Delta Dental - 2023 Legion Fee Schedule

CDT Codes	CDT Code Description	Fee
D0100 - D0999 DIAGNOSTIC		
D0120	periodic oral evaluation — established patient	27
D0140	limited oral evaluation — problem focused	32
D0145	oral evaluation for patient under three years of age and counseling with primary caregiver	27
D0150	comprehensive oral evaluation — new or established patient	38
D0160	detailed and extensive oral evaluation — problem focused, by report	45
D0180	comprehensive periodontal evaluation — new or established patient	43
D0210	intraoral comprehensive series of radiographic images	81
D0220	intraoral — periapical first radiographic image	19
D0230	intraoral — periapical each additional radiographic image	9
D0240	intraoral — occlusal radiographic image	22
D0250	extra-oral – first 2D projection radiographic images created using a stationary radiation source, and detector	32
D0251	extra-oral posterior dental radiographic image	32
D0270	bitewing — single radiographic image	20
D0272	bitewings — two radiographic images	27
D0273	bitewings — three radiographic images	35
D0274	bitewings — four radiographic images	40
D0277	vertical bitewings — seven to eight radiographic images	65
D0330	panoramic radiographic image	63
D0340	2D cephalometric radiographic image- acquisition, measurement and analysis	52
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	33
D0470	diagnostic casts	65
D0425	caries susceptibility tests	47
D0701	panoramic radiographic image – image capture only	32
D0702	2D cephalometric radiographic image – image capture only	26
D0703	2D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	17
D0705	extra-oral posterior dental radiographic image – image capture only	16
D0706	intraoral – occlusal radiographic image – image capture only	11
D0707	intraoral – periapical radiographic image – image capture only	10
D0708	intraoral – bitewing radiographic image – image capture only	10
D0709	intraoral comprehensive series of radiographic images – image capture only	41
D1000-D1999 PREVENTIVE		
D1110	prophylaxis — adult	63
D1120	prophylaxis — child	49
D1206	topical application of fluoride varnish	23
D1208	topical application of fluoride – excluding varnish	23
D1351	sealant — per tooth	33
D1352	preventive resin restoration in a moderate to high caries risk patient — permanent tooth	42
D1353	sealant repair-per tooth	28
D1354	application of caries arresting medicament – per tooth	23

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CDT Codes	CDT Code Description	Fee
D1510	space maintainer – fixed, unilateral – per quadrant	225
D1516	space maintainer — fixed — bilateral, maxillary	333
D1517	space maintainer — fixed — bilateral, mandibular	333
D1520	space maintainer – removable,- unilateral – per quadrant	224
D1526	space maintainer — removable — bilateral, maxillary	292
D1527	space maintainer — removable — bilateral, mandibular	292
D1551	re-cement or re-bond bilateral space maintainer – maxillary	51
D1552	re-cement or re-bond bilateral space maintainer – mandibular	51
D1553	re-cement or re-bond unilateral space maintainer – per quadrant	51
D1575	distal shoe space maintainer – fixed, – unilateral – per quadrant	225
D2000 - 2999 RESTORATIVE		
D2140	amalgam — one surface, primary or permanent	84
D2150	amalgam — two surfaces, primary or permanent	112
D2160	amalgam — three surfaces, primary or permanent	137
D2161	amalgam — four or more surfaces, primary or permanent	147
D2330	resin-based composite — one surface, anterior	92
D2331	resin-based composite — two surfaces, anterior	100
D2332	resin-based composite — three surfaces, anterior	116
D2335	resin-based composite — four or more surfaces or involving incisal angle (anterior)	134
D2390	resin-based composite crown, anterior	217
D2391	resin-based composite — one surface, posterior	95
D2392	resin-based composite — two surfaces, posterior	130
D2393	resin-based composite — three surfaces, posterior	158
D2394	resin-based compstite — four+ surfaces, posterior	176
D2510	inlay-metalic- one surfaces	415
D2520	inlay-metalic- two surfaces	489
D2530	inlay-metalic- three or more surfaces	495
D2542	onlay — metallic — two surfaces	787
D2543	onlay — metallic — three surfaces	830
D2544	onlay — metallic — four or more surfaces	844
D2610	inlay-porcelain/ceramic-one surface	464
D2620	inlay-porcelain/ceramic-two surfaces	500
D2630	inlay-porcelain/ceramic-three or more surfaces	640
D2740	crown — porcelain/ceramic substrate	751
D2750	crown — porcelain fused to high noble metal	728
D2751	crown — porcelain fused to predominantly base metal	663
D2752	crown — porcelain fused to noble metal	683
D2753	crown — porcelain fused to titanium or titanium alloy	728
D2780	crown — 3/4 cast high noble metal	695
D2781	crown — 3/4 cast predominantly base metal	561
D2782	crown — 3/4 cast noble metal	590
D2783	crown — 3/4 porcelain/ceramic	658
D2790	crown — full cast high noble metal	748
D2791	crown — full cast predominantly base metal	703

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CDT Codes	CDT Code Description	Fee
D2792	crown — full cast noble metal	711
D2794	crown — titanium	691
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	60
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	58
D2920	re-cement or re-bond crown	58
D2921	reattachment of tooth fragment, incisal edge or cusp	78
D2930	prefabricated stainless steel crown — primary tooth	139
D2931	prefabricated stainless steel crown — permanent tooth	283
D2950	core buildup, including any pins when required	126
D2951	pin retention — per tooth, in addition to restoration	25
D2954	prefabricated post and core in addition to crown	166
D2980	crown repair necessitated by restorative material failure	218
D2981	inlay repair necissitated by restorative material failure	90
D2982	onlay repair necessitated by restorative material failure	139
D2983	veneer repair necessitated by restorative material failure	145
D2990	resin infiltration of incipent smooth surface lesion	132
D3000 - D3999 ENDODONTICS		
D3110	pulp cap — direct (excluding final restoration)	61
D3120	pulp cap — indirect (excluding final restoration)	54
D3220	therapeutic pulpotomy (excluding final restoration) — removal of pulp coronal to the dentinocemental junction and application of medicament	81
D3221	pulpal debridement, primary and permanent teeth	81
D3222	partial pulpotomy for apexogenesis — permanent tooth with incomplete root development	113
D3230	pulpal therapy (resorbable filling) — anterior, primary tooth (excluding final restoration)	108
D3240	pulpal therapy (resorbable filling) — posterior, primary tooth (excluding final restoration)	101
D3310	endodontic therapy, anterior tooth (excluding final restoration)	418
D3320	endodontic therapy, bicuspid tooth (excluding final restoration)	500
D3330	endodontic therapy, molar (excluding final restoration)	655
D3346	retreatment of previous root canal therapy — anterior	495
D3347	retreatment of previous root canal therapy — bicuspid	579
D3348	retreatment of previous root canal therapy — molar	752
D3351	apexification/recalcification — initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	175
D3352	apexification/recalcification — interim medication replacement	134
D3353	apexification/recalcification — final visit (includes completed root canal therapy — apical closure/calcific repair of perforations, root resorption, etc.)	306
D3355	pulpal regeneration- initial visit	124
D3356	pulpal regeneration- interim medication replacement	30

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CDT Codes	CDT Code Description	Fee
D3357	pulpal regeneration- completion of treatment	50
D3410	apicoectomy — anterior	355
D3421	apicoectomy — bicuspid (first root)	405
D3425	apicoectomy — molar (first root)	425
D3426	apicoectomy (each additional root)	185
D3430	retrograde filling — per root	114
D3450	root amputation — per root	207
D3471	surgical repair of root resorption - anterior	234
D3472	surgical repair of root resorption – premolar	234
D3473	surgical repair of root resorption – molar	234
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	234
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption –premolar	234
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption –molar	234
D3920	hemisection (including any root removal), not including root canal therapy	218
D3921	decoronation or submergence of an erupted tooth	81
D4000 - D4999 PERIODONTICS		
D4210	gingivectomy or gingivoplasty — four or more contiguous teeth or tooth bounded spaces per quadrant	274
D4211	gingivectomy or gingivoplasty — to allow access for restoration procedure, per tooth	167
D4212	gingivectomy or gingivoplasty — one to three contiguous teeth or tooth bounded spaces per quadrant	148
D4240	gingival flap procedure, including root planing — four or more contiguous teeth or tooth bounded spaces per quadrant	317
D4241	gingival flap procedure, including root planing — one to three contiguous teeth or tooth bounded spaces per quadrant	225
D4249	clinical crown lengthening — hard tissue	323
D4260	osseous surgery (including elevation of a full thickness flap and closure) — four or more contiguous teeth or tooth bounded spaces per quadrant	535
D4261	osseous surgery (including elevation of a full thickness flap and closure) — one to three contiguous teeth or tooth bounded spaces per quadrant	328
D4268	surgical revision procedure, per tooth	463
D4270	pedicle soft tissue graft procedure	413
D4273	autogenous subepithelial connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	468
D4275	free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant, or edentulous tooth poition in graft	520
D4276	combined connective tissue and pedicle graft	574

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CDT Codes	CDT Code Description	Fee
D4277	free soft tissue graft procedure (including recipient and donor site surgery), first tooth or edentulous tooth position in graft	797
D4278	free soft tissue graft procedure (including recipient and donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	337
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	281
D4285	non autogenous connective tissue graft procedure (including donor and recipient surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	312
D4341	periodontal scaling and root planing — four or more teeth per quadrant	133
D4342	periodontal scaling and root planing — one to three teeth per quadrant	84
D4346	scaling in presence of generalized moderate or severe gingival inflammation -- full mouth after oral evaluation	63
D4355	full mouth debridement to enable comprehensive periodontal evaluation and diagnosis	69
D4381	localized delivery of antimicrobial agents via a controlled released vehicle into diseased crevicular tissue, per tooth	26
D4910	periodontal maintenance	91
D4999	unspecified periodontal procedure, by report	118
D5000 - D5899 PROSTHODONTICS (REMOVABLE)		
D5110	complete denture — maxillary	834
D5120	complete denture — mandibular	830
D5130	immediate denture — maxillary	894
D5140	immediate denture — mandibular	895
D5211	maxillary partial denture — resin base (including any retentive/ clasping marerials, rest, and teeth)	665
D5212	mandibular partial denture — resin base (including retentive/clasping materials, rests and teeth)	681
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, retentive/clasping materials, rests and teeth)	991
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, retentive/clasping materials, rests and teeth)	1000
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, retentive/clasping materials, rests and teeth)	798
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, retentive/clasping materials, rests and teeth)	818
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps retentive/clasping materials, rests and teeth)	1189

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CDT Codes	CDT Code Description	Fee
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps retentive/clasping materials, rests and teeth)	1199
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	725
D5226	mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)	730
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	870
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	877
D5282	removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary	502
D5283	removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	502
D5284	removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests, and teeth) – per quadrant	452
D5286	removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests, and teeth) – per quadrant	452
D5410	adjust complete denture — maxillary	45
D5411	adjust complete denture — mandibular	46
D5421	adjust partial denture — maxillary	46
D5422	adjust partial denture — mandibular	46
D5511	repair broken complete denture base, mandibular	146
D5512	repair broken complete denture base, maxillary	146
D5520	replace missing or broken teeth — complete denture (each tooth)	89
D5611	repair resin partial denture base, mandibular	139
D5612	repair resin partial denture base, maxillary	139
D5621	repair cast partial framework, mandibular	174
D5622	repair cast partialframework, maxillary	174
D5630	repair or replace broken retentive/clasping materials- per tooth	163
D5640	replace broken teeth — per tooth	102
D5650	add tooth to existing partial denture	119
D5660	add clasp to existing partial denture	157
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	557
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	548
D5710	rebase complete maxillary denture	347
D5711	rebase complete mandibular denture	354
D5720	rebase maxillary partial denture	313
D5721	rebase mandibular partial denture	314
D5725	rebase hybrid prosthesis	313
D5730	reline complete maxillary denture (chairside)	168
D5731	reline complete mandibular denture (chairside)	182
D5740	reline maxillary partial denture (chairside)	165

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CDT Codes	CDT Code Description	Fee
D5741	reline mandibular partial denture (chairside)	167
D5750	reline complete maxillary denture (laboratory)	265
D5751	reline complete mandibular denture (laboratory)	266
D5760	reline maxillary partial denture (laboratory)	261
D5761	reline mandibular partial denture (laboratory)	260
D5765	soft liner for complete or partial removable denture – indirect	261
D5850	tissue conditioning, maxillary	84
D5851	tissue conditioning, mandibular	86
D5876	add metal substructure to acrylic full denture (per arch)	418
D6000 - D6199 IMPLANT SERVICES		
D6010	surgical placement of implant body: endosteal implant	1374
D6013	surgical placement of mini implant	618
D6040	surgical placement: eposteal implant	3628
D6050	surgical placement: transosteal implant	3185
D6055	connecting Bar – implant supported orabutment supported	1398
D6056	prefabricated abutment — includes modification and placement	454
D6057	custom fabricated abutment — includes placement	589
D6058	abutment supported porcelain/ceramic crown	939
D6059	abutment supported porcelain fused to metal crown (high noble metal)	874
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	827
D6061	abutment supported porcelain fused to metal crown (noble metal)	818
D6062	abutment supported cast metal crown (high noble metal)	797
D6063	abutment supported cast metal crown (predominantly base metal)	676
D6064	abutment supported cast metal crown (noble metal)	707
D6065	implant supported porcelain/ceramic crown	1011
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal alloys)	989
D6067	implant supported metal crown (titanium, titanium alloy, high noble alloys metal)	915
D6068	abutment supported retainer for porcelain/ceramic fpd	846
D6069	abutment supported retainer for porcelain fused to metal fpd (high noble metal)	925
D6070	abutment supported retainer for porcelain fused to metal fpd (predominantly base metal)	689
D6071	abutment supported retainer for porcelain fused to metal fpd (noble metal)	777
D6072	abutment supported retainer for cast metal fpd (high noble metal)	750
D6073	abutment supported retainer for cast metal fpd (predominantly base metal)	630
D6074	abutment supported retainer for cast metal fpd (noble metal)	663
D6075	implant supported retainer for ceramic fpd	773
D6076	implant supported retainer for porcelain fused to metal fpd (titanium, titanium alloy, or high noble alloys metal)	882

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CDT Codes	CDT Code Description	Fee
D6077	implant supported retainer for cast metal fpd (titanium, titanium alloy, or high noble alloys metal)	828
D6080	implant maintenance procedures when prostheses are remove and reinserted, including cleansing of prostheses and abutments	122
D6082	implant supported crown - porcelain fused to predominantly base alloys	827
D6083	implant supported crown - porcelain fused to noble alloys	818
D6084	implant supported crown - porcelain fused to titanium or titanium alloy	665
D6086	implant supported crown - predominantly base alloys	676
D6087	implant supported crown - noble alloys	707
D6088	implant supported crown - titanium/titanium alloys	665
D6090	repair implant supported prosthesis, by report	343
D6091	replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	250
D6092	re-cement or re-bond implant/abutment supported crown	71
D6093	re-cement or re-bond implant/abutment supported fixed partial denture	102
D6094	abutment supported crown titanium or titanium alloys	665
D6095	repair implant abutment, by report	403
D6096	remove broken implant retaining screw	170
D6097	abutment supported crown - porcelain fused to titanium or titanium alloys	665
D6098	implant supported retainer for metal fpd - porcelain fused to predominantly base alloys	689
D6099	implant supported retainer for metal fpd - porcelain fused to noble alloys	777
D6100	surgical removal of implant body	478
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, including flap entry and closure	286
D6104	bone graft at time of implant placement	532
D6105	removal of implant body not requiring bone removal nor flap elevation	81
D6110	implant /abutment supported removable denture for edentulous arch — maxillary	1598
D6111	implant /abutment supported removable denture for edentulous arch — mandibular	1598
D6112	implant /abutment supported removable denture for partially edentulous arch — maxillary	1050
D6113	implant /abutment supported removable denture for partially edentulous arch — mandibular	1385
D6114	implant /abutment supported fixed denture for edentulous arch – maxillary	1445
D6115	implant /abutment supported fixed denture for edentulous arch – mandibular	1127

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CDT Codes	CDT Code Description	Fee
D6116	implant /abutment supported fixed denture for partially edentulous arch – maxillary	1400
D6117	implant /abutment supported fixed denture for partially edentulous arch – mandibular	1400
D6120	implant supported retainer - porcelain fused to titanium or titanium alloy	630
D6121	implant supported retainer for metal fpd - predominantly base alloys	630
D6122	implant supported retainer for metal fpd - noble alloys	663
D6123	implant supported retainer for metal fpd- titanium or titanium alloy	751
D6191	semi-precision abutment – placement	354
D6192	semi-precision attachment – placement	354
D6194	abutment supported retainer crown for fpd metal titanium or titanium alloys	751
D6195	abutment supported retainer - porcelain fused to titanium or titanium alloy	882
D6197	replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	92
D6200 - D6999 PROSTHODONTICS, FIXED		
D6210	pontic — cast high noble metal	637
D6211	pontic — cast predominantly base metal	572
D6212	pontic — cast noble metal	588
D6214	pontic - titanium or titanium alloys	642
D6240	pontic — porcelain fused to high noble metal	707
D6241	pontic — porcelain fused to predominantly base metal	625
D6242	pontic — porcelain fused to noble metal	645
D6243	pontic - porcelain fused to titanium or titanium alloys	645
D6245	pontic — porcelain/ceramic substrate	766
D6545	retainer — cast metal for resin bonded fixed prosthesis	293
D6548	retainer — porcelain/ceramic for resin bonded fixed prosthesis	402
D6549	resin retainer — for resin bonded fixed prosthesis	288
D6600	retainer inlay - cast high noble metal, two surfaces	544
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	581
D6604	retainer inlay - indirectly fabricated predominantly based metal two surfaces	520
D6605	retainer inlay - indirectly fabricated predominantly based metal three or more surfaces	563
D6608	retainer onlay - porcelain/ceramic, two surfaces	600
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	672
D6612	retainer onlay - indirectly fabricated predominantly base metal, two surfaces	563
D6613	retainer onlay - indirectly fabricated predominantly base metal, three or more surfaces	625
D6740	retainer crown - porcelain/ceramic	751
D6750	retainer crown - porcelain fused to high noble metal	728
D6751	retainer crown - porcelain fused to predominantly base metal	663

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CDT Codes	CDT Code Description	Fee
D6752	retainer crown - porcelain fused to noble metal	683
D6753	retainer crown - porcelain fused to titanium or titanium alloys	728
D6780	retainer crown - 3/4 cast high noble metal	695
D6781	retainer crown - 3/4 cast predominantly base metal	561
D6782	retainer crown - 3/4 cast noble metal	590
D6783	retainer crown - 3/4 porcelain/ceramic	658
D6784	retainer crown ¾ - titanium and titanium alloys	748
D6790	retainer crown - full cast high noble metal	748
D6791	retainer crown - full cast predominantly base metal	703
D6792	retainer crown - full cast noble metal	711
D6794	retainer crown titanium or titanium alloys	691
D6930	re-cement or re-bond fixed partial denture	89
D6980	fixed partial denture repair necessitated by restorative material failure	305
D7000 - D7999 ORAL AND MAXILLOFACIAL SURGERY		
D7111	extraction, coronal remnants — deciduous tooth	52
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	81
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	136
D7220	removal of impacted tooth — soft tissue	163
D7230	removal of impacted tooth — partially bony	212
D7240	removal of impacted tooth — completely bony	292
D7241	removal of impacted tooth — completely bony with unusual surgical complications	328
D7250	surgical removal of residual tooth roots (cutting procedure)	157
D7251	coronectomy - intentional partial tooth removal, impacted teeth only	326
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	270
D7280	surgical access of an unerupted tooth	205
D7310	alveoloplasty in conjunction with extractions — four or more teeth or tooth spaces, per quadrant	151
D7311	alveoloplasty in conjunction with extractions — one to three teeth or tooth spaces, per quadrant	115
D7320	alveoloplasty not in conjunction with extractions — four or more teeth or tooth spaces, per quadrant	209
D7321	alveoloplasty not in conjunction with extractions — one to three teeth or tooth spaces, per quadrant	210
D7471	removal of lateral exostosis (maxilla or mandible)	333
D7510	incision and drainage of abscess — intraoral soft tissue	107
D7910	suture of recent small wounds up to 5 cm	145
D7921	collection and application of autologous blood concentrate product	180
D7971	excision of pericoronal gingiva	141
D7999	unspecified oral surgery procedure, by report	109

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CDT Codes	CDT Code Description	Fee
D8000 - D8999 ORTHODONTICS		
D8010	limited orthodontic treatment of the primary dentition	820
D8020	limited orthodontic treatment of the transtional dentition	969
D8030	limited orthodontic treatment of the adolescent dentition	1304
D8040	limited orthodontic treatment of the adult dentition	1267
D8070	comprehensive orthodontic treatment of the transtional dentition	3314
D8080	comprehensive orthodontic treatment of the adolescent dentition	3391
D8090	comprehensive orthodontic treatment of the adult dentition	3540
D8210	removable appliance therapy	444
D8220	fixed appliance therapy	532
D8660	pre-orthodontic treatment examination to monitor growth and development	134
D8670	periodic orthodontic treatment visit	101
D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s))	313
D8681	removable orthodontic retainer adjustment	45
D9000 - D9999 ADJUNCTIVE GENERAL SERVICES		
D9110	palliative treatment of dental pain per visit	59
D9219	evaluation for moderate sedation, deep sedation or general anesthesia	42
D9222	deep sedation/general anesthesia – first 15 minutes	89
D9223	deep sedation/general anesthesia – each 15 minute increment	89
D9239	intravenous moderate (conscious) sedation/analgesia – first 15 minute increment	98
D9243	intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	98
D9310	consultation — diagnostic service provided by dentist or physician other than requesting dentist or physician	50
D9311	consultation with a medical health care professional	38
D9440	office visit — after regularly scheduled hours	92
D9610	therapeutic parenteral drug, single administration	30
D9612	therapeutic parenteral drugs, two or more administrations, different medications	66
D9613	infiltration of sustained release therapeutic drug – per quadrant	30
D9930	treatment of complications (post-surgical) — unusual circumstances, by report	48
D9932	cleaning and inspection of removable complete denture, maxillary	22
D9933	cleaning and inspection of removable complete denture, mandibular	22
D9934	cleaning and inspection of removable partial denture, maxillary	22
D9935	cleaning and inspection of removable partial denture, mandibular	22
D9941	fabrication of athletic mouthguard	120
D9943	occlusal guard adjustment	22
D9944	occlusal guard- hard appliance, full arch	313
D9945	occlusal guard- soft appliance, full arch	313
D9946	occlusal guard- hard appliance, partial arch	313

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CDT Codes	CDT Code Description	Fee
D9974	internal bleaching — per tooth	149
D9997	dental case management – patients with special health care needs	38
D9999	unspecified adjunctive procedure, by report	58

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CDT Codes	CDT Code Description	Fee
D0100 - D0999 DIAGNOSTIC		
D0120	periodic oral evaluation — established patient	32
D0140	limited oral evaluation — problem focused	38
D0145	oral evaluation for patient under three years of age and counseling with primary caregiver	32
D0150	comprehensive oral evaluation — new or established patient	45
D0160	detailed and extensive oral evaluation — problem focused, by report	53
D0180	comprehensive periodontal evaluation — new or established patient	51
D0210	intraoral comprehensive series of radiographic images	96
D0220	intraoral — periapical first radiographic image	22
D0230	intraoral — periapical each additional radiographic image	10
D0240	intraoral — occlusal radiographic image	26
D0250	extra-oral – first 2D projection radiographic images created using a stationary radiation source, and detector	38
D0251	extra-oral posterior dental radiographic image	38
D0270	bitewing — single radiographic image	23
D0272	bitewings — two radiographic images	32
D0273	bitewings — three radiographic images	42
D0274	bitewings — four radiographic images	48
D0277	vertical bitewings — seven to eight radiographic images	77
D0330	panoramic radiographic image	75
D0340	2D cephalometric radiographic image- acquisition, measurement and analysis	61
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	39
D0470	diagnostic casts	77
D0425	caries susceptibility tests	56
D0701	panoramic radiographic image – image capture only	38
D0702	2D cephalometric radiographic image – image capture only	31
D0703	2D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	20
D0705	extra-oral posterior dental radiographic image – image capture only	19
D0706	intraoral – occlusal radiographic image – image capture only	13
D0707	intraoral – periapical radiographic image – image capture only	11
D0708	intraoral – bitewing radiographic image – image capture only	12
D0709	intraoral comprehensive series of radiographic images – image capture only	48
D1000-D1999 PREVENTIVE		
D1110	prophylaxis — adult	75
D1120	prophylaxis — child	58
D1206	topical application of fluoride varnish	28
D1208	topical application of fluoride – excluding varnish	28
D1351	sealant — per tooth	39
D1352	preventive resin restoration in a moderate to high caries risk patient — permanent tooth	50
D1353	sealant repair-per tooth	33
D1354	application of caries arresting medicament – per tooth	28

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CDT Codes	CDT Code Description	Fee
D1510	space maintainer – fixed, unilateral – per quadrant	267
D1516	space maintainer — fixed — bilateral, maxillary	395
D1517	space maintainer — fixed — bilateral, mandibular	395
D1520	space maintainer – removable,- unilateral – per quadrant	266
D1526	space maintainer — removable — bilateral, maxillary	346
D1527	space maintainer — removable — bilateral, mandibular	346
D1551	re-cement or re-bond bilateral space maintainer – maxillary	60
D1552	re-cement or re-bond bilateral space maintainer – mandibular	60
D1553	re-cement or re-bond unilateral space maintainer – per quadrant	60
D1575	distal shoe space maintainer – fixed, – unilateral – per quadrant	267
D2000 - 2999 RESTORATIVE		
D2140	amalgam — one surface, primary or permanent	100
D2150	amalgam — two surfaces, primary or permanent	133
D2160	amalgam — three surfaces, primary or permanent	162
D2161	amalgam — four or more surfaces, primary or permanent	175
D2330	resin-based composite — one surface, anterior	109
D2331	resin-based composite — two surfaces, anterior	118
D2332	resin-based composite — three surfaces, anterior	138
D2335	resin-based composite — four or more surfaces or involving incisal angle (anterior)	159
D2390	resin-based composite crown, anterior	257
D2391	resin-based composite — one surface, posterior	112
D2392	resin-based composite — two surfaces, posterior	154
D2393	resin-based composite — three surfaces, posterior	188
D2394	resin-based compstite — four+ surfaces, posterior	209
D2510	inlay-metalic- one surfaces	493
D2520	inlay-metalic- two surfaces	580
D2530	inlay-metalic- three or more surfaces	588
D2542	onlay — metallic — two surfaces	935
D2543	onlay — metallic — three surfaces	986
D2544	onlay — metallic — four or more surfaces	1002
D2610	inlay-porcelain/ceramic-one surface	551
D2620	inlay-porcelain/ceramic-two surfaces	593
D2630	inlay-porcelain/ceramic-three or more surfaces	760
D2740	crown — porcelain/ceramic substrate	891
D2750	crown — porcelain fused to high noble metal	864
D2751	crown — porcelain fused to predominantly base metal	787
D2752	crown — porcelain fused to noble metal	812
D2753	crown — porcelain fused to titanium or titanium alloy	864
D2780	crown — 3/4 cast high noble metal	825
D2781	crown — 3/4 cast predominantly base metal	667
D2782	crown — 3/4 cast noble metal	701
D2783	crown — 3/4 porcelain/ceramic	781
D2790	crown — full cast high noble metal	889
D2791	crown — full cast predominantly base metal	835

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CDT Codes	CDT Code Description	Fee
D2792	crown — full cast noble metal	844
D2794	crown — titanium	820
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	72
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	68
D2920	re-cement or re-bond crown	68
D2921	reattachment of tooth fragment, incisal edge or cusp	93
D2930	prefabricated stainless steel crown — primary tooth	165
D2931	prefabricated stainless steel crown — permanent tooth	336
D2950	core buildup, including any pins when required	149
D2951	pin retention — per tooth, in addition to restoration	30
D2954	prefabricated post and core in addition to crown	197
D2980	crown repair necessitated by restorative material failure	259
D2981	inlay repair necissitated by restorative material failure	107
D2982	onlay repair necessitated by restorative material failure	165
D2983	veneer repair necessitated by restorative material failure	172
D2990	resin infiltration of incipent smooth surface lesion	157
D3000 - D3999 ENDODONTICS		
D3110	pulp cap — direct (excluding final restoration)	73
D3120	pulp cap — indirect (excluding final restoration)	64
D3220	therapeutic pulpotomy (excluding final restoration) — removal of pulp coronal to the dentinocemental junction and application of medicament	96
D3221	pulpal debridement, primary and permanent teeth	96
D3222	partial pulpotomy for apexogenesis — permanent tooth with incomplete root development	134
D3230	pulpal therapy (resorbable filling) — anterior, primary tooth (excluding final restoration)	129
D3240	pulpal therapy (resorbable filling) — posterior, primary tooth (excluding final restoration)	120
D3310	endodontic therapy, anterior tooth (excluding final restoration)	496
D3320	endodontic therapy, bicuspid tooth (excluding final restoration)	593
D3330	endodontic therapy, molar (excluding final restoration)	777
D3346	retreatment of previous root canal therapy — anterior	587
D3347	retreatment of previous root canal therapy — bicuspid	687
D3348	retreatment of previous root canal therapy — molar	893
D3351	apexification/recalcification — initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	208
D3352	apexification/recalcification — interim medication replacement	159
D3353	apexification/recalcification — final visit (includes completed root canal therapy — apical closure/calcific repair of perforations, root resorption, etc.)	364
D3355	pulpal regeneration- initial visit	147
D3356	pulpal regeneration- interim medication replacement	36

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CDT Codes	CDT Code Description	Fee
D3357	pulpal regeneration- completion of treatment	59
D3410	apicoectomy — anterior	422
D3421	apicoectomy — bicuspid (first root)	481
D3425	apicoectomy — molar (first root)	505
D3426	apicoectomy (each additional root)	220
D3430	retrograde filling — per root	135
D3450	root amputation — per root	246
D3471	surgical repair of root resorption - anterior	278
D3472	surgical repair of root resorption – premolar	278
D3473	surgical repair of root resorption – molar	278
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	278
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption –premolar	278
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption –molar	278
D3920	hemisection (including any root removal), not including root canal therapy	259
D3921	decoronation or submergence of an erupted tooth	96
D4000 - D4999 PERIODONTICS		
D4210	gingivectomy or gingivoplasty — four or more contiguous teeth or tooth bounded spaces per quadrant	325
D4211	gingivectomy or gingivoplasty — to allow access for restoration procedure, per tooth	198
D4212	gingivectomy or gingivoplasty — one to three contiguous teeth or tooth bounded spaces per quadrant	176
D4240	gingival flap procedure, including root planing — four or more contiguous teeth or tooth bounded spaces per quadrant	376
D4241	gingival flap procedure, including root planing — one to three contiguous teeth or tooth bounded spaces per quadrant	267
D4249	clinical crown lengthening — hard tissue	384
D4260	osseous surgery (including elevation of a full thickness flap and closure) — four or more contiguous teeth or tooth bounded spaces per quadrant	635
D4261	osseous surgery (including elevation of a full thickness flap and closure) — one to three contiguous teeth or tooth bounded spaces per quadrant	389
D4268	surgical revision procedure, per tooth	550
D4270	pedicle soft tissue graft procedure	490
D4273	autogenous subepithelial connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	556
D4275	free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant, or edentulous tooth poition in graft	618
D4276	combined connective tissue and pedicle graft	681

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CDT Codes	CDT Code Description	Fee
D4277	free soft tissue graft procedure (including recipient and donor site surgery), first tooth or edentulous tooth position in graft	946
D4278	free soft tissue graft procedure (including recipient and donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	400
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	333
D4285	non autogenous connective tissue graft procedure (including donor and recipient surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	371
D4341	periodontal scaling and root planing — four or more teeth per quadrant	158
D4342	periodontal scaling and root planing — one to three teeth per quadrant	100
D4346	scaling in presence of generalized moderate or severe gingival inflammation -- full mouth after oral evaluation	75
D4355	full mouth debridement to enable comprehensive periodontal evaluation and diagnosis	82
D4381	localized delivery of antimicrobial agents via a controlled released vehicle into diseased crevicular tissue, per tooth	31
D4910	periodontal maintenance	108
D4999	unspecified periodontal procedure, by report	140
D5000 - D5899 PROSTHODONTICS (REMOVABLE)		
D5110	complete denture — maxillary	991
D5120	complete denture — mandibular	986
D5130	immediate denture — maxillary	1061
D5140	immediate denture — mandibular	1062
D5211	maxillary partial denture — resin base (including any retentive/ clasping marerials, rest, and teeth)	790
D5212	mandibular partial denture — resin base (including retentive/clasping materials, rests and teeth)	809
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, retentive/clasping materials, rests and teeth)	1177
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, retentive/clasping materials, rests and teeth)	1187
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, retentive/clasping materials, rests and teeth)	948
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, retentive/clasping materials, rests and teeth)	971
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps retentive/clasping materials, rests and teeth)	1412

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CDT Codes	CDT Code Description	Fee
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps retentive/clasping materials, rests and teeth)	1424
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	861
D5226	mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)	867
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	1033
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	1041
D5282	removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary	597
D5283	removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	597
D5284	removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests, and teeth) – per quadrant	537
D5286	removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests, and teeth) – per quadrant	537
D5410	adjust complete denture — maxillary	53
D5411	adjust complete denture — mandibular	54
D5421	adjust partial denture — maxillary	54
D5422	adjust partial denture — mandibular	54
D5511	repair broken complete denture base, mandibular	174
D5512	repair broken complete denture base, maxillary	174
D5520	replace missing or broken teeth — complete denture (each tooth)	105
D5611	repair resin partial denture base, mandibular	165
D5612	repair resin partial denture base, maxillary	165
D5621	repair cast partial framework, mandibular	206
D5622	repair cast partialframework, maxillary	206
D5630	repair or replace broken retentive/clasping materials- per tooth	194
D5640	replace broken teeth — per tooth	121
D5650	add tooth to existing partial denture	141
D5660	add clasp to existing partial denture	186
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	662
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	651
D5710	rebase complete maxillary denture	412
D5711	rebase complete mandibular denture	421
D5720	rebase maxillary partial denture	372
D5721	rebase mandibular partial denture	373
D5725	rebase hybrid prosthesis	372
D5730	reline complete maxillary denture (chairside)	199
D5731	reline complete mandibular denture (chairside)	217
D5740	reline maxillary partial denture (chairside)	196

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CDT Codes	CDT Code Description	Fee
D5741	reline mandibular partial denture (chairside)	198
D5750	reline complete maxillary denture (laboratory)	315
D5751	reline complete mandibular denture (laboratory)	316
D5760	reline maxillary partial denture (laboratory)	310
D5761	reline mandibular partial denture (laboratory)	308
D5765	soft liner for complete or partial removable denture – indirect	310
D5850	tissue conditioning, maxillary	100
D5851	tissue conditioning, mandibular	102
D5876	add metal substructure to acrylic full denture (per arch)	496
D6000 - D6199 IMPLANT SERVICES		
D6010	surgical placement of implant body: endosteal implant	1631
D6013	surgical placement of mini implant	734
D6040	surgical placement: eposteal implant	4309
D6050	surgical placement: transosteal implant	3783
D6055	connecting Bar – implant supported orabutment supported	1660
D6056	prefabricated abutment — includes modification and placement	539
D6057	custom fabricated abutment — includes placement	700
D6058	abutment supported porcelain/ceramic crown	1115
D6059	abutment supported porcelain fused to metal crown (high noble metal)	1038
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	982
D6061	abutment supported porcelain fused to metal crown (noble metal)	971
D6062	abutment supported cast metal crown (high noble metal)	947
D6063	abutment supported cast metal crown (predominantly base metal)	803
D6064	abutment supported cast metal crown (noble metal)	840
D6065	implant supported porcelain/ceramic crown	1200
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal alloys)	1175
D6067	implant supported metal crown (titanium, titanium alloy, high noble alloys metal)	1087
D6068	abutment supported retainer for porcelain/ceramic fpd	1004
D6069	abutment supported retainer for porcelain fused to metal fpd (high noble metal)	1098
D6070	abutment supported retainer for porcelain fused to metal fpd (predominantly base metal)	818
D6071	abutment supported retainer for porcelain fused to metal fpd (noble metal)	922
D6072	abutment supported retainer for cast metal fpd (high noble metal)	891
D6073	abutment supported retainer for cast metal fpd (predominantly base metal)	748
D6074	abutment supported retainer for cast metal fpd (noble metal)	788
D6075	implant supported retainer for ceramic fpd	918
D6076	implant supported retainer for porcelain fused to metal fpd (titanium, titanium alloy, or high noble alloys metal)	1047

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CDT Codes	CDT Code Description	Fee
D6077	implant supported retainer for cast metal fpd (titanium, titanium alloy, or high noble alloys metal)	983
D6080	implant maintenance procedures when prostheses are remove and reinserted, including cleansing of prostheses and abutments	145
D6082	implant supported crown - porcelain fused to predominantly base alloys	982
D6083	implant supported crown - porcelain fused to noble alloys	971
D6084	implant supported crown - porcelain fused to titanium or titanium alloy	790
D6086	implant supported crown - predominantly base alloys	803
D6087	implant supported crown - noble alloys	840
D6088	implant supported crown - titanium/titanium alloys	790
D6090	repair implant supported prosthesis, by report	408
D6091	replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	297
D6092	re-cement or re-bond implant/abutment supported crown	84
D6093	re-cement or re-bond implant/abutment supported fixed partial denture	122
D6094	abutment supported crown titanium or titanium alloys	790
D6095	repair implant abutment, by report	479
D6096	remove broken implant retaining screw	170
D6097	abutment supported crown - porcelain fused to titanium or titanium alloys	790
D6098	implant supported retainer for metal fpd - porcelain fused to predominantly base alloys	818
D6099	implant supported retainer for metal fpd - porcelain fused to noble alloys	922
D6100	surgical removal of implant body	568
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, including flap entry and closure	339
D6104	bone graft at time of implant placement	631
D6105	removal of implant body not requiring bone removal nor flap elevation	96
D6110	implant /abutment supported removable denture for edentulous arch — maxillary	1898
D6111	implant /abutment supported removable denture for edentulous arch — mandibular	1898
D6112	implant /abutment supported removable denture for partially edentulous arch — maxillary	1247
D6113	implant /abutment supported removable denture for partially edentulous arch — mandibular	1645
D6114	implant /abutment supported fixed denture for edentulous arch – maxillary	1716
D6115	implant /abutment supported fixed denture for edentulous arch – mandibular	1338

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CDT Codes	CDT Code Description	Fee
D6116	implant /abutment supported fixed denture for partially edentulous arch – maxillary	1662
D6117	implant /abutment supported fixed denture for partially edentulous arch – mandibular	1662
D6120	implant supported retainer - porcelain fused to titanium or titanium alloy	748
D6121	implant supported retainer for metal fpd - predominantly base alloys	748
D6122	implant supported retainer for metal fpd - noble alloys	788
D6123	implant supported retainer for metal fpd- titanium or titanium alloy	892
D6191	semi-precision abutment – placement	421
D6192	semi-precision attachment – placement	421
D6194	abutment supported retainer crown for fpd metal titanium or titanium alloys	892
D6195	abutment supported retainer - porcelain fused to titanium or titanium alloy	1047
D6197	replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	109
D6200 - D6999 PROSTHODONTICS, FIXED		
D6210	pontic — cast high noble metal	756
D6211	pontic — cast predominantly base metal	679
D6212	pontic — cast noble metal	698
D6214	pontic - titanium or titanium alloys	762
D6240	pontic — porcelain fused to high noble metal	840
D6241	pontic — porcelain fused to predominantly base metal	743
D6242	pontic — porcelain fused to noble metal	766
D6243	pontic - porcelain fused to titanium or titanium alloys	766
D6245	pontic — porcelain/ceramic substrate	909
D6545	retainer — cast metal for resin bonded fixed prosthesis	348
D6548	retainer — porcelain/ceramic for resin bonded fixed prosthesis	477
D6549	resin retainer — for resin bonded fixed prosthesis	342
D6600	retainer inlay - cast high noble metal, two surfaces	646
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	691
D6604	retainer inlay - indirectly fabricated predominantly based metal two surfaces	618
D6605	retainer inlay - indirectly fabricated predominantly based metal three or more surfaces	669
D6608	retainer onlay - porcelain/ceramic, two surfaces	712
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	798
D6612	retainer onlay - indirectly fabricated predominantly base metal, two surfaces	668
D6613	retainer onlay - indirectly fabricated predominantly base metal, three or more surfaces	743
D6740	retainer crown - porcelain/ceramic	891
D6750	retainer crown - porcelain fused to high noble metal	864
D6751	retainer crown - porcelain fused to predominantly base metal	787

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CDT Codes	CDT Code Description	Fee
D6752	retainer crown - porcelain fused to noble metal	812
D6753	retainer crown - porcelain fused to titanium or titanium alloys	864
D6780	retainer crown - 3/4 cast high noble metal	825
D6781	retainer crown - 3/4 cast predominantly base metal	667
D6782	retainer crown - 3/4 cast noble metal	701
D6783	retainer crown - 3/4 porcelain/ceramic	781
D6784	retainer crown ¾ - titanium and titanium alloys	889
D6790	retainer crown - full cast high noble metal	889
D6791	retainer crown - full cast predominantly base metal	835
D6792	retainer crown - full cast noble metal	844
D6794	retainer crown titanium or titanium alloys	820
D6930	re-cement or re-bond fixed partial denture	105
D6980	fixed partial denture repair necessitated by restorative material failure	362
	D7000 - D7999 ORAL AND MAXILLOFACIAL SURGERY	
D7111	extraction, coronal remnants — deciduous tooth	62
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	96
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	161
D7220	removal of impacted tooth — soft tissue	193
D7230	removal of impacted tooth — partially bony	252
D7240	removal of impacted tooth — completely bony	346
D7241	removal of impacted tooth — completely bony with unusual surgical complications	389
D7250	surgical removal of residual tooth roots (cutting procedure)	186
D7251	coronectomy - intentional partial tooth removal, impacted teeth only	387
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	321
D7280	surgical access of an unerupted tooth	243
D7310	alveoloplasty in conjunction with extractions — four or more teeth or tooth spaces, per quadrant	179
D7311	alveoloplasty in conjunction with extractions — one to three teeth or tooth spaces, per quadrant	137
D7320	alveoloplasty not in conjunction with extractions — four or more teeth or tooth spaces, per quadrant	248
D7321	alveoloplasty not in conjunction with extractions — one to three teeth or tooth spaces, per quadrant	249
D7471	removal of lateral exostosis (maxilla or mandible)	395
D7510	incision and drainage of abscess — intraoral soft tissue	127
D7910	suture of recent small wounds up to 5 cm	172
D7921	collection and application of autologous blood concentrate product	213
D7971	excision of pericoronal gingiva	168
D7999	unspecified oral surgery procedure, by report	130

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CDT Codes	CDT Code Description	Fee
D8000 - D8999 ORTHODONTICS		
D8010	limited orthodontic treatment of the primary dentition	973
D8020	limited orthodontic treatment of the transtional dentition	1150
D8030	limited orthodontic treatment of the adolescent dentition	1549
D8040	limited orthodontic treatment of the adult dentition	1505
D8070	comprehensive orthodontic treatment of the transtional dentition	3936
D8080	comprehensive orthodontic treatment of the adolescent dentition	4027
D8090	comprehensive orthodontic treatment of the adult dentition	4203
D8210	removable appliance therapy	527
D8220	fixed appliance therapy	632
D8660	pre-orthodontic treatment examination to monitor growth and development	159
D8670	periodic orthodontic treatment visit	120
D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s))	372
D8681	removable orthodontic retainer adjustment	53
D9000 - D9999 ADJUNCTIVE GENERAL SERVICES		
D9110	palliative treatment of dental pain per visit	70
D9219	evaluation for moderate sedation, deep sedation or general anesthesia	50
D9222	deep sedation/general anesthesia – first 15 minutes	105
D9223	deep sedation/general anesthesia – each 15 minute increment	105
D9239	intravenous moderate (conscious) sedation/analgesia – first 15 minute increment	116
D9243	intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	116
D9310	consultation — diagnostic service provided by dentist or physician other than requesting dentist or physician	59
D9311	consultation with a medical health care professional	45
D9440	office visit — after regularly scheduled hours	109
D9610	therapeutic parenteral drug, single administration	36
D9612	therapeutic parenteral drugs, two or more administrations, different medications	79
D9613	infiltration of sustained release therapeutic drug – per quadrant	36
D9930	treatment of complications (post-surgical) — unusual circumstances, by report	57
D9932	cleaning and inspection of removable complete denture, maxillary	27
D9933	cleaning and inspection of removable complete denture, mandibular	27
D9934	cleaning and inspection of removable partial denture, maxillary	27
D9935	cleaning and inspection of removable partial denture, mandibular	27
D9941	fabrication of athletic mouthguard	143
D9943	occlusal guard adjustment	27
D9944	occlusal guard- hard appliance, full arch	372
D9945	occlusal guard- soft appliance, full arch	372
D9946	occlusal guard- hard appliance, partial arch	372

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CDT Codes	CDT Code Description	Fee
D9974	internal bleaching — per tooth	177
D9997	dental case management – patients with special health care needs	45
D9999	unspecified adjunctive procedure, by report	68