

CIGNA DENTAL CARE – PATIENT CHARGE SCHEDULE

Q Series Coinsurance (Part 1: Pages 1–33/Part 2: Pages 34–66)



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Procedure Code ¹		Q1-00	Q1-V0	Q2-00	Q2-V0	Q3-00	Q3-V0	Q4-00	Q4-V0	Q5-00	Q5-V0	Q6-00	Q6-V0
Office visit fee (per patient, per office visit in addition to any other applicable patient charges)													
Office visit fee		\$0	\$5	\$0	\$5	\$0	\$5	\$0	\$5	\$0	\$5	\$0	\$5
Diagnostic/preventive – Oral evaluations are limited to a combined total of 4 of the following evaluations during a 12 consecutive month period: Periodic oral evaluations (D0120), comprehensive oral evaluations (D0150), comprehensive periodontal evaluations (D0180), and oral evaluations for patients under 3 years of age (D0145).													
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D9430	Office visit for observation – No other services performed	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D9450	Case presentation – Detailed and extensive treatment planning	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0120	Periodic oral evaluation – Established patient ☼	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0140	Limited oral evaluation – Problem focused	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver ☼	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0150	Comprehensive oral evaluation – New or established patient ☼	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0160	Detailed and extensive oral evaluation – problem focused, by report (limit 2 per calendar year; only covered in conjunction with temporomandibular joint (TMJ) evaluation)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0170	Reevaluation – Limited, problem focused (not postoperative visit)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

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Diagnostic/preventive <i>(continued)</i>													
D0180	Comprehensive periodontal evaluation – New or established patient ☼	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0210	X-rays intraoral – Complete series of radiographic images (limit 1 every 3 years) ■ ☼	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0220	X-rays intraoral – Periapical – First radiographic image	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0230	X-rays intraoral – Periapical – Each additional radiographic image	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0240	X-rays intraoral – Occlusal radiographic image	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0250	X-rays extraoral – First radiographic image	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0260	X-rays extraoral – Each additional radiographic image	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0270	X-rays (bitewing) – Single radiographic image	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0272	X-rays (bitewings) – 2 radiographic images	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0273	X-rays (bitewings) – 3 radiographic images	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0274	X-rays (bitewings) – 4 radiographic images	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0277	X-rays (bitewings, vertical) – 7 to 8 radiographic images	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0330	X-rays (panoramic radiographic image) – (limit 1 every 3 years) ■ ☼	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

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Diagnostic/preventive <i>(continued)</i>												
D0364 Cone beam CT capture and interpretation with limited field of view – less than one whole jaw (only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366, or D0367 per calendar year)	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd
D0365 Cone beam CT capture and interpretation with field of view of one full dental arch – mandible (only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366, or D0367 per calendar year)	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd
D0366 Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium (only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366, or D0367 per calendar year)	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd
D0367 Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium (only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366, or D0367 per calendar year)	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd
D0368 Cone beam CT capture and interpretation for TMJ series including two or more exposures (limit 1 per calendar year; only covered in conjunction with temporomandibular joint (TMJ) evaluation)	40%	40%	50%	50%	40%	40%	50%	50%	50%	50%	50%	50%

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Diagnostic/preventive <i>(continued)</i>													
D0350	Oral/facial photographic images	40%	40%	50%	50%	40%	40%	50%	50%	50%	50%	50%	50%
D0415	Collection of microorganisms for culture and sensitivity	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0425	Caries susceptibility tests	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0431	Oral cancer screening using a special light source	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0460	Pulp vitality tests	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0470	Diagnostic casts	40%	40%	50%	50%	40%	40%	50%	50%	50%	50%	50%	50%
D0472	Pathology report – Gross examination of lesion (only when tooth related)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0473	Pathology report – Microscopic examination of lesion (only when tooth related)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0474	Pathology report – Microscopic examination of lesion and area (only when tooth related)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D1110	Prophylaxis (cleaning) – Adult (limit 2 per calendar year) ■●	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per calendar year	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40

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Diagnostic/preventive <i>(continued)</i>													
D1120	Prophylaxis (cleaning) – Child (limit 2 per calendar year) ■●	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per calendar year	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30
D1206	Topical application of fluoride varnish – (limit 2 per calendar year). There is a combined limit of a total of 2 D1206s and/or D1208s per calendar year. ■●	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Additional topical application of fluoride varnish in addition to any combination of two (2) D1206s (topical application of fluoride varnish) and/or D1208s (topical application of fluoride) per calendar year.	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15
D1208	Topical application of fluoride (limit 2 per calendar year). There is a combined limit of a total of 2 D1208s and/or D1206s per calendar year. ■●	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Additional topical application of fluoride – In addition to any combination of two (2) D1206s (topical applications of fluoride varnish) and/or D1208s (topical application of fluoride) per calendar year	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15
D1310	Nutritional counseling for control of dental disease	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D1320	Tobacco counseling for the control and prevention of oral disease	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D1330	Oral hygiene instructions	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

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Diagnostic/preventive <i>(continued)</i>													
D1351	Sealant – Per tooth	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D1352	Preventive resin restoration in a moderate to high caries risk patient – Permanent tooth	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D1510	Space maintainer – Fixed – Unilateral	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D1515	Space maintainer – Fixed – Bilateral	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D1520	Space maintainer – Removable – Unilateral	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D1525	Space maintainer – Removable – Bilateral	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D1550	Recementation of space maintainer	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D1555	Removal of fixed space maintainer	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Restorative (fillings, including polishing)													
D2140	Amalgam – 1 surface, primary or permanent	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D2150	Amalgam – 2 surfaces, primary or permanent	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D2160	Amalgam – 3 surfaces, primary or permanent	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D2161	Amalgam – 4 or more surfaces, primary or permanent	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D2330	Resin-based composite – 1 surface, anterior	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D2331	Resin-based composite – 2 surfaces, anterior	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D2332	Resin-based composite – 3 surfaces, anterior	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D2335	Resin-based composite – 4 or more surfaces or involving incisal angle, anterior	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%

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Restorative <i>(continued)</i>													
D2390	Resin-based composite crown, anterior	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2391	Resin-based composite – 1 surface, posterior	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D2392	Resin-based composite – 2 surfaces, posterior	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D2393	Resin-based composite – 3 surfaces, posterior	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D2394	Resin-based composite – 4 or more surfaces, posterior	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
Crown and bridge – All charges for crown and bridge (fixed partial denture) are per unit (each replacement or supporting tooth equals 1 unit). Coverage for replacement of crowns and bridges is limited to 1 every 5 years. ♦													
	No more than \$150 per tooth charge for crowns, inlays, onlays, post and cores, and veneers for same day in-office CAD/CAM (ceramic) services. Same day in-office CAD/CAM (ceramic) services refer to dental restorations that are created in the dental office by the use of a digital impression and an in-office CAD/CAM milling machine. Complex rehabilitation – An additional \$125 charge per unit for multiple crown units/complex rehabilitation (6 or more units of crown and/or bridge in same treatment plan requires complex rehabilitation for each unit.) ♦												
D2510	Inlay – Metallic – 1 surface	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2520	Inlay – Metallic – 2 surfaces	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2530	Inlay – Metallic – 3 or more surfaces	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%

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Crown and bridge ♦ (continued)												
D2542 Onlay – Metallic – 2 surfaces	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2543 Onlay – Metallic – 3 surfaces	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2544 Onlay – Metallic – 4 or more surfaces	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2740 Crown – Porcelain/ceramic substrate	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2750 Crown – Porcelain fused to high noble metal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2751 Crown – Porcelain fused to predominantly base metal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2752 Crown – Porcelain fused to noble metal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2780 Crown – 3/4 cast high noble metal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2781 Crown – 3/4 cast predominantly base metal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2782 Crown – 3/4 cast noble metal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2783 Crown – 3/4 porcelain/ceramic	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2790 Crown – Full cast high noble metal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2791 Crown – Full cast predominantly base metal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2792 Crown – Full cast noble metal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2794 Crown – Titanium	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2799 Provisional crown	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2610 Inlay – Porcelain/ceramic, 1 surface	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2620 Inlay – Porcelain/ceramic, 2 surfaces	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%

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CIGNA DENTAL CARE – PATIENT CHARGE SCHEDULE

Q Series Coinsurance (Part 1: Pages 1-33/Part 2: Pages 34-66)

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Procedure Code ¹	Q1-00	Q1-V0	Q2-00	Q2-V0	Q3-00	Q3-V0	Q4-00	Q4-V0	Q5-00	Q5-V0	Q6-00	Q6-V0
Crown and bridge ♦ (continued)												
D2630 Inlay – Porcelain/ceramic, 3 or more surfaces	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2642 Onlay – Porcelain/ceramic, 2 surfaces	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2643 Onlay – Porcelain/ceramic, 3 surfaces	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2644 Onlay – Porcelain/ceramic, 4 or more surfaces	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2650 Inlay – Resin-based composite, 1 surface	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2651 Inlay – Resin-based composite, 2 surfaces	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2652 Inlay – Resin-based composite, 3 or more surfaces	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2662 Onlay – Resin-based composite, 2 surfaces	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2663 Onlay – Resin-based composite, 3 surfaces	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2664 Onlay – Resin-based composite, 4 or more surfaces	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2710 Crown – Resin-based composite, indirect	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2712 Crown – 3/4 resin-based composite, indirect	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2720 Crown – Resin with high noble metal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2721 Crown – Resin with predominantly base metal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2722 Crown – Resin with noble metal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2910 Recement inlay – Onlay or partial coverage restoration	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D2915 Recement cast or prefabricated post and core	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D2920 Recement crown	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%

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CIGNA DENTAL CARE – PATIENT CHARGE SCHEDULE

Q Series Coinsurance (Part 1: Pages 1–33/Part 2: Pages 34–66)

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Procedure Code ¹		Q1-00	Q1-V0	Q2-00	Q2-V0	Q3-00	Q3-V0	Q4-00	Q4-V0	Q5-00	Q5-V0	Q6-00	Q6-V0
Crown and bridge ♦ (continued)													
D2929	Prefabricated porcelain/ceramic crown – Primary tooth	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2930	Prefabricated stainless steel crown – Primary tooth	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2931	Prefabricated stainless steel crown – Permanent tooth	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2932	Prefabricated resin crown	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2933	Prefabricated stainless steel crown with resin window	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2934	Prefabricated esthetic coated stainless steel crown – Primary tooth	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2940	Protective restoration	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D2950	Core buildup – Including any pins	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2951	Pin retention – Per tooth – In addition to restoration	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D2952	Post and core – In addition to crown, indirectly fabricated	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2953	Each additional indirectly prefabricated post – Same tooth	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2954	Prefabricated post and core – In addition to crown	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2957	Each additional prefabricated post – Same tooth	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2960	Labial veneer (resin laminate) – Chairside	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2970	Temporary crown (fractured tooth)	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%

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Q Series Coinsurance (Part 1: Pages 1-33/Part 2: Pages 34-66)

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Procedure Code ¹	Q1-00	Q1-V0	Q2-00	Q2-V0	Q3-00	Q3-V0	Q4-00	Q4-V0	Q5-00	Q5-V0	Q6-00	Q6-V0
Crown and bridge ♦ (continued)												
D2971 Additional procedures to construct new crown under existing partial denture framework	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D2980 Crown repair, necessitated by restorative material failure	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D6210 Pontic – Cast high noble metal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6211 Pontic – Cast predominantly base metal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6212 Pontic – Cast noble metal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6214 Pontic – Titanium	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6240 Pontic – Porcelain fused to high noble metal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6241 Pontic – Porcelain fused to predominantly base metal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6242 Pontic – Porcelain fused to noble metal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6245 Pontic – Porcelain/ceramic	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6250 Pontic – Resin with high noble metal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6251 Pontic – Resin with predominantly base metal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6252 Pontic – Resin with noble metal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6253 Provisional pontic	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6545 Retainer – Cast metal for resin bonded fixed prosthesis	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6600 Inlay – Porcelain/ceramic, 2 surfaces	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6601 Inlay – Porcelain/ceramic, 3 or more surfaces	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%

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Procedure Code ¹	Q1-00	Q1-V0	Q2-00	Q2-V0	Q3-00	Q3-V0	Q4-00	Q4-V0	Q5-00	Q5-V0	Q6-00	Q6-V0
Crown and bridge ♦ (continued)												
D6602 Inlay – Cast high noble metal, 2 surfaces	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6603 Inlay – Cast high noble metal, 3 or more surfaces	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6604 Inlay – Cast predominantly base metal, 2 surfaces	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6605 Inlay – Cast predominantly base metal, 3 or more surfaces	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6606 Inlay – Cast noble metal, 2 surfaces	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6607 Inlay – Cast noble metal, 3 or more surfaces	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6608 Onlay – Porcelain/ceramic, 2 surfaces	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6609 Onlay – Porcelain/ceramic, 3 or more surfaces	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6610 Onlay – Cast high noble metal, 2 surfaces	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6611 Onlay – Cast high noble metal, 3 or more surfaces	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6612 Onlay – Cast predominantly base metal, 2 surfaces	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6613 Onlay – Cast predominantly base metal, 3 or more surfaces	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6614 Onlay – Cast noble metal, 2 surfaces	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6615 Onlay – Cast noble metal, 3 or more surfaces	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6624 Inlay – Titanium	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6634 Onlay – Titanium	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6710 Crown – Indirect resin-based composite	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6720 Crown – Resin with high noble metal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%

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Crown and bridge ♦ (continued)													
D6721	Crown – Resin with predominantly base metal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6722	Crown – Resin with noble metal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6740	Crown – Porcelain/ceramic	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6750	Crown – Porcelain fused to high noble metal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6751	Crown – Porcelain fused to predominantly base metal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6752	Crown – Porcelain fused to noble metal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6780	Crown – 3/4 cast high noble metal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6781	Crown – 3/4 cast predominantly base metal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6782	Crown – 3/4 cast noble metal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6783	Crown – 3/4 porcelain/ceramic	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6790	Crown – Full cast high noble metal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6791	Crown – Full cast predominantly base metal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6792	Crown – Full cast noble metal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6794	Crown – Titanium	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6930	Recement fixed partial denture	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D6950	Precision attachment	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
Endodontics (root canal treatment, excluding final restorations)													
D3110	Pulp cap – Direct (excluding final restoration)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%

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Procedure Code ¹	Q1-00	Q1-V0	Q2-00	Q2-V0	Q3-00	Q3-V0	Q4-00	Q4-V0	Q5-00	Q5-V0	Q6-00	Q6-V0
Endodontics (continued)												
D3120 Pulp cap – Indirect (excluding final restoration)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D3220 Pulpotomy – Removal of pulp, not part of a root canal	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D3221 Pulpal debridement (not to be used when root canal is done on the same day)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D3222 Partial pulpotomy for apexogenesis – Permanent tooth with incomplete root development	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D3230 Pulpal therapy (resorbable filling) – Anterior, primary tooth (excluding final restoration)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D3240 Pulpal therapy (resorbable filling) – Posterior, primary tooth (excluding final restoration)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D3310 Anterior root canal – Permanent tooth (excluding final restoration)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D3320 Bicuspid root canal – Permanent tooth (excluding final restoration)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D3330 Molar root canal – Permanent tooth (excluding final restoration)	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D3331 Treatment of root canal obstruction – Nonsurgical access	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D3332 Incomplete endodontic therapy – Inoperable, unrestorable or fractured tooth	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D3333 Internal root repair of perforation defects	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%

CIGNA DENTAL CARE – PATIENT CHARGE SCHEDULE

Q Series Coinsurance (Part 1: Pages 1-33/Part 2: Pages 34-66)

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Endodontics (continued)												
D3346 Retreatment of previous root canal therapy – Anterior	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D3347 Retreatment of previous root canal therapy – Bicuspid	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D3348 Retreatment of previous root canal therapy – Molar	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D3351 Apexification/recalcification – Initial visit (apical closure/calculic repair of perforations, root resorption, etc.)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D3352 Apexification/recalcification – Interim medication replacement (apical closure/calculic repair of perforations, root resorption, etc.)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D3353 Apexification/recalcification – Final visit (includes completed root canal therapy – Apical closure/calculic repair of perforations, root resorption, etc.)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D3410 Apicoectomy/periradicular surgery – Anterior	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D3421 Apicoectomy/periradicular surgery – Bicuspid (first root)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D3425 Apicoectomy/periradicular surgery – Molar (first root)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D3426 Apicoectomy/periradicular surgery (each additional root)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D3430 Retrograde filling per root	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%

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Endodontics (continued)													
D3450	Root amputation – Per root	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D3920	Hemisection (including any root removal), not including root canal therapy	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
Periodontics (treatment of supporting tissues [gum and bone] of the teeth) Periodontal regenerative procedures are limited to 1 regenerative procedure per site (or per tooth, if applicable), when covered on the patient charge schedule. The relevant procedure codes are D4263, D4264, D4266 and D4267. Localized delivery of antimicrobial agents is limited to 8 teeth (or 8 sites, if applicable) per 12 consecutive months, when covered on the patient charge schedule.													
D4210	Gingivectomy or gingivoplasty – 4 or more teeth per quadrant	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D4211	Gingivectomy or gingivoplasty – 1 to 3 teeth per quadrant	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D4240	Gingival flap (including root planing) – 4 or more teeth per quadrant	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D4241	Gingival flap (including root planing) – 1 to 3 teeth per quadrant	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D4245	Apically positioned flap	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D4249	Clinical crown lengthening – Hard tissue	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D4260	Osseous surgery – 4 or more teeth per quadrant	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D4261	Osseous surgery – 1 to 3 teeth per quadrant	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D4263	Bone replacement graft – First site in quadrant	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%

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Procedure Code ¹		Q1-00	Q1-V0	Q2-00	Q2-V0	Q3-00	Q3-V0	Q4-00	Q4-V0	Q5-00	Q5-V0	Q6-00	Q6-V0
Periodontics (continued)													
D4264	Bone replacement graft – Each additional site in quadrant	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D4265	Biologic materials to aid in soft and osseous tissue regeneration	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D4266	Guided tissue regeneration – Resorbable barrier per site	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D4267	Guided tissue regeneration – Nonresorbable barrier per site (includes membrane removal)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D4270	Pedicle soft tissue graft procedure	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D4273	Subepithelial connective tissue graft procedures, per tooth	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D4275	Soft tissue allograft	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous (missing) tooth position in graft	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous (missing) tooth position in same graft site	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%

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Periodontics (continued)													
D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant (limit 4 quadrants per consecutive 12 months) ■	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D4342	Periodontal scaling and root planing – 1 to 3 teeth per quadrant (limit 4 quadrants per consecutive 12 months) ■	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D4355	Full mouth debridement to allow evaluation and diagnosis (1 per lifetime) ♦	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D4381	Localized delivery of antimicrobial agents per tooth	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D4910	Periodontal maintenance (limit 4 per calendar year) (only covered after active therapy) ■	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Additional periodontal maintenance procedures (beyond 4 per calendar year)	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
	Periodontal charting for planning treatment of periodontal disease	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Periodontal hygiene instruction	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Prosthetics (removable tooth replacement – dentures) includes up to 4 adjustments within first 6 months after insertion – Replacement limit 1 every 5 years.													
D5110	Full upper denture	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D5120	Full lower denture	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D5130	Immediate full upper denture	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D5140	Immediate full lower denture	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%

■ Limitations may be different for Texas residents.

♦ Limitations may be different for California residents.

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Prosthetics <i>(continued)</i>													
D5211	Upper partial denture – Resin base (including clasps, rests and teeth)	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D5212	Lower partial denture – Resin base (including clasps, rests and teeth)	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D5213	Upper partial denture – Cast metal framework (including clasps, rests and teeth)	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D5214	Lower partial denture – Cast metal framework (including clasps, rests and teeth)	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D5225	Upper partial denture – Flexible base (including clasps, rests and teeth)	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D5226	Lower partial denture – Flexible base (including clasps, rests and teeth)	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D5281	Removable unilateral partial denture – One piece cast metal including clasps and teeth)	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D5410	Adjust complete denture – Upper	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D5411	Adjust complete denture – Lower	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D5421	Adjust partial denture – Upper	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D5422	Adjust partial denture – Lower	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D5850	Tissue conditioning – Upper	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D5851	Tissue conditioning – Lower	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D5862	Precision attachment – By report	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%

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Repairs to prosthetics													
D5510	Repair broken complete denture base	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D5520	Replace missing or broken teeth – Complete denture (each tooth)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D5610	Repair resin denture base	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D5620	Repair cast framework	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D5630	Repair or replace broken clasp	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D5640	Replace broken teeth – Per tooth	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D5650	Add tooth to existing partial denture	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D5660	Add clasp to existing partial denture	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D5670	Replace all teeth and acrylic on cast metal framework – Upper	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D5671	Replace all teeth and acrylic on cast metal framework – Lower	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
Denture relining (limit 1 every 36 months)													
D5710	Rebase complete upper denture	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D5711	Rebase complete lower denture	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D5720	Rebase upper partial denture	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D5721	Rebase lower partial denture	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D5730	Reline complete upper denture – Chairside	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D5731	Reline complete lower denture – Chairside	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%

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Denture relining (continued)													
D5740	Reline upper partial denture – Chairside	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D5741	Reline lower partial denture – Chairside	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D5750	Reline complete upper denture – Laboratory	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D5751	Reline complete lower denture – Laboratory	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D5760	Reline upper partial denture – Laboratory	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D5761	Reline lower partial denture – Laboratory	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
Interim dentures (limit 1 every 5 years)													
D5810	Interim complete denture – Upper	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D5811	Interim complete denture – Lower	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D5820	Interim partial denture – Upper	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D5821	Interim partial denture – Lower	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
Implant services – Surgical placement of implants (D6010, D6012, D6040, and D6050 have a limit of 1 implant per calendar year with a replacement of 1 per 10 years)													
D6010	Surgical placement of implant body: Endosteal implant	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd
D6012	Surgical placement of interim implant body for transitional prosthesis: Endosteal implant	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd
D6040	Surgical placement: Eposteal implant	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd
D6050	Surgical placement: Transosteal implant	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd

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Implant services (continued)													
D6055	Connecting bar – Implant supported or abutment supported (limit 1 per calendar year)	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd
D6056	Prefabricated abutment – Includes modification and placement (limit 1 per calendar year)	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd
D6057	Custom fabricated abutment – Includes placement (limit 1 per calendar year)	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments, and reinsertion of prosthesis (limit 1 per calendar year)	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd
D6090	Repair implant supported prosthesis, by report (limit 1 per calendar year)	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment (limit 1 per calendar year)	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd
D6095	Repair implant abutment, by report (limit 1 per calendar year)	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd
D6100	Implant removal, by report (limit 1 per calendar year)	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd
D6101	Debridement of a periimplant defect and surface cleaning of exposed implant surfaces, including flap entry and closure (limit 1 per calendar year)	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd

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Implant services <i>(continued)</i>													
D6102	Debridement and osseous contouring of a periimplant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure (limit 1 per calendar year)	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd
D6103	Bone graft for repair of periimplant defect – Not including flap entry and closure or, when indicated, placement of a barrier membrane or biologic materials to aid in osseous regeneration (limit 1 per calendar year)	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd
D6104	Bone graft at time of implant placement (limit 1 per calendar year)	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd
D6190	Radiographic/surgical implant index, by report (limit 1 per calendar year)	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd

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Implant/abutment supported prosthetics – All charges for crown and bridge (fixed partial denture) are per unit (each replacement on a supporting implant(s) equals 1 unit). Coverage for replacement of crowns and bridges and implant supported dentures is limited to 1 every 5 years. ♦													
	No more than \$150 per tooth charge for crowns, inlays, onlays, post and cores, and veneers for same day in-office CAD/CAM (ceramic) services. Same day in-office CAD/CAM (ceramic) services refer to dental restorations that are created in the dental office by the use of a digital impression and an in-office CAD/CAM milling machine. Complex rehabilitation on implant/abutment supported prosthetic procedures – An additional \$125 charge per unit for multiple crown units/complex rehabilitation (6 or more units of crown and/or bridge in same treatment plan requires complex rehabilitation for each unit) ♦												
D6053	Implant/abutment supported removable denture for completely edentulous arch	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6054	Implant/abutment supported removable denture for partially edentulous arch	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6058	Abutment supported porcelain/ceramic crown	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%

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Implant/abutment supported prosthetics ♦ (continued)													
D6061	Abutment supported porcelain fused to metal crown (noble metal)	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6062	Abutment supported cast metal crown (high noble metal)	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6063	Abutment supported cast metal crown (predominantly base metal)	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6064	Abutment supported cast metal crown (noble metal)	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6065	Implant supported porcelain/ceramic crown	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6068	Abutment supported retainer for porcelain/ceramic fixed partial denture	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6069	Abutment supported retainer for porcelain fused to metal fixed partial denture (high noble metal)	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6070	Abutment supported retainer for porcelain fused to metal fixed partial denture (predominantly base metal)	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6071	Abutment supported retainer for porcelain fused to metal fixed partial denture (noble metal)	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%

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Implant/abutment supported prosthetics ♦ (continued)												
D6072 Abutment supported retainer for cast metal fixed partial denture (high noble metal)	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6073 Abutment supported retainer for cast metal fixed partial denture (predominantly base metal)	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6074 Abutment supported retainer for cast metal fixed partial denture (noble metal)	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6075 Implant supported retainer for ceramic fixed partial denture	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6076 Implant supported retainer for porcelain fused to metal fixed partial denture (titanium, titanium alloy, high noble metal)	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6077 Implant supported retainer for cast metal fixed partial denture (titanium, titanium alloy, high noble metal)	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6078 Implant/abutment supported fixed denture for completely edentulous arch	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6079 Implant/abutment supported fixed denture for partially edentulous arch	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6092 Recement implant/abutment supported crown	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6093 Recement implant/abutment supported fixed partial denture	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D6094 Abutment supported crown (titanium)	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%

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Implant/abutment supported prosthetics ♦ (continued)													
D6194	Abutment supported retainer crown for fixed partial denture (titanium)	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
Oral surgery (includes routine postoperative treatment) Surgical removal of impacted tooth – Not covered for ages below 15 unless pathology (disease) exists.													
D7111	Extraction of coronal remnants – Deciduous tooth	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D7140	Extraction, erupted tooth or exposed root – Elevation and/or forceps removal	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D7210	Surgical removal of erupted tooth – Removal of bone and/or section of tooth	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D7220	Removal of impacted tooth – Soft tissue	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D7230	Removal of impacted tooth – Partially bony	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D7240	Removal of impacted tooth – Completely bony	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D7241	Removal of impacted tooth – Completely bony, unusual complications (narrative required)	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D7250	Surgical removal of residual tooth roots – Cutting procedure	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D7251	Coronectomy – Intentional partial tooth removal	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D7260	Oroantral fistula closure	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D7261	Primary closure of a sinus perforation	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D7270	Tooth stabilization of accidentally evulsed or displaced tooth	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%

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Oral surgery (continued)												
D7280 Surgical access of an unerupted tooth (excluding wisdom teeth)	40%	40%	50%	50%	40%	40%	50%	50%	50%	50%	50%	50%
D7283 Placement of device to facilitate eruption of impacted tooth	40%	40%	50%	50%	40%	40%	50%	50%	50%	50%	50%	50%
D7285 Biopsy of oral tissue – Hard (bone, tooth) (tooth related – not allowed when in conjunction with another surgical procedure)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D7286 Biopsy of oral tissue – Soft (all others) (tooth related – Not allowed when in conjunction with another surgical procedure)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D7287 Exfoliative cytological sample collection	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D7288 Brush biopsy – Transepithelial sample collection	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D7310 Alveoloplasty in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D7311 Alveoloplasty in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D7320 Alveoloplasty not in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D7321 Alveoloplasty not in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D7450 Removal of benign odontogenic cyst or tumor – Up to 1.25 cm	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%

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Oral surgery (continued)												
D7451 Removal of benign odontogenic cyst or tumor – Greater than 1.25 cm	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D7471 Removal of lateral exostosis – Maxilla or mandible	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D7472 Removal of torus palatinus	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D7473 Removal of torus mandibularis	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D7485 Surgical reduction of osseous tuberosity	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D7510 Incision and drainage of abscess – Intraoral soft tissue	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D7511 Incision and drainage of abscess – Intraoral soft tissue complicated	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D7520 Incision and drainage of abscess – Extraoral soft tissue	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D7521 Incision and drainage of abscess – Extraoral soft tissue – Complicated (includes drainage of multiple fascial spaces)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D7880 Occlusal orthotic device, by report – (limit 1 per 24 months; only covered in conjunction with temporomandibular joint (TMJ) treatment)	40%	40%	50%	50%	40%	40%	50%	50%	50%	50%	50%	50%
D7910 Suture of recent small wounds up to 5 cm	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%

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Procedure Code ¹	Q1-00	Q1-V0	Q2-00	Q2-V0	Q3-00	Q3-V0	Q4-00	Q4-V0	Q5-00	Q5-V0	Q6-00	Q6-V0
Oral surgery (continued)												
D7951 Sinus augmentation with bone or bone substitutes via a lateral open approach (limit 1 per calendar year; only covered in conjunction with the surgical placement of implant)	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd
D7952 Sinus augmentation via a vertical approach (limit 1 per calendar year; only covered in conjunction with the surgical placement of implant)	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd
D7953 Bone replacement graft for ridge preservation – per site (limit 1 per calendar year; only covered in conjunction with the surgical placement of implant)	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd	not cov'd
D7960 Frenulectomy – Also known as frenectomy or frenotomy – Separate procedure not incidental to another procedure	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D7963 Frenuloplasty	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
Orthodontics (tooth movement) orthodontic treatment (maximum benefit of 24 months of interceptive and/or comprehensive treatment. Atypical cases or cases beyond 24 months require an additional payment by the patient.)												
D8050 Interceptive orthodontic treatment of the primary dentition – Banding	40%	40%	50%	50%	40%	40%	50%	50%	50%	50%	50%	50%
D8060 Interceptive orthodontic treatment of the transitional dentition – Banding	40%	40%	50%	50%	40%	40%	50%	50%	50%	50%	50%	50%
D8070 Comprehensive orthodontic treatment of the transitional dentition – Banding	40%	40%	50%	50%	40%	40%	50%	50%	50%	50%	50%	50%

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Orthodontics <i>(continued)</i>												
D8080 Comprehensive orthodontic treatment of the adolescent dentition – Banding	40%	40%	50%	50%	40%	40%	50%	50%	50%	50%	50%	50%
D8090 Comprehensive orthodontic treatment of the adult dentition – Banding	40%	40%	50%	50%	40%	40%	50%	50%	50%	50%	50%	50%
D8210 Removable appliance therapy	40%	40%	50%	50%	40%	40%	50%	50%	50%	50%	50%	50%
D8220 Fixed appliance therapy	40%	40%	50%	50%	40%	40%	50%	50%	50%	50%	50%	50%
D8660 Pre-orthodontic treatment visit	40%	40%	50%	50%	40%	40%	50%	50%	50%	50%	50%	50%
D8670 Periodic orthodontic treatment visit – As part of contract												
Children – Up to 19th birthday:												
24-month treatment fee	40%	40%	50%	50%	40%	40%	50%	50%	50%	50%	50%	50%
Adults:												
24-month treatment fee	40%	40%	50%	50%	40%	40%	50%	50%	50%	50%	50%	50%
D8680 Orthodontic retention – Removal of appliances, construction and placement of retainer(s)	40%	40%	50%	50%	40%	40%	50%	50%	50%	50%	50%	50%
D8693 Rebonding or recementing, and/or repair, as required, of fixed retainers	40%	40%	50%	50%	40%	40%	50%	50%	50%	50%	50%	50%
D8999 Unspecified orthodontic procedure – By report (orthodontic treatment plan and records)	40%	40%	50%	50%	40%	40%	50%	50%	50%	50%	50%	50%

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General anesthesia/IV sedation – General anesthesia is covered when performed by an oral surgeon when medically necessary for covered procedures listed on the patient charge schedule. IV sedation is covered when performed by a periodontist or oral surgeon when medically necessary for covered procedures listed on the patient charge schedule. Plan limitation for this benefit is 1 hour per appointment. There is no coverage for general anesthesia or intravenous sedation when used for the purpose of anxiety control or patient management.													
D9211	Regional block anesthesia	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D9212	Trigeminal division block anesthesia	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D9215	Local anesthesia	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D9220	General anesthesia – First 30 minutes ■ ♦	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D9221	General anesthesia – Each additional 15 minutes ■ ♦	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D9241	IV conscious sedation – First 30 minutes ■ ♦	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D9242	IV conscious sedation – Each additional 15 minutes	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D9610	Therapeutic parenteral drug, single administration	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D9612	Therapeutic parenteral drugs, 2 or more administrations, different medications	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D9630	Other drugs and/or medicaments – By report	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D9910	Application of desensitizing medicament	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
Emergency services													
D9110	Palliative (emergency) treatment of dental pain – Minor procedure	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D9120	Fixed partial denture sectioning	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D9440	Office visit – After regularly scheduled hours	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%

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Miscellaneous services													
D9940	Occlusal guard – By report (limit 1 per 24 months)	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	40%	40%
D9941	Fabrication of athletic mouthguard – (limit 1 per 12 months)	30%	30%	30%	30%	40%	40%	40%	40%	50%	50%	30%	30%
D9942	Repair and/or reline of occlusal guard	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D9951	Occlusal adjustment – Limited	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D9952	Occlusal adjustment – Complete	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	10%
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays (all other methods of bleaching are not covered)	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$165

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Office visit fee (per patient, per office visit in addition to any other applicable patient charges)											
Office visit fee		\$0	\$0	\$0	\$0	\$0	\$0	\$5	\$5	\$5	\$5
Diagnostic/preventive – Oral evaluations are limited to a combined total of 4 of the following evaluations during a 12 consecutive month period: Periodic oral evaluations (D0120), comprehensive oral evaluations (D0150), comprehensive periodontal evaluations (D0180), and oral evaluations for patients under 3 years of age (D0145).											
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	0%	0%	0%	0%	0%	10%	0%	0%	0%	10%
D9430	Office visit for observation – No other services performed	0%	0%	0%	0%	0%	10%	0%	0%	0%	10%
D9450	Case presentation – Detailed and extensive treatment planning	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0120	Periodic oral evaluation – Established patient ☼	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0140	Limited oral evaluation – Problem focused	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver ☼	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0150	Comprehensive oral evaluation – New or established patient ☼	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0160	Detailed and extensive oral evaluation – problem focused, by report (limit 2 per calendar year; only covered in conjunction with temporomandibular joint (TMJ) evaluation)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0170	Reevaluation – Limited, problem focused (not postoperative visit)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

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Diagnostic/preventive <i>(continued)</i>										
D0180 Comprehensive periodontal evaluation – New or established patient ☼	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0210 X-rays intraoral – Complete series of radiographic images (limit 1 every 3 years) ■ ☼	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0220 X-rays intraoral – Periapical – First radiographic image	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0230 X-rays intraoral – Periapical – Each additional radiographic image	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0240 X-rays intraoral – Occlusal radiographic image	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0250 X-rays extraoral – First radiographic image	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0260 X-rays extraoral – Each additional radiographic image	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0270 X-rays (bitewing) – Single radiographic image	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0272 X-rays (bitewings) – 2 radiographic images	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0273 X-rays (bitewings) – 3 radiographic images	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0274 X-rays (bitewings) – 4 radiographic images	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0277 X-rays (bitewings, vertical) – 7 to 8 radiographic images	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D0330 X-rays (panoramic radiographic image) – (limit 1 every 3 years) ■ ☼	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

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Diagnostic/preventive <i>(continued)</i>										
D0364 Cone beam CT capture and interpretation with limited field of view – less than one whole jaw (only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366, or D0367 per calendar year)	30%	30%	40%	40%	50%	40%	not cov’d	not cov’d	not cov’d	not cov’d
D0365 Cone beam CT capture and interpretation with field of view of one full dental arch – mandible (only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366, or D0367 per calendar year)	30%	30%	40%	40%	50%	40%	not cov’d	not cov’d	not cov’d	not cov’d
D0366 Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium (only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366, or D0367 per calendar year)	30%	30%	40%	40%	50%	40%	not cov’d	not cov’d	not cov’d	not cov’d
D0367 Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium (only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366, or D0367 per calendar year)	30%	30%	40%	40%	50%	40%	not cov’d	not cov’d	not cov’d	not cov’d
D0368 Cone beam CT capture and interpretation for TMJ series including two or more exposures (limit 1 per calendar year; only covered in conjunction with temporomandibular joint (TMJ) evaluation)	40%	50%	40%	50%	50%	50%	40%	50%	50%	50%

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Diagnostic/preventive <i>(continued)</i>											
D0350	Oral/facial photographic images	40%	50%	40%	50%	50%	50%	40%	50%	50%	50%
D0415	Collection of microorganisms for culture and sensitivity	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%
D0425	Caries susceptibility tests	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%
D0431	Oral cancer screening using a special light source	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%
D0460	Pulp vitality tests	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%
D0470	Diagnostic casts	40%	50%	40%	50%	50%	50%	40%	50%	50%	50%
D0472	Pathology report – Gross examination of lesion (only when tooth related)	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%
D0473	Pathology report – Microscopic examination of lesion (only when tooth related)	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%
D0474	Pathology report – Microscopic examination of lesion and area (only when tooth related)	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%
D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%
D1110	Prophylaxis (cleaning) – Adult (limit 2 per calendar year) ■●	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per calendar year	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40

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Procedure Code ¹		Q1I00	Q2I00	Q3I00	Q4I00	Q5I00	Q6I00	Q3ZV0	Q4ZV0	Q5ZV0	Q6ZV0
Diagnostic/preventive <i>(continued)</i>											
D1120	Prophylaxis (cleaning) – Child (limit 2 per calendar year) ■●	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per calendar year	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30
D1206	Topical application of fluoride varnish – (limit 2 per calendar year). There is a combined limit of a total of 2 D1206s and/or D1208s per calendar year. ■●	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Additional topical application of fluoride varnish in addition to any combination of two (2) D1206s (topical application of fluoride varnish) and/or D1208s (topical application of fluoride) per calendar year.	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15
D1208	Topical application of fluoride (limit 2 per calendar year). There is a combined limit of a total of 2 D1208s and/or D1206s per calendar year. ■●	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Additional topical application of fluoride – In addition to any combination of two (2) D1206s (topical applications of fluoride varnish) and/or D1208s (topical application of fluoride) per calendar year	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15
D1310	Nutritional counseling for control of dental disease	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D1320	Tobacco counseling for the control and prevention of oral disease	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D1330	Oral hygiene instructions	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

● Limitations may be different for Arizona residents.

■ Limitations may be different for Texas residents.

CIGNA DENTAL CARE – PATIENT CHARGE SCHEDULE

Q Series Coinsurance (Part 1: Pages 1–33/Part 2: Pages 34–66)

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Different codes may be used to describe these covered procedures.

Procedure Code ¹		Q1I00	Q2I00	Q3I00	Q4I00	Q5I00	Q6I00	Q3ZV0	Q4ZV0	Q5ZV0	Q6ZV0
Diagnostic/preventive <i>(continued)</i>											
D1351	Sealant – Per tooth	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%
D1352	Preventive resin restoration in a moderate to high caries risk patient – Permanent tooth	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%
D1510	Space maintainer – Fixed – Unilateral	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%
D1515	Space maintainer – Fixed – Bilateral	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%
D1520	Space maintainer – Removable – Unilateral	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%
D1525	Space maintainer – Removable – Bilateral	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%
D1550	Recementation of space maintainer	0%	0%	0%	0%	0%	10%	0%	0%	0%	10%
D1555	Removal of fixed space maintainer	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%
Restorative (fillings, including polishing)											
D2140	Amalgam – 1 surface, primary or permanent	0%	0%	0%	0%	0%	10%	0%	0%	0%	10%
D2150	Amalgam – 2 surfaces, primary or permanent	0%	0%	0%	0%	0%	10%	0%	0%	0%	10%
D2160	Amalgam – 3 surfaces, primary or permanent	0%	0%	0%	0%	0%	10%	0%	0%	0%	10%
D2161	Amalgam – 4 or more surfaces, primary or permanent	0%	0%	0%	0%	0%	10%	0%	0%	0%	10%
D2330	Resin-based composite – 1 surface, anterior	0%	0%	0%	0%	0%	10%	0%	0%	0%	10%
D2331	Resin-based composite – 2 surfaces, anterior	0%	0%	0%	0%	0%	10%	0%	0%	0%	10%
D2332	Resin-based composite – 3 surfaces, anterior	0%	0%	0%	0%	0%	10%	0%	0%	0%	10%
D2335	Resin-based composite – 4 or more surfaces or involving incisal angle, anterior	0%	0%	0%	0%	0%	10%	0%	0%	0%	10%

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Procedure Code ¹		Q1I00	Q2I00	Q3I00	Q4I00	Q5I00	Q6I00	Q3ZV0	Q4ZV0	Q5ZV0	Q6ZV0
Restorative (continued)											
D2390	Resin-based composite crown, anterior	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2391	Resin-based composite – 1 surface, posterior	0%	0%	0%	0%	0%	10%	0%	0%	0%	10%
D2392	Resin-based composite – 2 surfaces, posterior	0%	0%	0%	0%	0%	10%	0%	0%	0%	10%
D2393	Resin-based composite – 3 surfaces, posterior	0%	0%	0%	0%	0%	10%	0%	0%	0%	10%
D2394	Resin-based composite – 4 or more surfaces, posterior	0%	0%	0%	0%	0%	10%	0%	0%	0%	10%
Crown and bridge – All charges for crown and bridge (fixed partial denture) are per unit (each replacement or supporting tooth equals 1 unit). Coverage for replacement of crowns and bridges is limited to 1 every 5 years. ♦											
	No more than \$150 per tooth charge for crowns, inlays, onlays, post and cores, and veneers for same day in-office CAD/CAM (ceramic) services. Same day in-office CAD/CAM (ceramic) services refer to dental restorations that are created in the dental office by the use of a digital impression and an in-office CAD/CAM milling machine.										
	Complex rehabilitation – An additional \$125 charge per unit for multiple crown units/complex rehabilitation (6 or more units of crown and/or bridge in same treatment plan requires complex rehabilitation for each unit.) ♦										
D2510	Inlay – Metallic – 1 surface	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2520	Inlay – Metallic – 2 surfaces	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2530	Inlay – Metallic – 3 or more surfaces	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%

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CIGNA DENTAL CARE – PATIENT CHARGE SCHEDULE

Q Series Coinsurance (Part 1: Pages 1–33/Part 2: Pages 34–66)

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Procedure Code ¹	Q1I00	Q2I00	Q3I00	Q4I00	Q5I00	Q6I00	Q3ZV0	Q4ZV0	Q5ZV0	Q6ZV0
Crown and bridge ♦ (continued)										
D2542 Onlay – Metallic – 2 surfaces	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2543 Onlay – Metallic – 3 surfaces	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2544 Onlay – Metallic – 4 or more surfaces	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2740 Crown – Porcelain/ceramic substrate	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2750 Crown – Porcelain fused to high noble metal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2751 Crown – Porcelain fused to predominantly base metal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2752 Crown – Porcelain fused to noble metal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2780 Crown – 3/4 cast high noble metal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2781 Crown – 3/4 cast predominantly base metal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2782 Crown – 3/4 cast noble metal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2783 Crown – 3/4 porcelain/ceramic	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2790 Crown – Full cast high noble metal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2791 Crown – Full cast predominantly base metal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2792 Crown – Full cast noble metal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2794 Crown – Titanium	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2799 Provisional crown	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2610 Inlay – Porcelain/ceramic, 1 surface	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2620 Inlay – Porcelain/ceramic, 2 surfaces	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%

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Procedure Code ¹	Q1I00	Q2I00	Q3I00	Q4I00	Q5I00	Q6I00	Q3ZV0	Q4ZV0	Q5ZV0	Q6ZV0
Crown and bridge ♦ (continued)										
D2630 Inlay – Porcelain/ceramic, 3 or more surfaces	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2642 Onlay – Porcelain/ceramic, 2 surfaces	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2643 Onlay – Porcelain/ceramic, 3 surfaces	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2644 Onlay – Porcelain/ceramic, 4 or more surfaces	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2650 Inlay – Resin-based composite, 1 surface	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2651 Inlay – Resin-based composite, 2 surfaces	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2652 Inlay – Resin-based composite, 3 or more surfaces	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2662 Onlay – Resin-based composite, 2 surfaces	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2663 Onlay – Resin-based composite, 3 surfaces	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2664 Onlay – Resin-based composite, 4 or more surfaces	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2710 Crown – Resin-based composite, indirect	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2712 Crown – 3/4 resin-based composite, indirect	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2720 Crown – Resin with high noble metal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2721 Crown – Resin with predominantly base metal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2722 Crown – Resin with noble metal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2910 Recement inlay – Onlay or partial coverage restoration	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D2915 Recement cast or prefabricated post and core	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D2920 Recement crown	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%

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Procedure Code ¹		Q1I00	Q2I00	Q3I00	Q4I00	Q5I00	Q6I00	Q3ZV0	Q4ZV0	Q5ZV0	Q6ZV0
Crown and bridge ♦ (continued)											
D2929	Prefabricated porcelain/ceramic crown – Primary tooth	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2930	Prefabricated stainless steel crown – Primary tooth	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2931	Prefabricated stainless steel crown – Permanent tooth	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2932	Prefabricated resin crown	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2933	Prefabricated stainless steel crown with resin window	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2934	Prefabricated esthetic coated stainless steel crown – Primary tooth	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2940	Protective restoration	0%	0%	0%	0%	0%	10%	0%	0%	0%	10%
D2950	Core buildup – Including any pins	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2951	Pin retention – Per tooth – In addition to restoration	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D2952	Post and core – In addition to crown, indirectly fabricated	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2953	Each additional indirectly prefabricated post – Same tooth	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2954	Prefabricated post and core – In addition to crown	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2957	Each additional prefabricated post – Same tooth	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2960	Labial veneer (resin laminate) – Chairside	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2970	Temporary crown (fractured tooth)	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%

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Procedure Code ¹		Q1I00	Q2I00	Q3I00	Q4I00	Q5I00	Q6I00	Q3ZV0	Q4ZV0	Q5ZV0	Q6ZV0
Crown and bridge ♦ (continued)											
D2971	Additional procedures to construct new crown under existing partial denture framework	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D2980	Crown repair, necessitated by restorative material failure	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D6210	Pontic – Cast high noble metal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6211	Pontic – Cast predominantly base metal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6212	Pontic – Cast noble metal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6214	Pontic – Titanium	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6240	Pontic – Porcelain fused to high noble metal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6241	Pontic – Porcelain fused to predominantly base metal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6242	Pontic – Porcelain fused to noble metal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6245	Pontic – Porcelain/ceramic	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6250	Pontic – Resin with high noble metal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6251	Pontic – Resin with predominantly base metal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6252	Pontic – Resin with noble metal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6253	Provisional pontic	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6545	Retainer – Cast metal for resin bonded fixed prosthesis	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6600	Inlay – Porcelain/ceramic, 2 surfaces	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6601	Inlay – Porcelain/ceramic, 3 or more surfaces	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%

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Procedure Code ¹	Q1I00	Q2I00	Q3I00	Q4I00	Q5I00	Q6I00	Q3ZV0	Q4ZV0	Q5ZV0	Q6ZV0
Crown and bridge ♦ (continued)										
D6602 Inlay – Cast high noble metal, 2 surfaces	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6603 Inlay – Cast high noble metal, 3 or more surfaces	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6604 Inlay – Cast predominantly base metal, 2 surfaces	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6605 Inlay – Cast predominantly base metal, 3 or more surfaces	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6606 Inlay – Cast noble metal, 2 surfaces	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6607 Inlay – Cast noble metal, 3 or more surfaces	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6608 Onlay – Porcelain/ceramic, 2 surfaces	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6609 Onlay – Porcelain/ceramic, 3 or more surfaces	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6610 Onlay – Cast high noble metal, 2 surfaces	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6611 Onlay – Cast high noble metal, 3 or more surfaces	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6612 Onlay – Cast predominantly base metal, 2 surfaces	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6613 Onlay – Cast predominantly base metal, 3 or more surfaces	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6614 Onlay – Cast noble metal, 2 surfaces	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6615 Onlay – Cast noble metal, 3 or more surfaces	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6624 Inlay – Titanium	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6634 Onlay – Titanium	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6710 Crown – Indirect resin-based composite	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6720 Crown – Resin with high noble metal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%

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CIGNA DENTAL CARE – PATIENT CHARGE SCHEDULE

Q Series Coinsurance (Part 1: Pages 1–33/Part 2: Pages 34–66)

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Different codes may be used to describe these covered procedures.

Procedure Code ¹		Q1I00	Q2I00	Q3I00	Q4I00	Q5I00	Q6I00	Q3ZV0	Q4ZV0	Q5ZV0	Q6ZV0
Crown and bridge ♦ (continued)											
D6721	Crown – Resin with predominantly base metal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6722	Crown – Resin with noble metal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6740	Crown – Porcelain/ceramic	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6750	Crown – Porcelain fused to high noble metal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6751	Crown – Porcelain fused to predominantly base metal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6752	Crown – Porcelain fused to noble metal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6780	Crown – 3/4 cast high noble metal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6781	Crown – 3/4 cast predominantly base metal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6782	Crown – 3/4 cast noble metal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6783	Crown – 3/4 porcelain/ceramic	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6790	Crown – Full cast high noble metal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6791	Crown – Full cast predominantly base metal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6792	Crown – Full cast noble metal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6794	Crown – Titanium	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6930	Recement fixed partial denture	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D6950	Precision attachment	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
Endodontics (root canal treatment, excluding final restorations)											
D3110	Pulp cap – Direct (excluding final restoration)	0%	0%	0%	0%	0%	10%	0%	0%	0%	10%

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Procedure Code ¹	Q1I00	Q2I00	Q3I00	Q4I00	Q5I00	Q6I00	Q3ZV0	Q4ZV0	Q5ZV0	Q6ZV0
Endodontics (continued)										
D3120 Pulp cap – Indirect (excluding final restoration)	0%	0%	0%	0%	0%	10%	0%	0%	0%	10%
D3220 Pulpotomy – Removal of pulp, not part of a root canal	0%	0%	0%	0%	0%	10%	0%	0%	0%	10%
D3221 Pulpal debridement (not to be used when root canal is done on the same day)	0%	0%	0%	0%	0%	10%	0%	0%	0%	10%
D3222 Partial pulpotomy for apexogenesis – Permanent tooth with incomplete root development	0%	0%	0%	0%	0%	10%	0%	0%	0%	10%
D3230 Pulpal therapy (resorbable filling) – Anterior, primary tooth (excluding final restoration)	0%	0%	0%	0%	0%	10%	0%	0%	0%	10%
D3240 Pulpal therapy (resorbable filling) – Posterior, primary tooth (excluding final restoration)	0%	0%	0%	0%	0%	10%	0%	0%	0%	10%
D3310 Anterior root canal – Permanent tooth (excluding final restoration)	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D3320 Bicuspid root canal – Permanent tooth (excluding final restoration)	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D3330 Molar root canal – Permanent tooth (excluding final restoration)	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D3331 Treatment of root canal obstruction – Nonsurgical access	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D3332 Incomplete endodontic therapy – Inoperable, unrestorable or fractured tooth	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D3333 Internal root repair of perforation defects	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%

CIGNA DENTAL CARE – PATIENT CHARGE SCHEDULE

Q Series Coinsurance (Part 1: Pages 1–33/Part 2: Pages 34–66)

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Procedure Code ¹	Q1I00	Q2I00	Q3I00	Q4I00	Q5I00	Q6I00	Q3ZV0	Q4ZV0	Q5ZV0	Q6ZV0
Endodontics (continued)										
D3346 Retreatment of previous root canal therapy – Anterior	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D3347 Retreatment of previous root canal therapy – Bicuspid	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D3348 Retreatment of previous root canal therapy – Molar	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D3351 Apexification/recalcification – Initial visit (apical closure/calculic repair of perforations, root resorption, etc.)	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D3352 Apexification/recalcification – Interim medication replacement (apical closure/calculic repair of perforations, root resorption, etc.)	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D3353 Apexification/recalcification – Final visit (includes completed root canal therapy – Apical closure/calculic repair of perforations, root resorption, etc.)	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D3410 Apicoectomy/periradicular surgery – Anterior	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D3421 Apicoectomy/periradicular surgery – Bicuspid (first root)	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D3425 Apicoectomy/periradicular surgery – Molar (first root)	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D3426 Apicoectomy/periradicular surgery (each additional root)	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D3430 Retrograde filling per root	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%

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Procedure Code ¹		Q1I00	Q2I00	Q3I00	Q4I00	Q5I00	Q6I00	Q3ZV0	Q4ZV0	Q5ZV0	Q6ZV0
Endodontics (continued)											
D3450	Root amputation – Per root	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D3920	Hemisection (including any root removal), not including root canal therapy	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
Periodontics (treatment of supporting tissues [gum and bone] of the teeth) Periodontal regenerative procedures are limited to 1 regenerative procedure per site (or per tooth, if applicable), when covered on the patient charge schedule. The relevant procedure codes are D4263, D4264, D4266 and D4267. Localized delivery of antimicrobial agents is limited to 8 teeth (or 8 sites, if applicable) per 12 consecutive months, when covered on the patient charge schedule.											
D4210	Gingivectomy or gingivoplasty – 4 or more teeth per quadrant	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D4211	Gingivectomy or gingivoplasty – 1 to 3 teeth per quadrant	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D4240	Gingival flap (including root planing) – 4 or more teeth per quadrant	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D4241	Gingival flap (including root planing) – 1 to 3 teeth per quadrant	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D4245	Apically positioned flap	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D4249	Clinical crown lengthening – Hard tissue	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D4260	Osseous surgery – 4 or more teeth per quadrant	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D4261	Osseous surgery – 1 to 3 teeth per quadrant	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D4263	Bone replacement graft – First site in quadrant	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%

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Procedure Code ¹		Q1I00	Q2I00	Q3I00	Q4I00	Q5I00	Q6I00	Q3ZV0	Q4ZV0	Q5ZV0	Q6ZV0
Periodontics (continued)											
D4264	Bone replacement graft – Each additional site in quadrant	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D4265	Biologic materials to aid in soft and osseous tissue regeneration	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D4266	Guided tissue regeneration – Resorbable barrier per site	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D4267	Guided tissue regeneration – Nonresorbable barrier per site (includes membrane removal)	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D4270	Pedicle soft tissue graft procedure	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D4273	Subepithelial connective tissue graft procedures, per tooth	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D4275	Soft tissue allograft	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous (missing) tooth position in graft	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous (missing) tooth position in same graft site	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%

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Procedure Code ¹		Q1I00	Q2I00	Q3I00	Q4I00	Q5I00	Q6I00	Q3ZV0	Q4ZV0	Q5ZV0	Q6ZV0
Periodontics (continued)											
D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant (limit 4 quadrants per consecutive 12 months) ■	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D4342	Periodontal scaling and root planing – 1 to 3 teeth per quadrant (limit 4 quadrants per consecutive 12 months) ■	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D4355	Full mouth debridement to allow evaluation and diagnosis (1 per lifetime) ♦	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D4381	Localized delivery of antimicrobial agents per tooth	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D4910	Periodontal maintenance (limit 4 per calendar year) (only covered after active therapy) ■	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%
	Additional periodontal maintenance procedures (beyond 4 per calendar year)	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
	Periodontal charting for planning treatment of periodontal disease	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Periodontal hygiene instruction	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Prosthetics (removable tooth replacement – dentures) includes up to 4 adjustments within first 6 months after insertion – Replacement limit 1 every 5 years.											
D5110	Full upper denture	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D5120	Full lower denture	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D5130	Immediate full upper denture	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D5140	Immediate full lower denture	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%

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Prosthetics <i>(continued)</i>										
D5211 Upper partial denture – Resin base (including clasps, rests and teeth)	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D5212 Lower partial denture – Resin base (including clasps, rests and teeth)	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D5213 Upper partial denture – Cast metal framework (including clasps, rests and teeth)	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D5214 Lower partial denture – Cast metal framework (including clasps, rests and teeth)	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D5225 Upper partial denture – Flexible base (including clasps, rests and teeth)	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D5226 Lower partial denture – Flexible base (including clasps, rests and teeth)	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D5281 Removable unilateral partial denture – One piece cast metal including clasps and teeth)	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D5410 Adjust complete denture – Upper	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D5411 Adjust complete denture – Lower	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D5421 Adjust partial denture – Upper	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D5422 Adjust partial denture – Lower	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D5850 Tissue conditioning – Upper	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D5851 Tissue conditioning – Lower	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D5862 Precision attachment – By report	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%

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Repairs to prosthetics											
D5510	Repair broken complete denture base	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D5520	Replace missing or broken teeth – Complete denture (each tooth)	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D5610	Repair resin denture base	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D5620	Repair cast framework	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D5630	Repair or replace broken clasp	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D5640	Replace broken teeth – Per tooth	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D5650	Add tooth to existing partial denture	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D5660	Add clasp to existing partial denture	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D5670	Replace all teeth and acrylic on cast metal framework – Upper	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D5671	Replace all teeth and acrylic on cast metal framework – Lower	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
Denture relining (limit 1 every 36 months)											
D5710	Rebase complete upper denture	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D5711	Rebase complete lower denture	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D5720	Rebase upper partial denture	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D5721	Rebase lower partial denture	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D5730	Reline complete upper denture – Chairside	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D5731	Reline complete lower denture – Chairside	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%

CIGNA DENTAL CARE – PATIENT CHARGE SCHEDULE

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Denture relining (continued)											
D5740	Reline upper partial denture – Chairside	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D5741	Reline lower partial denture – Chairside	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D5750	Reline complete upper denture – Laboratory	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D5751	Reline complete lower denture – Laboratory	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D5760	Reline upper partial denture – Laboratory	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D5761	Reline lower partial denture – Laboratory	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
Interim dentures (limit 1 every 5 years)											
D5810	Interim complete denture – Upper	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D5811	Interim complete denture – Lower	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D5820	Interim partial denture – Upper	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D5821	Interim partial denture – Lower	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
Implant services – Surgical placement of implants (D6010, D6012, D6040, and D6050 have a limit of 1 implant per calendar year with a replacement of 1 per 10 years)											
D6010	Surgical placement of implant body: Endosteal implant	30%	30%	40%	40%	50%	40%	not cov’d	not cov’d	not cov’d	not cov’d
D6012	Surgical placement of interim implant body for transitional prosthesis: Endosteal implant	30%	30%	40%	40%	50%	40%	not cov’d	not cov’d	not cov’d	not cov’d
D6040	Surgical placement: Eposteal implant	30%	30%	40%	40%	50%	40%	not cov’d	not cov’d	not cov’d	not cov’d
D6050	Surgical placement: Transosteal implant	30%	30%	40%	40%	50%	40%	not cov’d	not cov’d	not cov’d	not cov’d

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Implant services (continued)											
D6055	Connecting bar – Implant supported or abutment supported (limit 1 per calendar year)	30%	30%	40%	40%	50%	40%	not cov'd	not cov'd	not cov'd	not cov'd
D6056	Prefabricated abutment – Includes modification and placement (limit 1 per calendar year)	30%	30%	40%	40%	50%	40%	not cov'd	not cov'd	not cov'd	not cov'd
D6057	Custom fabricated abutment – Includes placement (limit 1 per calendar year)	30%	30%	40%	40%	50%	40%	not cov'd	not cov'd	not cov'd	not cov'd
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments, and reinsertion of prosthesis (limit 1 per calendar year)	30%	30%	40%	40%	50%	40%	not cov'd	not cov'd	not cov'd	not cov'd
D6090	Repair implant supported prosthesis, by report (limit 1 per calendar year)	30%	30%	40%	40%	50%	40%	not cov'd	not cov'd	not cov'd	not cov'd
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment (limit 1 per calendar year)	30%	30%	40%	40%	50%	40%	not cov'd	not cov'd	not cov'd	not cov'd
D6095	Repair implant abutment, by report (limit 1 per calendar year)	30%	30%	40%	40%	50%	40%	not cov'd	not cov'd	not cov'd	not cov'd
D6100	Implant removal, by report (limit 1 per calendar year)	30%	30%	40%	40%	50%	40%	not cov'd	not cov'd	not cov'd	not cov'd
D6101	Debridement of a periimplant defect and surface cleaning of exposed implant surfaces, including flap entry and closure (limit 1 per calendar year)	0%	0%	0%	0%	0%	10%	not cov'd	not cov'd	not cov'd	not cov'd

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Implant services <i>(continued)</i>											
D6102	Debridement and osseous contouring of a periimplant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure (limit 1 per calendar year)	30%	30%	40%	40%	50%	40%	not cov'd	not cov'd	not cov'd	not cov'd
D6103	Bone graft for repair of periimplant defect – Not including flap entry and closure or, when indicated, placement of a barrier membrane or biologic materials to aid in osseous regeneration (limit 1 per calendar year)	0%	0%	0%	0%	0%	10%	not cov'd	not cov'd	not cov'd	not cov'd
D6104	Bone graft at time of implant placement (limit 1 per calendar year)	0%	0%	0%	0%	0%	10%	not cov'd	not cov'd	not cov'd	not cov'd
D6190	Radiographic/surgical implant index, by report (limit 1 per calendar year)	0%	0%	0%	0%	0%	10%	not cov'd	not cov'd	not cov'd	not cov'd

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Implant/abutment supported prosthetics – All charges for crown and bridge (fixed partial denture) are per unit (each replacement on a supporting implant(s) equals 1 unit). Coverage for replacement of crowns and bridges and implant supported dentures is limited to 1 every 5 years. ♦											
	No more than \$150 per tooth charge for crowns, inlays, onlays, post and cores, and veneers for same day in-office CAD/CAM (ceramic) services. Same day in-office CAD/CAM (ceramic) services refer to dental restorations that are created in the dental office by the use of a digital impression and an in-office CAD/CAM milling machine. Complex rehabilitation on implant/abutment supported prosthetic procedures – An additional \$125 charge per unit for multiple crown units/complex rehabilitation (6 or more units of crown and/or bridge in same treatment plan requires complex rehabilitation for each unit) ♦										
D6053	Implant/abutment supported removable denture for completely edentulous arch	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6054	Implant/abutment supported removable denture for partially edentulous arch	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6058	Abutment supported porcelain/ceramic crown	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%

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Implant/abutment supported prosthetics ♦ (continued)											
D6061	Abutment supported porcelain fused to metal crown (noble metal)	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6062	Abutment supported cast metal crown (high noble metal)	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6063	Abutment supported cast metal crown (predominantly base metal)	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6064	Abutment supported cast metal crown (noble metal)	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6065	Implant supported porcelain/ceramic crown	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6068	Abutment supported retainer for porcelain/ceramic fixed partial denture	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6069	Abutment supported retainer for porcelain fused to metal fixed partial denture (high noble metal)	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6070	Abutment supported retainer for porcelain fused to metal fixed partial denture (predominantly base metal)	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6071	Abutment supported retainer for porcelain fused to metal fixed partial denture (noble metal)	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%

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Implant/abutment supported prosthetics ♦ (continued)										
D6072 Abutment supported retainer for cast metal fixed partial denture (high noble metal)	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6073 Abutment supported retainer for cast metal fixed partial denture (predominantly base metal)	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6074 Abutment supported retainer for cast metal fixed partial denture (noble metal)	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6075 Implant supported retainer for ceramic fixed partial denture	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6076 Implant supported retainer for porcelain fused to metal fixed partial denture (titanium, titanium alloy, high noble metal)	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6077 Implant supported retainer for cast metal fixed partial denture (titanium, titanium alloy, high noble metal)	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6078 Implant/abutment supported fixed denture for completely edentulous arch	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6079 Implant/abutment supported fixed denture for partially edentulous arch	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6092 Recement implant/abutment supported crown	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6093 Recement implant/abutment supported fixed partial denture	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D6094 Abutment supported crown (titanium)	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%

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Implant/abutment supported prosthetics ♦ <i>(continued)</i>											
D6194	Abutment supported retainer crown for fixed partial denture (titanium)	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
Oral surgery (includes routine postoperative treatment) Surgical removal of impacted tooth – Not covered for ages below 15 unless pathology (disease) exists.											
D7111	Extraction of coronal remnants – Deciduous tooth	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D7140	Extraction, erupted tooth or exposed root – Elevation and/or forceps removal	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D7210	Surgical removal of erupted tooth – Removal of bone and/or section of tooth	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D7220	Removal of impacted tooth – Soft tissue	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D7230	Removal of impacted tooth – Partially bony	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D7240	Removal of impacted tooth – Completely bony	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D7241	Removal of impacted tooth – Completely bony, unusual complications (narrative required)	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D7250	Surgical removal of residual tooth roots – Cutting procedure	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D7251	Coronectomy – Intentional partial tooth removal	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D7260	Oroantral fistula closure	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D7261	Primary closure of a sinus perforation	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D7270	Tooth stabilization of accidentally evulsed or displaced tooth	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%

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Oral surgery (continued)										
D7280 Surgical access of an unerupted tooth (excluding wisdom teeth)	40%	50%	40%	50%	50%	50%	40%	50%	50%	50%
D7283 Placement of device to facilitate eruption of impacted tooth	40%	50%	40%	50%	50%	50%	40%	50%	50%	50%
D7285 Biopsy of oral tissue – Hard (bone, tooth) (tooth related – not allowed when in conjunction with another surgical procedure)	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D7286 Biopsy of oral tissue – Soft (all others) (tooth related – Not allowed when in conjunction with another surgical procedure)	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D7287 Exfoliative cytological sample collection	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D7288 Brush biopsy – Transepithelial sample collection	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D7310 Alveoloplasty in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D7311 Alveoloplasty in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D7320 Alveoloplasty not in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D7321 Alveoloplasty not in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D7450 Removal of benign odontogenic cyst or tumor – Up to 1.25 cm	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%

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Oral surgery (continued)											
D7451	Removal of benign odontogenic cyst or tumor – Greater than 1.25 cm	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D7471	Removal of lateral exostosis – Maxilla or mandible	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D7472	Removal of torus palatinus	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D7473	Removal of torus mandibularis	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D7485	Surgical reduction of osseous tuberosity	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D7510	Incision and drainage of abscess – Intraoral soft tissue	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D7511	Incision and drainage of abscess – Intraoral soft tissue complicated	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D7520	Incision and drainage of abscess – Extraoral soft tissue	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D7521	Incision and drainage of abscess – Extraoral soft tissue – Complicated (includes drainage of multiple fascial spaces)	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D7880	Occlusal orthotic device, by report – (limit 1 per 24 months; only covered in conjunction with temporomandibular joint (TMJ) treatment)	40%	50%	40%	50%	50%	50%	40%	50%	50%	50%
D7910	Suture of recent small wounds up to 5 cm	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%

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Oral surgery (continued)											
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach (limit 1 per calendar year; only covered in conjunction with the surgical placement of implant)	30%	30%	40%	40%	50%	40%	not cov’d	not cov’d	not cov’d	not cov’d
D7952	Sinus augmentation via a vertical approach (limit 1 per calendar year; only covered in conjunction with the surgical placement of implant)	30%	30%	40%	40%	50%	40%	not cov’d	not cov’d	not cov’d	not cov’d
D7953	Bone replacement graft for ridge preservation – per site (limit 1 per calendar year; only covered in conjunction with the surgical placement of implant)	30%	30%	40%	40%	50%	40%	not cov’d	not cov’d	not cov’d	not cov’d
D7960	Frenulectomy – Also known as frenectomy or frenotomy – Separate procedure not incidental to another procedure	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D7963	Frenuloplasty	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
Orthodontics (tooth movement) orthodontic treatment (maximum benefit of 24 months of interceptive and/or comprehensive treatment. Atypical cases or cases beyond 24 months require an additional payment by the patient.)											
D8050	Interceptive orthodontic treatment of the primary dentition – Banding	40%	50%	40%	50%	50%	50%	40%	50%	50%	50%
D8060	Interceptive orthodontic treatment of the transitional dentition – Banding	40%	50%	40%	50%	50%	50%	40%	50%	50%	50%
D8070	Comprehensive orthodontic treatment of the transitional dentition – Banding	40%	50%	40%	50%	50%	50%	40%	50%	50%	50%

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Different codes may be used to describe these covered procedures.

Procedure Code ¹	Q1I00	Q2I00	Q3I00	Q4I00	Q5I00	Q6I00	Q3ZV0	Q4ZV0	Q5ZV0	Q6ZV0
Orthodontics <i>(continued)</i>										
D8080 Comprehensive orthodontic treatment of the adolescent dentition – Banding	40%	50%	40%	50%	50%	50%	40%	50%	50%	50%
D8090 Comprehensive orthodontic treatment of the adult dentition – Banding	40%	50%	40%	50%	50%	50%	40%	50%	50%	50%
D8210 Removable appliance therapy	40%	50%	40%	50%	50%	50%	40%	50%	50%	50%
D8220 Fixed appliance therapy	40%	50%	40%	50%	50%	50%	40%	50%	50%	50%
D8660 Pre-orthodontic treatment visit	40%	50%	40%	50%	50%	50%	40%	50%	50%	50%
D8670 Periodic orthodontic treatment visit – As part of contract										
Children – Up to 19th birthday:										
24-month treatment fee	40%	50%	40%	50%	50%	50%	40%	50%	50%	50%
Adults:										
24-month treatment fee	40%	50%	40%	50%	50%	50%	40%	50%	50%	50%
D8680 Orthodontic retention – Removal of appliances, construction and placement of retainer(s)	40%	50%	40%	50%	50%	50%	40%	50%	50%	50%
D8693 Rebonding or recementing, and/or repair, as required, of fixed retainers	40%	50%	40%	50%	50%	50%	40%	50%	50%	50%
D8999 Unspecified orthodontic procedure – By report (orthodontic treatment plan and records)	40%	50%	40%	50%	50%	50%	40%	50%	50%	50%

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Different codes may be used to describe these covered procedures.

Procedure Code ¹		Q1I00	Q2I00	Q3I00	Q4I00	Q5I00	Q6I00	Q3ZV0	Q4ZV0	Q5ZV0	Q6ZV0
General anesthesia/IV sedation – General anesthesia is covered when performed by an oral surgeon when medically necessary for covered procedures listed on the patient charge schedule. IV sedation is covered when performed by a periodontist or oral surgeon when medically necessary for covered procedures listed on the patient charge schedule. Plan limitation for this benefit is 1 hour per appointment. There is no coverage for general anesthesia or intravenous sedation when used for the purpose of anxiety control or patient management.											
D9211	Regional block anesthesia	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D9212	Trigeminal division block anesthesia	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D9215	Local anesthesia	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
D9220	General anesthesia – First 30 minutes ■ ♦	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D9221	General anesthesia – Each additional 15 minutes ■ ♦	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D9241	IV conscious sedation – First 30 minutes ■ ♦	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D9242	IV conscious sedation – Each additional 15 minutes	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D9610	Therapeutic parenteral drug, single administration	0%	0%	0%	0%	0%	10%	0%	0%	0%	10%
D9612	Therapeutic parenteral drugs, 2 or more administrations, different medications	0%	0%	0%	0%	0%	10%	0%	0%	0%	10%
D9630	Other drugs and/or medicaments – By report	0%	0%	0%	0%	0%	10%	0%	0%	0%	10%
D9910	Application of desensitizing medicament	0%	0%	0%	0%	0%	10%	0%	0%	0%	10%
Emergency services											
D9110	Palliative (emergency) treatment of dental pain – Minor procedure	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%
D9120	Fixed partial denture sectioning	0%	0%	0%	0%	0%	10%	40%	40%	50%	40%
D9440	Office visit – After regularly scheduled hours	0%	0%	0%	0%	0%	10%	0%	0%	0%	10%

■ Limitations may be different for Texas residents.

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Procedure Code ¹		Q1100	Q2100	Q3100	Q4100	Q5100	Q6100	Q3ZV0	Q4ZV0	Q5ZV0	Q6ZV0
Miscellaneous services											
D9940	Occlusal guard – By report (limit 1 per 24 months)	30%	30%	40%	40%	50%	40%	40%	40%	50%	40%
D9941	Fabrication of athletic mouthguard – (limit 1 per 12 months)	30%	30%	40%	40%	50%	40%	40%	40%	50%	30%
D9942	Repair and/or reline of occlusal guard	0%	0%	40%	40%	50%	40%	40%	40%	50%	40%
D9951	Occlusal adjustment – Limited	0%	0%	40%	40%	50%	40%	40%	40%	50%	40%
D9952	Occlusal adjustment – Complete	0%	0%	40%	40%	50%	40%	40%	40%	50%	40%
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays (all other methods of bleaching are not covered)	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$165



1. All CDT Codes are from *Code on Dental Procedures and Nomenclature*, a copyrighted publication provided by the American Dental Association. The American Dental Association does not endorse any codes which are not included in its current publication.

* Cigna Dental Care (DHMO) is used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care plans, and plans with open access features.

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