

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under				
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	
CLINICAL ORAL EVALUATIONS						
D0120	Periodic oral evaluation – established patient	Y		Y		15
D0140	Limited oral evaluation – problem focused	Y		Y		15
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	Y		Y		15
D0150	Comprehensive oral evaluation – new or established patient	Y		Y		15
D0160	Detailed and extensive oral evaluation – problem focused, by report	Y		Y		15
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	Y		Y		15
D0180	Comprehensive periodontal evaluation – new or established patient	Y		Y		45

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DIAGNOSTIC IMAGING						
D0210	Intraoral – comprehensive series of radiographic images	Y		Y		30
D0220	Intraoral – periapical first radiographic image	Y		Y		0
D0230	Intraoral – periapical each additional radiographic image	Y		Y		0
D0240	Intraoral – occlusal radiographic image	Y		Y		15
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	Y		Y		
D0251	Extra-oral posterior dental radiographic image	Y		Y		15
D0270	Bitewing – single radiographic image	Y		Y		0
D0272	Bitewings – two radiographic images	Y		Y		15
D0273	Bitewings – three radiographic images	Y		Y		15
D0274	Bitewings – four radiographic images	Y		Y		15

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DIAGNOSTIC IMAGING (continued)						
D0277	Vertical bitewings – 7 to 8 radiographic images	Y		Y		15
D0330	Panoramic radiographic image	Y		Y		15
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	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	
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw	N		Y		30
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible	N		Y		30
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	N		Y		30

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DIAGNOSTIC IMAGING (continued)						
D0367	Cone beam CT capture and interpretation with field of both jaws; with or without cranium	N		Y		30
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	Y		Y		30
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	Y	D0210	Y	D0210	30
D0373	Intraoral tomosynthesis – bitewing radiographic image	Y	D0270	Y	D0270	0
D0374	Intraoral tomosynthesis – periapical radiographic image	Y	D0220	Y	D0220	0
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	Y	D0709	Y	D0709	30

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DIAGNOSTIC IMAGING (continued)						
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	Y	D0708	Y	D0708	0
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	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.	
D0393	Virtual treatment simulation using 3D image volume or surface scan	Y		Y		
D0394	Digital subtraction of two or more images or image volumes of the same modality	Y		Y		
D0395	Fusion of two or more 3D image volumes of one or more modalities	Y		Y		

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DIAGNOSTIC IMAGING (continued)						
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	15
D0461	Testing for cracked tooth	Y	Inclusive to Eval./ Cons./ Dental Service	Y	Inclusive to Eval./ Cons./ Dental Service	15
D0701	Panoramic radiographic image – image capture only	Y		Y		15
D0702	2-D cephalometric radiographic image – image capture only	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	15
D0705	Extra-oral posterior dental radiographic image – image capture only	Y		Y		15

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DIAGNOSTIC IMAGING (continued)						
D0706	Intraoral – occlusal radiographic image – image capture only	Y		Y		15
D0707	Intraoral – periapical radiographic image – image capture only	Y		Y		0
D0708	Intraoral – bitewing radiographic image – image capture only	Y		Y		0
D0709	Intraoral – comprehensive series of radiographic images – image capture only	Y		Y		30
D0801	3D intraoral surface scan – direct	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	15

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DIAGNOSTIC IMAGING (continued)						
D0803	3D facial surface scan – direct	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	15
TESTS AND LABORATORY EXAMINATIONS						
D0415	Collection of microorganisms for culture and sensitivity	N		N		15
D0425	Caries susceptibility tests	N		N		
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	Y		Y		15
D0460	Pulp vitality tests	Y		Y		0
D0470	Diagnostic casts	Y		Y		30

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TESTS AND LABORATORY EXAMINATIONS (continued)						
D0472	Accession of tissue, gross examination, preparation and transmission of written report	Y		Y		
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	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		
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	Y	D0473	Y	D0473	

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TESTS AND LABORATORY EXAMINATIONS (continued)						
D0502	Other oral pathology procedures, by report	N		N		
D0600	Nonionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	Y		Y		15
PREVENTIVE SERVICES						
D1110	Prophylaxis – adult	Y		Y		45
D1120	Prophylaxis – child	Y		Y		15
D1206	Application of medicament – topical fluoride varnish; full mouth	Y		Y		15
D1208	Application of medicament – topical fluoride – excluding varnish; full mouth	Y		Y		15

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PREVENTIVE SERVICES (continued)						
D1209	Application of caries preventive medicament – topical non-fluoride; full mouth	Y	Apply Copay for D1206	Y	Apply Copay for D1206	15
D1310	Nutritional counseling for control of dental disease	Y		Y		
D1320	Tobacco counseling for the control and prevention of oral disease	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		
D1330	Oral hygiene instructions	Y		Y		0
D1351	Sealant – per tooth	Y		Y		15
D1353	Sealant repair – per tooth	Y		Y		15

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PREVENTIVE SERVICES (continued)						
D1354	Application of caries arresting medicament without surgical intervention – per tooth	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	15
D1510	Space maintainer – fixed, unilateral – per quadrant	Y		Y		60
D1516	Space maintainer – fixed – bilateral, maxillary	Y		Y		60
D1517	Space maintainer – fixed – bilateral, mandibular	Y		Y		60
D1520	Space maintainer – removable, unilateral – per quadrant	Y		Y		
D1526	Space maintainer – removable – bilateral, maxillary	Y		Y		

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PREVENTIVE SERVICES (continued)						
D1527	Space maintainer – removable – bilateral, mandibular	Y		Y		
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	Y		Y		15
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	Y		Y		15
D1553	Re-cement or re-bond unilateral space	Y		Y		15
D1556	Removal of fixed unilateral space maintainer – per quadrant	Y		Y		15
D1557	Removal of fixed bilateral space maintainer – maxillary	Y		Y		15
D1558	Removal of fixed bilateral space maintainer – mandibular	Y		Y		15
D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant	Y		Y		60

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PREVENTIVE SERVICES (continued)						
D1999	Unspecified preventive procedure, by report	N		N		
RESTORATIONS (INCLUDING POLISHING)						
D2140	Amalgam – one surface, primary or permanent	Y		Y		15
D2150	Amalgam – two surfaces, primary or permanent	Y		Y		30
D2160	Amalgam – three surfaces, primary or permanent	Y		Y		45
D2161	Amalgam – four or more surfaces, primary or permanent	Y		Y		45
D2330	Resin-based composite – one surface, anterior	Y		Y		30
D2331	Resin-based composite – two surfaces, anterior	Y		Y		30

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RESTORATIONS (INCLUDING POLISHING) (continued)						
D2332	Resin-based composite – three surfaces, anterior	Y		Y		45
D2335	Resin-based composite – four or more surfaces (anterior)	Y		Y		45
D2390	Resin-based composite crown, direct	Y		Y		45
D2391	Resin-based composite – one surface, posterior	Y		Y		30
D2392	Resin-based composite – two surfaces, posterior	Y		Y		30
D2393	Resin-based composite – three surfaces, posterior	Y		Y		45
D2394	Resin-based composite – four or more surfaces, posterior	Y		Y		45

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INLAY/ONLAY RESTORATIONS						
D2510	Inlay – metallic – one surface	Y		Y		90
D2520	Inlay – metallic – two surfaces	Y		Y		90
D2530	Inlay – metallic – three or more surfaces	Y		Y		90
D2542	Onlay – metallic – two surfaces	Y		Y		90
D2543	Onlay – metallic – three surfaces	Y		Y		90
D2544	Onlay – metallic – four or more surfaces	Y		Y		90
D2610	Inlay – porcelain/ ceramic – one surface	N		N		
D2620	Inlay – porcelain/ ceramic – two surfaces	N		N		
D2630	Inlay – porcelain/ ceramic – three surfaces	N		N		

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INLAY/ONLAY RESTORATIONS (continued)						
D2642	Onlay – porcelain/ ceramic – two surfaces	N		N		
D2643	Onlay – porcelain/ ceramic – three surfaces	N		N		
D2644	Onlay – porcelain/ ceramic – four or more surfaces	N		N		
D2650	Inlay – resin-based composite – one surface	N		N		
D2651	Inlay – resin-based composite – two surfaces	N		N		
D2652	Inlay – resin-based composite – three or more surfaces	N		N		
D2662	Onlay – resin-based composite – two surfaces	N		N		
D2663	Onlay – resin-based composite – three surfaces	N		N		

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INLAY/ONLAY RESTORATIONS (continued)						
D2664	Onlay – resin-based composite – four or more surfaces	N		N		
CROWNS – SINGLE RESTORATION ONLY						
D2710	Crown – resin-based composite (indirect)	Y		Y		120
D2712	Crown – 3/4 resin-based composite (indirect)	Y		Y		120
D2720	Crown – resin with high noble metal	Y		Y		120
D2721	Crown – resin with predominantly base metal	Y		Y		120
D2722	Crown – resin with noble metal	Y		Y		120
D2740	Crown – porcelain/ceramic	Y		Y		120
D2750	Crown – porcelain fused to high noble metal	Y		Y		120

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CROWNS – SINGLE RESTORATION ONLY (continued)						
D2751	Crown – porcelain fused to predominantly base metal	Y		Y		120
D2752	Crown – porcelain fused to noble metal	Y		Y		120
D2753	Crown – porcelain fused to titanium and titanium alloys	Y		Y		120
D2780	Crown – 3/4 cast high noble metal	Y		Y		120
D2781	Crown – 3/4 cast predominantly base metal	Y		Y		120
D2782	Crown – 3/4 cast noble metal	Y		Y		120
D2783	Crown – 3/4 porcelain/ceramic	Y		Y		120
D2790	Crown – full cast high noble metal	Y		Y		120
D2791	Crown – full cast predominantly base metal	Y		Y		120
D2792	Crown – full cast noble metal	Y		Y		120

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CROWNS – SINGLE RESTORATION ONLY (continued)						
D2794	Crown – titanium and titanium alloys	Y		Y		120
D2799	Interim crown	Y		Y		30
OTHER RESTORATIVE SERVICES						
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	Y		Y		15
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	Y		Y		15
D2920	Re-cement or re-bond crown	Y		Y		15
D2921	Reattachment of tooth fragment, incisal edge or cusp	N		N		
D2928	Prefabricated porcelain/ceramic crown – permanent tooth	Y		Y		45

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OTHER RESTORATIVE SERVICES (continued)						
D2929	Prefabricated porcelain/ceramic crown – primary tooth	Y		Y		45
D2930	Prefabricated stainless steel crown – primary tooth	Y		Y		45
D2931	Prefabricated stainless steel crown – permanent tooth	Y		Y		45
D2932	Prefabricated resin crown	Y		Y		45
D2933	Prefabricated stainless steel crown with resin window	Y		Y		45
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	Y		Y		45
D2940	Placement of interim direct restoration	Y		Y		30
D2949	Restorative foundation for an indirect restoration	N		N		
D2950	Core buildup, including any pins when required	Y		Y		45

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OTHER RESTORATIVE SERVICES (continued)						
D2951	Pin retention – per tooth, in addition to restoration	Y		Y		15
D2952	Post and core in addition to crown, indirectly fabricated	Y		Y		45
D2954	Prefabricated post and core in addition to crown	Y		Y		45
D2955	Post removal	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	15
D2960	Labial veneer (resin laminate) – direct	Y		Y		45
D2961	Labial veneer (resin laminate) – indirect	N		N		
D2962	Labial veneer (porcelain laminate) – indirect	N		N		

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OTHER RESTORATIVE SERVICES (continued)						
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	N		N		
D2976	Band stabilization – per tooth	Y	Inclusive to the primary restorative procedure	Y	Inclusive to the primary restorative procedure	15
D2980	Crown repair necessitated by restorative material failure	Y		Y		45
D2983	Veneer repair necessitated by restorative material failure	Y		Y		45
D2989	Excavation of a tooth resulting in the determination of non-restorability	Y	D3332	Y	D3332	45
D2991	Application of hydroxyapatite regeneration medicament - per tooth	Y	D1351	Y	D1351	30

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OTHER RESTORATIVE SERVICES (continued)						
D2999	Unspecified restorative procedure, by report	N		N		
ENDODONTICS						
D3110	Pulp cap – direct (excluding final restoration)	Y		Y		15
D3120	Pulp cap – indirect (excluding final restoration)	Y		Y		15
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicamen	Y		Y		30
D3221	Pulpal debridement – primary and permanent teeth	Y		Y		30
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	Y		Y		30

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ENDODONTICS (continued)						
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	N		N		
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	N		N		
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	Y		Y		90
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	Y		Y		105
D3330	Endodontic therapy, molar tooth (excluding final restoration)	Y		Y		120
D3331	Treatment of root canal obstruction; non-surgical access	Y		Y		45
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	Y		Y		45

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ENDODONTICS (continued)						
D3333	Internal root repair of perforation defects	Y		Y		45
D3346	Retreatment of previous root canal therapy – anterior	Y		Y		90
D3347	Retreatment of previous root canal therapy – premolar	Y		Y		105
D3348	Retreatment of previous root canal therapy – molar	Y		Y		120
D3351	Apexification/ recalcification – initial visit (apical closure/ calcific repair of perforations, root resorption, etc.)	N		N		
D3352	Apexification/ recalcification – interim medication replacement	N		N		

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

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ENDODONTICS (continued)						
D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	N		N		
D3430	Retrograde filling – per root	Y		Y		15
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	N		N		
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	N		N		
D3450	Root amputation – per root	N		N		
D3460	Endodontic endosseous implant	N		Y		60
D3470	Intentional re-implantation (including necessary splinting)	N		N		

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		Y/N	Code # (if different)	Y/N	Code # (if different)	
ENDODONTICS (continued)						
D3471	Surgical repair of root resorption – anterior	Y		Y		60
D3472	Surgical repair of root resorption – premolar	Y		Y		60
D3473	Surgical repair of root resorption – molar	Y		Y		60
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	Y		Y		60
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	Y		Y		60
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	Y		Y		60
D3910	Surgical procedure for isolation of tooth with rubber dam	N		N		
D3911	Intraorifice barrier	N	Included as part of endo/rest procedure	N	Included as part of endo/rest procedure	15

CDT 2027		Covered under				
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	
ENDODONTICS (continued)						
D3920	Hemisection (including any root removal), not including root canal therapy	N		N		
D3921	Decoronation or submergence of an erupted tooth	Y		Y		60
D3950	Canal preparation and fitting of preformed dowel or post	N		N		
D3999	Unspecified endodontic procedure, by report	N		N		
PERIODONTAL SERVICES (INCLUDING USUAL POSTOPERATIVE SERVICES)						
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	Y		Y		45
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	Y		Y		30

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under				
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	
PERIODONTAL SERVICES (INCLUDING USUAL POSTOPERATIVE SERVICES) (continued)						
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	Y		Y		30
D4230	Anatomical crown exposure – four or more contiguous teeth or tooth bounded spaces per quadrant	N		N		
D4231	Anatomical crown exposure – one to three teeth or tooth bounded spaces per quadrant	N		N		
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	Y		Y		75
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	Y		Y		60

CDT 2027		Covered under				
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	
PERIODONTAL SERVICES (INCLUDING USUAL POSTOPERATIVE SERVICES) (continued)						
D4245	Apically positioned flap	Y		Y		75
D4249	Clinical crown lengthening – hard tissue	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		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		Y		60
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	Y		Y		15

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under				
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	
PERIODONTAL SERVICES (INCLUDING USUAL POSTOPERATIVE SERVICES) (continued)						
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	Y		Y		15
D4266	Guided tissue regeneration, natural teeth – resorbable barrier, per site	Y		Y		30
D4267	Guided tissue regeneration, natural teeth – nonresorbable barrier, per site	Y		Y		30
D4270	Pedicle soft tissue graft procedure	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		

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		Y/N	Code # (if different)	Y/N	Code # (if different)	
PERIODONTAL SERVICES (INCLUDING USUAL POSTOPERATIVE SERVICES) (continued)						
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	N	Incl. as part of D4260	N	Incl. 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		Y		60
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	Y		Y		60

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under				
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	
PERIODONTAL SERVICES (INCLUDING USUAL POSTOPERATIVE SERVICES) (continued)						
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		Y		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	

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		Y/N	Code # (if different)	Y/N	Code # (if different)	
PERIODONTAL SERVICES (INCLUDING USUAL POSTOPERATIVE SERVICES) (continued)						
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		Y		30
D4286	Removal of non-resorbable barrier	Y	20% of D4267	Y	20% of D4267	15
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns	N		N		60
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns	N		N		60
D4324	Repair of fixed splint – intra-coronal; natural teeth or prosthetic crowns	N		N		15

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under				
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	
PERIODONTAL SERVICES (INCLUDING USUAL POSTOPERATIVE SERVICES) (continued)						
D4325	Repair of fixed splint – extra-coronal; natural teeth or prosthetic crowns	N		N		15
D4326	Removal of fixed splint – intra-coronal; natural teeth or prosthetic crowns does not include repair of resulting defects	N		N		15
D4327	Removal of fixed splint – extra-coronal; natural teeth or prosthetic crowns	N		N		15
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	Y		Y		45
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	Y		Y		30

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		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		Y		45
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	Y		Y		45
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	Y		Y		15
D4910	Periodontal maintenance	Y		Y		45

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Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	
PERIODONTAL SERVICES (INCLUDING USUAL POSTOPERATIVE SERVICES) (continued)						
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	Y	D9110	Y	D9110	
D4921	Gingival irrigation with a medicinal agent – per quadrant	Y		Y		15
D4999	Unspecified periodontal procedure, by report	N		N		
COMPLETE AND PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)						
D5110	Complete denture – maxillary	Y		Y		180
D5120	Complete denture – mandibular	Y		Y		180
D5130	Immediate denture – maxillary	Y		Y		180
D5140	Immediate denture – mandibular	Y		Y		180

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		Y/N	Code # (if different)	Y/N	Code # (if different)	
COMPLETE AND PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE) (continued)						
D5211	Maxillary partial denture – resin base (including retentive/ clasping materials, rests, and teeth)	Y		Y		120
D5212	Mandibular partial denture – resin base (including retentive/ clasping materials, rests, and teeth)	Y		Y		120
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth)	Y		Y		120
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth)	Y		Y		120

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under				
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		Y/N	Code # (if different)	Y/N	Code # (if different)	
COMPLETE AND PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE) (continued)						
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	Y		Y		180
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	Y		Y		180
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Y		Y		180
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Y		Y		180

CDT 2027		Covered under				
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	
COMPLETE AND PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE) (continued)						
D5225	Maxillary partial denture – flexible base (including retentive/ clasping materials, rests, and teeth)	Y		Y		120
D5226	Mandibular partial denture – flexible base (including retentive/clasping materials, rests, and teeth)	Y		Y		120
D5227	Immediate maxillary partial denture – flexible base (including any clasps, rests and teeth)	Y		Y		180
D5228	Immediate mandibular partial denture – flexible base (including any clasps, rests and teeth)	Y		Y		180

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CDT 2027		Covered under				
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	
COMPLETE AND PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE) (continued)						
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/ clasping materials, rests, and teeth), maxillary	N	D5281	N	D5281	
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/ clasping materials, rests, and teeth), mandibular	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	
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests, and teeth) – per quadrant	N	D5281	N	D5281	

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Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	
ADJUSTMENTS TO DENTURES						
D5410	Adjust complete denture – maxillary	Y		Y		15
D5411	Adjust complete denture – mandibular	Y		Y		15
D5421	Adjust partial denture – maxillary	Y		Y		15
D5422	Adjust partial denture – mandibular	Y		Y		15
REPAIRS TO COMPLETE DENTURES						
D5511	Repair complete denture base, mandibular	Y		Y		30
D5512	Repair complete denture base, maxillary	Y		Y		30
D5520	Replace missing or broken teeth – complete denture – per tooth	Y		Y		30
REPAIRS TO PARTIAL DENTURES						
D5611	Repair resin partial denture base, mandibular	Y		Y		30
D5612	Repair resin partial denture base, maxillary	Y		Y		30

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under				
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	
REPAIRS TO PARTIAL DENTURES (continued)						
D5621	Repair cast partial framework, mandibular	N		N		
D5622	Repair cast partial framework, maxillary	N		N		
D5630	Repair or replace broken retentive/ clasping materials – per tooth	Y		Y		30
D5640	Replace missing or broken teeth – partial denture – per tooth	Y		Y		30
D5650	Add tooth to existing partial denture – per tooth	Y		Y		30
D5660	Add clasp to existing partial denture – per tooth	Y		Y		30
DENTURE REBASE AND RELINE PROCEDURES						
D5710	Rebase complete maxillary denture	Y		Y		30
D5711	Rebase complete mandibular denture	Y		Y		30
D5720	Rebase maxillary partial denture	Y		Y		30
D5721	Rebase mandibular partial denture	Y		Y		30

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		Y/N	Code # (if different)	Y/N	Code # (if different)	
DENTURE REBASE AND RELINE PROCEDURES (continued)						
D5725	Rebase hybrid prosthesis	Y		Y		30
INTERIM PROSTHESIS						
D5730	Reline complete maxillary denture (direct)	Y		Y		30
D5731	Reline complete mandibular denture (direct)	Y		Y		30
D5740	Reline maxillary partial denture (direct)	Y		Y		30
D5741	Reline mandibular partial denture (direct)	Y		Y		30
D5750	Reline complete maxillary denture (indirect)	Y		Y		30
D5751	Reline complete mandibular denture (indirect)	Y		Y		30
D5760	Reline maxillary partial denture (indirect)	Y		Y		30
D5761	Reline mandibular partial denture (indirect)	Y		Y		30

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		Y/N	Code # (if different)	Y/N	Code # (if different)	
INTERIM PROSTHESIS						
D5765	Soft liner for complete or partial removable denture – indirect	Y		Y		30
D5810	Interim complete denture (maxillary)	Y		Y		90
D5811	Interim complete denture (mandibular)	Y		Y		90
D5820	Interim partial denture (including retentive/clasping materials, rests and teeth), maxillary	Y		Y		90
D5821	Interim partial denture (including retentive/clasping materials, rests and teeth), mandibular	Y		Y		90
OTHER REMOVABLE PROSTHETIC SERVICES						
D5850	Tissue conditioning, maxillary	N		N		
D5851	Tissue conditioning, mandibular	N		N		
D5859	Placement of semi-precision abutment – natural tooth	N		N		45

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		Y/N	Code # (if different)	Y/N	Code # (if different)	
OTHER REMOVABLE PROSTHETIC SERVICES (continued)						
D5862	Precision attachment, by report	N		N		
D5863	Overdenture – complete maxillary – natural tooth borne	N		N		
D5864	Overdenture – partial maxillary – natural tooth borne	N		N		
D5865	Overdenture – complete mandibular – natural tooth borne	N		N		
D5866	Overdenture – partial mandibular – natural tooth borne	N		N		
D5875	Modification of removable prosthesis following implant surgery	Y		Y		60
D5876	Add metal substructure to acrylic complete denture per arch	Y		Y		60
D5899	Unspecified removable prosthodontic procedure, by report	N		N		

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		Y/N	Code # (if different)	Y/N	Code # (if different)	
IMPLANT SERVICES						
D6010	Surgical placement of implant body: endosteal implant	N		Y		60
D6011	Surgical access to an implant body (second stage implant surgery)	N		Y		30
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	N		Y		60
D6013	Surgical placement of mini implant	N		Y		45
D6040	Surgical placement: eposteal implant	N		Y		60
D6049	Scaling and debridement of a single implant in the presence of peri-implantitis inflammation, bleeding upon probing and increased pocket depths, including cleaning of the implant surfaces, without flap entry and closure	N		Y	20% of D4342	15

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		Y/N	Code # (if different)	Y/N	Code # (if different)	
IMPLANT SERVICES (continued)						
D6050	Surgical placement: transosteal implant	N		Y		60
D6055	Connecting bar – implant supported or abutment supported	N		Y		30
D6056	Prefabricated abutment – includes modification and placement	N		Y		30
D6057	Custom fabricated abutment – includes placement	N		Y		30
D6080	Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments	N		Y		45

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		Y/N	Code # (if different)	Y/N	Code # (if different)	
IMPLANT SERVICES (continued)						
D6081	Scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing and increased pocket depths; includes cleaning of the implant surfaces, without flap entry and closure	N		Y	20% of D4342	15
D6085	Interim implant crown	Y		Y		30
D6090	Repair of implant/abutment supported prosthesis	N		Y		45
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	N		Y		30

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Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	
IMPLANT SERVICES (continued)						
D6100	Surgical removal of implant body	N		Y		60
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	N		Y		60
D6102	Debridement and osseous contouring of a periimplant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	N		Y		60
D6103	Bone graft for repair of periimplant defect – does not include flap entry and closure	N		Y		15

Most Commonly Performed Procedure Code Comparison

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Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	
IMPLANT SERVICES (continued)						
D6104	Bone graft at time of implant placement	N		Y		15
D6105	Removal of implant body not requiring bone removal nor flap elevation	N		Y	50% of D6100	30
D6106	Guided tissue regeneration – resorbable barrier, per implant	N		Y	D4266	30
D6107	Guided tissue regeneration – non-resorbable barrier, per implant	N		Y	D4267	30
D6108	Placement of healing cap on implant body	Y	Inclusive to the primary restorative/surgical procedure	Y	Inclusive to the primary restorative/surgical procedure	15
D6109	Removal of a screw-retained indirect restoration on an implant	Y	Inclusive to the primary restorative/surgical procedure	Y	Inclusive to the primary restorative/surgical procedure	15

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		Y/N	Code # (if different)	Y/N	Code # (if different)	
IMPLANT SERVICES (continued)						
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments	N		Y	D6080	45
D6190	Radiographic/surgical implant index, by report	N		Y		30
D7994	Surgical placement: zygomatic implant	N		Y	120% of D6010	60
IMPLANT SUPPORTED PROSTHETICS						
D6058	Abutment supported porcelain/ceramic crown	Y		Y		120
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	Y		Y		120

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Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	
IMPLANT SUPPORTED PROSTHETICS (continued)						
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	Y		Y		120
D6061	Abutment supported porcelain fused to metal crown (noble metal)	Y		Y		120
D6062	Abutment supported cast metal crown (high noble metal)	Y		Y		120
D6063	Abutment supported cast metal crown (predominantly base metal)	Y		Y		120
D6064	Abutment supported cast metal crown (noble metal)	Y		Y		120
D6065	Implant supported porcelain/ceramic crown	Y		Y		120
D6066	Implant supported crown – porcelain fused to high noble alloys	Y		Y		120

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Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	
IMPLANT SUPPORTED PROSTHETICS (continued)						
D6067	Implant supported crown – high noble alloys	Y		Y		120
D6068	Abutment supported retainer for porcelain/ceramic FPD	Y		Y		120
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	Y		Y		90
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	Y		Y		90
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	Y		Y		90
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	Y		Y		90

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Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	
IMPLANT SUPPORTED PROSTHETICS (continued)						
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	Y		Y		90
D6074	Abutment supported retainer for cast metal FPD (noble metal)	Y		Y		90
D6075	Implant supported retainer for ceramic FPD	Y		Y		120
D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys	Y		Y		90
D6077	Implant supported retainer for metal FPD – high noble alloys	Y		Y		90

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Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	
IMPLANT SUPPORTED PROSTHETICS (continued)						
D6082	Implant supported crown – porcelain fused to predominantly base alloys	Y		Y		120
D6083	Implant supported crown – porcelain fused to noble alloys	Y		Y		120
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys	Y		Y		120
D6086	Implant supported crown – predominantly base alloys	Y		Y		120
D6087	Implant supported crown – noble alloys	Y		Y		120
D6088	Implant supported crown – titanium and titanium alloys	Y		Y		120
D6089	Accessing and retorquing loose implant screw – per screw	Y		Y		30

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Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	
IMPLANT SUPPORTED PROSTHETICS (continued)						
D6092	Re-cement or re-bond implant/abutment supported crown	Y		Y		15
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	Y		Y		15
D6094	Abutment supported crown – titanium and titanium alloys	Y		Y		120
D6096	Remove broken implant retaining screw	Y		Y		30
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys	Y		Y		120
D6098	Implant supported retainer – porcelain fused to predominantly base alloys	Y		Y		90
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	Y		Y		90

CDT 2027		Covered under				
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	
IMPLANT SUPPORTED PROSTHETICS (continued)						
D6110	Implant/abutment retained removable denture for edentulous arch – maxillary	Y		Y		180
D6111	Implant/abutment retained removable denture for edentulous arch – mandibular	Y		Y		180
D6112	Implant/abutment retained removable denture for partially edentulous arch – maxillary	Y		Y		120
D6113	Implant/abutment retained removable denture for partially edentulous arch – mandibular	Y		Y		120
D6114	Implant/abutment supported fixed denture for edentulous arch – maxillary	Y		Y		180

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under				
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	
IMPLANT SUPPORTED PROSTHETICS (continued)						
D6115	Implant/abutment supported fixed denture for edentulous arch – mandibular	Y		Y		180
D6116	Implant/abutment supported fixed denture for partially edentulous arch – maxillary	Y		Y		120
D6117	Implant/abutment supported fixed denture for partially edentulous arch – mandibular	Y		Y		120
D6118	Implant/abutment supported interim fixed denture for edentulous arch – mandibular	Y		Y		60
D6119	Implant/abutment supported interim fixed denture for edentulous arch – maxillary	Y		Y		60

CDT 2027		Covered under				
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	
IMPLANT SUPPORTED PROSTHETICS (continued)						
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys	Y		Y		90
D6121	Implant supported retainer for metal FPD – predominantly base alloys	Y		Y		90
D6122	Implant supported retainer for metal FPD – noble alloys	Y		Y		90
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys	Y		Y		90
D6124	Implant/abutment retained interim fixed denture for partially edentulous arch – maxillary	N	Apply Copay for D6119	N	Apply Copay for D6119	60
D6125	Implant/abutment retained interim fixed denture for partially edentulous arch – mandibular	N	Apply Copay for D6118	N	Apply Copay for D6118	60

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under				
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	
IMPLANT SUPPORTED PROSTHETICS (continued)						
D6193	Replacement of an implant screw	Y	D6092 / D6096	Y	D6092 / D6096	30
D6194	Abutment supported retainer crown for FPD – titanium and titanium alloys	Y		Y		90
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys	Y		Y		90
D6196	Removal of an indirect restoration on an implant retained abutment	Y	Inclusive to Implant / Surgical Service	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	Y	D2391	Y	D2391	15
D6198	Remove interim implant component	Y		Y		15

CDT 2027		Covered under				
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	
IMPLANT SUPPORTED PROSTHETICS (continued)						
D6280	Implant maintenance procedures when a full arch removable implant/ abutment retained denture is removed and reinserted, including cleansing of prosthesis and abutments – per arch	N		Y	D6080	45
FIXED PARTIAL DENTURE PONTICS						
D6210	Pontic – cast high noble metal	Y		Y		30
D6211	Pontic – cast predominantly base metal	Y		Y		30
D6212	Pontic – cast noble metal	Y		Y		30
D6214	Pontic – titanium and titanium alloys	Y		Y		30
D6240	Pontic – porcelain fused to high noble metal	Y		Y		30

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under				
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	
FIXED PARTIAL DENTURE PONTICS (continued)						
D6241	Pontic – porcelain fused to predominantly base metal	Y		Y		30
D6242	Pontic – porcelain fused to noble metal	Y		Y		30
D6243	Pontic – porcelain fused to titanium and titanium alloys	Y		Y		30
D6245	Pontic – porcelain/ ceramic	Y		Y		30
FIXED PARTIAL DENTURE RETAINERS – INLAYS/ONLAYS						
D6602	Retainer inlay – cast high noble metal, two surfaces	Y		Y		90
D6603	Retainer inlay – cast high noble metal, three or more surfaces	Y		Y		90
D6604	Retainer inlay – cast predominantly base metal, two surfaces	Y		Y		90

CDT 2027		Covered under				
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		Y/N	Code # (if different)	Y/N	Code # (if different)	
FIXED PARTIAL DENTURE RETAINERS – INLAYS/ONLAYS (continued)						
D6605	Retainer inlay – cast predominantly base metal, three or more surfaces	Y		Y		90
D6606	Retainer inlay – cast noble metal, two surfaces	Y		Y		90
D6607	Retainer inlay – cast noble metal, three or more surfaces	Y		Y		90
D6610	Retainer onlay – cast high noble metal, two surfaces	Y		Y		90
D6611	Retainer onlay – cast high noble metal, three or more surfaces	Y		Y		90
D6612	Retainer onlay – cast predominantly base metal, two surfaces	Y		Y		90
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces	Y		Y		90

Most Commonly Performed Procedure Code Comparison

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		Y/N	Code # (if different)	Y/N	Code # (if different)	
FIXED PARTIAL DENTURE RETAINERS – INLAYS/ONLAYS (continued)						
D6614	Retainer onlay – cast noble metal, two surfaces	Y		Y		90
D6615	Retainer onlay – cast noble metal, three or more surfaces	Y		Y		90
D6624	Retainer inlay – titanium	Y		Y		90
D6634	Retainer onlay – titanium	Y		Y		90
D6545	Retainer – cast metal for resin bonded fixed prosthesis	N		N		
FIXED PARTIAL DENTURE RETAINERS – CROWN						
D6740	Retainer crown – porcelain/ceramic	Y		Y		120
D6750	Retainer crown – porcelain fused to high noble metal	Y		Y		90
D6751	Retainer crown – porcelain fused to predominantly base metal	Y		Y		90

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		Y/N	Code # (if different)	Y/N	Code # (if different)	
FIXED PARTIAL DENTURE RETAINERS – CROWN (continued)						
D6752	Retainer crown – porcelain fused to noble metal	Y		Y		90
D6753	Retainer crown – porcelain fused to titanium and titanium alloys	Y		Y		90
D6780	Retainer crown – 3/4 cast high noble metal	Y		Y		90
D6781	Retainer crown – 3/4 cast predominantly base metal	Y		Y		120
D6782	Retainer crown – 3/4 cast noble metal	Y		Y		120
D6784	Retainer crown 3/4 – titanium and titanium alloys	Y		Y		90
D6790	Retainer crown – full cast high noble metal	Y		Y		90
D6791	Retainer crown – full cast predominantly base metal	Y		Y		90

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under				
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	
FIXED PARTIAL DENTURE RETAINERS – CROWN (continued)						
D6792	Retainer crown – full cast noble metal	Y		Y		90
D6794	Retainer crown – titanium and titanium alloys	Y		Y		90
OTHER FIXED PARTIAL DENTURE SERVICES						
D6920	Connector bar	N		N		
D6930	Re-cement or re-bond fixed partial denture	Y		Y		15
D6940	Stress breaker	N		N		
D6950	Precision attachment	N		N		
D6980	Fixed partial denture repair necessitated by restorative material failure	N		N		
D6999	Unspecified fixed prosthodontic procedure, by report	N		N		
ORAL SURGERY – INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POSTOPERATIVE CARE						
D7111	Extraction, coronal remnants – primary tooth	Y		Y		15

CDT 2027		Covered under				
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		Y/N	Code # (if different)	Y/N	Code # (if different)	
ORAL SURGERY – INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POSTOPERATIVE CARE (continued)						
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Y		Y		30
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	Y		Y		30
D7220	Removal of impacted tooth – soft tissue	Y		Y		30
D7230	Removal of impacted tooth – partially bony	Y		Y		45
D7240	Removal of impacted tooth – completely bony	Y		Y		45
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	Y		Y		45

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under				
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	
ORAL SURGERY – INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POSTOPERATIVE CARE (continued)						
D7250	Removal of residual tooth roots (cutting procedure)	Y		Y		45
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	Y		Y		45
D7252	Partial extraction for immediate implant placement	Y	75% of D7251	Y	75% of D7251	45
D7260	Oroantral fistula closure	Y		Y		60
D7261	Primary closure of a sinus perforation	Y		Y		60
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	Y		Y		60
D7272	Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)	N		N		

CDT 2027		Covered under				
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		Y/N	Code # (if different)	Y/N	Code # (if different)	
ORAL SURGERY – INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POSTOPERATIVE CARE (continued)						
D7280	Exposure of an unerupted tooth	Y		Y		30
D7283	Placement of device to facilitate eruption of impacted tooth	Y		Y		30
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)	Y		Y		45
D7286	Incisional biopsy of oral tissue – soft	Y		Y		30
D7287	Exfoliative cytological sample collection	Y		Y		
D7288	Brush biopsy – transepithelial sample collection	Y		Y		
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	Y		Y		45
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	Y		Y		45

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under				
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		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		45
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	Y		Y		45
D7410	Excision of benign lesion up to 1.25 cm	N		N		
D7411	Excision of benign lesion greater than 1.25 cm	N		N		
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	Y		Y		60
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	Y		Y		60

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Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	
ORAL SURGERY – INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POSTOPERATIVE CARE (continued)						
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	N		N		
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	N		N		
D7465	Destruction of lesion(s) by physical or chemical method, by report	N		N		
D7471	Removal of lateral exostosis (maxilla or mandible)	Y		Y		60
D7472	Removal of torus palatinus	Y		Y		60
D7473	Removal of torus mandibularis	Y		Y		60
D7485	Reduction of osseous tuberosity	Y		Y		60

Most Commonly Performed Procedure Code Comparison

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		Y/N	Code # (if different)	Y/N	Code # (if different)	
ORAL SURGERY – INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POSTOPERATIVE CARE (continued)						
D7510	Incision and drainage of abscess – intraoral soft tissue	Y		Y		30
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	Y		Y		45
D7520	Incision and drainage of abscess – extraoral soft tissue	N		N		
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	N		N		
D7880	Occlusal orthotic device, by report	Y		Y		60
D7881	Occlusal orthotic device adjustment	Y		Y		15
D7882	Repair and/or reline of occlusal orthotic device	Y	150% of D7881	Y	150% of D7881	30

CDT 2027		Covered under				
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		Y/N	Code # (if different)	Y/N	Code # (if different)	
ORAL SURGERY – INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POSTOPERATIVE CARE (continued)						
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	
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation	N		Y	75% of D6190	30
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	N		Y		60
D7952	Sinus augmentation via a vertical approach	N		Y		60
D7953	Bone replacement graft for ridge preservation – per site	N		Y		15

Most Commonly Performed Procedure Code Comparison

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		Y/N	Code # (if different)	Y/N	Code # (if different)	
ORAL SURGERY – INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POSTOPERATIVE CARE (continued)						
D7956	Guided tissue regeneration, edentulous area – resorbable barrier, per site	N		Y	D7953	30
D7957	Guided tissue regeneration, edentulous area – non-resorbable barrier, per site	N		Y	D7953	30
D7961	Buccal/labial frenectomy (frenulectomy)	Y		Y		30
D7962	Lingual frenectomy (frenulectomy)	N		N		
D7963	Frenuloplasty	Y		Y		30
LIMITED ORTHODONTIC TREATMENT						
D8010	Limited orthodontic treatment of the primary dentition	Y		Y		
D8020	Limited orthodontic treatment of the transitional dentition	Y		Y		

CDT 2027		Covered under				
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		Y/N	Code # (if different)	Y/N	Code # (if different)	
LIMITED ORTHODONTIC TREATMENT (continued)						
D8030	Limited orthodontic treatment of the adolescent dentition	Y		Y		
D8040	Limited orthodontic treatment of the adult dentition	Y		Y		
COMPREHENSIVE ORTHODONTIC TREATMENT						
D8070	Comprehensive orthodontic treatment of the transitional dentition	Y		Y		
D8080	Comprehensive orthodontic treatment of the adolescent dentition	Y		Y		
D8090	Comprehensive orthodontic treatment of the adult dentition	Y		Y		
D8091	Comprehensive orthodontic treatment with orthognathic surgery	Y	D8090	Y	D8090	

Most Commonly Performed Procedure Code Comparison

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		Y/N	Code # (if different)	Y/N	Code # (if different)	
ADJUNCTIVE ORTHODONTIC THERAPY						
D8210	Adjunctive orthodontic therapy – removable appliance	N		N		
D8220	Adjunctive orthodontic therapy – fixed appliance	N		N		
OTHER ORTHODONTIC SERVICES						
D8660	Pre-orthodontic treatment examination to monitor growth and development	Y		Y		
D8670	Periodic orthodontic treatment visit	Y		Y		
D8671	Periodic orthodontic treatment visit associated with orthognathic surgery	Y	D8670	Y	D8670	15
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer[s])	Y		Y		

CDT 2027		Covered under				
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	
OTHER ORTHODONTIC SERVICES (continued)						
D8681	Removable orthodontic retainer adjustment	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 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	
ADJUNCTIVE SERVICES						
D9110	Palliative treatment of dental pain – per visit	Y		Y		30
D9120	Fixed partial denture sectioning	N		N		
D9130	Temporomandibular joint dysfunction – non-invasive physical therapies – each 15 minute increment, or portion thereof	N		N		

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CDT 2027		Covered under				
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	
ADJUNCTIVE SERVICES (continued)						
D9210	Local anesthesia not in conjunction with operative or surgical procedures	N		N		
D9211	Regional block anesthesia	N		N		
D9212	Trigeminal division block anesthesia	N		N		
D9215	Local anesthesia in conjunction with operative or surgical procedures	Y		Y		
D9222	Administration of deep sedation/ general anesthesia – first 15 minute increment, or any portion thereof	Y		Y		
D9223	Administration of deep sedation/ general anesthesia – each subsequent 15 minute increment, or any portion thereof	Y		Y		

CDT 2027		Covered under				
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	
ADJUNCTIVE SERVICES (continued)						
D9224	Administration of general anesthesia with advanced airway – first 15 minute increment or portion thereof	Y	D9222	Y	D9222	
D9225	Administration of general anesthesia with advanced airway – each subsequent 15 minute increment, or any portion thereof	Y	D9223	Y	D9223	
D9230	Administration of nitrous oxide	Y		Y		
D9239	Administration of moderate sedation – intravenous – first 15 minute increment, or any portion thereof	Y		Y		
D9243	Administration of moderate sedation – intravenous – each subsequent 15 minute increment, or any portion thereof	Y		Y		

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under				
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		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		30
D9311	Consultation with a medical health care professional	Y		Y		30
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	Y		Y		0
D9440	Office visit – after regularly scheduled hours	Y		Y		30
D9450	Case presentation, subsequent to detailed and extensive treatment planning	Y		Y		
D9610	Therapeutic parenteral drug, single administration	N		N		

CDT 2027		Covered under				
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		Y/N	Code # (if different)	Y/N	Code # (if different)	
ADJUNCTIVE SERVICES (continued)						
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	N		N		
D9613	Infiltration of sustained release therapeutic drug, per quadrant	Y		Y		15
D9630	Drugs or medicaments dispensed in the office for home use	N		N		15
D9910	Application of desensitizing medicament – per tooth	Y	\$4	Y	\$4	15
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	Y		Y		15
D9912	Pre-visit patient screening	Y	\$0	Y	\$0	
D9920	Behavior management, by report	N		N		

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		Y/N	Code # (if different)	Y/N	Code # (if different)	
ADJUNCTIVE SERVICES (continued)						
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	N		N		
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance	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	30
D9941	Fabrication of athletic mouthguard	Y		Y		
D9942	Repair and/or reline of occlusal guard	N		N		
D9943	Occlusal guard adjustment	Y		Y		15

CDT 2027		Covered under				
Procedure Code ¹	Dental Description and Nomenclature	Cigna Dental 09 PCS		Cigna Dental 109 PCS		Chair Time Per Minutes
		Y/N	Code # (if different)	Y/N	Code # (if different)	
ADJUNCTIVE SERVICES (continued)						
D9944	Occlusal guard – hard appliance, full arch	Y		Y		60
D9945	Occlusal guard – soft appliance, full arch	Y		Y		60
D9946	Occlusal guard – hard appliance, partial arch	Y		Y		60
D9950	Occlusion analysis – mounted case	N		N		
D9951	Occlusal adjustment – limited	Y		Y		30
D9952	Occlusal adjustment – complete	Y		Y		60
D9961	Duplicate/copy patient's records	Y		Y		
D9970	Enamel microabrasion	N		N		

Cigna Dental Care® – Patient Charge Schedules

Most Commonly Performed Procedure Code Comparison

CDT 2027		Covered under				
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		Y/N	Code # (if different)	Y/N	Code # (if different)	
ADJUNCTIVE SERVICES (continued)						
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	Y		Y		60
D9990	Certified translation or sign-language services – per visit	Y		Y		
D9995	Teledentistry – synchronous; real-time encounter	Y		Y		15
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	Y		Y		15



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