

Most Commonly Performed Procedure Code Comparison

CDT 2027			Covered under													
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 01 and 02 PCS		Cigna Dental 03 PCS		Cigna Dental 04 PCS		Cigna Dental 05 PCS		Cigna Dental 06 PCS		Cigna Dental 07 PCS		Cigna Dental 08 PCS		Chair Time Per Minutes
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CLINICAL ORAL EVALUATIONS																
D0120	Periodic oral evaluation – established patient	Y		Y		Y		Y		Y		Y		Y		15
D0140	Limited oral evaluation – problem focused	Y	00130	Y		Y		Y		Y		Y		Y		15
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	Y	00120 00110	Y	00120 00150	Y	D0120 D0150	Y	D0120 D0150	Y	D0120 D0150	Y		Y		15
D0150	Comprehensive oral evaluation – new or established patient	Y	00110	Y		Y		Y		Y		Y		Y		15
D0160	Detailed and extensive oral evaluation – problem focused, by report	Y		Y		Y		Y		Y		Y		Y		15
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	Y		Y		Y		Y		Y		Y		Y		15
D0180	Comprehensive periodontal evaluation – new or established patient	Y	04110	Y	04110	Y		Y		Y		Y		Y		45
DIAGNOSTIC IMAGING																
D0210	Intraoral – comprehensive series of radiographic images	Y		Y		Y		Y		Y		Y		Y		30
D0220	Intraoral – periapical first radiographic image	Y		Y		Y		Y		Y		Y		Y		0
D0230	Intraoral – periapical each additional radiographic image	Y		Y		Y		Y		Y		Y		Y		0

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DIAGNOSTIC IMAGING (continued)																
D0240	Intraoral – occlusal radiographic image	Y		Y		Y		Y		Y		Y		Y		15
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	N		N		N		N		N		N		N		
D0251	Extra-oral posterior dental radiographic image	Y	D0274	Y	D0274	Y	D0274	Y	D0274	Y	D0274	Y	D0274	Y	D0274	15
D0270	Bitewing – single radiographic image	Y		Y		Y		Y		Y		Y		Y		0
D0272	Bitewings – two radiographic images	Y		Y		Y		Y		Y		Y		Y		15
D0273	Bitewings – three radiographic images	Y		Y		Y		Y		Y		Y		Y		15
D0274	Bitewings – four radiographic images	Y		Y		Y		Y		Y		Y		Y		15
D0277	Vertical bitewings – 7 to 8 radiographic images	Y		Y		Y		Y		Y		Y		Y		15
D0330	Panoramic radiographic image	Y		Y		Y		Y		Y		Y		Y		15
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	Y	Included as part of D8999	Y	Included as part of D8999	Y	Included as part of D8999	Y	Included as part of D8999	Y	Included as part of D8999	Y	Included as part of D8999	Y	Included as part of D8999	
D0350	2D oral/facial photographic images obtained intra-orally or extra-orally	Y	Included as part of D8999	Y	Included as part of D8999	Y	Included as part of D8999	Y	Included as part of D8999	Y	Included as part of D8999	Y	Included as part of D8999	Y	Included as part of D8999	

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DIAGNOSTIC IMAGING (continued)																
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	Y	D0210	Y	D0210	Y	D0210	Y	D0210	Y	D0210	Y	D0210	Y	D0210	30
D0373	Intraoral tomosynthesis – bitewing radiographic image	Y	D0270	Y	D0270	Y	D0270	Y	D0270	Y	D0270	Y	D0270	Y	D0270	0
D0374	Intraoral tomosynthesis – periapical radiographic image	Y	D0220	Y	D0220	Y	D0220	Y	D0220	Y	D0220	Y	D0220	Y	D0220	0
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	Y	D0709	Y	D0709	Y	D0709	Y	D0709	Y	D0709	Y	D0709	Y	D0709	30
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	Y	D0708	Y	D0708	Y	D0708	Y	D0708	Y	D0708	Y	D0708	Y	D0708	0
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	Y	D0707	Y	D0707	Y	D0707	Y	D0707	Y	D0707	Y	D0707	Y	D0707	0
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	Y	Inclusive to Eval./Cons.	Y	Inclusive to Eval./Cons.	Y	Inclusive to Eval./Cons.	Y	Inclusive to Eval./Cons.	Y	Inclusive to Eval./Cons.	Y	Inclusive to Eval./Cons.	Y	Inclusive to Eval./Cons.	
D0396	3D printing of a 3D dental surface scan	Y	Included as part of D8999 / D0801 / D0802	Y	Included as part of D8999 / D0801 / D0802	Y	Included as part of D8999 / D0801 / D0802	Y	Included as part of D8999 / D0801 / D0802	Y	Included as part of D8999 / D0801 / D0802	Y	Included as part of D8999 / D0801 / D0802	Y	Included as part of D8999 / D0801 / D0802	15

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DIAGNOSTIC IMAGING (continued)																
D0461	Testing for cracked tooth	Y	Inclusive to Eval./ Cons./ Dental Service	Y	Inclusive to Eval./ Cons./ Dental Service	Y	Inclusive to Eval./ Cons./ Dental Service	Y	Inclusive to Eval./ Cons./ Dental Service	Y	Inclusive to Eval./ Cons./ Dental Service	Y	Inclusive to Eval./ Cons./ Dental Service	Y	Inclusive to Eval./ Cons./ Dental Service	15
D0701	Panoramic radiographic image – image capture only	Y	D0330	Y	D0330	Y	D0330	Y	D0330	Y	D0330	Y	D0330	Y	D0330	15
D0702	2-D cephalometric radiographic image – image capture only	Y	Included as part of D8999	Y	Included as part of D8999	Y	Included as part of D8999	Y	Included as part of D8999	Y	Included as part of D8999	Y	Included as part of D8999	Y	Included as part of D8999	15
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	Y	Included as part of D8999	Y	Included as part of D8999	Y	Included as part of D8999	Y	Included as part of D8999	Y	Included as part of D8999	Y	Included as part of D8999	Y	Included as part of D8999	15
D0705	Extra-oral posterior dental radiographic image – image capture only	Y	D0274	Y	D0274	Y	D0274	Y	D0274	Y	D0274	Y	D0274	Y	D0274	15
D0706	Intraoral – occlusal radiographic image – image capture only	Y	D0240	Y	D0240	Y	D0240	Y	D0240	Y	D0240	Y	D0240	Y	D0240	15
D0707	Intraoral – periapical radiographic image – image capture only	Y	D0220	Y	D0220	Y	D0220	Y	D0220	Y	D0220	Y	D0220	Y	D0220	0
D0708	Intraoral – bitewing radiographic image – image capture only	Y	D0270	Y	D0270	Y	D0270	Y	D0270	Y	D0270	Y	D0270	Y	D0270	0
D0709	Intraoral – comprehensive series of radiographic images – image capture only	Y	D0210	Y	D0210	Y	D0210	Y	D0210	Y	D0210	Y	D0210	Y	D0210	30

Cigna Dental Care® – Patient Charge Schedules

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DIAGNOSTIC IMAGING (continued)																
D0801	3D intraoral surface scan – direct	Y	Included as part of D8999 comparable to D0350	Y	Included as part of D8999 comparable to D0350	Y	Included as part of D8999 comparable to D0350	Y	Included as part of D8999 comparable to D0350	Y	Included as part of D8999 comparable to D0350	Y	Included as part of D8999 comparable to D0350	Y	Included as part of D8999 comparable to D0350	15
D0802	3D dental surface scan – indirect	Y	Included as part of D8999 comparable to D0350	Y	Included as part of D8999 comparable to D0350	Y	Included as part of D8999 comparable to D0350	Y	Included as part of D8999 comparable to D0350	Y	Included as part of D8999 comparable to D0350	Y	Included as part of D8999 comparable to D0350	Y	Included as part of D8999 comparable to D0350	15
D0803	3D facial surface scan – direct	Y	Included as part of D8999 comparable to D0350	Y	Included as part of D8999 comparable to D0350	Y	Included as part of D8999 comparable to D0350	Y	Included as part of D8999 comparable to D0350	Y	Included as part of D8999 comparable to D0350	Y	Included as part of D8999 comparable to D0350	Y	Included as part of D8999 comparable to D0350	15
D0804	3D facial surface scan – indirect	Y	Included as part of D8999 comparable to D0350	Y	Included as part of D8999 comparable to D0350	Y	Included as part of D8999 comparable to D0350	Y	Included as part of D8999 comparable to D0350	Y	Included as part of D8999 comparable to D0350	Y	Included as part of D8999 comparable to D0350	Y	Included as part of D8999 comparable to D0350	15
TESTS AND LABORATORY EXAMINATIONS																
D0415	Collection of microorganisms for culture and sensitivity	Y	00410	N		N		N		N		N		N		15
D0425	Caries susceptibility tests	N		N		N		N		N		N		N		

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TESTS AND LABORATORY EXAMINATIONS (continued)																
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	N		N		N		N		Y		Y		Y		15
D0460	Pulp vitality tests	Y		Y		Y		Y		Y		Y		Y		0
D0470	Diagnostic casts	Y		Y		Y		Y		Y		Y		Y		30
D0472	Accession of tissue, gross examination, preparation and transmission of written report	Y		Y				Y		Y		Y		Y		
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	Y		Y		Y		Y		Y		Y		Y		
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	Y		Y		Y	D0501	Y		Y		Y		Y		
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	Y	D0473	Y	D0473	Y	D0473	Y	D0473	Y	D0473	Y	D0473	Y	D0473	

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TESTS AND LABORATORY EXAMINATIONS (continued)																
D0502	Other oral pathology procedures, by report	N		N		N		N		N		N		N		
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	Y	Inclusive to Eval./Cons.	Y	Inclusive to Eval./Cons.	Y	Inclusive to Eval./Cons.	Y	Inclusive to Eval./Cons.	Y	Inclusive to Eval./Cons.	Y	Inclusive to Eval./Cons.	Y	Inclusive to Eval./Cons.	15
PREVENTIVE SERVICES																
D1110	Prophylaxis – adult	Y		Y		Y		Y		Y		Y		Y		45
D1120	Prophylaxis – child	Y		Y		Y		Y		Y		Y		Y		15
D1206	Application of medicament – topical fluoride varnish; full mouth	Y	D1203	Y	D1203	Y	D1203	Y	D1203	Y	D1203	Y	D1203	Y	D1203	15
D1208	Application of medicament – topical fluoride – excluding varnish; full mouth	Y	D1203	Y	D1203	Y	D1203	Y	D1203	Y	D1203	Y	D1203	Y	D1203	15
D1209	Application of caries preventive medicament – topical non-fluoride; full mouth	Y	D1203	Y	D1203	Y	D1203	Y	D1203	Y	D1203	Y	D1203	Y	D1203	15
D1310	Nutritional counseling for control of dental disease	N		N		N		N		N		N		N		
D1320	Tobacco counseling for the control and prevention of oral disease	N		N		N		N		N		N		N		
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	N		N		N		N		N		N		N		

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PREVENTIVE SERVICES (continued)																
D1330	Oral hygiene instructions	Y		Y		Y		Y		Y		Y		Y		0
D1351	Sealant – per tooth	Y		Y		Y		Y		Y		Y		Y		15
D1353	Sealant repair – per tooth	Y	D1351	Y	D1351	Y	D1351	Y	D1351	Y	D1351	Y	D1351	Y	D1351	15
D1354	Application of caries arresting medicament without surgical intervention – per tooth	Y	Apply copay for D1206	Y	Apply copay for D1206	Y	Apply copay for D1206	Y	Apply copay for D1206	Y	Apply copay for D1206	Y	Apply copay for D1206	Y	Apply copay for D1206	15
D1355	Application of medicament – primary prevention, or remineralization without surgical intervention; per tooth	Y	Apply copay for D1206	Y	Apply copay for D1206	Y	Apply copay for D1206	Y	Apply copay for D1206	Y	Apply copay for D1206	Y	Apply copay for D1206	Y	Apply copay for D1206	15
D1510	Space maintainer – fixed, unilateral – per quadrant	Y		Y		Y		Y		Y		Y		Y		60
D1516	Space maintainer – fixed – bilateral, maxillary	Y	D1515	Y	D1515	Y	D1515	Y	D1515	Y	D1515	Y	D1515	Y	D1515	60
D1517	Space maintainer – fixed – bilateral, mandibular	Y	D1515	Y	D1515	Y	D1515	Y	D1515	Y	D1515	Y	D1515	Y	D1515	60
D1520	Space maintainer – removable, unilateral – per quadrant	N		N		N		N		N		N		N		
D1526	Space maintainer – removable – bilateral, maxillary	N	D1525	N	D1525	N	D1525	N	D1525	N	D1525	N	D1525	N	D1525	
D1527	Space maintainer – removable – bilateral, mandibular	N	D1525	N	D1525	N	D1525	N	D1525	N	D1525	N	D1525	N	D1525	
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	Y	02920	Y	D1550	Y	D1550	Y	D1550	Y	D1550	Y	D1550	Y	D1550	15

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PREVENTIVE SERVICES (continued)																
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	Y	02920	Y	D1550	Y	D1550	Y	D1550	Y	D1550	Y	D1550	Y	D1550	15
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	Y	02920	Y	D1550	Y	D1550	Y	D1550	Y	D1550	Y	D1550	Y	D1550	15
D1556	Removal of fixed unilateral space maintainer – per quadrant	Y	D1555	Y	D1555	Y	D1555	Y	D1555	Y	D1555	Y	D1555	Y	D1555	15
D1557	Removal of fixed bilateral space maintainer – maxillary	Y	D1555	Y	D1555	Y	D1555	Y	D1555	Y	D1555	Y	D1555	Y	D1555	15
D1558	Removal of fixed bilateral space maintainer – mandibular	Y	D1555	Y	D1555	Y	D1555	Y	D1555	Y	D1555	Y	D1555	Y	D1555	15
D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant	Y	D1510	Y	D1510	Y	D1510	Y	D1510	Y	D1510	Y	D1510	Y	D1510	60
D1999	Unspecified preventive procedure, by report	N		N		N		N		N		N		N		
RESTORATIONS (INCLUDING POLISHING)																
D2140	Amalgam – one surface, primary or permanent	Y		Y		Y		Y		Y		Y		Y		15
D2150	Amalgam – two surfaces, primary or permanent	Y		Y		Y		Y		Y		Y		Y		30
D2160	Amalgam – three surfaces, primary or permanent	Y		Y		Y		Y		Y		Y		Y		45

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RESTORATIONS (INCLUDING POLISHING) (continued)																
D2161	Amalgam – four or more surfaces, primary or permanent	Y		Y		Y		Y		Y		Y		Y		45
D2330	Resin-based composite – one surface, anterior	Y		Y		Y		Y		Y		Y		Y		30
D2331	Resin-based composite – two surfaces, anterior	Y		Y		Y		Y		Y		Y		Y		30
D2332	Resin-based composite – three surfaces, anterior	Y		Y		Y		Y		Y		Y		Y		45
D2335	Resin-based composite – four or more surfaces (anterior)	Y		Y		Y		Y		Y		Y		Y		45
D2390	Resin-based composite crown, direct	Y	02336 02337	Y	02336 02337	Y		Y		Y		Y		Y		45
D2391	Resin-based composite – one surface, posterior	Y	02380 02385	Y	02380 02385	Y		Y		Y		Y		Y		30
D2392	Resin-based composite – two surfaces, posterior	Y	02381 02386	Y	02381 02386	Y		Y		Y		Y		Y		30
D2393	Resin-based composite – three surfaces, posterior	Y	02382 02387	Y	02382 02387	Y		Y		Y		Y		Y		45
D2394	Resin-based composite – four or more surfaces, posterior	Y	02388	Y	02388	Y		Y		Y		Y		Y		45
INLAY/ONLAY RESTORATIONS																
D2510	Inlay – metallic – one surface	Y		Y		Y		Y		Y		Y		Y		90
D2520	Inlay – metallic – two surfaces	Y		Y		Y		Y		Y		Y		Y		90

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INLAY/ONLAY RESTORATIONS (continued)																
D2530	Inlay – metallic – three or more surfaces	Y		Y		Y		Y		Y		Y		Y		90
D2542	Onlay – metallic – two surfaces	Y		Y		Y		Y		Y		Y		Y		90
D2543	Onlay – metallic – three surfaces	Y	02540	Y		Y		Y		Y		Y		Y		90
D2544	Onlay – metallic – four or more surfaces	Y	02540	Y		Y		Y		Y		Y		Y		90
D2610	Inlay – porcelain/ceramic – one surface	N		N		N		N		N		N		N		
D2620	Inlay – porcelain/ceramic – two surfaces	N		N		N		N		N		N		N		
D2630	Inlay – porcelain/ceramic – three surfaces	N		N		N		N		N		N		N		
D2642	Onlay – porcelain/ceramic – two surfaces	N		N		N		N		N		N		N		
D2643	Onlay – porcelain/ceramic – three surfaces	N		N		N		N		N		N		N		
D2644	Onlay – porcelain/ceramic – four or more surfaces	N		N		N		N		N		N		N		
D2650	Inlay – resin-based composite – one surface	N		N		N		N		N		N		N		
D2651	Inlay – resin-based composite – two surfaces	N		N		N		N		N		N		N		

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under														
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 01 and 02 PCS		Cigna Dental 03 PCS		Cigna Dental 04 PCS		Cigna Dental 05 PCS		Cigna Dental 06 PCS		Cigna Dental 07 PCS		Cigna Dental 08 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	
INLAY/ONLAY RESTORATIONS (continued)																
D2652	Inlay – resin-based composite – three or more surfaces	N		N		N		N		N		N		N		
D2662	Onlay – resin-based composite – two surfaces	N		N		N		N		N		N		N		
D2663	Onlay – resin-based composite – three surfaces	N		N		N		N		N		N		N		
D2664	Onlay – resin-based composite – four or more surfaces	N		N		N		N		N		N		N		
CROWNS – SINGLE RESTORATION ONLY																
D2740	Crown – porcelain/ceramic	Y		Y		Y		Y		Y		Y		Y		120
D2750	Crown – porcelain fused to high noble metal	Y		Y		Y		Y		Y		Y		Y		120
D2751	Crown – porcelain fused to predominantly base metal	Y		Y		Y		Y		Y		Y		Y		120
D2752	Crown – porcelain fused to noble metal	Y		Y		Y		Y		Y		Y		Y		120
D2753	Crown – porcelain fused to titanium and titanium alloys	Y	D2750	Y	D2750	Y	D2750	Y	D2750	Y	D2750	Y	D2750	Y	D2750	120
D2780	Crown – 3/4 cast high noble metal	Y	02810	Y	02810	Y		Y		Y		Y		Y		120
D2781	Crown – 3/4 cast predominantly based metal	Y	02810	Y	02810	Y		Y		Y		Y		Y		120
D2782	Crown – 3/4 cast noble metal	Y	02810	Y	02810	Y		Y		Y		Y		Y		120
D2790	Crown – full cast high noble metal	Y		Y		Y		Y		Y		Y		Y		120

Most Commonly Performed Procedure Code Comparison

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		Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	
CROWNS – SINGLE RESTORATION ONLY (continued)																
D2791	Crown – full cast predominantly base metal	Y		Y		Y		Y		Y		Y		Y		120
D2792	Crown – full cast noble metal	Y		Y		Y		Y		Y		Y		Y		120
D2794	Crown – titanium and titanium alloys	Y	02790	Y	02790	Y	D2790	Y	D2790	Y		Y		Y		120
OTHER RESTORATIVE SERVICES																
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	Y		Y		Y		Y		Y		Y		Y		15
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	Y	02920	Y	02920	Y	D2920	Y	D2920	Y		Y		Y		15
D2920	Re-cement or re-bond crown	Y		Y		Y		Y		Y		Y		Y		15
D2921	Reattachment of tooth fragment, incisal edge or cusp	N		N		N		N		N		N		N		
D2928	Prefabricated porcelain/ ceramic crown – permanent tooth	N		N		Y	D2933	Y	D2933	Y	D2933	Y	D2934	Y	D2934	45
D2929	Prefabricated porcelain/ ceramic crown – primary tooth	N		N		Y	D2933	Y	D2933	Y	D2933	Y	D2934	Y	D2934	45
D2930	Prefabricated stainless steel crown – primary tooth	Y		Y		Y		Y		Y		Y		Y		45
D2931	Prefabricated stainless steel crown – permanent tooth	Y		Y		Y		Y		Y		Y		Y		45

Most Commonly Performed Procedure Code Comparison

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		Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	
OTHER RESTORATIVE SERVICES (continued)																
D2932	Prefabricated resin crown	Y		Y		Y		Y		Y		Y		Y		45
D2933	Prefabricated stainless steel crown with resin window	N		Y		Y		Y		Y		Y		Y		45
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	N		N		Y	D2933	Y	D2933	Y	D2933	Y		Y		45
D2940	Placement of interim direct restoration	Y		Y		Y		Y		Y		Y		Y		30
D2949	Restorative foundation for an indirect restoration	N		N		N		N		N		N		N		
D2950	Core buildup, including any pins when required	Y		Y		Y		Y		Y		Y		Y		45
D2951	Pin retention – per tooth, in addition to restoration	Y		Y		Y		Y		Y		Y		Y		15
D2952	Post and core in addition to crown, indirectly fabricated	Y		Y		Y		Y		Y		Y		Y		45
D2954	Prefabricated post and core in addition to crown	Y		Y		Y		Y		Y		Y		Y		45
D2955	Post removal	N		N		N		N		N		N		N		
D2956	Removal of an indirect restoration on a natural tooth	Y	Inclusive to the primary restorative procedure	Y	Inclusive to the primary restorative procedure	Y	Inclusive to the primary restorative procedure	Y	Inclusive to the primary restorative procedure	Y	Inclusive to the primary restorative procedure	Y	Inclusive to the primary restorative procedure	Y	Inclusive to the primary restorative procedure	15
D2960	Labial veneer (resin laminate) – direct	Y		Y		Y		Y		Y		Y		Y		45
D2961	Labial veneer (resin laminate) – indirect	N		N		N		N		N		N		N		

Cigna Dental Care® – Patient Charge Schedules

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under														
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 01 and 02 PCS		Cigna Dental 03 PCS		Cigna Dental 04 PCS		Cigna Dental 05 PCS		Cigna Dental 06 PCS		Cigna Dental 07 PCS		Cigna Dental 08 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	
OTHER RESTORATIVE SERVICES (continued)																
D2962	Labial veneer (porcelain laminate) – indirect	N		N		N		N		N		N		N		
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	N		N		N		N		N		N		N		
D2976	Band stabilization – per tooth	Y	Inclusive to the primary restorative procedure	Y	Inclusive to the primary restorative procedure	Y	Inclusive to the primary restorative procedure	Y	Inclusive to the primary restorative procedure	Y	Inclusive to the primary restorative procedure	Y	Inclusive to the primary restorative procedure	Y	Inclusive to the primary restorative procedure	15
D2980	Crown repair necessitated by restorative material failure	N		N		N		N		N		N		N		
D2989	Excavation of a tooth resulting in the determination of non-restorability	Y	D3332	Y	D3332	Y	D3332	Y	D3332	Y	D3332	Y	D3332	Y	D3332	45
D2991	Application of hydroxyapatite regeneration medicament - per tooth	Y	D1351	Y	D1351	Y	D1351	Y	D1351	Y	D1351	Y	D1351	Y	D1351	30
D2999	Unspecified restorative procedure, by report	N		N		N		N		N		N		N		
ENDODONTICS																
D3110	Pulp cap – direct (excluding final restoration)	Y		Y		Y		Y		Y		Y		Y		15
D3120	Pulp cap – indirect (excluding final restoration)	Y		Y		Y		Y		Y		Y		Y		15

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		Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	
ENDODONTICS (continued)																
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	Y		Y		Y		Y		Y		Y		Y		30
D3221	Pulpal debridement – primary and permanent teeth	Y		Y		Y		Y		Y		Y		Y		30
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	Y	03220	Y	03220	Y	D3220	Y	D3220	Y	D3220	Y		Y		30
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	N		N		N		N		N		N		N		
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	N		N		N		N		N		N		N		
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	Y		Y		Y		Y		Y		Y		Y		90
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	Y		Y		Y		Y		Y		Y		Y		105

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under														
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 01 and 02 PCS		Cigna Dental 03 PCS		Cigna Dental 04 PCS		Cigna Dental 05 PCS		Cigna Dental 06 PCS		Cigna Dental 07 PCS		Cigna Dental 08 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	
ENDODONTICS (continued)																
D3330	Endodontic therapy, molar tooth (excluding final restoration)	Y		Y		Y		Y		Y		Y		Y		120
D3331	Treatment of root canal obstruction; non-surgical access	N		N		Y		Y		Y		Y		Y		45
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	N		N		Y		Y		Y		Y		Y		45
D3333	Internal root repair of perforation defects	N		N		Y		Y		Y		Y		Y		45
D3346	Retreatment of previous root canal therapy – anterior	Y		Y		Y		Y		Y		Y		Y		90
D3347	Retreatment of previous root canal therapy – premolar	Y		Y		Y		Y		Y		Y		Y		105
D3348	Retreatment of previous root canal therapy – molar	Y		Y		Y		Y		Y		Y		Y		120
D3351	Apexification/recalcification – initial visit (apical closure/ calcific repair of perforations, root resorption, etc.)	N		N		N		N		N		N		N		
D3352	Apexification/recalcification – interim medication replacement	N		N		N		N		N		N		N		

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		Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	
ENDODONTICS (continued)																
D3353	Apexification/recalcification – final visit (includes completed root canal therapy-apical closure/calcific repair of perforations, root resorption, etc.)	N		N		N		N		N		N		N		
D3355	Pulpal regeneration – initial visit	N		N		N		N		N		N		N		
D3356	Pulpal regeneration – interim medication replacement	N		N		N		N		N		N		N		
D3357	Pulpal regeneration – completion of treatment	N		N		N		N		N		N		N		
D3410	Apicoectomy – anterior	Y		Y		Y		Y		Y		Y		Y		60
D3421	Apicoectomy – premolar (first root)	Y		Y		Y		Y		Y		Y		Y		60
D3425	Apicoectomy – molar (first root)	Y		Y		Y		Y		Y		Y		Y		60
D3426	Apicoectomy – (each additional root)	Y		Y		Y		Y		Y		Y		Y		30
D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site	N		N		N		N		N		N		N		
D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	N		N		N		N		N		N		N		
D3430	Retrograde filling – per root	Y		Y		Y		Y		Y		Y		Y		15

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		Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	
ENDODONTICS (continued)																
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	N		N		N		N		N		N		N		
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	N		N		N		N		N		N		N		
D3450	Root amputation – per root	N		N		N		N		N		N		N		
D3460	Endodontic endosseous implant	N		N		N		N		N		N		N		
D3470	Intentional re-implantation (including necessary splinting)	N		N		N		N		N		N		N		
D3471	Surgical repair of root resorption – anterior	Y	03410	Y	03410	Y	D3410	Y	D3410	Y	D3410	Y	D3410	Y	D3410	60
D3472	Surgical repair of root resorption – premolar	Y	03410	Y	03410	Y	D3410	Y	D3410	Y	D3410	Y	D3410	Y	D3410	60
D3473	Surgical repair of root resorption – molar	Y	03410	Y	03410	Y	D3410	Y	D3410	Y	D3410	Y	D3410	Y	D3410	60
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	Y	03410	Y	03410	Y	D3410	Y	D3410	Y	D3410	Y	D3410	Y	D3410	60

Most Commonly Performed Procedure Code Comparison

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ENDODONTICS (continued)																
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	Y	03410	Y	03410	Y	D3410	Y	D3410	Y	D3410	Y	D3410	Y	D3410	60
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	Y	03410	Y	03410	Y	D3410	Y	D3410	Y	D3410	Y	D3410	Y	D3410	60
D3910	Surgical procedure for isolation of tooth with rubber dam	N		N		N		N		N		N		N		
D3911	Intraorifice barrier	N	Included as part of endo/rest procedure	N	Included as part of endo/rest procedure	N	Included as part of endo/rest procedure	N	Included as part of endo/rest procedure	N	Included as part of endo/rest procedure	N	Included as part of endo/rest procedure	N	Included as part of endo/rest procedure	15
D3920	Hemisection (including any root removal), not including root canal therapy	N		N		N		N		N		N		N		
D3921	Decoronation or submergence of an erupted tooth	Y	03410/ D3471	Y	03410/ D3471	Y	D3410/ D3471	Y	D3410/ D3471	Y	D3410/ D3471	Y	D3410/ D3471	Y	D3410/ D3471	60
D3950	Canal preparation and fitting of preformed dowel or post	N	Included as part of post 02954	N	Included as part of post 02954	N	Included as part of post D2954	N	Included as part of post D2954	N	Included as part of post D2954	N	Included as part of post D2954	N		
D3999	Unspecified endodontic procedure, by report	N		N		N		N		N		N		N		

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PERIODONTAL SERVICES (INCLUDING USUAL POSTOPERATIVE SERVICES)																
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	Y		Y		Y		Y		Y		Y		Y		45
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	Y		Y		Y		Y		Y		Y		Y		30
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	Y	D4211	Y	D4211	Y	D4211	Y	D4211	Y	D4211	Y	D4211	Y	D4211	30
D4230	Anatomical crown exposure – four or more contiguous teeth or tooth bounded spaces per quadrant	N		N		N		N		N		N		N		
D4231	Anatomical crown exposure – one to three teeth or tooth bounded spaces per quadrant	N		N		N		N		N		N		N		
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	Y		Y		Y		Y		Y		Y		Y		75
D4241	Gingival flap procedure – one to three contiguous teeth or tooth bounded spaces, per quadrant	Y		Y		Y		Y		Y		Y		Y		60

Most Commonly Performed Procedure Code Comparison

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		Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	
PERIODONTAL SERVICES (INCLUDING USUAL POSTOPERATIVE SERVICES) (continued)																
D4245	Apically positioned flap	Y		Y		Y		Y		Y		Y		Y		75
D4249	Clinical crown lengthening – hard tissue	Y		Y		Y		Y		Y		Y		Y		60
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	Y		Y		Y		Y		Y		Y		Y		90
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces, per quadrant	Y	04265 04269	Y	04265 04269	Y		Y		Y		Y		Y		60
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	N		N		Y		Y		Y		Y		Y		15
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	N		N		Y		Y		Y		Y		Y		15

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under														
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 01 and 02 PCS		Cigna Dental 03 PCS		Cigna Dental 04 PCS		Cigna Dental 05 PCS		Cigna Dental 06 PCS		Cigna Dental 07 PCS		Cigna Dental 08 PCS		Chair Time Per Minutes
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PERIODONTAL SERVICES (INCLUDING USUAL POSTOPERATIVE SERVICES) (continued)																
D4266	Guided tissue regeneration, natural teeth – resorbable barrier, per site	N		N		Y		Y		Y		Y		Y		30
D4267	Guided tissue regeneration, natural teeth – nonresorbable barrier, per site	N		N		Y		Y		Y		Y		Y		30
D4270	Pedicle soft tissue graft procedure	Y		Y		Y		Y		Y		Y		Y		60
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft	N		N		N		N		N		N		N		
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	N	Included as part of 04260	N	Included as part of 04260	N	Included as part of D4260	N	Included as part of D4260	N	Included as part of D4260	N	Included as part of D4260	N	Included as part of D4260	
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	Y	04271	Y	D4271	Y	D4271	Y		Y		Y		Y		60

Most Commonly Performed Procedure Code Comparison

CDT 2027			Covered under													
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 01 and 02 PCS		Cigna Dental 03 PCS		Cigna Dental 04 PCS		Cigna Dental 05 PCS		Cigna Dental 06 PCS		Cigna Dental 07 PCS		Cigna Dental 08 PCS		Chair Time Per Minutes
		Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	
PERIODONTAL SERVICES (INCLUDING USUAL POSTOPERATIVE SERVICES) (continued)																
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	Y	D4271	Y	D4271	Y	D4271	Y	D4271	Y	D4271	Y	D4271	Y	D4271	60
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	Y	50% of D4271	Y	50% of D4271	Y	50% of D4271	Y	50% of D4271	Y	50% of D4271	Y	50% of D4271	Y	50% of D4271	30
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	N	50% of D4273	N	50% of D4273	N	50% of D4273	N	50% of D4273	N	50% of D4273	N	50% of D4273	N	50% of D4273	
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	Y	50% of D4275	Y	50% of D4275	Y	50% of D4275	Y	50% of D4275	Y	50% of D4275	Y	50% of D4275	Y	50% of D4275	30

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under														
Procedure Code¹	Dental Description and Nomenclature	Cigna Dental 01 and 02 PCS		Cigna Dental 03 PCS		Cigna Dental 04 PCS		Cigna Dental 05 PCS		Cigna Dental 06 PCS		Cigna Dental 07 PCS		Cigna Dental 08 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	
PERIODONTAL SERVICES (INCLUDING USUAL POSTOPERATIVE SERVICES) (continued)																
D4286	Removal of non-resorbable barrier	N		N		Y	20% of D4267	Y	20% of D4267	Y	20% of D4267	Y	20% of D4267	Y	20% of D4267	15
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns	Y		N		N		N		N		N		N		60
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns	Y		N		N		N		N		N		N		60
D4324	Repair of fixed splint – intra-coronal; natural teeth or prosthetic crowns	Y	25% of D4322	N		N		N		N		N		N		15
D4325	Repair of fixed splint – extra-coronal; natural teeth or prosthetic crowns	Y	25% of D4323	N		N		N		N		N		N		15
D4326	Removal of fixed splint – intra-coronal; natural teeth or prosthetic crowns does not include repair of resulting defects	Y	25% of D4322	N		N		N		N		N		N		15
D4327	Removal of fixed splint – extra-coronal; natural teeth or prosthetic crowns	Y	25% of D4323	N		N		N		N		N		N		15
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	Y		Y		Y		Y		Y		Y		Y		45
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	Y		Y		Y		Y		Y		Y		Y		30

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under														
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 01 and 02 PCS		Cigna Dental 03 PCS		Cigna Dental 04 PCS		Cigna Dental 05 PCS		Cigna Dental 06 PCS		Cigna Dental 07 PCS		Cigna Dental 08 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	
PERIODONTAL SERVICES (INCLUDING USUAL POSTOPERATIVE SERVICES) (continued)																
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	Y	D1110	Y	D1110	Y	D1110	Y	D1110	Y	D1110	Y	D1110	Y	D1110	45
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	Y	04345	Y		Y		Y		Y		Y		Y		45
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	N		N		Y		Y		Y		Y		Y		15
D4910	Periodontal maintenance procedures	Y		Y		Y		Y		Y		Y		Y		45
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	Y	09110	Y	09110	Y	D9110	Y	D9110	Y	D9110	Y	D9110	Y	D9110	
D4921	Gingival irrigation with a medicinal agent – per quadrant	N		N		N		N		N		N		N		
D4999	Unspecified periodontal procedure, by report	N		N		N		N		N		N		N		
COMPLETE AND PARTIAL DENTURES (INCLUDING ROUTINE POSTDELIVERY CARE)																
D5110	Complete denture – maxillary	Y		Y		Y		Y		Y		Y		Y		180
D5120	Complete denture – mandibular	Y		Y		Y		Y		Y		Y		Y		180

Cigna Dental Care® – Patient Charge Schedules

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under														
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 01 and 02 PCS		Cigna Dental 03 PCS		Cigna Dental 04 PCS		Cigna Dental 05 PCS		Cigna Dental 06 PCS		Cigna Dental 07 PCS		Cigna Dental 08 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	
COMPLETE AND PARTIAL DENTURES (INCLUDING ROUTINE POSTDELIVERY CARE) (continued)																
D5130	Immediate denture – maxillary	Y		Y		Y		Y		Y		Y		Y		180
D5140	Immediate denture – mandibular	Y		Y		Y		Y		Y		Y		Y		180
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	Y		Y		Y		Y		Y		Y		Y		120
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	Y		Y		Y		Y		Y		Y		Y		120
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Y		Y		Y		Y		Y		Y		Y		120
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Y		Y		Y		Y		Y		Y		Y		120
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	Y	D5211	Y	D5211	Y	D5211	Y	D5211	Y	D5211	Y	D5211	Y	D5211	180

Cigna Dental Care® – Patient Charge Schedules

Most Commonly Performed Procedure Code Comparison

CDT 2027				Covered under												
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 01 and 02 PCS		Cigna Dental 03 PCS		Cigna Dental 04 PCS		Cigna Dental 05 PCS		Cigna Dental 06 PCS		Cigna Dental 07 PCS		Cigna Dental 08 PCS		Chair Time Per Minutes
		Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	
COMPLETE AND PARTIAL DENTURES (INCLUDING ROUTINE POSTDELIVERY CARE) (continued)																
D5227	Immediate maxillary partial denture – flexible base (including any clasps, rests and teeth)	Y	D5211/ D5221	Y	D5211/ D5221	Y	D5211/ D5221	Y	D5211/ D5221	Y	D5211/ D5221	Y	D5211/ D5221	Y	D5211/ D5221	180
D5228	Immediate mandibular partial denture – flexible base (including any clasps, rests and teeth)	Y	D5212/ D5222	Y	D5212/ D5222	Y	D5212/ D5222	Y	D5212/ D5222	Y	D5212/ D5222	Y	D5212/ D5222	Y	D5212/ D5222	180
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/ clasping materials, rests, and teeth), maxillary	N	D5281	N	D5281	N	D5281	N	D5281	N	D5281	N	D5281	N	D5281	
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	Y	D5212	Y	D5212	Y	D5212	Y	D5212	Y	D5212	Y	D5212	Y	D5212	180
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth)	Y	D5213	Y	D5213	Y	D5213	Y	D5213	Y	D5213	Y	D5213	Y	D5213	180

Most Commonly Performed Procedure Code Comparison

CDT 2027			Covered under													
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 01 and 02 PCS		Cigna Dental 03 PCS		Cigna Dental 04 PCS		Cigna Dental 05 PCS		Cigna Dental 06 PCS		Cigna Dental 07 PCS		Cigna Dental 08 PCS		Chair Time Per Minutes
		Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	
COMPLETE AND PARTIAL DENTURES (INCLUDING ROUTINE POSTDELIVERY CARE) (continued)																
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth)	Y	D5214	Y	D5214	Y	D5214	Y	D5214	Y	D5214	Y	D5214	Y	D5214	180
D5225	Maxillary partial denture – flexible base (including retentive/clasping materials, rests, and teeth)	Y	05211	Y	05211	Y	D5211	Y	D5211	Y		Y		Y		120
D5226	Mandibular partial denture – flexible base (including retentive/clasping materials, rests, and teeth)	Y	05212	Y	05212	Y	D5212	Y	D5212	Y		Y		Y		120
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/ clasping materials, rests, and teeth), mandibular	N	D5281	N	D5281	N	D5281	N	D5281	N	D5281	N	D5281	N	D5281	
D5284	Removable unilateral partial denture – one piece flexible base (including retentive/ clasping materials, rests, and teeth) – per quadrant	N	D5281	N	D5281	N	D5281	N	D5281	N	D5281	N	D5281	N	D5281	
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests, and teeth) – per quadrant	N	D5281	N	D5281	N	D5281	N	D5281	N	D5281	N	D5281	N	D5281	

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under														
Procedure Code¹	Dental Description and Nomenclature	Cigna Dental 01 and 02 PCS		Cigna Dental 03 PCS		Cigna Dental 04 PCS		Cigna Dental 05 PCS		Cigna Dental 06 PCS		Cigna Dental 07 PCS		Cigna Dental 08 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	
ADJUSTMENTS TO DENTURES																
D5410	Adjust complete denture – maxillary	Y		Y		Y		Y		Y		Y		Y		15
D5411	Adjust complete denture – mandibular	Y		Y		Y		Y		Y		Y		Y		15
D5421	Adjust partial denture – maxillary	Y		Y		Y		Y		Y		Y		Y		15
D5422	Adjust partial denture – mandibular	Y		Y		Y		Y		Y		Y		Y		15
REPAIRS TO COMPLETE DENTURES																
D5511	Repair complete denture base, mandibular	Y	D5510	Y	D5510	Y	D5510	Y	D5510	Y	D5510	Y	D5510	Y	D5510	30
D5512	Repair complete denture base, maxillary	Y	D5510	Y	D5510	Y	D5510	Y	D5510	Y	D5510	Y	D5510	Y	D5510	30
D5520	Replace missing or broken teeth – complete denture – per tooth	Y		Y		Y		Y		Y		Y		Y		30
REPAIRS TO PARTIAL DENTURES																
D5611	Repair resin partial denture base, mandibular	Y	D5610	Y	D5610	Y	D5610	Y	D5610	Y	D5610	Y	D5610	Y	D5610	30
D5612	Repair resin partial denture base, maxillary	Y	D5610	Y	D5610	Y	D5610	Y	D5610	Y	D5610	Y	D5610	Y	D5610	30
D5621	Repair cast partial framework, mandibular	N		N		N		N		N		N		N		

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under														
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 01 and 02 PCS		Cigna Dental 03 PCS		Cigna Dental 04 PCS		Cigna Dental 05 PCS		Cigna Dental 06 PCS		Cigna Dental 07 PCS		Cigna Dental 08 PCS		Chair Time Per Minutes
		Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	
REPAIRS TO PARTIAL DENTURES (continued)																
D5622	Repair cast partial framework, maxillary	N		N		N		N		N		N		N		
D5630	Repair or replace broken retentive/clasping materials – per tooth	Y		Y		Y		Y		Y		Y		Y		30
D5640	Replace missing or broken teeth – partial denture – per tooth	Y		Y		Y		Y		Y		Y		Y		30
D5650	Add tooth to existing partial denture – per tooth	Y		Y		Y		Y		Y		Y		Y		30
D5660	Add clasp to existing partial denture – per tooth	Y		Y		Y		Y		Y		Y		Y		30
DENTURE REBASE AND RELINE PROCEDURES																
D5710	Rebase complete maxillary denture	Y		Y		Y		Y		Y		Y		Y		30
D5711	Rebase complete mandibular denture	Y		Y		Y		Y		Y		Y		Y		30
D5720	Rebase maxillary partial denture	Y		Y		Y		Y		Y		Y		Y		30
D5721	Rebase mandibular partial denture	Y		Y		Y		Y		Y		Y		Y		30
D5725	Rebase hybrid prosthesis	Y	D5710 x 2	Y	D5710 x 2	Y	D5710 x 2	Y	D5710 x 2	Y	D5710 x 2	Y	D5710 x 2	Y	D5710 x 2	30

Most Commonly Performed Procedure Code Comparison

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		Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	
DENTURE REBASE AND RELINE PROCEDURES (continued)																
D5730	Reline complete maxillary denture (direct)	Y		Y		Y		Y		Y		Y		Y		30
D5731	Reline complete mandibular denture (direct)	Y		Y		Y		Y		Y		Y		Y		30
D5740	Reline maxillary partial denture (direct)	Y		Y		Y		Y		Y		Y		Y		30
D5741	Reline mandibular partial denture (direct)	Y		Y		Y		Y		Y		Y		Y		30
D5750	Reline complete maxillary denture (indirect)	Y		Y		Y		Y		Y		Y		Y		30
D5751	Reline complete mandibular denture (indirect)	Y		Y		Y		Y		Y		Y		Y		30
D5760	Reline maxillary partial denture (indirect)	Y		Y		Y		Y		Y		Y		Y		30
D5761	Reline mandibular partial denture (indirect)	Y		Y		Y		Y		Y		Y		Y		30
D5765	Soft liner for complete or partial removable denture – indirect	Y	D5750	Y	D5750	Y	D5750	Y	D5750	Y	D5750	Y	D5750	Y	D5750	30

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		Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	
INTERIM PROSTHESIS																
D5810	Interim complete denture (maxillary)	N		N		Y		Y		Y		Y		Y		90
D5811	Interim complete denture (mandibular)	N		N		Y		Y		Y		Y		Y		90
D5820	Interim partial denture (including retentive/clasping materials, rests and teeth), maxillary	N		N		Y		Y		Y		Y		Y		90
D5821	Interim partial denture (including retentive/clasping materials, rests and teeth), mandibular	N		N		Y		Y		Y		Y		Y		90
OTHER REMOVABLE PROSTHETIC SERVICES																
D5850	Tissue conditioning, maxillary	N		N		N		N		N		N		N		
D5851	Tissue conditioning, mandibular	N		N		N		N		N		N		N		
D5859	Placement of semi-precision abutment – natural tooth	N		N		N		N		N		N		N		45
D5862	Precision attachment, by report	N		N		N		N		N		N		N		
D5863	Overdenture – complete maxillary – natural tooth borne	N		N		N		N		N		N		N		

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		Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	
OTHER REMOVABLE PROSTHETIC SERVICES (continued)																
D5864	Overdenture – partial maxillary – natural tooth borne	N		N		N		N		N		N		N		
D5865	Overdenture – complete mandibular – natural tooth borne	N		N		N		N		N		N		N		
D5866	Overdenture – partial mandibular – natural tooth borne	N		N		N		N		N		N		N		
D5876	Add metal substructure to acrylic complete denture per arch	Y	1/3 of D5213	Y	1/3 of D5213	Y	1/3 of D5213	Y	1/3 of D5213	Y	1/3 of D5213	Y	1/3 of D5213	Y	1/3 of D5213	60
D5899	Unspecified removable prosthodontic procedure, by report	N		N		N		N		N		N		N		
IMPLANT-SUPPORTED PROSTHETICS																
D6058	Abutment supported porcelain/ceramic crown	N		N		N		N		N		N		Y		120
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	N		N		N		N		N		N		Y		120
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	N		N		N		N		N		N		Y		120

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		Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	
IMPLANT SUPPORTED PROSTHETICS (continued)																
D6061	Abutment supported porcelain fused to metal crown (noble metal)	N		N		N		N		N		N		Y		120
D6062	Abutment supported cast metal crown (high noble metal)	N		N		N		N		N		N		Y		120
D6063	Abutment supported cast metal crown (predominantly base metal)	N		N		N		N		N		N		Y		120
D6064	Abutment supported cast metal crown (noble metal)	N		N		N		N		N		N		Y		120
D6065	Implant supported porcelain/ceramic crown	N		N		N		N		N		N		Y		120
D6066	Implant supported crown – porcelain fused to high noble alloys	N		N		N		N		N		N		Y		120
D6067	Implant supported crown – high noble alloys	N		N		N		N		N		N		Y		120
D6068	Abutment supported retainer for porcelain/ceramic FPD	N		N		N		N		N		N		Y		120
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	N		N		N		N		N		N		Y		90
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	N		N		N		N		N		N		Y		90

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CDT 2027		Covered under														
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 01 and 02 PCS		Cigna Dental 03 PCS		Cigna Dental 04 PCS		Cigna Dental 05 PCS		Cigna Dental 06 PCS		Cigna Dental 07 PCS		Cigna Dental 08 PCS		Chair Time Per Minutes
		Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	
IMPLANT SUPPORTED PROSTHETICS (continued)																
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	N		N		N		N		N		N		Y		90
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	N		N		N		N		N		N		Y		90
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	N		N		N		N		N		N		Y		90
D6074	Abutment supported retainer for cast metal FPD (noble metal)	N		N		N		N		N		N		Y		90
D6075	Implant supported retainer for ceramic FPD	N		N		N		N		N		N		Y		120
D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys	N		N		N		N		N		N		Y		90
D6077	Implant supported retainer for metal FPD – high noble alloys	N		N		N		N		N		N		Y		90
D6082	Implant supported crown – porcelain fused to predominantly base alloys	N		N		N		N		N		N		Y	D6060	120
D6083	Implant supported crown – porcelain fused to noble alloys	N		N		N		N		N		N		Y	D6061	120
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys	N		N		N		N		N		N		Y	D6059	120

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under														
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 01 and 02 PCS		Cigna Dental 03 PCS		Cigna Dental 04 PCS		Cigna Dental 05 PCS		Cigna Dental 06 PCS		Cigna Dental 07 PCS		Cigna Dental 08 PCS		Chair Time Per Minutes
		Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	
IMPLANT SUPPORTED PROSTHETICS (continued)																
D6086	Implant supported crown – predominantly base alloys	N		N		N		N		N		N		Y	D6063	120
D6087	Implant supported crown – noble alloys	N		N		N		N		N		N		Y	D6064	120
D6088	Implant supported crown – titanium and titanium alloys	N		N		N		N		N		N		Y	D6094	120
D6089	Accessing and retorquing loose implant screw – per screw	N		N		N		N		N		N		Y	D6096	30
D6092	Re-cement or re-bond Implant/Abutment Supported crown	N		N		N		N		N		N		Y		15
D6093	Re-cement or re-bond Implant/Abutment Supported fixed partial denture	N		N		N		N		N		N		Y		15
D6094	Abutment supported crown – titanium and titanium alloys	N		N		N		N		N		N		Y		120
D6096	Remove broken implant retaining screw	N		N		N		N		N		N		Y	D6092	30
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys	N		N		N		N		N		N		Y	D6059	120
D6098	Implant supported retainer – porcelain fused to predominantly base alloys	N		N		N		N		N		N		Y	D6070	90

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under														
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 01 and 02 PCS		Cigna Dental 03 PCS		Cigna Dental 04 PCS		Cigna Dental 05 PCS		Cigna Dental 06 PCS		Cigna Dental 07 PCS		Cigna Dental 08 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	
IMPLANT SUPPORTED PROSTHETICS (continued)																
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	N		N		N		N		N		N		Y	D6071	90
D6108	Placement of healing cap on implant body	N		N		N		N		N		N		Y	Inclusive to implant/surgical service	15
D6109	Removal of a screw-retained indirect restoration on an implant	N		N		N		N		N		N		Y	Inclusive to implant/surgical service	15
D6110	Implant/abutment retained removable denture for edentulous arch – maxillary	N		N		N		N		N		N		Y	D6053	180
D6111	Implant/abutment retained removable denture for edentulous arch – mandibular	N		N		N		N		N		N		Y	D6053	180
D6112	Implant/abutment retained removable denture for partially edentulous arch – maxillary	N		N		N		N		N		N		Y	D6054	120
D6113	Implant/abutment retained removable denture for partially edentulous arch – mandibular	N		N		N		N		N		N		Y	D6054	120
D6114	Implant/abutment supported fixed denture for edentulous arch – maxillary	N		N		N		N		N		N		Y	D6078	180

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under														
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 01 and 02 PCS		Cigna Dental 03 PCS		Cigna Dental 04 PCS		Cigna Dental 05 PCS		Cigna Dental 06 PCS		Cigna Dental 07 PCS		Cigna Dental 08 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	
IMPLANT SUPPORTED PROSTHETICS (continued)																
D6115	Implant/abutment supported fixed denture for edentulous arch – mandibular	N		N		N		N		N		N		Y	D6078	180
D6116	Implant/abutment supported fixed denture for partially edentulous arch – maxillary	N		N		N		N		N		N		Y	D6079	120
D6117	Implant/abutment supported fixed denture for partially edentulous arch – mandibular	N		N		N		N		N		N		Y	D6079	120
D6118	Implant/abutment supported interim fixed denture for edentulous arch – mandibular	N		N		N		N		N		N		Y	60% of D6115	60
D6119	Implant/abutment supported interim fixed denture for edentulous arch – maxillary	N		N		N		N		N		N		Y	60% of D6114	60
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys	N		N		N		N		N		N		Y	D6069	90
D6121	Implant supported retainer for metal FPD – predominantly base alloys	N		N		N		N		N		N		Y	D6073	90
D6122	Implant supported retainer for metal FPD – noble alloys	N		N		N		N		N		N		Y	D6074	90
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys	N		N		N		N		N		N		Y	D6194	90

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under														
Procedure Code¹	Dental Description and Nomenclature	Cigna Dental 01 and 02 PCS		Cigna Dental 03 PCS		Cigna Dental 04 PCS		Cigna Dental 05 PCS		Cigna Dental 06 PCS		Cigna Dental 07 PCS		Cigna Dental 08 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	
IMPLANT SUPPORTED PROSTHETICS (continued)																
D6124	Implant/abutment retained interim fixed denture for partially edentulous arch – maxillary	N		N		N		N		N		N		Y	Apply copay for D6119	60
D6125	Implant/abutment retained interim fixed denture for partially edentulous arch – mandibular	N		N		N		N		N		N		Y	Apply copay for D6118	60
D6193	Replacement of an implant screw	N		N		N		N		N		N		Y	D6092 / D6096	30
D6194	Abutment supported retainer crown for FPD – titanium and titanium alloys	N		N		N		N		N		N		Y		90
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys	N		N		N		N		N		N		Y	D6069	90
D6196	Removal of an indirect restoration on an implant retained abutment	N		N		N		N		N		N		Y	Inclusive to Implant / Surgical Service	15
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	N		N		N		N		N		N		Y	D2391	15
D6198	Remove interim implant component	N		N		N		N		N		N		Y	\$0	15

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under														
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 01 and 02 PCS		Cigna Dental 03 PCS		Cigna Dental 04 PCS		Cigna Dental 05 PCS		Cigna Dental 06 PCS		Cigna Dental 07 PCS		Cigna Dental 08 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	
FIXED PARTIAL DENTURE PONTICS																
D6210	Pontic – cast high noble metal	Y		Y		Y		Y		Y		Y		Y		30
D6211	Pontic – cast predominantly base metal	Y		Y		Y		Y		Y		Y		Y		30
D6212	Pontic – cast noble metal	Y		Y		Y		Y		Y		Y		Y		30
D6214	Pontic – titanium and titanium alloys	Y	06210	Y	06210	Y	D6210	Y	D6210	Y		Y		Y		30
D6240	Pontic – porcelain fused to high noble metal	Y		Y		Y		Y		Y		Y		Y		30
D6241	Pontic – porcelain fused to predominantly base metal	Y		Y		Y		Y		Y		Y		Y		30
D6242	Pontic – porcelain fused to noble metal	Y		Y		Y		Y		Y		Y		Y		30
D6243	Pontic – porcelain fused to titanium and titanium alloys	Y	D6240	Y	D6240	Y	D6240	Y	D6240	Y	D6240	Y	D6240	Y	D6240	30
D6245	Pontic – porcelain/ceramic	Y		Y		Y		Y		Y		Y		Y		30
FIXED PARTIAL DENTURE RETAINERS – INLAYS/ONLAYS																
D6602	Retainer inlay – cast high noble metal, two surfaces	Y	02520	Y	02520	Y	D2520	Y		Y		Y		Y		90
D6603	Retainer inlay – cast high noble metal, three or more surfaces	Y	02530	Y	02530	Y	D2530	Y		Y		Y		Y		90
D6604	Retainer inlay – cast predominantly base metal, two surfaces	Y	02520	Y	02520	Y	D2520	Y		Y		Y		Y		90
D6605	Retainer inlay – cast predominantly base metal, three or more surfaces	Y	02530	Y	02530	Y	D2530	Y		Y		Y		Y		90

Cigna Dental Care® – Patient Charge Schedules

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under														
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 01 and 02 PCS		Cigna Dental 03 PCS		Cigna Dental 04 PCS		Cigna Dental 05 PCS		Cigna Dental 06 PCS		Cigna Dental 07 PCS		Cigna Dental 08 PCS		Chair Time Per Minutes
		Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	
FIXED PARTIAL DENTURE RETAINERS – INLAYS/ONLAYS (continued)																
D6606	Retainer inlay – cast noble metal, two surfaces	Y	02520	Y	02520	Y	D2520	Y		Y		Y		Y		90
D6607	Retainer inlay – cast noble metal, three or more surfaces	Y	02530	Y	02530	Y	D2530	Y		Y		Y		Y		90
D6610	Retainer onlay – cast high noble metal, two surfaces	Y	02542	Y	02542	Y	D2542	Y		Y		Y		Y		90
D6611	Retainer onlay – cast high noble metal, three or more surfaces	Y	02544	Y	02544	Y	D2544	Y		Y		Y		Y		90
D6612	Retainer onlay – cast predominantly base metal, two surfaces	Y	02542	Y	02542	Y	D2542	Y		Y		Y		Y		90
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces	Y	02544	Y	02544	Y	D2544	Y		Y		Y		Y		90
D6614	Retainer onlay – cast noble metal, two surfaces	Y	02542	Y	02542	Y	D2542	Y		Y		Y		Y		90
D6615	Retainer onlay – cast noble metal, three or more surfaces	Y	02544	Y	02544	Y	D2544	Y		Y		Y		Y		90
D6624	Retainer inlay – titanium	Y	02530	Y	02530	Y	D6603	Y	D6603	Y		Y		Y		90
D6634	Retainer onlay – titanium	Y	02544	Y	02544	Y	D6611	Y	D6611	Y		Y		Y		90
D6545	Retainer – cast metal for resin bonded fixed prosthesis	N		N		N		N		N		N		N		

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under														
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 01 and 02 PCS		Cigna Dental 03 PCS		Cigna Dental 04 PCS		Cigna Dental 05 PCS		Cigna Dental 06 PCS		Cigna Dental 07 PCS		Cigna Dental 08 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	
FIXED PARTIAL DENTURE RETAINERS – CROWN																
D6740	Retainer crown – porcelain/ ceramic	Y		Y		Y		Y		Y		Y		Y		120
D6750	Retainer crown – porcelain fused to high noble metal	Y		Y		Y		Y		Y		Y		Y		90
D6751	Retainer crown – porcelain fused to predominantly base metal	Y		Y		Y		Y		Y		Y		Y		90
D6752	Retainer crown – porcelain fused to noble metal	Y		Y		Y		Y		Y		Y		Y		90
D6753	Retainer crown – porcelain fused to titanium and titanium alloys	Y	D6750	Y	D6750	Y	D6750	Y	D6750	Y	D6750	Y	D6750	Y	D6750	90
D6780	Retainer crown – 3/4 cast high noble metal	Y		Y		Y		Y		Y		Y		Y		90
D6781	Retainer crown – 3/4 cast predominantly base metal	Y		Y		Y		Y		Y		Y		Y		120
D6782	Retainer crown – 3/4 cast noble metal	Y		Y		Y		Y		Y		Y		Y		120
D6784	Retainer crown 3/4 – titanium and titanium alloys	Y	D6780	Y	D6780	Y	D6780	Y	D6780	Y	D6780	Y	D6780	Y	D6780	90
D6790	Retainer crown – full cast high noble metal	Y		Y		Y		Y		Y		Y		Y		90

Most Commonly Performed Procedure Code Comparison

CDT 2027				Covered under												
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 01 and 02 PCS		Cigna Dental 03 PCS		Cigna Dental 04 PCS		Cigna Dental 05 PCS		Cigna Dental 06 PCS		Cigna Dental 07 PCS		Cigna Dental 08 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	
FIXED PARTIAL DENTURE RETAINERS – CROWN (continued)																
D6791	Retainer crown – full cast predominantly base metal	Y		Y		Y		Y		Y		Y		Y		90
D6792	Retainer crown – full cast noble metal	Y		Y		Y		Y		Y		Y		Y		90
D6794	Retainer crown – titanium and titanium alloys	Y	06790	Y	06790	Y	D6790	Y	D6790	Y		Y		Y		90
OTHER FIXED PARTIAL DENTURE SERVICES																
D6920	Connector bar	N		N		N		N		N		N		N		
D6930	Re-cement or re-bond fixed partial denture	Y		Y		Y		Y		Y		Y		Y		15
D6940	Stress breaker	N		N		N		N		N		N		N		
D6950	Precision attachment	N		N		N		N		N		N		N		
D6980	Fixed partial denture repair necessitated by restorative material failure	N		N		N		N		N		N		N		
D6999	Unspecified fixed prosthodontic procedure, by report	N		N		N		N		N		N		N		
ORAL SURGERY – INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POSTOPERATIVE CARE																
D7111	Extraction, coronal remnants – primary tooth	Y		Y		Y		Y		Y		Y		Y		15
D7140	Extraction, erupted tooth or exposed root (elevation and/ or forceps removal)	Y	07110 07120 07130	Y	07110 07120 07130	Y		Y		Y		Y		Y		30

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under														
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 01 and 02 PCS		Cigna Dental 03 PCS		Cigna Dental 04 PCS		Cigna Dental 05 PCS		Cigna Dental 06 PCS		Cigna Dental 07 PCS		Cigna Dental 08 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	
ORAL SURGERY – INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POSTOPERATIVE CARE (continued)																
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	Y		Y		Y		Y		Y		Y		Y		30
D7220	Removal of impacted tooth – soft tissue	Y		Y		Y		Y		Y		Y		Y		30
D7230	Removal of impacted tooth – partially bony	Y		Y		Y		Y		Y		Y		Y		45
D7240	Removal of impacted tooth – completely bony	Y		Y		Y		Y		Y		Y		Y		45
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	Y		Y		Y		Y		Y		Y		Y		45
D7250	Removal of residual tooth roots (cutting procedure)	Y		Y		Y		Y		Y		Y		Y		45
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	Y		Y		Y		Y		Y		Y		Y		45
D7252	Partial extraction for immediate implant placement	Y	75% of D7251	Y	75% of D7251	Y	75% of D7251	Y	75% of D7251	Y	75% of D7251	Y	75% of D7251	Y	75% of D7251	45
D7260	Oroantral fistula closure	N		N		Y		Y		Y		Y		Y		60
D7261	Primary closure of a sinus perforation	N		N		Y		Y		Y		Y		Y		60
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	Y		Y		Y		Y		Y		Y		Y		60

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under														
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 01 and 02 PCS		Cigna Dental 03 PCS		Cigna Dental 04 PCS		Cigna Dental 05 PCS		Cigna Dental 06 PCS		Cigna Dental 07 PCS		Cigna Dental 08 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	
ORAL SURGERY – INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POSTOPERATIVE CARE (continued)																
D7272	Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)	N		N		N		N		N		N		N		
D7280	Exposure of an unerupted tooth	Y		Y		Y		Y		Y		Y		Y		30
D7283	Placement of device to facilitate eruption of impacted tooth	Y	07280	Y	07280	Y	D7280	Y	D7280	Y		Y		Y		30
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)	Y	On some schedules	Y	On some schedules	Y	On some schedules	Y		Y		Y		Y		45
D7286	Incisional biopsy of oral tissue – soft	Y	On some schedules	Y	On some schedules	Y	On some schedules	Y		Y		Y		Y		30
D7287	Exfoliative cytological sample collection	N		N		N		N		N		Y		Y		
D7288	Brush biopsy – transepithelial sample collection	Y		Y		Y		Y		Y		Y		Y		
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	Y		Y		Y		Y		Y		Y		Y		45
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	Y	07310	Y	07310	Y	D7310	Y	D7310	Y		Y		Y		45

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under														
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 01 and 02 PCS		Cigna Dental 03 PCS		Cigna Dental 04 PCS		Cigna Dental 05 PCS		Cigna Dental 06 PCS		Cigna Dental 07 PCS		Cigna Dental 08 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	
ORAL SURGERY – INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POSTOPERATIVE CARE (continued)																
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	Y		Y		Y		Y		Y		Y		Y		45
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	Y	07320	Y	07320	Y	D7320	Y	D7320	Y		Y		Y		45
D7410	Excision of benign lesion up to 1.25 cm	N		N		N		N		N		N		N		
D7411	Excision of benign lesion greater than 1.25 cm	N		N		N		N		N		N		N		
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	Y		Y		Y		Y		Y		Y		Y		60
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	Y		Y		Y		Y		Y		Y		Y		60
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	N		N		N		N		N		N		N		
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	N		N		N		N		N		N		N		

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under														
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 01 and 02 PCS		Cigna Dental 03 PCS		Cigna Dental 04 PCS		Cigna Dental 05 PCS		Cigna Dental 06 PCS		Cigna Dental 07 PCS		Cigna Dental 08 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	
ORAL SURGERY – INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POSTOPERATIVE CARE (continued)																
D7465	Destruction of lesion(s) by physical or chemical method, by report	N		N		N		N		N		N		N		
D7471	Removal of lateral exostosis (maxilla or mandible)	Y	07470	Y	07470	Y		Y		Y		Y		Y		60
D7472	Removal of torus palatinus	Y	07470	Y	07470	Y		Y		Y		Y		Y		60
D7473	Removal of torus mandibularis	Y	07470	Y	07470	Y		Y		Y		Y		Y		60
D7485	Reduction of osseous tuberosity	Y	07320	Y	07320	Y		Y		Y		Y		Y		60
D7510	Incision and drainage of abscess – intraoral soft tissue	Y		Y		Y		Y		Y		Y		Y		30
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	Y	07510	Y	07510	Y	D7510	Y	D7510	Y		Y		Y		45
D7520	Incision and drainage of abscess – extraoral soft tissue	N		N		N		N		N		N		N		
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	N		N		N		N		N		N		N		
D7880	Occlusal orthotic device, by report	Y		Y		Y		Y		Y		Y		Y		60
D7881	Occlusal orthotic device adjustment	Y	Apply copay for D5410	Y	Apply copay for D5410	Y	Apply copay for D5410	Y	Apply copay for D5410	Y	Apply copay for D5410	Y	Apply copay for D5410	Y	Apply copay for D5410	15

Cigna Dental Care® – Patient Charge Schedules

Most Commonly Performed Procedure Code Comparison

CDT 2027			Covered under													
Procedure Code¹	Dental Description and Nomenclature	Cigna Dental 01 and 02 PCS		Cigna Dental 03 PCS		Cigna Dental 04 PCS		Cigna Dental 05 PCS		Cigna Dental 06 PCS		Cigna Dental 07 PCS		Cigna Dental 08 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	
ORAL SURGERY – INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POSTOPERATIVE CARE (continued)																
D7882	Repair and/or reline of occlusal orthotic device	Y	150% of D7881	Y	150% of D7881	Y	150% of D7881	Y	150% of D7881	Y	150% of D7881	Y	150% of D7881	Y	150% of D7881	15
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	N	Included as part of extraction	N	Included as part of extraction	N	Included as part of extraction	N	Included as part of extraction	N	Included as part of extraction	N	Included as part of extraction	N	Included as part of extraction	
D7953	Bone replacement graft for ridge preservation – per site	N		N		N		N		N		N		N		
D7961	Buccal/labial frenectomy (frenulectomy)	Y	07960	Y	07960	Y	D7960	Y	D7960	Y	D7960	Y	D7960	Y	D7960	30
D7962	Lingual frenectomy (frenulectomy)	N		N		N		N		N		N		N		
D7963	Frenuloplasty	Y	07960	Y	07960	Y	D7960	Y	D7960	Y		Y		Y		30
LIMITED ORTHODONTIC TREATMENT																
D8010	Limited orthodontic treatment of the primary dentition	N		Y	D8360 D8370 D8050	Y	D8050	Y	D8050	Y	D8050	Y	D8050	Y	D8050	
D8020	Limited orthodontic treatment of the transitional dentition	N		Y	D8360 D8370 D8060	Y	D8060	Y	D8060	Y	D8060	Y	D8060	Y	D8060	
D8030	Limited orthodontic treatment of the adolescent dentition	N		N		N		N		N		N		N		
D8040	Limited orthodontic treatment of the adult dentition	N		N		N		N		N		N		N		

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		Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	
COMPREHENSIVE ORTHODONTIC TREATMENT																
D8070	Comprehensive orthodontic treatment of the transitional dentition	Y	D8460 D8470 D8480	Y	D8460 D8470 D8480	Y		Y		Y		Y		Y		
D8080	Comprehensive orthodontic treatment of the adolescent dentition	Y	D8460 D8470 D8480	Y	D8460 D8470 D8480	Y		Y		Y		Y		Y		
D8090	Comprehensive orthodontic treatment of the adult dentition	Y	D8460 D8470 D8480	Y	D8460 D8470 D8480	Y		Y		Y		Y		Y		
D8091	Comprehensive orthodontic treatment with orthognathic surgery	Y	D8460 D8470 D8480	Y	D8460 D8470 D8480	Y	D8090	Y	D8090	Y	D8090	Y	D8090	Y	D8090	
ADJUNCTIVE ORTHODONTIC THERAPY																
D8210	Adjunctive orthodontic therapy – removable appliance	N		N		N		N		N		N		N		
D8220	Adjunctive orthodontic therapy – fixed appliance	N		N		N		N		N		N		N		

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		Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	
OTHER ORTHODONTIC SERVICES																
D8660	Pre-orthodontic treatment examination to monitor growth and development	Y		Y		Y		Y		Y		Y		Y		
D8670	Periodic orthodontic treatment visit	Y		Y		Y		Y		Y		Y		Y		
D8671	Periodic orthodontic treatment visit associated with orthognathic surgery	Y	D8670	Y	D8670	Y	D8670	Y	D8670	Y	D8670	Y	D8670	Y	D8670	15
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer[s])	Y	08750	Y	08750	Y	08750	Y		Y		Y		Y		
D8681	Removable orthodontic retainer adjustment	N	Included as part of retainer treatment	N	Included as part of retainer treatment	N	Included as part of retainer treatment	N	Included as part of retainer treatment	N	Included as part of retainer treatment	N	Included as part of retainer treatment	N	Included as part of retainer treatment	
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment	Y	50% of the D8680	Y	50% of D8680	Y	50% of D8680	Y	50% of D8680	Y	50% of D8680	Y	50% of D8680	Y	50% of D8680	
D8999	Unspecified orthodontic procedure, by report	Y	Used for treatment plan and records	Y	Used for treatment plan and records	Y	Used for treatment plan and records	Y	Used for treatment plan and records	Y	Used for treatment plan and records	Y	Used for treatment plan and records	Y	Used for treatment plan and records	

Cigna Dental Care® – Patient Charge Schedules

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under														
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 01 and 02 PCS		Cigna Dental 03 PCS		Cigna Dental 04 PCS		Cigna Dental 05 PCS		Cigna Dental 06 PCS		Cigna Dental 07 PCS		Cigna Dental 08 PCS		Chair Time Per Minutes
		Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	Y/N	Code # <i>(if different)</i>	
ADJUNCTIVE SERVICES																
D9110	Palliative treatment of dental pain – per visit	Y		Y		Y		Y		Y		Y		Y		30
D9120	Fixed partial denture sectioning	N		N		N		N		N		N		N		
D9130	Temporomandibular joint dysfunction – non-invasive physical therapies – each 15 minute increment, or portion thereof	N		N		N		N		N		N		N		
D9210	Local anesthesia not in conjunction with operative or surgical procedures	N		N		N		N		N		N		N		
D9211	Regional block anesthesia	N		N		N		N		N		N		N		
D9212	Trigeminal division block anesthesia	N		N		N		N		N		N		N		
D9215	Local anesthesia in conjunction with operative or surgical procedures	Y	Inclusive of procedure	Y	Inclusive of procedure	Y	Inclusive of procedure	Y	Inclusive of procedure	Y	Inclusive of procedure	Y	Inclusive of procedure	Y	Inclusive of procedure	
D9222	Administration of deep sedation/general anesthesia – first 15 minute increment, or any portion thereof	N		N		Y	D9221	Y	D9221	Y	D9221	Y	D9221	Y	D9221	

Most Commonly Performed Procedure Code Comparison

CDT 2027				Covered under													
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 01 and 02 PCS		Cigna Dental 03 PCS		Cigna Dental 04 PCS		Cigna Dental 05 PCS		Cigna Dental 06 PCS		Cigna Dental 07 PCS		Cigna Dental 08 PCS		Chair Time Per Minutes	
		Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)		
ADJUNCTIVE SERVICES (continued)																	
D9223	Administration of deep sedation/general anesthesia – each subsequent 15 minute increment, or any portion thereof	N		N		Y	D9221	Y	D9221	Y	D9221	Y	D9221	Y	D9221		
D9224	Administration of general anesthesia with advanced airway – first 15 minute increment or portion thereof	N		N		Y	D9221	Y	D9221	Y	D9221	Y	D9221	Y	D9221		
D9225	Administration of general anesthesia with advanced airway – each subsequent 15 minute increment, or any portion thereof	N		N		Y	D9221	Y	D9221	Y	D9221	Y	D9221	Y	D9221		
D9230	Administration of nitrous oxide	N		N		N		N		N		N		N			
D9239	Administration of moderate sedation – intravenous – first 15 minute increment, or any portion thereof	N		N		Y	D9242	Y	D9242	Y	D9242	Y	D9242	Y	D9242		
D9243	Administration of moderate sedation – intravenous – each subsequent 15 minute increment, or any portion thereof	N		N		Y	D9242	Y	D9242	Y	D9242	Y	D9242	Y	D9242		

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		Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	
ADJUNCTIVE SERVICES (continued)																
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	Y		Y		Y		Y		Y		Y		Y		30
D9311	Consultation with a medical health care professional	Y	Inclusive to Eval./Cons.	Y	Inclusive to Eval./Cons.	Y	Inclusive to Eval./Cons.	Y	Inclusive to Eval./Cons.	Y	Inclusive to Eval./Cons.	Y	Inclusive to Eval./Cons.	Y	Inclusive to Eval./Cons.	30
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	Y		Y		Y		Y		Y		Y		Y		0
D9440	Office visit – after regularly scheduled hours	Y		Y		Y		Y		Y		Y		Y		30
D9450	Case presentation, subsequent to detailed and extensive treatment planning	Y	Inclusive of exam	Y	Inclusive of exam	Y	Inclusive of exam	Y	Inclusive of exam	Y	Inclusive of exam	Y	Inclusive of exam	Y	Inclusive of exam	
D9610	Therapeutic parenteral drug, single administration	N		N		N		N		N		N		N		
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	N		N		N		N		N		N		N		
D9613	Infiltration of sustained release therapeutic drug, per quadrant	Y	\$50/quad	Y	\$50/quad	Y	\$50/quad	Y	\$50/quad	Y	\$50/quad	Y	\$50/quad	Y	\$50/quad	15

Cigna Dental Care® – Patient Charge Schedules

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		Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	
D9630	Drugs or medicaments dispensed in the office for home use	Y		N		N		N		N		N		N		15
D9910	Application of desensitizing medicament – per tooth	N		N		N		N		N		N		N		
D9912	Pre-visit patient screening	Y	\$0	Y	\$0	Y	\$0	Y	\$0	Y	\$0	Y	\$0	Y	\$0	
D9920	Behavior management, by report	N		N		N		N		N		N		N		
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	N		N		N		N		N		N		N		
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance	Y	33% of D5820	Y	33% of D5820	Y	33% of D5820	Y	33% of D5820	Y	33% of D5820	Y	33% of D5820	Y	33% of D5820	60
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance	Y	10% of D5820	Y	10% of D5820	Y	10% of D5820	Y	10% of D5820	Y	10% of D5820	Y	10% of D5820	Y	10% of D5820	30
D9941	Fabrication of athletic mouthguard	N		N		N		N		N		N		N		
D9942	Repair and/or reline of occlusal guard	N		N		N		N		N		N		N		
D9943	Occlusal guard adjustment	Y	Apply copay for D5410	Y	Apply copay for D5410	Y	Apply copay for D5410	Y	Apply copay for D5410	Y	Apply copay for D5410	Y	Apply copay for D5410	Y	Apply copay for D5410	15

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		Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	
ADJUNCTIVE SERVICES (continued)																
D9944	Occlusal guard – hard appliance, full arch	Y	D9940	Y	D9940	Y	D9940	Y	D9940	Y	D9940	Y	D9940	Y	D9940	60
D9945	Occlusal guard – soft appliance, full arch	Y	50% of D9940	Y	50% of D9940	Y	50% of D9940	Y	50% of D9940	Y	50% of D9940	Y	50% of D9940	Y	50% of D9940	60
D9946	Occlusal guard – hard appliance, partial arch	Y	60% of D9940	Y	60% of D9940	Y	60% of D9940	Y	60% of D9940	Y	60% of D9940	Y	60% of D9940	Y	60% of D9940	60
D9950	Occlusion analysis – mounted case	N		N		N		N		N		N		N		
D9951	Occlusal adjustment – limited	Y		Y		Y		Y		Y		Y		Y		30
D9952	Occlusal adjustment – complete	Y		Y		Y		Y		Y		Y		Y		60
D9961	Duplicate/copy patient’s records	Y	\$0	Y	\$0	Y	\$0	Y	\$0	Y	\$0	Y	\$0	Y	\$0	
D9970	Enamel microabrasion	N		N		N		N		N		N		N		
D9972	External bleaching – per arch – performed in office	N		N		N		N		N		N		N		
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	N		N		N		N		N		Y	D9972	Y	D9972	60

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		Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	Y/N	Code # (if different)	
ADJUNCTIVE SERVICES (continued)																
D9990	Certified translation or sign-language services – per visit	Y	\$0	Y	\$0	Y	\$0	Y	\$0	Y	\$0	Y	\$0	Y	\$0	
D9995	Teledentistry – synchronous; real-time encounter	Y	D9110	Y	D9110	Y	D9110	Y	D9110	Y	D9110	Y	D9110	Y	D9110	15
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	Y	D9110	Y	D9110	Y	D9110	Y	D9110	Y	D9110	Y	D9110	Y	D9110	15



1. This may contain CDT codes and/or portions of, or excerpts from the Nomenclature contained within the Current Dental Terminology, 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.

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