Medi-Cal Dental Schedule of Maximum Allowances (SMA)

1. Fees payable to providers by Medi-Cal Dental for covered services shall be the LESSER of:
    a. provider's billed amount
    b. the maximum allowance set forth in the schedule below
2. Refer to your *Medi-Cal Dental Provider Handbook* for specific procedure instructions and program limitations.

Benefit: Dental or medical health care services covered by the Medi-Cal program.

Not a Benefit: Dental or medical health care services not covered by the Medi-Cal program.

Global: Treatment performed in conjunction with another procedure that is not payable separately.

By Report: Payment amount determined from submitted documentation.

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
Diagnostic Procedures			
D0120	Periodic oral evaluation – established patient	$15.00	October 6, 2016
D0140	Limited oral evaluation – problem focused	$35.00	
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	$20.00	October 6, 2016
D0150	Comprehensive oral evaluation – new or established patient	$25.00	October 6, 2016
D0160	Detailed and extensive oral evaluation – problem focused, by report	$100.00	
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	$75.00	
D0171	Re-evaluation post-operative office visit	Global	March 14, 2020
D0180	Comprehensive periodontal evaluation – new or established patient	Global	
D0190	Screening of a patient	Not a Benefit	
D0191	Assessment of a patient	Not a Benefit	
D0210	Intraoral – comprehensive series of radiographic images	$40.00	June 1, 2019
D0220	Intraoral – periapical first radiographic image	$10.00	
D0230	Intraoral – periapical each additional radiographic image	$3.00	
D0240	Intraoral – occlusal radiographic image	$10.00	

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	$22.00	
D0251	Extra-oral posterior dental radiographic image	Not a Benefit	March 14, 2020
D0270	Bitewing – single radiographic image	$5.00	
D0272	Bitewings – two radiographic images	$10.00	
D0273	Bitewings – three radiographic images	Global	
D0274	Bitewings – four radiographic images	$18.00	
D0277	Vertical bitewings – 7 to 8 radiographic images	Global	
D0310	Sialography	$100.00	
D0320	Temporomandibular joint arthrogram, including injection	$76.00	
D0321	Other temporomandibular joint radiographic images, by report	Not a Benefit	
D0322	Tomographic survey	$100.00	
D0330	Panoramic radiographic image	$25.00	
D0340	2D Cephalometric radiographic image – acquisition, measurement and analysis	$50.00	June 1, 2019
D0350	2D Oral/Facial photographic image obtained intra-orally or extra orally	$6.00	
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw	Not a Benefit	
D0365	Cone beam CT capture and interpretation with limited field of view of one full dental arch – mandible	Not a Benefit	
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	Not a Benefit	
D0367	Cone beam CT capture and interpretation with field of view of both jaws with or without cranium	Not a Benefit	
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	Not a Benefit	
D0369	Maxillofacial MRI capture and interpretation	Not a Benefit	
D0370	Maxillofacial ultrasound capture and interpretation	Not a Benefit	
D0371	Sialoendoscopy capture and interpretation	Not a Benefit	

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	Not a Benefit	
D0373	Intraoral tomosynthesis – bitewing radiographic image	Not a Benefit	
D0374	Intraoral tomosynthesis - periapical radiographic image	Not a Benefit	
D0380	Cone beam CT image capture with limited field of view – less than one whole jaw	Not a Benefit	
D0381	Cone beam CT image capture with field of view of one full dental arch – mandible	Not a Benefit	
D0382	Cone beam CT image capture with field of view of one full dental arch – maxilla with or without cranium	Not a Benefit	
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium	Not a Benefit	
D0384	Cone beam CT image capture for TMJ series including two or more exposures	Not a Benefit	
D0385	Maxillofacial MRI image capture	Not a Benefit	
D0386	Maxillofacial ultrasound image capture	Not a Benefit	
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	Not a Benefit	
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	Not a Benefit	
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	Not a Benefit	
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	Not a Benefit	
D0393	Virtual treatment simulation using 3D image volume or surface scan	Not a Benefit	March 14, 2020
D0394	Digital subtraction of two or more images or image volumes of the same modality	Not a Benefit	March 14, 2020
D0395	Fusion of two or more 3d image volumes of one or more modalities	Not a Benefit	March 14, 2020
D0396	3D printing of a 3D dental surface scan	Not a Benefit	
D0411	HBA1C in-office point of service testing	Not a Benefit	March 14, 2020
D0412	Blood glucose level test in-office using a glucose meter	Not a Benefit	March 14, 2020

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	Not a Benefit	March 14, 2020
D0415	Collection of microorganisms for culture and sensitivity	Not a Benefit	
D0416	Viral culture	Not a Benefit	
D0417	Collection and preparation of saliva sample for laboratory analysis	Not a Benefit	
D0418	Analysis of saliva sample - laboratory	Not a Benefit	
D0419	Assessment of salivary flow by measurement	Not a Benefit	July 1, 2021
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	Not a Benefit	March 14, 2020
D0423	Genetic test for susceptibility to diseases – specimen analysis	Not a Benefit	March 14, 2020
D0425	Caries susceptibility tests	Not a Benefit	
D0426	Collection, preparation, and analysis of saliva sample - point-of-care	Not a Benefit	May 1, 2026
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	Not a Benefit	
D0460	Pulp vitality tests	Global	
D0461	Testing for cracked tooth	Global	May 1, 2026
D0470	Diagnostic casts	$75.00	
D0472	Accession of tissue, gross examination, preparation and transmission of written report	Not a Benefit	
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	Not a Benefit	
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	Not a Benefit	
D0475	Decalcification procedure	Not a Benefit	
D0476	Special stains for microorganisms	Not a Benefit	
D0477	Special stains not for microorganisms	Not a Benefit	

D0478	Immunohistochemical stains	Not a Benefit	
D0479	Tissue in-situ hybridization, including interpretation	Not a Benefit	

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	Not a Benefit	
D0481	Electron microscopy	Not a Benefit	
D0482	Direct immunofluorescence	Not a Benefit	
D0483	Indirect immunofluorescence	Not a Benefit	
D0484	Consultation on slides prepared elsewhere	Not a Benefit	
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	Not a Benefit	
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	Not a Benefit	
D0502	Other oral pathology procedures, by report	By Report	
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	Not a Benefit	March 14, 2020
D0601[1]	Caries risk assessment and documentation, with a finding of low risk	$15.00	January 1, 2022
D0602[2]	Caries risk assessment and documentation, with a finding of moderate risk	$15.00	January 1, 2022
D0603[3]	Caries risk assessment and documentation, with a finding of high risk	$15.00	January 1, 2022
D0604	Antigen testing for a public health related pathogen, including coronavirus	Not a Benefit	October 1, 2021
D0605	Antibody testing for a public health related pathogen, including coronavirus	Not a Benefit	October 1, 2021
D0606	Molecular testing for a public health related pathogen, including coronavirus	Not a Benefit	May 1, 2022
D0701	Panoramic radiographic image – image capture only	Global	October 1, 2021
D0702	2-D cephalometric radiographic image – image capture only	Global	October 1, 2021
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	Global	October 1, 2021
D0705	Extra-oral posterior dental radiographic image – image capture only	Not a Benefit	October 1, 2021
D0706	Intraoral - occlusal radiographic image – image capture only	Global	October 1, 2021

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D0707	Intraoral – periapical radiographic image – image capture only	Global	October 1, 2021
D0708	Intraoral – bitewing radiographic image – image capture only	Global	October 1, 2021
D0709	Intraoral - comprehensive series of radiographic images – image capture only	Global	October 1, 2021
D0801	3D intraoral surface scan – direct	Not a Benefit	
D0802	3D dental surface scan – indirect	Not a Benefit	
D0803	3D facial surface scan – direct	Not a Benefit	
D0804	3D facial surface scan – indirect- a surface scan of constructed facial features	Not a Benefit	
D0999	Unspecified diagnostic procedure, by report	$46.00	May 16, 2020
Preventive Procedures			
D1110	Prophylaxis – adult	$40.00	July 15, 2016
D1120	Prophylaxis – child	$30.00	July 15, 2016
D1206	Topical application of fluoride varnish - child 0 to 5	$18.00	June 1, 2019
D1206	Topical application of fluoride varnish - child 6 to 20	$8.00	June 1, 2019
D1206	Topical application of fluoride varnish - adult 21 and over	$6.00	June 1, 2019
D1208	Topical application of fluoride - excluding varnish – child 0-5	$18.00	June 1, 2019
D1208	Topical application of fluoride - excluding varnish – child 6-20	$8.00	June 1, 2019
D1208	Topical application of fluoride - excluding varnish – adult	$6.00	June 1, 2019
D1301	Immunization counseling	Not a Benefit	
D1310[4]	Nutritional counseling for control of dental disease	$46.00	January 1, 2022
D1320	Tobacco counseling for the control and prevention of oral disease	$10.00	June 1, 2019
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systematic health effects associated with high-risk substance use	Not a Benefit	October 1, 2021
D1330	Oral hygiene instructions	Global	
D1351	Sealant – per tooth	$22.00	

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D1353	Sealant repair – per tooth	Not a Benefit	March 14, 2020
D1354	Application of caries arresting medicament – per tooth	$12.00	January 1, 2022
D1355	Caries preventive medicament application – per tooth	Not a Benefit	October 1, 2021
D1510	Space maintainer – fixed – unilateral- per quadrant	$120.00	July 1, 2021
D1516	Space maintainer – fixed – bilateral, maxillary	$200.00	March 14, 2020
D1517	Space maintainer – fixed – bilateral, mandibular	$200.00	March 14, 2020
D1520	Space maintainer – removable – unilateral- per quadrant	Not a Benefit	July 1, 2021
D1526	Space maintainer – removable – bilateral, maxillary	$230.00	March 14, 2020
D1527	Space maintainer – removable – bilateral, mandibular	$230.00	March 14, 2020
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	$30.00	July 1, 2021
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	$30.00	July 1, 2021
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	$30.00	July 1, 2021
D1556	Removal of fixed unilateral space maintainer – per quadrant	$30.00	July 1, 2021
D1557	Removal of fixed bilateral space maintainer – maxillary	$30.00	July 1, 2021
D1558	Removal of fixed bilateral space maintainer – mandibular	$30.00	July 1, 2021
D1575	Distal shoe space maintainer – fixed – unilateral – per quadrant	$120.00	May 16, 2020
D1701	Pfizer-BioNTech Covid-19 vaccine administration – first dose	Not a Benefit	May 1, 2022
D1702	Pfizer-BioNTech Covid-19 vaccine administration – second dose	Not a Benefit	May 1, 2022
D1703	Moderna Covid-19 vaccine administration – first dose	Not a Benefit	May 1, 2022
D1704	Moderna Covid-19 vaccine administration – second dose	Not a Benefit	May 1, 2022

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D1708	Pfizer-BioNTech Covid-19 vaccine administration – third dose	Not a Benefit	
D1709	Pfizer-BioNTech Covid-19 vaccine administration – booster dose	Not a Benefit	
D1710	Moderna Covid-19 vaccine administration – third dose	Not a Benefit	
D1711	Moderna Covid-19 vaccine administration – booster dose	Not a Benefit	
D1713	Pfizer-BioNTech Covid-19 vaccine administration – tris-sucrose pediatric – first dose	Not a Benefit	
D1714	Pfizer-BioNTech Covid-19 vaccine administration – tris-sucrose pediatric – second dose	Not a Benefit	
D1720	Influenza vaccine administration	Not a Benefit	May 1, 2026
D1781	Vaccine administration – human papillomavirus – dose 1	Not a Benefit	
D1782	Vaccine administration - human papillomavirus - dose 2	Not a Benefit	
D1783	Vaccine administration – human papillomavirus – dose 3	Not a Benefit	
D1999	Unspecified preventive procedure, by report	$46.00	March 14, 2020
Restorative Procedures			
D2140	Amalgam – one surface, primary or permanent	$39.00	January 13, 2016
D2150	Amalgam – two surfaces, primary or permanent	$48.00	January 13, 2016
D2160	Amalgam – three surfaces, primary or permanent	$57.00	January 13, 2016
D2161	Amalgam – four or more surfaces, primary or permanent	$60.00	January 13, 2016
D2330	Resin-based composite – one surface, anterior	$57.21	March 1, 2023
D2331	Resin-based composite – two surfaces, anterior	$57.21	March 1, 2023
D2332	Resin-based composite – three surfaces, anterior	$57.21	March 1, 2023

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	$85.00	January 13, 2016
D2390	Resin-based composite crown, anterior	$75.00	January 13, 2016
D2391	Resin-based composite – one surface, posterior	$39.00	January 13, 2016
D2392	Resin-based composite – two surfaces, posterior	$48.00	January 13, 2016
D2393	Resin-based composite – three surfaces, posterior	$57.00	January 13, 2016
D2394	Resin-based composite – four or more surfaces, posterior	$60.00	January 13, 2016
D2410	Gold foil – one surface	Not a Benefit	
D2420	Gold foil – two surfaces	Not a Benefit	
D2430	Gold foil – three surfaces	Not a Benefit	
D2510	Inlay – metallic – one surface	Not a Benefit	
D2520	Inlay – metallic – two surfaces	Not a Benefit	
D2530	Inlay – metallic – three surfaces	Not a Benefit	
D2542	Onlay – metallic – two surfaces	Not a Benefit	
D2543	Onlay – metallic – three surfaces	Not a Benefit	
D2544	Onlay – metallic – four or more surfaces	Not a Benefit	
D2610	Inlay – porcelain/ceramic – one surface	Not a Benefit	
D2620	Inlay – porcelain/ceramic – two surfaces	Not a Benefit	
D2630	Inlay – porcelain/ceramic – three or more surfaces	Not a Benefit	
D2642	Onlay – porcelain/ceramic – two surfaces	Not a Benefit	
D2643	Onlay – porcelain/ceramic – three surfaces	Not a Benefit	
D2644	Onlay – porcelain/ceramic – four or more surfaces	Not a Benefit	
D2650	Inlay – resin-based composite – one surface	Not a Benefit	
D2651	Inlay – resin-based composite – two surfaces	Not a Benefit	
D2652	Inlay – resin-based composite – three or more surfaces	Not a Benefit	
D2662	Onlay – resin-based composite – two surfaces	Not a Benefit	
D2663	Onlay – resin-based composite – three surfaces	Not a Benefit	
D2664	Onlay – resin-based composite – four or more surfaces	Not a Benefit	
D2710	Crown – resin - based composite (indirect)	$150.00	March 1, 2019
D2712	Crown – 3/4 resin-based composite (indirect)	$150.00	March 1, 2019

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D2720	Crown – resin with high noble metal	Not a Benefit	
D2721	Crown – resin with predominantly base metal	$220.00	March 1, 2019
D2722	Crown – resin with noble metal	Not a Benefit	
D2740	Crown – porcelain/ceramic	$340.00	March 1, 2019
D2750	Crown – porcelain fused to high noble metal	Not a Benefit	
D2751	Crown – porcelain fused to predominantly base metal	$340.00	March 1, 2019
D2752	Crown – porcelain fused to noble metal	Not a Benefit	
D2753	Crown – porcelain fused to titanium and titanium alloys	Not a Benefit	July 1, 2021
D2780	Crown – 3/4 cast high noble metal	Not a Benefit	
D2781	Crown – 3/4 cast predominantly base metal	$340.00	March 1, 2019
D2782	Crown – 3/4 cast noble metal	Not a Benefit	
D2783	Crown – 3/4 porcelain/ceramic	$340.00	March 1, 2019
D2790	Crown – full cast high noble metal	Not a Benefit	
D2791	Crown – full cast predominantly base metal	$340.00	March 1, 2019
D2792	Crown – full cast noble metal	Not a Benefit	
D2794	Crown – titanium and titanium alloys	Not a Benefit	July 1, 2021
D2799	Interim crown – further treatment or completion of diagnosis necessary prior to final impression	Not a Benefit	
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	$30.00	
D2915	Recement or re-bond indirectly fabricated or prefabricated post and core	Global	
D2920	Recement or re-bond crown	$30.00	
D2921	Reattachment of tooth permanent, incisal edge or cusp	Not a Benefit	March 14, 2020
D2928	Prefabricated porcelain/ceramic crown – permanent tooth	Not a Benefit	October 1, 2021
D2929	Prefabricated porcelain/ceramic crown - primary tooth	Not a Benefit	March 14, 2020
D2930	Prefabricated stainless steel crown – primary tooth	$75.00	January 13, 2016
D2931	Prefabricated stainless steel crown – permanent tooth	$90.00	January 13, 2016

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D2932	Prefabricated resin crown	$75.00	January 13, 2016
D2933	Prefabricated stainless steel crown with resin window	$75.00	January 13, 2016
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	Not a Benefit	
D2940	Placement of interim direct restoration	$45.00	March 14, 2020
D2949	Restorative foundation for an indirect restoration	Global	March 14, 2020
D2950	Core buildup, including any pins when required	Global	
D2951	Pin retention – per tooth, in addition to restoration	$80.00	
D2952	Post and core in addition to crown, indirectly fabricated	$75.00	
D2953	Each additional indirectly fabricated post – same tooth	Global	
D2954	Prefabricated post and core in addition to crown	$75.00	
D2955	Post removal	Global	
D2956	Removal of an indirect restoration on a natural tooth	Global	
D2957	Each additional prefabricated post – same tooth	Global	
D2960	Labial veneer (resin laminate) –direct	Not a Benefit	October 1, 2021
D2961	Labial veneer (resin laminate) –indirect	Not a Benefit	October 1, 2021
D2962	Labial veneer (porcelain laminate) –indirect	Not a Benefit	October 1, 2021
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	Global	
D2975	Coping	Not a Benefit	
D2976	Band Stabilization – per tooth	Not a Benefit	
D2980	Crown repair, necessitated by restorative material failure	$60.00	
D2981	Inlay repair necessitated by restorative material failure	Not a Benefit	
D2982	Onlay repair necessitated by restorative material failure	Not a Benefit	
D2983	Veneer repair necessitated by restorative material failure	Not a Benefit	
D2989	Restorative service - excavation of a tooth resulting in the determination of non-restorability	Global	February 1, 2024

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D2990	Resin infiltration of incipient smooth surface lesions	Not a Benefit	
D2991	Application of hydroxyapatite regeneration medicament – per tooth	Not a Benefit	
D2999	Unspecified restorative procedure, by report	$50.00	
Endodontic Procedures			
D3110	Pulp cap – direct (excluding final restoration)	Global	
D3120	Pulp cap – indirect (excluding final restoration)	Global	
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction application of medicament	$71.00	
D3221	Pulpal debridement, primary and permanent teeth	$45.00	
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	$71.00	
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	$71.00	
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	$71.00	
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	$216.00	March 15, 2017
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	$261.00	March 15, 2017
D3330	Endodontic therapy, molar tooth (excluding final restoration)	$331.00	March 15, 2017
D3331	Treatment of root canal obstruction; non-surgical access	Global	
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	Not a Benefit	
D3333	Internal root repair of perforation defects	Global	
D3346	Retreatment of previous root canal therapy – anterior	$216.00	March 15, 2017
D3347	Retreatment of previous root canal therapy – premolar	$261.00	March 15, 2017
D3348	Retreatment of previous root canal therapy – molar	$331.00	March 15, 2017
D3351	Apexification/Recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	$100.00	

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D3352	Apexification/Recalcification - interim medication replacement	$100.00	
D3353	Apexification/Recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	Not a Benefit	
D3355	Pulpal regeneration – initial visit	Not a Benefit	March 14, 2020
D3356	Pulpal regeneration – interim medication replacement	Not a Benefit	March 14, 2020
D3357	Pulpal regeneration – completion of treatment	Not a Benefit	March 14, 2020
D3410	Apicoectomy – anterior	$100.00	
D3421	Apicoectomy – premolar (first root)	$100.00	
D3425	Apicoectomy – molar (first root)	$100.00	
D3426	Apicoectomy – (each additional root)	$100.00	
D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site	Not a Benefit	March 14, 2020
D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	Not a Benefit	March 14, 2020
D3430	Retrograde filling – per root	Global	
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Not a Benefit	March 14, 2020
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	Not a Benefit	March 14, 2020
D3450	Root amputation – per root	Not a Benefit	
D3460	Endodontic endosseous implant	Not a Benefit	
D3470	Intentional reimplantation (including necessary splinting)	Not a Benefit	
D3471	Surgical repair of root resorption – anterior	$100.00	October 1, 2021
D3472	Surgical repair of root resorption – premolar	$100.00	October 1, 2021
D3473	Surgical repair of root resorption – molar	$100.00	October 1, 2021
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	Not a Benefit	October 1, 2021

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	Not a Benefit	October 1, 2021
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	Not a Benefit	October 1, 2021
D3910	Surgical procedure for isolation of tooth with rubber dam	Global	
D3911	Intraorifice barrier	Global	May 1, 2022
D3920	Hemisection (including any root removal), not including root canal therapy	Not a Benefit	
D3921	Decoronation or submergence of an erupted tooth	$135.00	May 1, 2022
D3950	Canal preparation and fitting of preformed dowel or post	Global	
D3999	Unspecified endodontic procedure, by report	$42.00	
Periodontal Procedures			
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bound spaces per quadrant	$185.00	
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	$110.00	
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	Not a Benefit	
D4230	Anatomical crown exposure – four or more contiguous teeth or bounded tooth spaces per quadrant	Not a Benefit	
D4231	Anatomical crown exposure – one to three teeth bounded tooth spaces per quadrant	Not a Benefit	
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	Not a Benefit	
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	Not a Benefit	
D4245	Apically positioned flap	Not a Benefit	
D4249	Clinical crown lengthening – hard tissue	Global	
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more	$350.00	

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
	contiguous teeth or tooth bounded spaces per quadrant		
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces, per quadrant	$245.00	
D4263	Bone replacement graft – retained natural tooth-first site in quadrant	Not a Benefit	
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	Not a Benefit	
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	Global	
D4266	Guided tissue regeneration, natural teeth – resorbable barrier, per site	Not a Benefit	
D4267	Guided tissue regeneration, natural teeth – nonresorbable barrier, per site	Not a Benefit	
D4268	Surgical revision procedure, per tooth	Not a Benefit	
D4270	Pedicle soft tissue graft procedure	Not a Benefit	
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	Not a Benefit	
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	Not a Benefit	
D4275	Non-Autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	Not a Benefit	
D4276	Combined connective tissue and pedicle graft, per tooth	Not a Benefit	
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	Not a Benefit	
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	Not a Benefit	
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) –	Not a Benefit	March 14, 2020

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
	each additional contiguous tooth, implant or edentulous tooth position in same graft site		
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	Not a Benefit	March 14, 2020
D4286	Removal of non-resorbable barrier	Not a Benefit	
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	Not a Benefit	May 1, 2022
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	Not a Benefit	May 1, 2022
D4341	Periodontal scaling and root planing – four or more teeth per quadrant (for members in a SNF or ICF)	$70.00	
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	$50.00	
D4342	Periodontal scaling and root planing – one to three teeth, per quadrant (for members in a SNF or ICF)	$50.00	
D4342	Periodontal scaling and root planing – one to three teeth, per quadrant	$30.00	
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	Global	May 16, 2020
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	$75.00	July 15, 2016
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	Global	
D4910	Periodontal maintenance	$55.00	May 16, 2018
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	$45.00	
D4921	Gingival irrigation with medicinal agent – per quadrant	Global	March 14, 2020
D4999	Unspecified periodontal procedure, by report	By Report	
Prosthodontic (Removable) Procedures			
D5110	Complete denture – maxillary	$450.00	

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D5120	Complete denture – mandibular	$450.00	
D5130	Immediate denture – maxillary	$450.00	
D5140	Immediate denture – mandibular	$450.00	
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	$250.00	July 10, 2019
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rest and teeth)	$250.00	July 10, 2019
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$470.00	July 1, 2021
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$470.00	July 1, 2021
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	Not a Benefit	July 1, 2021
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	Not a Benefit	July 1, 2021
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Not a Benefit	July 1, 2021
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Not a Benefit	July 1, 2021
D5225	Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)	Not a Benefit	October 1, 2021
D5226	Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)	Not a Benefit	October 1, 2021
D5227	Immediate maxillary partial denture – flexible base (including any clasps, rests, and teeth)	Not a Benefit	May 1, 2022
D5228	Immediate mandibular partial denture – flexible base (including any clasps, rests, and teeth)	Not a Benefit	May 1, 2022
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary	Not a Benefit	October 1, 2021, March 14, 2020

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular	Not a Benefit	October 1, 2021, March 14, 2020
D5284	Removable unilateral partial denture – one-piece flexible base (including retentive/clasping materials, rests and teeth), per quadrant	Not a Benefit	October 1, 2021, July 1, 2021
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth), per quadrant	Not a Benefit	October 1, 2021, July 1, 2021
D5410	Adjust complete denture – maxillary	$25.00	
D5411	Adjust complete denture – mandibular	$25.00	
D5421	Adjust partial denture – maxillary	$25.00	
D5422	Adjust partial denture – mandibular	$25.00	
D5511	Repair broken complete denture base, mandibular	$50.00	March 14, 2020
D5512	Repair broken complete denture base, maxillary	$50.00	March 14, 2020
D5520	Replace missing or broken teeth – complete denture per tooth	$50.00	
D5611	Repair resin partial denture base, mandibular	$60.00	March 14, 2020
D5612	Repair resin partial denture base, maxillary	$60.00	March 14, 2020
D5621	Repair cast partial denture framework, mandibular	$230.00	March 14, 2020
D5622	Repair cast partial denture framework, maxillary	$230.00	March 14, 2020
D5630	Repair or replace broken retentive/clasping materials per tooth	$100.00	
D5640	Replace missing or broken teeth – partial denture per tooth	$50.00	
D5650	Add tooth to existing partial denture – per tooth	$60.00	
D5660	Add clasp to existing partial denture – per tooth	$100.00	
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	Not a Benefit	
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	Not a Benefit	
D5710	Rebase complete maxillary denture	Not a Benefit	
D5711	Rebase complete mandibular denture	Not a Benefit	
D5720	Rebase maxillary partial denture	Not a Benefit	
D5721	Rebase mandibular partial denture	Not a Benefit	

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D5725	Rebase hybrid prosthesis	Not a Benefit	May 1, 2022
D5730	Reline complete maxillary denture (direct)	$70.00	October 1, 2021
D5731	Reline complete mandibular denture (direct)	$70.00	October 1, 2021
D5740	Reline maxillary partial denture (direct)	$70.00	October 1, 2021
D5741	Reline mandibular partial denture (direct)	$70.00	October 1, 2021
D5750	Reline complete maxillary denture (indirect)	$140.00	October 1, 2021
D5751	Reline complete mandibular denture (indirect)	$140.00	October 1, 2021
D5760	Reline maxillary partial denture (indirect)	$140.00	October 1, 2021
D5761	Reline mandibular partial denture (indirect)	$140.00	October 1, 2021
D5765	Soft liner for complete or partial removable denture – indirect	Not a Benefit	May 1, 2022
D5810	Interim complete denture (maxillary)	Not a Benefit	
D5811	Interim complete denture (mandibular)	Not a Benefit	
D5820	Interim partial denture (including retentive/clasping materials, rests and teeth), maxillary	Not a Benefit	October 1, 2021
D5821	Interim partial denture (including retentive/clasping materials, rests and teeth), mandibular	Not a Benefit	October 1, 2021
D5850	Tissue conditioning, maxillary	$50.00	
D5851	Tissue conditioning, mandibular	$50.00	
D5862	Precision attachment, by report	Global	
D5863	Overdenture – complete maxillary – natural tooth borne	$450.00	March 14, 2020
D5864	Overdenture – partial maxillary – natural tooth borne	Not a Benefit	March 14, 2020
D5865	Overdenture – complete mandibular – natural tooth borne	$450.00	March 14, 2020
D5866	Overdenture – partial mandibular – natural tooth borne	Not a Benefit	March 14, 2020
D5867	Replacement of replaceable part of semi-precision or precision attachment of natural tooth borne prosthesis, per attachment	Not a Benefit	
D5875	Modification of removable prosthesis following implant surgery	Not a Benefit	
D5876	Add metal substructure to acrylic complete denture (per arch)	Not a Benefit	March 14, 2020
D5877	Duplication of complete denture - maxillary	Not a Benefit	May 1, 2026

D5878	Duplication of complete denture - mandibular	Not a Benefit	May 1, 2026
D5899	Unspecified removable prosthodontic procedure, by report	By Report	
Maxillofacial Prosthetic Procedures			
D5909	Maxillary guidance prosthesis with guide flange	$1700.00	May 1, 2026
D5911	Facial moulage (sectional)	$425.00	
D5912	Facial moulage (complete)	$534.00	

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D5913	Nasal prosthesis	$1,200.00	
D5914	Auricular prosthesis	$1,200.00	
D5915	Orbital prosthesis	$600.00	
D5916	Ocular prosthesis	$1,200.00	
D5919	Facial prosthesis	$1,200.00	
D5922	Nasal septal prosthesis	$600.00	
D5923	Ocular prosthesis, interim	$600.00	
D5924	Cranial prosthesis	$1,440.00	
D5925	Facial augmentation implant prosthesis	$300.00	
D5926	Nasal prosthesis, replacement	$300.00	
D5927	Auricular prosthesis, replacement	$300.00	
D5928	Orbital prosthesis, replacement	$300.00	
D5929	Facial prosthesis, replacement	$300.00	
D5930	Maxillary guidance prosthesis without guide flange	$1,400.00	May 1, 2026
D5931	Obturator prosthesis, surgical	$1,000.00	
D5932	Obturator prosthesis, definitive	$1,500.00	
D5933	Obturator prosthesis, modification	$225.00	
D5934	Mandibular guidance prosthesis with guide flange	$1,700.00	
D5935	Mandibular guidance prosthesis without guide flange	$1,400.00	
D5936	Obturator prosthesis, interim	$900.00	
D5937	Trismus appliance (not for TMD treatment)	$125.00	
D5938	Resection prosthesis, maxillary complete removable	Not a Benefit	May 1. 2026
D5939	Resection prosthesis, mandibular complete removable	Not a Benefit	May 1. 2026
D5940	Resection prosthesis, maxillary partial removable	Not a Benefit	May 1. 2026
D5941	Resection prosthesis, mandibular partial removable	Not a Benefit	May 1. 2026
D5942	Resection prosthesis, maxillary implant/abutment supported removable prosthesis for edentulous arch	Global	May 1, 2026
D5943	Resection prosthesis, mandibular implant/abutment supported removable prosthesis for edentulous arch	Global	May 1, 2026

D5944	Resection prosthesis, maxillary implant/abutment supported removable prosthesis for the partial edentulous arch	Global	May 1, 2026
D5945	Resection prosthesis, mandibular implant/abutment supported removable prosthesis for the partial edentulous arch	Global	May 1, 2026
D5946	Resection prosthesis, maxillary implant/abutment supported fixed prosthesis for edentulous arch	Global	May 1, 2026
D5947	Resection prosthesis, mandibular implant/abutment supported fixed prosthesis for edentulous arch	Global	May 1, 2026
D5948	Resection prosthesis, maxillary implant/abutment supported fixed prosthesis for the partial edentulous arch	Global	May 1, 2026
D5949	Resection prosthesis, mandibular implant/abutment supported fixed prosthesis for the partial edentulous arch	Global	May 1, 2026
D5951	Feeding aid	$200.00	
D5952	Speech aid prosthesis, pediatric	$800.00	
D5953	Speech aid prosthesis, adult	$1,450.00	
D5954	Palatal augmentation prosthesis	$200.00	
D5955	Palatal lift prosthesis, definitive	$1,400.00	
D5958	Palatal lift prosthesis, interim	$800.00	
D5959	Palatal lift prosthesis, modification	$220.00	
D5960	Speech aid prosthesis, modification	$220.00	
D5982	Surgical stent for soft tissue healing	$125.00	
D5983	Radiation carrier	$80.00	

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D5984	Radiation shield	$200.00	
D5985	Radiation cone locator	$200.00	
D5986	Fluoride gel carrier	$80.00	
D5987	Commissure splint	$125.00	
D5988	Surgical splint	$205.00	
D5991	Vesiculobullous Disease Medicament Carrier	$80.00	
D5992	Adjust maxillofacial prosthetic appliance, by report	Not a Benefit	
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report	Not a Benefit	
D5995	Periodontal medicament carrier with peripheral seal – laboratory processed – maxillary	Not a Benefit	October 1, 2021
D5996	Periodontal medicament carrier with peripheral seal – laboratory processed – mandibular	Not a Benefit	October 1, 2021
D5999	Unspecified maxillofacial prosthesis, by report	By Report	
Implant Service Procedures			
D6010	Surgical placement of implant body: endosteal implant	By Report	
D6011	Surgical access to an implant body (second stage implant surgery)	Global	October 1, 2021, March 14, 2020
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	Not a Benefit	May 1, 2022
D6013	Surgical placement of mini implant	By Report	March 14, 2020
D6040	Surgical placement: eposteal implant	By Report	
D6049	Scaling and debridement of a single implant in the presence of peri-implantitis inflammation, bleeding upon probing and increased pocket depths, including cleaning of the implant surfaces, without flap entry and closure	Global	May 1, 2026
D6050	Surgical placement: transosteal implant	By Report	
D6051	Placement of interim implant abutment	Not a Benefit	
D6055	Connecting bar – implant supported or abutment supported	By Report	
D6056	Prefabricated abutment – includes modification and placement	By Report	
D6057	Custom fabricated abutment – includes placement	By Report	

D6058	Abutment supported porcelain/ceramic crown	By Report	
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	Not a Benefit	July 1, 2021

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	By Report	
D6061	Abutment supported porcelain fused to metal crown (noble metal)	Not a Benefit	July 1, 2021
D6062	Abutment supported cast metal crown (high noble metal)	Not a Benefit	July 1, 2021
D6063	Abutment supported cast metal crown (predominantly base metal)	By Report	
D6064	Abutment supported cast metal crown (noble metal)	Not a Benefit	July 1, 2021
D6065	Implant supported porcelain/ceramic crown	By Report	
D6066	Implant supported crown- porcelain fused to high noble alloys	Not a Benefit	July 1, 2021
D6067	Implant supported crown- high noble alloys	Not a Benefit	July 1, 2021
D6068	Abutment supported retainer for porcelain/ceramic FPD	By Report	
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	Not a Benefit	July 1, 2021
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	By Report	
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	Not a Benefit	July 1, 2021
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	Not a Benefit	July 1, 2021
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	By Report	
D6074	Abutment supported retainer for cast metal FPD (noble metal)	Not a Benefit	July 1, 2021
D6075	Implant supported retainer for ceramic FPD	By Report	
D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys	Not a Benefit	July 1, 2021
D6077	Implant supported retainer for cast metal FPD – high noble alloys	Not a Benefit	July 1, 2021
D6080	Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments.	By Report	
D6081	Scaling and debridement of a single implant in the presence of mucositis, including inflammation,	Global	March 14, 2020

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
	bleeding upon probing and increased pocket depths; includes cleaning of the implant surfaces, without flap entry and closure		
D6082	Implant supported crown – porcelain fused to predominately base alloys	By Report	July 1, 2021
D6083	Implant supported crown – porcelain fused to noble alloys	Not a Benefit	July 1, 2021
D6084	Implant supported crown – porcelain fused to titanium or titanium alloys	Not a Benefit	July 1, 2021
D6085	Interim implant crown	Not a Benefit	March 14, 2020
D6086	Implant supported crown – predominately base alloys	By Report	July 1, 2021
D6087	Implant supported crown – noble alloys	Not a Benefit	July 1, 2021
D6088	Implant supported crown – titanium and titanium alloys	Not a Benefit	July 1, 2021
D6089	Implant service - accessing and retorquing loose implant screw	Global	February 1, 2024
D6090	Repair of implant/abutment supported prosthesis	By Report	
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	By Report	October 1, 2021
D6092	Recement or re-bond implant/abutment supported crown	$30.00	
D6093	Recement or re-bond implant/abutment supported fixed partial denture	$50.00	
D6094	Abutment supported crown- titanium and titanium alloys	Not a Benefit	July 1, 2021
D6096	Remove broken implant retaining screw	Not a Benefit	March 14, 2020
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys	Not a Benefit	July 1, 2021
D6098	Implant supported retainer – porcelain fused to predominately base alloys	By Report	July 1, 2021
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	Not a Benefit	July 1, 2021
D6100	Surgical removal of implant body	$45.00	
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning	Not a Benefit	

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
	of the exposed implant services, including flap entry and closure		
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	Not a Benefit	
D6103	Bone graft for repair of peri-implant defect – does not include flap entry and closure	Not a Benefit	
D6104	Bone graft at time of implant placement	Not a Benefit	
D6105	Removal of implant body not requiring bone removal nor flap elevation	$22.00	April 1, 2023
D6106	Guided tissue regeneration – resorbable barrier, per implant	Not a Benefit	
D6107	Guided tissue regeneration – non-resorbable barrier, per implant	Not a Benefit	
D6110	Implant/abutment supported removable denture for edentulous arch – maxillary	By Report	March 14, 2020
D6111	Implant/abutment supported removable denture for edentulous arch – mandibular	By Report	March 14, 2020
D6112	Implant/abutment supported removable denture for partially edentulous arch – maxillary	By Report	March 14, 2020
D6113	Implant/abutment supported removable denture for partially edentulous arch – mandibular	By Report	March 14, 2020
D6114	Implant/abutment supported fixed denture for edentulous arch – maxillary	By Report	March 14, 2020
D6115	Implant/abutment supported fixed denture for edentulous arch – mandibular	By Report	March 14, 2020
D6116	Implant/abutment supported fixed denture for partially edentulous arch – maxillary	By Report	March 14, 2020
D6117	Implant/abutment supported fixed denture for partially edentulous arch – mandibular	By Report	March 14, 2020
D6118	Implant/abutment supported interim fixed denture for edentulous arch – maxillary	Not a Benefit	March 14, 2020
D6119	Implant/abutment supported interim fixed denture for edentulous arch – mandibular	Not a Benefit	March 14, 2020
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys	Not a Benefit	July 1, 2021

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D6121	Implant supported retainer for metal FPD – predominately base alloys	By Report	July 1, 2021
D6122	Implant supported retainer for metal FPD – noble alloys	Not a Benefit	July 1, 2021
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys	Not a Benefit	July 1, 2021
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing prosthesis and abutments.	Global	
D6190	Radiographic/Surgical implant index, by report	Global	
D6191	Semi-precision abutment – placement	By Report	October 1, 2021
D6192	Semi-precision attachment – placement	By Report	October 1, 2021
D6193	Replacement of an implant screw	Global	
D6194	Abutment supported retainer crown for FPD titanium and titanium alloys	Not a Benefit	July 1, 2021
D6196	Removal of an indirect restoration on an implant retained abutment	Global	May 1, 2026
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys	Not a Benefit	July 1, 2021
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	Not a Benefit	
D6198	Remove interim implant component	Not a Benefit	May 1, 2022
D6199	Unspecified implant procedure, by report	By Report	
Fixed Prosthodontic Procedures			
D6205	Pontic – indirect resin-based composite	Not a Benefit	
D6210	Pontic – cast high noble metal	Not a Benefit	
D6211	Pontic – cast predominantly base metal	$325.00	
D6212	Pontic – cast noble metal	Not a Benefit	
D6214	Pontic – titanium and titanium alloys	Not a Benefit	July 1, 2021
D6240	Pontic – porcelain fused to high noble metal	Not a Benefit	
D6241	Pontic – porcelain fused to predominantly base metal	$325.00	
D6242	Pontic – porcelain fused to noble metal	Not a Benefit	
D6243	Pontic – porcelain fused to titanium and titanium alloys	Not a Benefit	July 1, 2021

D6245	Pontic – porcelain/ceramic	$325.00	

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D6250	Pontic – resin with high noble metal	Not a Benefit	
D6251	Pontic – resin with predominantly base metal	$325.00	
D6252	Pontic – resin with noble metal	Not a Benefit	
D6253	Interim pontic – further treatment or completion of diagnosis necessary prior to final impression	Not a Benefit	
D6280	Implant maintenance procedures when a full arch removable implant/abutment supported denture is removed and reinserted, including cleansing of prosthesis and abutments – per arch	Global	May 1, 2026
D6545	Retainer – cast metal for resin bonded fixed prosthesis	Not a Benefit	
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	Not a Benefit	
D6549	Resin Retainer – for Resin Bonded Fixed Prosthesis	Not a Benefit	March 14, 2020
D6600	Retainer Inlay – porcelain/ceramic, two surfaces	Not a Benefit	
D6601	Retainer Inlay – porcelain/ceramic, three or more surfaces	Not a Benefit	
D6602	Retainer Inlay – cast high noble metal, two surfaces	Not a Benefit	
D6603	Retainer Inlay – cast high noble metal, three or more surfaces	Not a Benefit	
D6604	Retainer Inlay – cast predominantly base metal, two surfaces	Not a Benefit	
D6605	Retainer Inlay – cast predominantly base metal, three or more surfaces	Not a Benefit	
D6606	Retainer Inlay – cast noble metal, two surfaces	Not a Benefit	
D6607	Retainer Inlay – cast noble metal, three or more surfaces	Not a Benefit	
D6608	Retainer Onlay – porcelain/ceramic, two surfaces	Not a Benefit	
D6609	Retainer Onlay – porcelain/ceramic, three or more surfaces	Not a Benefit	
D6610	Retainer Onlay – cast high noble metal, two surfaces	Not a Benefit	
D6611	Retainer Onlay – cast high noble metal, three or more surfaces	Not a Benefit	

D6612	Retainer Onlay – cast predominantly base metal, two surfaces	Not a Benefit	

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D6613	Retainer Onlay – cast predominantly base metal, three or more surfaces	Not a Benefit	
D6614	Retainer Onlay – cast noble metal, two surfaces	Not a Benefit	
D6615	Retainer Onlay – cast noble metal, three or more surfaces	Not a Benefit	
D6624	Retainer Inlay – titanium	Not a Benefit	
D6634	Retainer Onlay – titanium	Not a Benefit	
D6710	Retainer Crown – indirect resin based composite	Not a Benefit	
D6720	Retainer Crown – resin with high noble metal	Not a Benefit	
D6721	Retainer Crown – resin with predominantly base metal	$220.00	
D6722	Retainer Crown – resin with noble metal	Not a Benefit	
D6740	Retainer Crown – porcelain/ceramic	$340.00	
D6750	Retainer Crown – porcelain fused to high noble metal	Not a Benefit	
D6751	Retainer Crown – porcelain fused to predominantly base metal	$340.00	
D6752	Retainer Crown – porcelain fused to noble metal	Not a Benefit	
D6753	Retainer Crown – porcelain fused to titanium and titanium alloys	Not a Benefit	July 1, 2021
D6780	Retainer Crown – 3/4 cast high noble metal	Not a Benefit	
D6781	Retainer Crown – 3/4 cast predominantly base metal	$340.00	
D6782	Retainer Crown – 3/4 cast noble metal	Not a Benefit	
D6783	Retainer Crown – 3/4 porcelain/ceramic	$340.00	
D6784	Retainer Crown 3/4 – titanium and titanium alloys	Not a Benefit	July 1, 2021
D6790	Retainer Crown – full cast high noble metal	Not a Benefit	
D6791	Retainer Crown – full cast predominantly base metal	$340.00	
D6792	Retainer Crown – full cast noble metal	Not a Benefit	
D6793	Interim retainer crown – further treatment or completion of diagnosis necessary prior to final impression	Not a Benefit	
D6794	Retainer Crown – titanium and titanium alloys	Not a Benefit	July 1, 2021
D6920	Connector bar	Not a Benefit	

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D6930	Re-cement or re-bond fixed partial denture	$50.00	
D6940	Stress breaker	Not a Benefit	
D6950	Precision attachment	Not a Benefit	
D6980	Fixed partial denture repair, necessitated by restorative material failure	$75.00	
D6985	Pediatric partial denture, fixed	Not a Benefit	
D6999	Unspecified fixed prosthodontic procedure, by report	By Report	
Oral and Maxillofacial Surgery Procedures			
D7111	Extraction, coronal remnants – primary tooth	$41.00	
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$41.00	
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, AND including elevation of mucoperiosteal flap if indicated	$85.00	
D7220	Removal of impacted tooth – soft tissue	$100.00	
D7230	Removal of impacted tooth – partially bony	$135.00	
D7240	Removal of impacted tooth – completely bony	$165.00	
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	$235.00	
D7250	Removal of residual tooth roots (cutting procedure)	$100.00	
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	$135.00	April 1, 2023
D7252	Partial extraction for immediate implant placement	Not a Benefit	
D7259	Nerve dissection	Global	
D7260	Oroantral fistula closure	$300.00	
D7261	Primary closure of a sinus perforation	$100.00	
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	$175.00	
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	Not a Benefit	
D7280	Exposure of an unerupted tooth	$100.00	

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	Not a Benefit	
D7283	Placement of device to facilitate eruption of impacted tooth	$135.00	
D7284	Excisional biopsy of minor salivary glands	Not a Benefit	
D7285	Incisional Biopsy of oral tissue – hard (bone, tooth)	$100.00	
D7286	Incisional Biopsy of oral tissue – soft	$30.00	
D7287	Exfoliative cytological sample collection	Not a Benefit	
D7288	Brush biopsy – transepithelial sample collection	Not a Benefit	
D7290	Surgical repositioning of teeth	$135.00	
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	$50.00	
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap	Not a Benefit	
D7293	Placement of temporary anchorage device requiring flap	Not a Benefit	
D7294	Placement of temporary anchorage device without flap	Not a Benefit	
D7295	Harvest of bone for use in autogenous grafting procedure	Not a Benefit	
D7296	Corticotomy – one to three teeth or tooth spaces, per quadrant	Not a Benefit	March 14, 2020
D7297	Corticotomy – four or more teeth or tooth spaces, per quadrant	Not a Benefit	March 14, 2020
D7298	Removal of temporary anchorage device [screwed retained plate], requiring flap	Not a Benefit	May 1, 2022
D7299	Removal of temporary anchorage device, requiring flap	Not a Benefit	May 1, 2022
D7300	Removal of temporary anchorage device, without flap	Not a Benefit	May 1, 2022
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	$50.00	
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	Global	
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	$100.00	
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	Global	

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	$200.00	
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	$500.00	
D7410	Excision of benign lesion up to 1.25 cm	$100.00	June 1, 2019
D7411	Excision of benign lesion greater than 1.25 cm	$250.00	June 1, 2019
D7412	Excision of benign lesion, complicated	$325.00	
D7413	Excision of malignant lesion up to 1.25 cm	$325.00	
D7414	Excision of malignant lesion greater than 1.25 cm	$400.00	
D7415	Excision of malignant lesion, complicated	$450.00	
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm	$325.00	
D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm	$500.00	
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	$100.00	
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	$200.00	
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	$100.00	
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	$250.00	
D7465	Destruction of lesion(s) by physical or chemical method, by report	$50.00	
D7471	Removal of lateral exostosis (maxilla or mandible)	$100.00	
D7472	Removal of torus palatinus	$200.00	
D7473	Removal of torus mandibularis	$100.00	
D7485	Surgical reduction of osseous tuberosity	$75.00	
D7490	Radical resection of maxilla or mandible	$1,200.00	
D7509	Marsupialization of odontogenic cyst	Not a Benefit	
D7510	Incision and drainage of abscess – intraoral soft tissue	$50.00	
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	$75.00	

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D7520	Incision and drainage of abscess – extraoral soft tissue	$75.00	
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	$100.00	
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	$60.00	
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	$130.00	
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	$100.00	
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	$380.00	
D7610	Maxilla – open reduction (teeth immobilized, if present)	$1,000.00	
D7620	Maxilla – closed reduction (teeth immobilized, if present)	$500.00	
D7630	Mandible – open reduction (teeth immobilized, if present)	$1,200.00	
D7640	Mandible – closed reduction (teeth immobilized, if present)	$700.00	
D7650	Malar and/or zygomatic arch – open reduction	$500.00	
D7660	Malar and/or zygomatic arch – closed reduction	$250.00	
D7670	Alveolus – closed reduction, may include stabilization of teeth	$225.00	
D7671	Alveolus – open reduction, may include stabilization of teeth	$275.00	
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches	By Report	
D7710	Maxilla – open reduction	$1,200.00	
D7720	Maxilla – closed reduction	$800.00	
D7730	Mandible – open reduction	$1,200.00	
D7740	Mandible – closed reduction	$800.00	
D7750	Malar and/or zygomatic arch – open reduction	$500.00	
D7760	Malar and/or zygomatic arch – closed reduction	$250.00	
D7770	Alveolus – open reduction stabilization of teeth	$1,000.00	

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D7771	Alveolus, closed reduction stabilization of teeth	$500.00	
D7780	Facial bones – complicated reduction with fixation and multiple approaches	By Report	
D7810	Open reduction of dislocation	$140.00	
D7820	Closed reduction of dislocation	$140.00	
D7830	Manipulation under anesthesia	$140.00	
D7840	Condylectomy	$1,000.00	
D7850	Surgical discectomy, with/without implant	$1,000.00	
D7852	Disc repair	$780.00	
D7854	Synovectomy	$800.00	
D7856	Myotomy	$810.00	
D7858	Joint reconstruction	$1,550.00	
D7860	Arthrotomy	$940.00	
D7865	Arthroplasty	$1,100.00	
D7870	Arthrocentesis	$440.00	
D7871	Non-arthroscopic lysis and lavage	Global	
D7872	Arthroscopy – diagnosis, with or without biopsy	$800.00	
D7873	Arthroscopy – lavage and lysis of adhesions	$800.00	
D7874	Arthroscopy – disc repositioning and stabilization	$800.00	
D7875	Arthroscopy – synovectomy	$800.00	
D7876	Arthroscopy – discectomy	$1,000.00	
D7877	Arthroscopy – debridement	$800.00	
D7880	Occlusal orthotic device, by report	$300.00	
D7881	Occlusal Orthotic Device Adjustment	Global	March 14, 2020
D7899	Unspecified TMD therapy, by report	By Report	
D7910	Suture of recent small wounds up to 5 cm	$75.00	
D7911	Complicated suture – up to 5 cm	$85.00	
D7912	Complicated suture – greater than 5 cm	$95.00	
D7920	Skin graft (identify defect covered, location and type of graft)	$310.00	
D7921	Collection and application of autologous blood concentrate product	Not a Benefit	

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	Global	July 1, 2021
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation	Not a Benefit	
D7940	Osteoplasty – for orthognathic deformities	$1,300.00	
D7941	Osteotomy – mandibular rami	$2,000.00	
D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft	$2,800.00	
D7944	Osteotomy – segmented or subapical	$600.00	
D7945	Osteotomy – body of mandible	$600.00	
D7946	LeFort I (maxilla – total)	$1,300.00	
D7947	LeFort I (maxilla – segmented)	$2,000.00	
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft	$2,300.00	
D7949	LeFort II or LeFort III – with bone graft	$3,000.00	
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla-– autogenous or nonautogenous, by report	$800.00	
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	$1,000.00	
D7952	Sinus augmentation via a vertical approach	$750.00	
D7953	Bone replacement graft for ridge preservation – per site	Not a Benefit	
D7955	Repair of maxillofacial soft and/or hard tissue defect	By Report	
D7956	Guided tissue regeneration, edentulous area – resorbable barrier, per site	Not a Benefit	
D7957	Guided tissue regeneration, edentulous area – non-resorbable barrier, per site	Not a Benefit	
D7961	Buccal/labial frenectomy (frenulectomy)	$200.00	October 1, 2021
D7962	Lingual frenectomy (frenulectomy)	$200.00	October 1, 2021
D7963	Frenuloplasty	$200.00	
D7970	Excision of hyperplastic tissue – per arch	$100.00	
D7971	Excision of pericoronal gingiva	$50.00	
D7972	Surgical reduction of fibrous tuberosity	$50.00	

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D7979	Non-surgical Sialolithotomy	$45.00	May 16, 2020
D7980	Surgical Sialolithotomy	$235.00	
D7981	Excision of salivary gland, by report	$521.00	
D7982	Sialodochoplasty	$365.00	
D7983	Closure of salivary fistula	$120.00	
D7990	Emergency tracheotomy	$200.00	
D7991	Coronoidectomy	$558.00	
D7993	Surgical placement of craniofacial implant – extra oral	By Report	October 1, 2021
D7994	Surgical placement: zygomatic implant	By Report	October 1, 2021
D7995	Synthetic graft – mandible or facial bones, by report	$335.00	
D7996	Implant – mandible for augmentation purposes (excluding alveolar ridge), by report	Not a Benefit	
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	$45.00	
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	Not a Benefit	
D7999	Unspecified oral surgery procedure, by report	By Report	
Orthodontic Procedures			
D8010	Limited orthodontic treatment of the primary dentition	Not a Benefit	
D8020	Limited orthodontic treatment of the transitional dentition	Not a Benefit	
D8030	Limited orthodontic treatment of the adolescent dentition	Not a Benefit	
D8040	Limited orthodontic treatment of the adult dentition	Not a Benefit	
D8070	Comprehensive orthodontic treatment of the transitional dentition	Not a Benefit	
D8080	Comprehensive orthodontic treatment of the adolescent dentition Handicapping malocclusion	$750.00	

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D8080	Comprehensive orthodontic treatment of the adolescent dentition cleft palate – primary dentition	$425.00	
D8080	Comprehensive orthodontic treatment of the adolescent dentition cleft palate – mixed dentition	$625.00	
D8080	Comprehensive orthodontic treatment of the adolescent dentition cleft palate – permanent dentition	$925.00	
D8080	Comprehensive orthodontic treatment of the adolescent dentition facial growth management – primary dentition	$425.00	
D8080	Comprehensive orthodontic treatment of the adolescent dentition facial growth management – mixed dentition	$625.00	
D8080	Comprehensive orthodontic treatment of the adolescent dentition facial growth management – permanent dentition	$1,000.00	
D8090	Comprehensive orthodontic treatment of the adult dentition	Not a Benefit	
D8091	Comprehensive orthodontic treatment with orthognathic surgery	Global	
D8210	Removable appliance therapy	$245.00	
D8220	Fixed appliance therapy	$245.00	
D8660	Pre-orthodontic treatment examination to monitor growth and development	$50.00	
D8670	Periodic orthodontic treatment visit Handicapping malocclusion	$210.00	
D8670	Periodic orthodontic treatment visit cleft palate – primary dentition	$125.00	
D8670	Periodic orthodontic treatment visit cleft palate – mixed dentition	$140.00	
D8670	Periodic orthodontic treatment visit facial growth management – mixed dentition	$140.00	
D8670	Periodic orthodontic treatment visit facial growth management – permanent dentition	$300.00	
D8671	Periodic orthodontic visit associated with orthognathic surgery	Global	

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	$244.00	
D8681	Removable orthodontic retainer adjustment	Global	March 14, 2020
D8695	Removal of Fixed Orthodontic Appliance(s) – other than at conclusion of treatment	$50.00	May 16, 2020
D8696	Repair of orthodontic appliance – maxillary	$50.00	July 1, 2021
D8697	Repair of orthodontic appliance – mandibular	$50.00	July 1, 2021
D8698	Re-cement or re-bond fixed retainer – maxillary	$30.00	July 1, 2021
D8699	Re-cement or re-bond fixed retainer – mandibular	$30.00	July 1, 2021
D8701	Repair of fixed retainers, includes reattachment – maxillary	$50.00	July 1, 2021
D8702	Repair of fixed retainers, includes reattachment – mandibular	$50.00	July 1, 2021
D8703	Replacement of lost or broken retainer – maxillary	$200.00	July 1, 2021
D8704	Replacement of lost or broken retainer – mandibular	$200.00	July 1, 2021
D8999	Unspecified orthodontic procedure, by report	By Report	
Adjunctive Service Procedures			
D9110	Palliative treatment of dental pain – per visit	$45.00	
D9120	Fixed partial denture sectioning	$50.00	
D9128	Photobiomodulation therapy - first 15-minute increment, or any portion thereof	Not a Benefit	May 1, 2026
D9129	Photobiomodulation therapy - each subsequent 15-minute increment, or any portion thereof	Not a Benefit	May 1, 2026
D9130	Temporomandibular joint dysfunction – non-invasive physical therapies	Global	March 14, 2020
D9210	Local anesthesia not in conjunction with operative or surgical procedures	$45.00	
D9211	Regional block anesthesia	Global	
D9212	Trigeminal division block anesthesia	Global	
D9215	Local anesthesia in conjunction with operative or surgical procedures	Global	

D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	Global	March 14, 2020

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D9222	Administration of deep sedation/general anesthesia – first 15-minute increment, or any portion thereof	$45.68	March 14, 2020
D9223	Administration of deep sedation/general anesthesia – each subsequent 15-minute increment, or any portion thereof	$45.68	March 14, 2020
D9224	Administration of general anesthesia with advanced airway – first 15-minute increment, or any portion thereof	Global	May 1, 2026
D9225	Administration of general anesthesia with advanced airway – each subsequent 15-minute increment, or any portion thereof	Global	May 1, 2026
D9230	Administration of nitrous oxide	$25.00	
D9239	Administration of moderate sedation – intravenous – first 15 minutes, or any portion thereof	$21.07	March 14, 2020
D9243	Administration of moderate sedation – intravenous – each subsequent 15-minute increment, or any portion thereof	$21.07	March 14, 2020
D9244	In-office administration of minimal sedation – single drug – enteral	$25.00	May 1, 2026
D9245	Administration of moderate sedation – enteral	$25.00	May 1, 2026
D9246	Administration of moderate sedation – non-intravenous parenteral – first 15-minute increment, or any portion thereof	$21.07	May 1, 2026
D9247	Administration of moderate sedation – non-intravenous parenteral – each subsequent 15-minute increment, or any portion thereof	$21.07	May 1, 2026
D9310	Consultation diagnostic service provided by dentist or physician other than requesting dentist or physician	Global	
D9311	Consultation with medical health care professional	Not a Benefit	March 14, 2020
D9410	House/Extended care facility call	$20.00	
D9420	Hospital or ambulatory surgical center call	$50.00	
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	$20.00	July 10, 2019
D9440	Office visit – after regularly scheduled hours	$20.00	

D9450	Case presentation, subsequent to detailed and extensive treatment planning	Not a Benefit	
D9610	Therapeutic parenteral drug, single administration	$15.00	
D9612	Therapeutic parenteral drug, two or more administrations, different medications	Global	
D9613	Infiltration of sustained release therapeutic drug, per quadrant	Not a Benefit	March 14, 2020
D9630	Drugs or medicaments dispensed in the office for home use	Not a Benefit	
D9910	Application of desensitizing medicament	$43.00	July 10, 2019
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	Not a Benefit	

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D9912	Pre-visit patient screening	Global	May 1, 2022
D9913	Administration of neuromodulators	Not a Benefit	
D9914	Administration of dermal fillers	Not a Benefit	
D9920	Behavior management, by report	$100.00	July 1, 2018
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	$15.00	
D9932	Cleaning and inspection of a removable complete denture, maxillary	Not a Benefit	March 14, 2020
D9933	Cleaning and inspection of a removable complete denture, mandibular	Not a Benefit	March 14, 2020
D9934	Cleaning and inspection of a removable partial denture, maxillary	Not a Benefit	March 14, 2020
D9935	Cleaning and inspection of a removable partial denture, mandibular	Not a Benefit	March 14, 2020
D9936	Cleaning and inspection of occlusal guard - per appliance	Not a Benefit	May 1, 2026
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance	Not a Benefit	
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance	Not a Benefit	
D9941	Fabrication of athletic mouth guard	Not a Benefit	
D9942	Repair and/or reline of occlusal guard	Not a Benefit	
D9943	Occlusal guard adjustment	Not a Benefit	March 14, 2020
D9944	Occlusal guard – hard appliance, full arch	Not a Benefit	March 14, 2020
D9945	Occlusal guard – soft appliance, full arch	Not a Benefit	March 14, 2020
D9946	Occlusal guard – hard appliance, partial arch	Not a Benefit	March 14, 2020

D9947	Custom sleep apnea appliance fabrication and placement	Not a Benefit	May 1, 2022

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
D9948	Adjustment of custom sleep apnea appliance	Not a Benefit	May 1, 2022
D9949	Repair of custom sleep apnea appliance	Not a Benefit	May 1, 2022
D9950	Occlusion analysis – mounted case	$180.00	
D9951	Occlusal adjustment – limited	$25.00	
D9952	Occlusal adjustment – complete	$400.00	
D9953	Reline custom sleep apnea appliance (indirect)	Not a Benefit	
D9954	Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device	Not a Benefit	
D9955	Oral appliance therapy (OAT) titration visit	Not a Benefit	
D9956	Administration of home sleep apnea test	Not a Benefit	
D9957	Screening for sleep related breathing disorders	Global	February 1,2024
D9959	Unspecified sleep apnea services procedure, by report	Not a Benefit	
D9961	Duplicate/copy patient records	Not a Benefit	March 14, 2020
D9970	Enamel microabrasion	Not a Benefit	
D9971	Odontoplasty– per tooth	Not a Benefit	October 1, 2021
D9972	External bleaching – per arch – performed in office	Not a Benefit	
D9973	External bleaching – per tooth	Not a Benefit	
D9974	Internal bleaching – per tooth	Not a Benefit	
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	Not a Benefit	
D9985	Sales tax	Not a Benefit	March 14, 2020
D9986	Missed appointment	Refer to MOC	March 14, 2020
D9987	Cancelled appointment	Refer to MOC	March 14, 2020
D9990	Certified translation or sign language services – per visit	Refer to MOC	May 16, 2020
D9991	Dental Case Management – addressing appointment compliance barriers	Refer to MOC	March 14, 2020
D9992	Dental Case Management – Care Coordination	Refer to MOC	May 16, 2020

D9993	Dental Case Management – motivational Interviewing	Not a Benefit (*Benefit in DTI*)	March 14, 2020
D9994	Dental Case Management – patient education to improve oral health literacy	$26.66 up to 12 units (Refer to Section 4 and MOC)	December 14, 2024
CDT Codes	**Procedure Code Description**	**Maximum $$ Allowance**	**Effective Date**
D9995	Teledentistry – synchronous; real-time encounter	$0.24/min up to 90 minutes	May 16, 2020
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review * Transmission costs associated with store and forward are not payable	$0.00*	May 16, 2020
D9997	Dental case management – patients with special health care needs	Refer to MOC	July 1, 2021
D9999	Unspecified adjunctive procedure, by report	By Report	

[1] Must be performed and billed with D1310 concurrently as part of the Caries Risk Assessment Bundle to receive payment.

[2] Must be performed and billed with D1310 concurrently as part of the Caries Risk Assessment Bundle to receive payment.

[3] Must be performed and billed with D1310 concurrently as part of the Caries Risk Assessment Bundle to receive payment.

[4] Must be performed and billed with D0601, D0602, or D0603 concurrently as part of the Caries Risk Assessment Bundle to receive payment.