

Dental Full Schedule of Benefits Plan Design - Level 4 - Pennsylvania

The following benefit categories are payable using the 2018 CDT codes assigned by the American Dental Association® (ADA).

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These codes are proprietary and are subject to change by the ADA.

Plan benefits and amounts vary by states. Please refer to policy schedule addendum for complete list of covered procedures and benefit amounts.

Calendar Year Maximum per Covered Insured

Level 4 \$2,000

Dental Wellness (Cleanings)

Pays two visits per calendar year per covered insured.

Visits must be separated by 150 days or more.

Dental Wellness Benefits are not subject to the calendar year maximum. Any one or more of the following codes counts as a dental wellness visit:

CDT Code	Description	Waiting Period	Level 4
D0120	periodic oral evaluation - established patient	None	\$75
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	None	\$75
D0150	comprehensive oral evaluation - new or established patient	None	\$75
D0160	detailed and extensive oral evaluation - problem focused, by report	None	\$75
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	None	\$75
D0180	comprehensive periodontal evaluation - new or established patient	None	\$75
D0425	caries susceptibility tests	None	\$75
D0601	caries risk assessment and documentation, with a finding of low risk	None	\$75
D0602	caries risk assessment and documentation, with a finding of moderate risk	None	\$75
D0603	caries risk assessment and documentation, with a finding of high risk	None	\$75
D1110	prophylaxis - adult	None	\$75
D1120	prophylaxis - child	None	\$75
D1206	topical application of fluoride varnish	None	\$75
D1208	topical application of fluoride – excluding varnish	None	\$75
D1310	nutritional counseling for control of dental disease	None	\$75
D1320	tobacco counseling for the control and prevention of oral disease	None	\$75
D1330	oral hygiene instructions	None	\$75
D4910	periodontal maintenance	None	\$75
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	None	\$75
D9910	application of desensitizing medicament	None	\$75

Radiographic Image Procedure (X-Ray)

Payable once per visit, regardless of the number of X-Rays received.

This benefit is payable only once per calendar year per covered person. Radiographic Image Procedure

(X-Ray) Benefits are not subject to the calendar year maximum. Any one or more of the following codes counts as a radiographic image procedure (X-Ray):

CDT Code	Description	Waiting Period	Level 4
D0210	intraoral - complete series of radiographic images	None	\$35
D0220	intraoral - periapical first radiographic image	None	\$35
D0230	intraoral - periapical each additional radiographic image	None	\$35
D0240	intraoral - occlusal radiographic image	None	\$35
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	None	\$35
D0251	extra-oral posterior dental radiographic image	None	\$35
D0270	bitewing - single radiographic image	None	\$35
D0272	bitewings - two radiographic images	None	\$35
D0273	bitewings - three radiographic images	None	\$35
D0274	bitewings - four radiographic images	None	\$35
D0277	vertical bitewings - 7 to 8 radiographic images	None	\$35
D0330	panoramic radiographic image	None	\$35
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	None	\$35
D0393	treatment simulation using 3D image volume	None	\$35
D0394	digital subtraction of two or more images or image volumes of the same modality	None	\$35
D0395	fusion of two or more 3D image volumes of one or more modalities	None	\$35
	Filling & Basic Services		
CDT Code	Description	Waiting Period	Level 4
D0140	limited oral evaluation - problem focused	None	\$45
D0310	sialography	None	\$230
D0415	collection of microorganisms for culture and sensitivity	None	\$20
D0416	viral culture	None	\$20
D0417	collection and preparation of saliva sample for laboratory diagnostic testing	None	\$20
D0418	analysis of saliva sample	None	\$20



CDT Code	Description	Waiting Period	Level 4
D0423	genetic test for susceptibility to diseases – specimen analysis	None	\$20
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	None	\$20
D0460	pulp vitality tests	None	\$25
D0470	diagnostic casts	None	\$45
D2140	amalgam - one surface, primary or permanent	None	\$100
D2150	amalgam - two surfaces, primary or permanent	None	\$110
D2160	amalgam - three surfaces, primary or permanent	None	\$115
D2161	amalgam - four or more surfaces, primary or permanent	None	\$130
D2330	resin-based composite - one surface, anterior	None	\$100
D2331	resin-based composite - two surfaces, anterior	None	\$115
D2332	resin-based composite - three surfaces, anterior	None	\$140
D2335 D2390	resin-based composite - four or more surfaces or involving incisal angle (anterior)	None	\$165 \$165
D2390 D2391	resin-based composite crown, anterior resin-based composite - one surface, posterior	None None	\$100
D2391 D2392	resin-based composite - two surfaces, posterior	None	\$100
D2393	resin-based composite - three surfaces, posterior	None	\$140
D2394	resin-based composite - four or more surfaces, posterior	None	\$140
D2410	gold foil - one surface	None	\$320
D2420	gold foil - two surfaces	None	\$375
	Pain Management & Adjunctive Services		
CDT Code	Description	Waiting Period	Level 4
D9110	palliative (emergency) treatment of dental pain - minor procedure	None	\$45
D9222	deep sedation/general anesthesia – first 15 minutes	None	\$85
D9223	deep sedation/general anesthesia – each subsequent 15 minute increment	None	\$85
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	None	\$50
D9239	intravenous moderate (conscious) sedation/analgesia- first 15 minutes	None	\$80
D9243	intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	None	\$80
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	None	\$50
D9410	house/extended care facility call	None	\$50
D9420	hospital or ambulatory surgical center call	None	\$50
D9440	office visit - after regularly scheduled hours	None	\$50
D9450	case presentation, detailed and extensive treatment planning	None	\$50
D9930	treatment of complications (post-surgical) - unusual circumstances, by report Other Preventive Services	None	\$45
CDT Code	Description	Waiting Period	Level 4
D1351	sealant - per tooth	None	\$35
D1510	space maintainer - fixed - unilateral	None	\$115
D1515	space maintainer - fixed - bilateral	None	\$150
D1520	space maintainer - removable - unilateral	None	\$115
D1525	space maintainer - removable - bilateral	None	\$150
D1550	re-cement or re-bond space maintainer	None	\$60
D1555	removal of fixed space maintainer	None	\$60
D1575	distal shoe space maintainer – fixed – unilateral	None	\$115
	Oral Surgery, Gum Treatments, and Prosthetic Repair		l
CDT Code	Description	Waiting Period	Level 4
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	None	\$200
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	None	\$65
D4230	anatomical crown exposure - four or more contiguous teeth or bounded tooth spaces per quadrant	None	\$200
D4231	anatomical crown exposure - one to three teeth or bounded tooth spaces per quadrant	None	\$65
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	None	\$345
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	None	\$345
D4249 D4260	clinical crown lengthening – hard tissue osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded	None None	\$375 \$435
D4261	spaces per quadrant osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded	None	\$435
DAGG	spaces per quadrant	None	ÇVJE
D4263 D4264	bone replacement graft – retained natural tooth – first site in quadrant bone replacement graft – retained natural tooth – each additional site in quadrant	None	\$435 \$320
D4264 D4266	guided tissue regeneration - resorbable barrier, per site	None None	\$320 \$435
D4267	guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	None	\$435
D4270	pedicle soft tissue graft procedure	None	\$435



CDT Code	Description	Waiting Period	Level 4
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	None	\$460
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	None	\$435
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	None	\$225
D4278	free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	None	\$225
D4283	autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	None	\$460
D4285	non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	None	\$435
D4320	provisional splinting - intracoronal	None	\$230
D4321	provisional splinting - extracoronal	None	\$200
D4341	periodontal scaling and root planing - four or more teeth per quadrant	None	\$90
D4342	periodontal scaling and root planing - one to three teeth per quadrant	None	\$90
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	None	\$65
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	None	\$90
D4921	gingival irrigation – per quadrant	None	\$45
D5410	adjust complete denture - maxillary	None	\$45
D5411	adjust complete denture - mandibular	None	\$45
D5421	adjust partial denture - maxillary	None	\$45
D5422	adjust partial denture - mandibular	None	\$45
D5511	repair broken complete denture base, mandibular	None	\$65
D5512	repair broken complete denture base, maxillary	None	\$65
D5520	replace missing or broken teeth - complete denture (each tooth)	None	\$60
D5611	repair resin partial denture base, mandibular	None	\$65
D5612	repair resin partial denture base, maxillary	None	\$65
D5621	repair cast partial framework, mandibular	None	\$100
D5622	repair cast partial framework, maxillary	None	\$100
D5630	repair or replace broken clasp - per tooth	None	\$75
D5640	replace broken teeth - per tooth	None	\$60
D5650	add tooth to existing partial denture	None	\$70
D5660	add clasp to existing partial denture - per tooth	None	\$95
D5710	rebase complete maxillary denture	None	\$200
D5711	rebase complete mandibular denture	None	\$260
D5720	rebase maxillary partial denture	None	\$260
D5721	rebase mandibular partial denture	None	\$260
D5730	reline complete maxillary denture (chairside)	None	\$115
D5731	reline complete mandibular denture (chairside)	None	\$115
D5740	reline maxillary partial denture (chairside)	None	\$140
D5741	reline mandibular partial denture (chairside)	None	\$140
D5750	reline complete maxillary denture (laboratory)	None	\$175
D5751	reline complete mandibular denture (laboratory)	None	\$175
D5760	reline maxillary partial denture (laboratory)	None	\$200
D5761	reline mandibular partial denture (laboratory)	None	\$200
D5850	tissue conditioning, maxillary	None	\$60
D5851	tissue conditioning, mandibular	None	\$65
D6090	repair implant supported prosthesis, by report	None	\$175
D6091	replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	None	\$175
D6092	re-cement or re-bond implant/abutment supported crown	None	\$100
D6092	re-cement or re-bond implant/abutment supported crown re-cement or re-bond implant/abutment supported fixed partial denture	None	\$100
D6095	repair implant abutment, by report	None	\$175
D6100	implant removal, by report	None	\$55
D6930	re-cement or re-bond fixed partial denture	None	\$55
D7111	extraction, coronal remnants – primary tooth	None	\$85
D7111	extraction, coronal remnants – primary tooth extraction, erupted tooth or exposed root (elevation and/or forceps removal)	None	\$60
D7140	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal	None	\$140
D7220	flap if indicated	Na	6105
D7220	removal of impacted tooth - soft tissue	None	\$165
D7230	removal of impacted tooth - partially bony	None	\$200
D7240	removal of impacted tooth - completely bony	None	\$230
D7241	removal of impacted tooth - completely bony, with unusual surgical complications	None	\$260



CDT Code	Description	Waiting	Level 4
D7250	removal of residual tooth roots (cutting procedure)	Period None	\$105
D7251	coronectomy – intentional partial tooth removal	None	\$103
D7260	oroantral fistula closure	None	\$290
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	None	\$290
D7280	exposure of an unerupted tooth	None	\$290
D7282	mobilization of erupted or malpositioned tooth to aid eruption	None	\$100
D7283	placement of device to facilitate eruption of impacted tooth	None	\$100
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	None	\$245
D7286	incisional biopsy of oral tissue-soft	None	\$180
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	None	\$95
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	None	\$95
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	None	\$115
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	None	\$115
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	None	\$650
	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and	Trone	\$030
D7350	management of hypertrophied and hyperplastic tissue)	None	\$1,400
D7410	excision of benign lesion up to 1.25 cm	None	\$200
D7410	excision of benign lesion greater than 1.25 cm	None	\$325
D7411	excision of benign lesion, complicated	None	\$500
D7412	excision of malignant lesion up to 1.25 cm	None	\$400
D7413	excision of malignant lesion ap to 1.25 cm	None	\$600
D7414	excision of malignant lesion, complicated	None	\$700
D7440	excision of malignant tesion, complicated excision of malignant tumor - lesion diameter up to 1.25 cm	None	\$400
D7441	excision of malignant tumor - lesion diameter up to 1.25 cm	None	\$700
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	None	\$420
D7450	removal of benign odontogenic cyst of tumor - lesion diameter up to 1.25 cm	None	\$400
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	None	\$375
D7461	removal of benign nonodontogenic cyst of tumor - lesion diameter greater than 1.25 cm	None	\$500
D7471	removal of lateral exostosis (maxilla or mandible)	None	\$400
D7471	removal of torus palatinus	None	\$500
D7473	removal of torus mandibularis	None	\$500
D7475	reduction of osseous tuberosity	None	\$400
D7483	incision and drainage of abscess - intraoral soft tissue	None	\$150
D7510	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	None	\$225
D7511	incision and drainage of abscess - intraoral soft tissue	None	\$275
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	None	\$400
D7521	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	None	\$240
D7530	removal of reaction producing foreign bodies, musculoskeletal system	None	\$290
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone	None	\$260
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	None	\$1,180
D7610	maxilla - open reduction (teeth immobilized, if present)	None	\$1,600
D7610	maxilla - closed reduction (teeth immobilized, if present)	None	\$1,600
D7630	mandible - open reduction (teeth immobilized, if present)	None	\$1,600
D7630	mandible - open reduction (teeth immobilized, if present) mandible - closed reduction (teeth immobilized, if present)	None	\$1,600
D7650	malar and/or zygomatic arch - open reduction	None	\$1,600
D7650	malar and/or zygomatic arch - open reduction malar and/or zygomatic arch - closed reduction	None	\$1,600
D7660 D7670	alveolus - closed reduction, may include stabilization of teeth	None	\$1,000
D7671	alveolus - crosed reduction, may include stabilization of teeth	None	\$1,095
D7671	maxilla - open reduction	None	\$1,600
D7710	maxilla - closed reduction	None	\$1,600
D7720 D7730	maxitia - closed reduction mandible - open reduction	None	\$1,600
D7740	mandible - open reduction mandible - closed reduction	None	\$1,600
D7750	malar and/or zygomatic arch - open reduction	None	\$1,600
D7760	malar and/or zygomatic arch - open reduction	None	\$1,600
D7760 D7770	alveolus - open reduction stabilization of teeth	None	\$665
D7771	alveolus, closed reduction stabilization of teeth	None	\$1,095
D7771	bone replacement graft for ridge preservation - per site	None	\$1,095
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure		\$115
D7960 D7963	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure frenuloplasty	None	\$115
	excision of hyperplastic tissue - per arch	None	
D7970 D7971		None	\$115
	excision of pericoronal gingiva fixed partial denture sectioning	None	\$105 \$55
D9120	nxeu paruar denture sectioning	None	২ 55



		Waiting	
CDT Code	Description	Period	Level 4
	Crowns and Major Services		
CDT Code	Description	Waiting Period	Level 4
D2510	inlay - metallic - one surface	12 months	\$290
D2520	inlay - metallic - two surfaces	12 months	\$320
D2530	inlay - metallic - three or more surfaces	12 months	\$520
D2542	onlay - metallic - two surfaces	12 months	\$375
D2543	onlay - metallic - three surfaces	12 months	\$405
D2544 D2610	onlay - metallic - four or more surfaces inlay - porcelain/ceramic - one surface	12 months 12 months	\$435 \$320
D2620	inlay - porcelain/ceramic - one surfaces	12 months	\$375
D2630	inlay - porcelain/ceramic - three or more surfaces	12 months	\$520
D2642	onlay - porcelain/ceramic - two surfaces	12 months	\$405
D2643	onlay - porcelain/ceramic - three surfaces	12 months	\$435
D2644	onlay - porcelain/ceramic - four or more surfaces	12 months	\$490
D2650	inlay - resin-based composite - one surface	12 months	\$260
D2651 D2652	inlay - resin-based composite - two surfaces inlay - resin-based composite - three or more surfaces	12 months 12 months	\$320 \$405
D2662	onlay - resin-based composite - timee of more surfaces	12 months	\$375
D2663	onlay - resin-based composite - three surfaces	12 months	\$405
D2664	onlay - resin-based composite - four or more surfaces	12 months	\$405
D2710	crown - resin-based composite (indirect)	12 months	\$230
D2712	crown - ¾ resin-based composite (indirect)	12 months	\$230
D2720	crown - resin with high noble metal	12 months	\$520
D2721	crown - resin with predominantly base metal	12 months	\$520
D2722 D2740	crown - resin with noble metal crown - porcelain/ceramic	12 months 12 months	\$520 \$520
D2750	crown - porcelain/ceramic	12 months	\$520
D2751	crown - porcelain fused to predominantly base metal	12 months	\$520
D2752	crown - porcelain fused to noble metal	12 months	\$520
D2780	crown - 3/4 cast high noble metal	12 months	\$520
D2781	crown - 3/4 cast predominantly base metal	12 months	\$520
D2782	crown - 3/4 cast noble metal	12 months	\$520
D2783 D2790	crown - 3/4 porcelain/ceramic crown - full cast high noble metal	12 months 12 months	\$520 \$520
D2790	crown - full cast predominantly base metal	12 months	\$520
D2792	crown - full cast noble metal	12 months	\$520
D2794	crown - titanium	12 months	\$520
D2799	#N/A	12 months	#N/A
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	12 months	\$50
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	12 months	\$50
D2920 D2921	re-cement or re-bond crown reattachment of tooth fragment, incisal edge or cusp	12 months	\$50 \$50
D2921 D2930	prefabricated stainless steel crown - primary tooth	12 months 12 months	\$100
D2931	prefabricated stainless steel crown - primary tooth prefabricated stainless steel crown - permanent tooth	12 months	\$110
D2932	prefabricated resin crown	12 months	\$165
D2933	prefabricated stainless steel crown with resin window	12 months	\$175
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	12 months	\$100
D2940	protective restoration	12 months	\$45
D2941	interim therapeutic restoration – primary dentition	12 months	\$35
D2949 D2950	restorative foundation for an indirect restoration core buildup, including any pins when required	12 months 12 months	\$45 \$85
D2950 D2951	pin retention - per tooth, in addition to restoration	12 months	\$30
D2952	post and core in addition to crown, indirectly fabricated	12 months	\$150
D2954	prefabricated post and core in addition to crown	12 months	\$165
D2955	post removal	12 months	\$115
D2975	coping	12 months	\$375
D2980	crown repair necessitated by restorative material failure	12 months	\$110
D3110 D3120	pulp cap - direct (excluding final restoration) pulp cap - indirect (excluding final restoration)	12 months 12 months	\$35 \$35
	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and		
D3220	application of medicament	12 months	\$60
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	12 months	\$60
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	12 months	\$65
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	12 months	\$65
D3310	endodontic therapy, anterior tooth (excluding final restoration)	12 months	\$320
D3320	endodontic therapy, premolar tooth (excluding final restoration)	12 months	\$375



B3584 Percentation of provious cost cand therapy amendor 12 months 520	CDT Code	Description	Waiting Period	Level 4
D3346 retreatment of previous root can therapy—personal 12 months 3345 retreatment of previous root can therapy—personal 12 months 3345 retreatment of previous root can therapy—personal 12 months 3345 retreatment of previous root can therapy—personal 12 months 3345 retreatment of previous root can therapy—molar 13 months 3300 appoint advantage calcitation—interior interior calcitation—interior medication replacement 13 months 3300 appoint advantage calcitation—interior interior medication replacement 13 months 3300 appoint advantage calcitation—interior interior medication replacement 12 months 3300 pulps in generation—interior medication replacement 13 months 3300 pulps in generation—interior medication replacement 13 months 3300 pulps in generation—interior medication replacement 13 months 3300 pulps in generation—interior medication replacement 14 months 3300 pulps in generation interior pulps interior medication replacement 14 months 3300 pulps in generation interior pulps interior pulps interior pulps interior pulps inte	D3330	endodontic therapy, molar tooth (excluding final restoration)		\$490
D3347 retreatment of previous root canal therapy - premolar D3368 retreatment of previous root canal therapy - premolar D3371 apset/fication/reclafication - interim medication replacement D3372 apset/fication/reclafication - interim medication replacement D3373 apset/fication/reclafication - interim medication replacement D3374 pubbli regeneration - interim device and reclamation replacement D3375 pubbli regeneration - completion of treatment D3376 pubbli regeneration - completion of treatment D3376 pubbli regeneration - completion of treatment D3470 periodicular surgery without proceeding the process of				
D3551 apperlication/recalcification – Intellinate distance / Calcific repair of perforations, root recorption, etc.) D352 apperlication/recalcification – Intellinate distance replacement D3532 apperlication/recalcification – Intellinate distance replacement D3533 apperlication/recalcification – Intellinate distance replacement D3533 apperlication/recalcification – Intellinate distance replacement D3534 pupil appearementation – Intellia Volt D3535 pupil appearementation – Intellia Volt D3536 pupil appearementation – Intellia Volt D3537 pupil appearementation – Intellia Volt D3537 pupil appearementation – Intellia Volt D3539 pupil appearementation – Intellia Volt D3530 pupil appearementation – Intellia Volt D3530 pupil appearementation – Intellia Volt D3531 pupil appearementation – Intellia Volt D3531 pupil appearementation – Intellia Volt D3532 pupil appearementation – Intellia Volt D3532 pupil appearementation – Intellia Volt D3532 pupil appearementation – Intellia Volt D3533 pupil appearementation – Intellia Volt D3533 pupil appearementation – Intellia Volt D3532 pupil appearementation – Intellia Volt D3533 pupil appearementation – Intellia Volt D3533 pupil appearementation – Intellia Volt D3532 pupil appearementation – Intellia Volt D3532 pupil appearementation – Intellia Volt D3533 pupil appearementation – Intellia Volt D3534 pupil appearementation – Intellia Volt D3534 pupil appearementation – Intellia Volt D3535 pupil appearementation –	D3347		12 months	
D3551 apperlication/recalcification – Intellinate distance / Calcific repair of perforations, root recorption, etc.) D352 apperlication/recalcification – Intellinate distance replacement D3532 apperlication/recalcification – Intellinate distance replacement D3533 apperlication/recalcification – Intellinate distance replacement D3533 apperlication/recalcification – Intellinate distance replacement D3534 pupil appearementation – Intellia Volt D3535 pupil appearementation – Intellia Volt D3536 pupil appearementation – Intellia Volt D3537 pupil appearementation – Intellia Volt D3537 pupil appearementation – Intellia Volt D3539 pupil appearementation – Intellia Volt D3530 pupil appearementation – Intellia Volt D3530 pupil appearementation – Intellia Volt D3531 pupil appearementation – Intellia Volt D3531 pupil appearementation – Intellia Volt D3532 pupil appearementation – Intellia Volt D3532 pupil appearementation – Intellia Volt D3532 pupil appearementation – Intellia Volt D3533 pupil appearementation – Intellia Volt D3533 pupil appearementation – Intellia Volt D3532 pupil appearementation – Intellia Volt D3533 pupil appearementation – Intellia Volt D3533 pupil appearementation – Intellia Volt D3532 pupil appearementation – Intellia Volt D3532 pupil appearementation – Intellia Volt D3533 pupil appearementation – Intellia Volt D3534 pupil appearementation – Intellia Volt D3534 pupil appearementation – Intellia Volt D3535 pupil appearementation –	D3348	retreatment of previous root canal therapy - molar	12 months	\$460
D3325 appedication/reaclificationinterim medication replacement D3385 pulgai regeneration, etc.) D3396 pulgai regeneration- initial visit D3397 pulgai regeneration- interim medication replacement D3397 pulgai regeneration- completion of treatment D3397 pulgai regeneration- completion of treatment D3490 pulgai regeneration completion of treatment D3490 pulgai regeneration completion of treatment D3490 pulgai regeneration replacement D3490 pulgai regeneration of the pulgai regeneration replacement D3490 pulgai regeneration of the pulgai regeneration replacement D3490 pulgai regeneration replacement D3490 pulgai regeneration replacement D3490 retrograde filling: per root D3490 pulgai regeneration, resorbable barrier, per six, in conjunction with perindicular surgery D3490 pulgai regeneration, resorbable barrier, per six, in conjunction with perindicular surgery D3490 pulgai regeneration, resorbable barrier, per six, in conjunction with perindicular surgery D3490 pulgai regeneration, resorbable barrier, per six, in conjunction with perindicular surgery D3490 pulgai regeneration, resorbable barrier, per six, in conjunction with perindicular surgery D3490 pulgai regeneration, resorbable barrier, per six, in conjunction with perindicular surgery D3490 pulgai regeneration, resorbable barrier, per six, in conjunction with perindicular surgery D3490 pulgai regeneration, resorbable barrier, per six, in conjunction with perindicular surgery D3490 pulgai regeneration, resorb				\$200
D3355 pulpal regeneration - interim medication replacement 12 months 555 pulpal regeneration - interim medication replacement 12 months 555 pulpal regeneration - interim medication replacement 12 months 555 pulpal regeneration - interim medication replacement 12 months 555 pulpal regeneration - interim medication replacement 12 months 555 pulpal regeneration - completion of treatment 12 months 555 pulpal regeneration - completion of treatment 12 months 550 pulpal regeneration - completion of treatment 12 months 540 pulpal regeneration - months 540 pulpal regeneration - months 540 pulpal regeneration - months 540 pulpal regeneration completion of treatment 12 months 540 pulpal regeneration completion of treatment 12 months 540 pulpal regeneration on which periodicular surgery without appearation surgery - per tooth, single site 12 months 540 pulpal regeneration on which periodicular surgery - each additional roomiguous tooth in the same surgical site 12 months 540 pulpal regeneration on which periodicular surgery - each additional roomiguous tooth in the same surgical site 12 months 540 pulpal regeneration regeneration, resortable barrier, per site, in conjunction with periodicular surgery 12 months 540 pulpal regeneration and not seen some still surgery 12 months 540 pulpal regeneration and fitting of preformed dowel or post 12 months 540 pulpal regeneration and fitting of preformed dowel or post 12 months 540 pulpal regeneration and fitting of preformed dowel or post 12 months 540 pulpal regeneration and fitting of preformed dowel or post 12 months 540 pulpal regeneration and fitting of preformed dowel or post 12 months 540 pulpal regeneration and fitting of preformed dowel or post 12 months 540 pulpal regeneration and fitting of preformed dowel or post 12 months 540 pulpal regeneration and fitting of preformed dowel or post 12 months 540 pulpal regeneration and fitting of preformed dowel or post 12 months 540 pulpal regeneration and fitting of preformed dowel or post 12 months 540 pulpal regeneration and fitt	D3352		12 months	\$55
D3355	D3353		12 months	\$100
D3355 pulpal regeneration - interim medication replacement 12 months 555	D3355	pulpal regeneration - initial visit	12 months	\$100
D3537 pulpal regeneration - completion of treatment (12 months 5210 b3421 apicoectomy - premolar (first root) (12 months 5430 b3421 apicoectomy - premolar (first root) (12 months 5430 b3422 apicoectomy - premolar (first root) (12 months 5430 b3422 bar preparation (first root) (12 months 5430 b3422 bar premidicular surgery without apicoectomy - month 5430 bar part in conjunction with premidicular surgery - per tooth, single site (12 months 5370 b3428 bore graft in conjunction with premidicular surgery - per tooth, single site (12 months 5370 b3430 bore graft in conjunction with premidicular surgery - per tooth, single site (12 months 5370 b3430 bore graft in conjunction with premidicular surgery - per tooth, single site (12 months 5370 b3430 bore graft in conjunction with periadicular surgery - per tooth, single site (12 months 5370 b3430 bore graft in conjunction with periadicular surgery (12 months 5370 b3430 bar periadicular surgery - per tooth 5370 b3430 bar periadicular surgery (12 months 5370 b3430 bar periadicular surgery (12 months 5370 b3430 bar periadicular surgery (13 months 5370 b3430 bar periadicular surgery (13 months 5430 bar periadicular s	D3356		12 months	\$55
D3421 apiccectomy- premolar (first root) 12 months 5485 5490 5492	D3357		12 months	\$55
D3425 apicoectomy-molar (first root) 12 months 5405 193427 periodicular surgery without particular orot) 12 months 5405 193427 periodicular surgery without particular orot) 12 months 5405 193427 periodicular surgery without particular surgery – per tooth, single site 12 months 5375 193499 pone graft in conjunction with periadicular surgery – per tooth, single site 12 months 5375 193499 pone graft in conjunction with periadicular surgery – per tooth single site 12 months 5415 193431 per tooth 12 months 5415 193431 per tooth 13 months 5415 193431 per tooth 13 months 5415 193432 per tooth 13 months 5415 193433 per tooth 13 months 5415 193434 per tooth 13 months 541	D3410		12 months	\$210
D3425 apicoectomy-molar (first root) 12 months 5405 193427 periodicular surgery without particular orot) 12 months 5405 193427 periodicular surgery without particular orot) 12 months 5405 193427 periodicular surgery without particular surgery – per tooth, single site 12 months 5375 193499 pone graft in conjunction with periadicular surgery – per tooth, single site 12 months 5375 193499 pone graft in conjunction with periadicular surgery – per tooth single site 12 months 5415 193431 per tooth 12 months 5415 193431 per tooth 13 months 5415 193431 per tooth 13 months 5415 193432 per tooth 13 months 5415 193433 per tooth 13 months 5415 193434 per tooth 13 months 541	D3421	apicoectomy - premolar (first root)	12 months	\$435
D3427 Den one graft in conjunction with periradicular surgery – per tooth, single site 12 months S375	D3425	apicoectomy - molar (first root)	12 months	\$490
D3428 bone graft in conjunction with periadcular surgery – per tooth, single site D3429 bone graft in conjunction with periadcular surgery – each additional contiguous tooth in the same surgical site D3430 retrograde filting- per root D3431 biologic materials to aid in soft and osseous dissue regeneration in conjunction with periadicular surgery D3432 guided tissue regeneration, resorbable barrier, per site, in conjunction with periadicular surgery D3430 periadicular surgery	D3426	apicoectomy (each additional root)	12 months	\$165
Days 29 bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site 12 months 5175 D3431 biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery 12 months 559 D3432 (guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery 12 months 539 D3450 root amputation – per root 12 months 5230 D3450 root amputation – per root 12 months 5230 D3920 hemisection (including any root removal), not including root canal therapy 12 months 5230 Canal preparation and fitting of preformed dowel or post 12 months 520 D3930 canal preparation and fitting of preformed dowel or post 13 months 540 D3930 Canal preparation and fitting of preformed dowel or post 14 months 540 D3930 Canal preparation and fitting of preformed dowel or post 14 months 540 D3930 Canal preparation and fitting of preformed dowel or post 14 months 540 D3930 Canal preparation and fitting of preformed dowel or post 14 months 540 D3930 Canal preparation and fitting of preformed dowel or post 14 months 540 D3930 Canal preparation and fitting of preformed dowel or post 14 months 540 D3930 Canal preparation and fitting of preformed dowel or post 540 D3930 Canal preparation and fitting of preformed dowel or post 540 D3930 Canal preparation and fitting of preformed dowel or post 540 D3930 Canal preparation and fitting of preformed dowel or post 540 D3930 Canal preparation and fitting of preformed dowel or post 540 D3930 Canal preparation and fitting of preformed dowel or post 540 D3930 Canal preparation and fitting of preformed dowel or post 540 D3930 Canal preparation and fitting of preformed dowel or post 540 D3930 Canal preparation and fitting of preformed dowel or post 540 D3930 Canal preparation and fitting of preformed dowel or post 540 D3930 Canal preparation and fitting of preformed dowel or post 540 D3930 Canal preparation and fitting of preformed dowel or post 540 D3930 Canal preparation and fitting of preformed dowel	D3427	periradicular surgery without apicoectomy	12 months	\$360
D3430 retrograde filling - per root 12 months 515 D3431 biologic materials to adi in soft and osseous tissue regeneration in conjunction with periradicular surgery 12 months 555 D3432 guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery 12 months 543 D3450 root amputation - per root 12 months 543 D3500 canal preparation and fitting of preformed dowel or post 12 months 518 D3500 canal preparation and fitting of preformed dowel or post 12 months 518 D3500 canal preparation and fitting of preformed dowel or post 12 months 540 D5100 complete denture - manillary 24 months 560 D5110 complete denture - manillary 24 months 566 D51210 complete denture - manillary 24 months 566 D51210 immediate denture - manillary 24 months 566 D51211 minediate denture - manillary 24 months 566 D52121 manillary partial denture - resin base (including any conventional clasps, rests and teeth) 24 months 577 D5213 maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) 24 months 543 D5214 manillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) 24 months 543 D5214 manillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) 24 months 543 D5212 immediate manillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) 24 months 543 D5212 immediate manillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) 24 months 543 D5213 immediate manillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) 24 months 543 D5214 immediate manillary partial denture - cast metal framework with resin dentu	D3428	bone graft in conjunction with periradicular surgery – per tooth, single site	12 months	\$375
D3431 Diologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery 12 months 555	D3429	bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	12 months	\$175
Q3432 guided tissue respenantion, resorbable barrier, per site, in conjunction with periadicular surgery 12 months 5435	D3430	retrograde filling - per root	12 months	\$115
D3950 root amputation - per root 12 months 5230 239500 23950 23950 23950 23950 23950 23950 23950 239	D3431	biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	12 months	\$55
D3920 hemisection (including any mot removal), not including root canal therapy 21 months 280 D3930 canal preparation and fitting of preformed dowel or post 12 months 280 Major Prosthetic Services Waiting Pendd	D3432	guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	12 months	\$435
CDT Code Description Descript	D3450		12 months	\$230
District Correction	D3920	hemisection (including any root removal), not including root canal therapy	12 months	\$185
District Correction	D3950	canal preparation and fitting of preformed dowel or post	12 months	\$90
DS110 complete denture - maxillary DS110 complete denture - maxillary DS120 complete denture - maxillary DS130 immediate denture - maxillary DS130 immediate denture - maxillary DS140 complete denture - resin base (including any conventional clasps, rests and teeth) DS121 maxillary partial denture - resin base (including any conventional clasps, rests and teeth) DS131 maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) DS141 teeth) DS141 teeth) DS142 maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) DS142 immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth) DS142 complete denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) DS142 complete denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) DS142 complete denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) DS142 complete denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) DS142 complete denture - cast metal framework with resin denture bases (including any conventional clasps, and teeth) DS152 complete denture - flexible base (including any clasps, rests and teeth) DS152 complete denture - flexible base (including any clasps, rests and teeth) DS152 complete denture (maxillary) DS153 complete denture (maxillary) DS154 complete denture (maxillary) DS155 complete denture (maxillary) DS156 complete denture (maxillary) DS156 complete dentu				
DS120 complete denture - mandibular 24 months \$665 DS130 immediate denture - mandibular 24 months \$665 DS140 immediate denture - mandibular 24 months \$665 DS211 maxillary partial denture - resin base (including any conventional clasps, rests and teeth) 24 months \$575 DS212 maxillary partial denture - resin base (including any conventional clasps, rests and teeth) 24 months \$575 DS213 maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) 24 months \$435 DS214 mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) 24 months \$435 DS212 immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth) 24 months \$575 DS222 immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth) 24 months \$575 DS222 immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth) 24 months \$575 DS224 immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) 24 months \$435 DS224 rest PS24 P	CDT Code	Description		Level 4
D5130 Immediate denture - maxillary 24 months 5665 5575 55721 maxillary partial denture - resin base (including any conventional clasps, rests and teeth) 24 months 5575 55721 25721 24 months 5575 25721 25721 24 months 5575 25721 257	D5110	complete denture - maxillary	24 months	\$665
D5140 Immediate denture - mandibular 24 months 5665 D5211 maxillary partial denture - resin base (including any conventional clasps, rests and teeth) 24 months 5575 D5212 mandibular partial denture - resin base (including any conventional clasps, rests and teeth) 24 months 5575 D5213 maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) 24 months 5435 D5214 mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) 24 months 5435 D5221 immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth) 24 months 5575 D5222 immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth) 24 months 5575 D5223 immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) 24 months 5435 rests and teeth) 24 months 5435 rests and teeth) 24 months 5435 D5226 maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) 24 months 5435 D5226 maxillary partial denture - flexible base (including any clasps, rests and teeth) 24 months 5435 D5226 maxillary partial denture - flexible base (including any clasps, rests and teeth) 24 months 5435 D5286 removable unilateral partial denture - nep piece cast metal (including clasps and teeth) 24 months 5435 D5281 removable unilateral partial denture - nep piece cast metal (including clasps and teeth) 24 months 5435 D5281 replace all teeth and acrylic on cast metal framework (maxillary) 24 months 5260 D5810 interim morphete denture (maxillary) 24 months 5260 D5811 interim complete denture (maxillary) 24 months 5260 D5865 overdenture - complete maxillary 24 months 5260 D5865 overdenture -	D5120		24 months	\$665
D5211 maxillary partial denture - resin base (including any conventional clasps, rests and teeth) 24 months 5575 D5212 mandibular partial denture - resin base (including any conventional clasps, rests and teeth) 24 months 5575 D5213 maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) 24 months 5435 D5214 mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) 24 months 5435 D5221 immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth) 24 months 5575 D5222 immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth) 24 months 5575 D5223 rests and teeth) 24 months 5575 D5224 maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) 3435 D5224 maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) 44 months 5435 D5225 maxillary partial denture - flexible base (including any clasps, rests and teeth) 24 months 5435 D5226 mandibular partial denture - flexible base (including any clasps, rests and teeth) 24 months 5435 D5281 removable unilateral partial denture - flexible base (including any clasps, rests and teeth) 24 months 5435 D5281 removable unilateral partial denture - flexible base (including any clasps, rests and teeth) 24 months 5436 D5810 interim complete denture (maxillary) 24 months 5436 D5811 interim complete denture (maxillary) 24 months 5436 D5811 interim complete denture (maxillary) 24 months 5436 D5803 interim partial denture (maxillary) 24 months 5436 D5804 overdenture - complete maxillary 24 months 5436 D5805 overdenture - complete maxillary 24 months 5430 D5806 overdenture - complete maxillary 24 months 5430 D5806 overdenture - complete maxillary 24 months 5430 D5806 overdenture - complete maxillary 34 months 5430 D6001 surgical p	D5130	immediate denture - maxillary	24 months	\$665
DS212 mandibular partial denture - resin base (including any conventional clasps, rests and teeth) 24 months 5575	D5140	immediate denture - mandibular	24 months	\$665
D5213 maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) 24 months 5435	D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	24 months	\$575
D5214 mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) D5212 immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth) D5223 immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth) D5224 immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) D5225 immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) D5226 immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) D5226 mandibular partial denture - flexible base (including any clasps, rests and teeth) D5226 mandibular partial denture - flexible base (including any clasps, rests and teeth) D5226 mandibular partial denture - flexible base (including any clasps, rests and teeth) D5227 replace all teeth and acrylic on cast metal framework (mandibular) D5280 replace all teeth and acrylic on cast metal framework (maxillary) D5281 replace all teeth and acrylic on cast metal framework (mandibular) D5280 interim complete denture (maxillary) D5281 interim complete denture (maxillary) D5282 interim partial denture (maxillary) D5283 interim partial denture (maxillary) D5284 ya months D5285 ya months D5286 overdenture - complete maxillary D5286 overdenture - complete maxillary D5286 overdenture - partial mandibular D5286 overdenture - partial mandibular D5286 overdenture - partial mandibular D5286 overdenture - complete maxillary D5287 ya months D52888 ya months D5288 ya months D528	D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	24 months	\$575
D5214 teeth	D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	24 months	\$435
D5222 immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth) 24 months \$435	D5214		24 months	\$435
D5222 immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth) 24 months \$435	D5221	·	24 months	\$575
D5223 immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) 24 months \$435	D5222			
D5224 rests and teeth) D5225 maxillary partial denture - flexible base (including any clasps, rests and teeth) D5226 maxillary partial denture - flexible base (including any clasps, rests and teeth) D5226 removable unilateral partial denture - one piece cast metal (including clasps and teeth) D5281 removable unilateral partial denture - one piece cast metal (including clasps and teeth) D5260 replace all teeth and acrylic on cast metal framework (maxillary) D5671 replace all teeth and acrylic on cast metal framework (maxillary) D5810 interim complete denture (maxillary) D5811 interim complete denture (maxillary) D5820 interim partial denture (maxillary) D5821 interim partial denture (mandibular) D5820 interim partial denture (mandibular) D5821 interim partial denture (mandibular) D5823 overdenture - complete maxillary D5844 overdenture - complete maxillary D5865 overdenture - complete maxillary D5866 overdenture - partial maxillary D5866 overdenture - partial mandibular D5866 overdenture - partial mandibular D6010 surgical placement of implant body: endosteal implant D6011 second stage implant surgery D6012 surgical placement of interim implant body for transitional prosthesis: endosteal implant D6010 surgical placement of interim implant body for transitional prosthesis: endosteal implant D6010 surgical placement of interim implant D6011 surgical placement of interim implant body for transitional prosthesis: endosteal implant D6012 surgical placement of interim implant D6013 surgical placement of interim implant D6014 surgical placement of interim implant D6015 surgical placement: eposteal implant D6016 surgical placement: transosteal implant D6017 surgical placement: transosteal implant D6018 surgical placement: transosteal implant D6019 surgical placement: transosteal implant D6010 surgical placement: transosteal implant D6020 semi-precision attachment abutment D6030 surgical placement: transosteal implant D6040 surgical placement: transosteal implant D6050 surgical placem	D5223		24 months	\$435
D5225maxillary partial denture - flexible base (including any clasps, rests and teeth)24 months\$435D5226mandibular partial denture - flexible base (including any clasps, rests and teeth)24 months\$435D5281removable unilateral partial denture - one piece cast metal (including clasps and teeth)24 months\$435D5670replace all teeth and acrylic on cast metal framework (maxillary)24 months\$260D5671replace all teeth and acrylic on cast metal framework (mandibular)24 months\$260D5810interim complete denture (maxillary)24 months\$345D5811interim complete denture (mandibular)24 months\$345D5820interim partial denture (mandibular)24 months\$260D5821interim partial denture (mandibular)24 months\$260D5863overdenture - complete maxillary24 months\$600D5864overdenture - partial maxillary24 months\$300D5865overdenture - partial mandibular24 months\$300D5866overdenture - partial mandibular24 months\$300D6010surgical placement of implant body: endosteal implant24 months\$300D6011second stage implant surgery24 months\$300D6012surgical placement of interim implant body for transitional prosthesis: endosteal implant24 months\$920D6013surgical placement: eposteal implant24 months\$920D6040surgical placement: ensosteal implant24 months\$1,600<	D5224		24 months	\$435
D5226mandibular partial denture - flexible base (including any clasps, rests and teeth)24 months\$435D5281removable unilateral partial denture - one piece cast metal (including clasps and teeth)24 months\$435D5670replace all teeth and acrylic on cast metal framework (maxillary)24 months\$260D5671replace all teeth and acrylic on cast metal framework (mandibular)24 months\$260D5810interim complete denture (maxillary)24 months\$345D5811interim complete denture (mandibular)24 months\$345D5820interim partial denture (maxillary)24 months\$260D5821interim partial denture (mandibular)24 months\$260D5863overdenture - complete maxillary24 months\$300D5864overdenture - partial maxillary24 months\$300D5865overdenture - partial mandibular24 months\$300D5866overdenture - partial mandibular24 months\$300D6010surgical placement of implant body: endosteal implant24 months\$300D6011second stage implant surgery24 months\$920D6012surgical placement of interim implant body for transitional prosthesis: endosteal implant24 months\$920D6013surgical placement: eposteal implant24 months\$920D6040surgical placement: eposteal implant24 months\$1,600D6050surgical placement: transosteal implant24 months\$1,600D6050prefabricated abutment -	D5225	,	24 months	\$435
D5281 removable unilateral partial denture - one piece cast metal (including clasps and teeth) p5670 replace all teeth and acrylic on cast metal framework (maxillary) p5671 replace all teeth and acrylic on cast metal framework (mandibular) p5671 replace all teeth and acrylic on cast metal framework (mandibular) p5881 interim complete denture (maxillary) p5881 interim complete denture (mandibular) p5882 interim partial denture (mandibular) p5882 interim partial denture (mandibular) p5883 overdenture - complete maxillary p5884 overdenture - complete maxillary p5885 overdenture - partial maxillary p5886 overdenture - partial maxillary p5886 overdenture - partial mandibular p6010 surgical placement of implant body: endosteal implant p6011 second stage implant surgery p6012 surgical placement of interim implant body for transitional prosthesis: endosteal implant p6013 surgical placement of interim implant body for transitional prosthesis: endosteal implant p6040 surgical placement: eposteal implant p6050 surgical placement: transosteal implant p6050 prefabricated abutment - includes modification and placement p5060 surgical placement: 24 months p5075 p6056 prefabricated abutment - includes modification and placement p5075				
D5670replace all teeth and acrylic on cast metal framework (maxillary)24 months\$260D5671replace all teeth and acrylic on cast metal framework (mandibular)24 months\$260D5810interim complete denture (maxillary)24 months\$345D5811interim complete denture (mandibular)24 months\$345D5820interim partial denture (maxillary)24 months\$260D5831interim partial denture (mandibular)24 months\$260D5863overdenture - complete maxillary24 months\$600D5864overdenture - partial maxillary24 months\$300D5865overdenture - partial mandibular24 months\$600D5866overdenture - partial mandibular24 months\$300D6010surgical placement of implant body: endosteal implant24 months\$920D6011second stage implant surgery24 months\$920D6012surgical placement of interim implant body for transitional prosthesis: endosteal implant24 months\$920D6013surgical placement of mini implant24 months\$920D6040surgical placement: eposteal implant24 months\$1,600D6050surgical placement: transosteal implant24 months\$1,600D6051semi-precision attachment abutment24 months\$755D6056prefabricated abutment – includes modification and placement24 months\$400				·
D5671replace all teeth and acrylic on cast metal framework (mandibular)24 months\$260D5810interim complete denture (maxillary)24 months\$345D5811interim complete denture (mandibular)24 months\$345D5820interim partial denture (maxillary)24 months\$260D5821interim partial denture (mandibular)24 months\$260D5863overdenture - complete maxillary24 months\$600D5864overdenture - partial maxillary24 months\$300D5865overdenture - complete mandibular24 months\$600D5866overdenture - partial mandibular24 months\$300D6010surgical placement of implant body: endosteal implant24 months\$920D6011second stage implant surgery24 months\$300D6012surgical placement of interim implant body for transitional prosthesis: endosteal implant24 months\$920D6013surgical placement of inini implant24 months\$920D6040surgical placement: eposteal implant24 months\$920D6040surgical placement: eposteal implant24 months\$1,600D6050surgical placement: transosteal implant24 months\$1,600D6051semi-precision attachment abutment24 months\$575D6056prefabricated abutment - includes modification and placement24 months\$400				
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D5863overdenture - complete maxillary24 months\$600D5864overdenture - partial maxillary24 months\$300D5865overdenture - complete mandibular24 months\$600D5866overdenture - partial mandibular24 months\$300D6010surgical placement of implant body: endosteal implant24 months\$920D6011second stage implant surgery24 months\$300D6012surgical placement of interim implant body for transitional prosthesis: endosteal implant24 months\$920D6013surgical placement of mini implant24 months\$920D6040surgical placement: eposteal implant24 months\$1,600D6050surgical placement: transosteal implant24 months\$1,600D6051semi-precision attachment abutment24 months\$575D6056prefabricated abutment - includes modification and placement24 months\$400	D5821		24 months	\$260
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D6056 prefabricated abutment – includes modification and placement 24 months \$400				
D6057 custom fabricated abutment – includes placement 24 months \$400				
	D6057	custom fabricated abutment – includes placement	24 months	\$400



CDT Code	Description	Waiting	Level 4
	·	Period	
D6058 D6059	abutment supported porcelain/ceramic crown	24 months	\$575
D6059 D6060	abutment supported porcelain fused to metal crown (high noble metal) abutment supported porcelain fused to metal crown (predominantly base metal)	24 months 24 months	\$575 \$575
D6060 D6061	abutment supported porcelain fused to metal crown (predominantly base metal)	24 months	\$575
D6061	abutment supported cast metal crown (high noble metal)	24 months	\$575
D6063	abutment supported cast metal crown (mgn hose metal)	24 months	\$575
D6064	abutment supported cast metal crown (noble metal)	24 months	\$575
D6065	implant supported porcelain/ceramic crown	24 months	\$575
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	24 months	\$575
D6067	implant supported metal crown (titanium, titanium alloy, high noble metal)	24 months	\$575
D6068	abutment supported retainer for porcelain/ceramic FPD	24 months	\$575
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	24 months	\$575
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	24 months	\$575
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	24 months	\$575
D6072	abutment supported retainer for cast metal FPD (high noble metal)	24 months	\$575
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	24 months	\$575
D6074	abutment supported retainer for cast metal FPD (noble metal)	24 months	\$575
D6075	implant supported retainer for ceramic FPD	24 months	\$575
D6076 D6077	implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal) implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	24 months 24 months	\$575 \$575
ווטסטו	implant supported retainer for cast metal FPD (titanium, titanium alloy, or nigh noble metal) implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and	24 1110111115	\$313
D6080	abutments	24 months	\$160
D6085	provisional implant crown	24 months	\$110
D6094	abutment supported crown - (titanium)	24 months	\$575
D6110	implant /abutment supported removable denture for edentulous arch – maxillary	24 months	\$920
D6111	implant /abutment supported removable denture for edentulous arch – mandibular	24 months	\$920
D6112	implant /abutment supported removable denture for partially edentulous arch – maxillary	24 months	\$920
D6113	implant /abutment supported removable denture for partially edentulous arch – mandibular	24 months	\$920
D6114	implant /abutment supported fixed denture for edentulous arch – maxillary	24 months	\$920
D6115	implant /abutment supported fixed denture for edentulous arch – mandibular	24 months	\$920
D6116	implant /abutment supported fixed denture for partially edentulous arch – maxillary	24 months	\$920
D6117	implant /abutment supported fixed denture for partially edentulous arch – mandibular	24 months	\$920
D6194	abutment supported retainer crown for FPD (titanium)	24 months	\$575
D6205	pontic - indirect resin based composite	24 months	\$575
D6210	pontic - cast high noble metal	24 months	\$520
D6211 D6212	pontic - cast predominantly base metal pontic - cast noble metal	24 months	\$520 \$520
D6212 D6214	pontic - cast noble metal pontic - titanium	24 months 24 months	\$520 \$575
D6214 D6240	pontic - orcelain fused to high noble metal	24 months	\$520
D6241	pontic - porcelain fused to high hobe metal	24 months	\$520
D6242	pontic - porcelain fused to noble metal	24 months	\$520
D6245	pontic - porcelain/ceramic	24 months	\$520
D6250	pontic - resin with high noble metal	24 months	\$520
D6251	pontic - resin with predominantly base metal	24 months	\$520
D6252	pontic - resin with noble metal	24 months	\$520
D6253	provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	24 months	\$520
D6545	retainer - cast metal for resin bonded fixed prosthesis	24 months	\$220
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	24 months	\$220
D6549	resin retainer – for resin bonded fixed prosthesis	24 months	\$220
D6600	retainer inlay - porcelain/ceramic, two surfaces	24 months	\$375
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	24 months	\$520
D6602	retainer inlay - cast high noble metal, two surfaces	24 months	\$460
D6603	retainer inlay - cast high noble metal, three or more surfaces	24 months	\$490
D6604	retainer inlay - cast predominantly base metal, two surfaces	24 months	\$460
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	24 months	\$490
D6606 D6607	retainer inlay - cast noble metal, two surfaces retainer inlay - cast noble metal, three or more surfaces	24 months 24 months	\$460 \$490
D6607 D6608	retainer intay - cast noble metal, three or more surfaces retainer onlay - porcelain/ceramic, two surfaces	24 months	\$490 \$405
D6609	retainer onlay - porcelain/ceramic, two surfaces retainer onlay - porcelain/ceramic, three or more surfaces	24 months	\$435
D6610	retainer onlay - cast high noble metal, two surfaces	24 months	\$490
20010	retainer onlay - cast high noble metal, three or more surfaces	24 months	\$520
D6611			, . — -
D6611 D6612			\$490
D6611 D6612 D6613	retainer onlay - cast predominantly base metal, two surfaces retainer onlay - cast predominantly base metal, three or more surfaces	24 months 24 months	\$490 \$520



CDT Code	Description	Waiting Period	Level 4
D6615	retainer onlay - cast noble metal, three or more surfaces	24 months	\$520
D6624	retainer inlay - titanium	24 months	\$490
D6634	retainer onlay - titanium	24 months	\$520
D6710	retainer crown - indirect resin based composite	24 months	\$520
D6720	retainer crown - resin with high noble metal	24 months	\$520
D6721	retainer crown - resin with predominantly base metal	24 months	\$520
D6722	retainer crown - resin with noble metal	24 months	\$520
D6740	retainer crown - porcelain/ceramic	24 months	\$520
D6750	retainer crown - porcelain fused to high noble metal	24 months	\$520
D6751	retainer crown - porcelain fused to predominantly base metal	24 months	\$520
D6752	retainer crown - porcelain fused to noble metal	24 months	\$520
D6780	retainer crown - 3/4 cast high noble metal	24 months	\$520
D6781	retainer crown - 3/4 cast predominantly base metal	24 months	\$520
D6782	retainer crown - 3/4 cast noble metal	24 months	\$520
D6783	retainer crown - 3/4 porcelain/ceramic	24 months	\$520
D6790	retainer crown - full cast high noble metal	24 months	\$520
D6791	retainer crown - full cast predominantly base metal	24 months	\$520
D6792	retainer crown - full cast noble metal	24 months	\$520
D6793	provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	24 months	\$260
D6794	retainer crown - titanium	24 months	\$520

EXCLUSIONS AND LIMITATIONS

Each benefit requires that charges are incurred for treatment. We will not pay benefits for: coding convention errors, misrepresentations or upcoding, crown replacement services within five years of last placement, inlay or onlay replacement services within five years of last placement, procedures prior to the effective date, procedures prior to the expiration of the waiting period, prosthetic replacement services within five years of last placement, repairs within six months of the initial procedure, sealant limitation (limited to secondary molars for dependent children under age 16 and will not be payable more often than every five years), teeth missing before the policy effective date, treatment outside of the United States, unlisted procedures, or unrecommended or unrequired services. This list does not include a complete description of each limitation and exclusion. To obtain a complete description of benefits, limitations and exclusions, please refer to the policy or see your Colonial Life benefits counselor.

Applicable to policy Dental-PA. This is not an insurance contract and only the actual policy provisions will control.

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DENTAL SCHEDULE OF BENEFITS - IDFS - LEVEL 4 | 3-18 | TM-509-PA