch	\$279
	Monthly payment	\$113	D9945	Occlusal guard – soft appliance, full arch	\$140
	Retention (per arch)	\$217	D9946	Occlusal guard – hard appliance, partial arch	\$168
	Minor Treatment To Control Harmful Habits		D9950	Occlusion analysis, mounted case	\$138
D8210	Removable appliance therapy	\$291	D9951	Occlusal adjustment-limited	\$64
D8220	Fixed appliance therapy	\$381	D9952	Occlusal adjustment-complete	\$278
	OTHER ORTHODONTIC SERVICES		D9973	External bleaching per tooth	\$188
D8660	Pre-orthodontic treatment visit examination to monitor growth and development	\$61	D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$227
	ADJUNCTIVE SERVICES				
D9110	Palliative (emergency) treatment of dental pain-minor procedure	\$47			
D9120	Fixed partial denture sectioning	\$47			
D9222	Deep sedation/general anesthesia – first 15 minutes	\$118			
D9223	Deep sedation/general anesthesia – each subsequent 15 min increment	\$118			

Connecticut General Life Insurance Company (CGLIC), on behalf of itself and Cigna Health and Life Insurance Company (CHLIC), reserves the right to adjudicate claims based upon information submitted with the claim and associated attachments, plan benefit guidelines established with the plan purchaser and the current version of the CDT Codes.

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