

# CIGNA Dental Care Patient Charge Schedule

## W1-04

Code	Description	W1-04
<b>DIAGNOSTIC/PREVENTIVE</b>		
D9310	Consultation (Diagnostic Service Provided By Dentist or Physician Other Than Practitioner Providing Treatment)	0
D0120	Periodic Oral Evaluation	0
D0140	Limited Oral Evaluation - Problem Focused	0
D0150	Comprehensive Oral Evaluation	0
D0170	Re-evaluation - Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	0
D0210	X-Rays Intraoral - Complete Series (including bitewings)(Limit 1 Every 3 Years)	0
D0220	X-Rays Intraoral - Periapical First Film	0
D0230	X-Rays Intraoral - Periapical Each Additional Film	0
D0240	X-Rays Intraoral - Occlusal Film	0
D0270	X-Rays (Bitewing) - Single Film	0
D0272	X-Rays (Bitewing) - Two Films	0
D0274	X-Rays (Bitewing) - Four Films	0
D0277	X-Rays (Bitewing, Vertical) - 7 to 8 Films	0
D0330	X-Rays (Panoramic) - (Limit 1 every 3 years)	0
D0460	Pulp Vitality Tests	0
D0470	Diagnostic Casts	0
D0472	Accession of Tissue, Gross Examination, Preparation and Transmission of Written Report	0
D0473	Accession of Tissue, Gross and Microscopic Examination, Preparation and Transmission of Written Report	0
D0474	Accession of Tissue, Gross and Microscopic Examination, Including Assessment of Surgical Margins for Presence of Disease, Preparation and Transmission of Written Report	0
D0501	Histopathologic Examinations	0
D1110	Prophylaxis - Adult (Limit 1 Every 6 Months)	0
9999.1119	Prophylaxis - Adult (In Addition to the 1 Prophylaxis Allowed Every 6 Months)	50
D1120	Prophylaxis - Child (Limit 1 Every 6 Months)	0
9999.1129	Prophylaxis - Child (In Addition to the 1 Prophylaxis Allowed Every 6 Months)	35
D1203	Topical Application of Fluoride - (prophylaxis not included) - Child (Up to 19th Birthday) (Limit 1 Every 6 Months)	0
D1330	Oral Hygiene Instructions	0
D1351	Sealant - Per Tooth - (Up to 14th Birthday)	15
D1510	Space Maintainer - Fixed - Unilateral	85
D1515	Space Maintainer - Fixed - Bilateral	85
<b>RESTORATIVE (Fillings)</b>		
D2110	Amalgam - One Surface, Primary	7
D2120	Amalgam - Two Surfaces, Primary	9
D2130	Amalgam - Three Surfaces, Primary	14
D2131	Amalgam - Four or More Surfaces, Primary	17
D2140	Amalgam - One Surface, Permanent	7
D2150	Amalgam - Two Surfaces, Permanent	9
D2160	Amalgam - Three Surfaces, Permanent	14
D2161	Amalgam - Four or More Surfaces, Permanent	17
D2330	Resin-Based Composite - One Surface, Anterior	9
D2331	Resin-Based Composite - Two Surfaces, Anterior	14
D2332	Resin-Based Composite - Three Surfaces, Anterior	17
D2335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle (Anterior)	75
D2336	Resin-Based Composite Crown, Anterior - Primary	75
D2337	Resin-Based Composite Crown, Anterior - Permanent	90
D2380	Resin-Based Composite - One Surface, Posterior - Primary	30
D2381	Resin-Based Composite - Two Surfaces, Posterior - Primary	40
D2382	Resin-Based Composite - Three or More Surfaces, Posterior - Primary	55
D2385	Resin-Based Composite - One Surface, Posterior - Permanent	30
D2386	Resin-Based Composite - Two Surfaces, Posterior - Permanent	40
D2387	Resin-Based Composite - Three Surfaces, Posterior - Permanent	55
D2388	Resin-Based Composite - Four or More Surfaces, Posterior - Permanent	75
<b>CROWN AND BRIDGE All charges for crown and bridge are per unit (each replacement or supporting tooth equals one unit) - Replacement limit 1every 5 years.</b>		
D2510	Inlay - Metallic - One Surface	255
D2520	Inlay - Metallic - Two Surfaces	255
D2530	Inlay - Metallic - Three or More Surfaces	255
D2542	Onlay - Metallic - Two Surfaces	320
D2543	Onlay - Metallic - Three Surfaces	320
D2544	Onlay - Metallic - Four or More Surfaces	320
D2740	Crown - Porcelain/Ceramic Substrate	400
D2750	Crown - Porcelain Fused to High Noble Metal	390
D2751	Crown - Porcelain Fused to Predominantly Base Metal	320
D2752	Crown - Porcelain Fused to Noble Metal	380
D2780	Crown - 3/4 Cast High Noble Metal	390
D2781	Crown - 3/4 Cast Predominantly Base Metal	320
D2782	Crown - 3/4 Cast Noble Metal	380

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Code	Description	W1-04
D2790	Crown - Full Cast High Noble Metal	390
D2791	Crown - Full Cast Predominantly Base Metal	320
D2792	Crown - Full Cast Noble Metal	380
D2910	Recement Inlay	20
D2920	Recement Crown	20
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	70
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	70
D2932	Prefabricated Resin Crown	90
D2933	Prefabricated Stainless Steel Crown with Resin Window	140
D2940	Sedative Filling	10
D2950	Core Buildup, Including Any Pins	95
D2951	Pin Retention - Per Tooth, In Addition to Restoration	20
D2952	Cast Post and Core, In Addition to Crown	110
D2954	Prefabricated Post and Core In Addition to Crown	95
D2960	Labial veneer (Resin Laminate) - Chairside	75
D6210	Pontic - Cast High Noble Metal	365
D6211	Pontic - Cast Fused to Predominantly Base Metal	295
D6212	Pontic - Cast Noble Metal	355
D6240	Pontic - Porcelain Fused to High Noble Metal	365
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	295
D6242	Pontic - Porcelain Fused to Noble Metal	355
D6245	Pontic - Porcelain/Ceramic Substrate	400
D6740	Crown - Porcelain/Ceramic Substrate	400
D6750	Crown - Porcelain Fused to High Noble Metal	390
D6751	Crown - Porcelain Fused to Predominantly Base Metal	320
D6752	Crown - Porcelain Fused to Noble Metal	380
D6780	Crown - 3/4 Cast High Noble Metal	390
D6781	Crown - 3/4 Cast Predominantly Base Metal	320
D6782	Crown - 3/4 Cast Noble Metal	380
D6790	Crown - Full Cast High Noble Metal	390
D6791	Crown - Full Cast Predominantly Base Metal	320
D6792	Crown - Full Cast Noble Metal	380
9999.6810	Complex Rehabilitation - ADDITIONAL CHARGE PER UNIT FOR MULTIPLE CROWN UNITS/COMPLEX REHABILITATION (6 OR MORE UNITS OF CROWN AND/OR BRIDGE IN SAME TREATMENT PLAN REQUIRES COMPLEX REHABILITATION FOR EACH UNIT - ASK YOUR DENTIST FOR THE GUIDELINES)	125
D6930	Recement Fixed Partial Denture	20
<b>ENDODONTICS (Root Canal Treatment, Excluding Final Restorations)</b>		
D3110	Pulp Cap - Direct (Excluding Final Restoration)	20
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	20
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	65
D3221	Gross Pulpal Debridement, Primary and Permanent Teeth (Not to be Used by Provider Completing Endodontic Treatment)	65
D3310	Anterior Root Canal (Permanent Tooth) (Excluding Final Restoration)	215
D3320	Bicuspid Root Canal (Permanent Tooth) (Excluding Final Restoration)	265
D3330	Molar Root Canal (Permanent Tooth) (Excluding Final Restoration)	360
D3331	Treatment of Root Canal Obstruction; Non-Surgical Access	110
D3332	Incomplete Endodontic Therapy; Inoperable or Fractured Tooth	110
D3333	Internal Root Repair of Perforation Defects	110
D3346	Retreatment of Previous Root Canal Therapy - Anterior	240
D3347	Retreatment of Previous Root Canal Therapy - Bicuspid	310
D3348	Retreatment of Previous Root Canal Therapy - Molar	435
D3410	Apicoectomy/Periradicular Surgery - Anterior	175
D3421	Apicoectomy/Periradicular Surgery - Bicuspid (First Root)	175
D3425	Apicoectomy/Periradicular Surgery - Molar (First Root)	175
D3426	Apicoectomy/Periradicular Surgery (Each Additional Root)	100
D3430	Retrograde Filling - Per Root	45
<b>PERIODONTICS (Treatment of Supporting Tissues [Gum and Bone] of the Teeth)</b>		
9999.4110	Periodontal Evaluation and Treatment Plan	40
D4210	Gingivectomy or Gingivoplasty - Per Quadrant	185
D4211	Gingivectomy or Gingivoplasty - Per Tooth	75
D4240	Gingival Flap Procedure, Including Root Planing - Per Quadrant	185
D4245	Apically Positioned Flap	185
D4249	Clinical Crown Lengthening - Hard Tissue	150
D4260	Osseous Surgery - Including Flap Entry and Closure - Per Quadrant	465
9999.4265	Osseous Surgery (1 tooth)	185
9999.4269	Osseous Surgery (2 - 4 teeth)	280
D4263	Bone Replacement Graft - First Site in Quadrant	225
D4264	Bone Replacement Graft - Each Additional Site in Quadrant	175
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	295
D4267	Guided Tissue Regeneration - Nonresorbable Barrier, Per Site (Includes Membrane Removal)	335
D4270	Pedicle Soft Tissue Graft Procedure	225

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D4271	Free Soft Tissue Graft Procedure (Including Donor Site Surgery)	225
D4341	Periodontal Scaling and Root Planing, Per Quadrant (Limit 4 Quadrants per Consecutive 12 months)	65
9999.4344	Periodontal Scaling and Root Planing (Per Quadrant) (1 tooth) (Limit 4 Quadrants per Consecutive 12 months)	25
9999.4346	Periodontal Scaling and Root Planing (Per Quadrant) (2-4 teeth) (Limit 4 Quadrants per Consecutive 12 months)	40
D4355	Full Mouth Debridement to Enable Comprehensive Periodontal Evaluation and Diagnosis (1 per Lifetime)	65
D4381	Localized Delivery of Chemotherapeutic Agents Via A Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth, By Report	60
D4910	Periodontal Maintenance Procedure (Following Active Therapy)(Limit 2 Within 12 Months)	55
D9940	Occlusal Guards - By Report	155
D9951	Occlusal Adjustment - Limited	40
D9952	Occlusal Adjustment - Complete	120
<b>PROSTHETICS (Removable Tooth Replacement - Dentures) (Includes Up to 4 Adjustments Within First 6 Months After Insertion - Replacement Limit 1 Every 5 Years)</b>		
D5110	Complete Denture - Maxillary	350
D5120	Complete Denture - Mandibular	350
D5130	Immediate Denture - Maxillary	350
D5140	Immediate Denture - Mandibular	350
D5211	Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Rests and Teeth)	320
D5212	Mandibular Partial Denture - Resin Base (Including Any Conventional Clasps, Rests and Teeth)	320
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	390
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	390
D5410	Adjust Complete Denture - Maxillary	15
D5411	Adjust Complete Denture - Mandibular	15
D5421	Adjust Partial Denture - Maxillary	15
D5422	Adjust Partial Denture - Mandibular	15
<b>REPAIRS TO PROSTHETICS</b>		
D5510	Repair Broken Complete Denture Base	55
D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	55
D5610	Repair Resin Denture Base	55
D5630	Repair or Replace Broken Clasp	55
D5640	Replace Broken Teeth - Per Tooth	55
D5650	Add Tooth to Existing Partial Denture	55
D5660	Add Clasp to Existing Partial Denture	55
<b>DENTURE RELINING (Limit 1 Every 36 Months)</b>		
D5710	Rebase Complete Maxillary Denture	125
D5711	Rebase Complete Mandibular Denture	125
D5720	Rebase Maxillary Partial Denture	125
D5721	Rebase Mandibular Partial Denture	125
D5730	Reline Complete Maxillary Denture (Chairside)	75
D5731	Reline Complete Mandibular Denture (Chairside )	75
D5740	Reline Maxillary Partial Denture (Chairside)	75
D5741	Reline Mandibular Partial Denture (Chairside)	75
D5750	Reline Complete Maxillary Denture (Laboratory)	125
D5751	Reline Complete Mandibular Denture (Laboratory )	125
D5760	Reline Partial Maxillary Denture (Laboratory)	125
D5761	Reline Partial Mandibular Denture (Laboratory)	125
<b>INTERIM DENTURES (Limit 1 Every 5 years)</b>		
D5810	Interim Complete Denture (Maxillary)	170
D5811	Interim Complete Denture (Mandibular)	170
D5820	Interim Partial Denture - (Maxillary)	135
D5821	Interim Partial Denture - (Mandibular)	135
<b>ORAL SURGERY (Includes Routine Post-Operative Treatment)</b>		
D7110	Extraction (Single Tooth)	30
D7120	Extraction (Each Additional Tooth)	30
D7130	Root Removal - Exposed Roots	30
D7210	Surgical Extraction Erupted Tooth	70
<i>Surgical Removal of Impacted Tooth - (Not Covered Unless Pathology [Disease] Exists). Surgical removal of wisdom tooth/3rd molar for orthodontic reasons <u>only</u> is not covered.</i>		
D7220	Removal of Impacted Tooth - Soft Tissue	75
D7230	Removal of Impacted Tooth - Partial Bony	110
D7240	Removal of Impacted Tooth - Completely Bony	165
D7241	Removal of Impacted Tooth - Completely Bony With Unusual Surgical Complications	165
D7250	Surgical Removal of Residual Tooth Roots	70
D7260	Oroantral Fistula Closure	180
D7270	Tooth Reimplantation	125

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Code	Description	W1-04
D7280	Surgical Exposure or Impacted or Unerupted Tooth for Orthodontic Reasons (Excluding Wisdom Teeth)	105
D7281	Surgical Exposure of Impacted or Unerupted Tooth to Aid Eruption	105
D7285	Biopsy of Oral Tissue - Hard (Bone, Tooth) (Tooth Related - Not allowed when in conjunction with another surgical procedure)	120
D7286	Biopsy of Oral Tissue - Soft (All Others) (Tooth Related - Not allowed when in conjunction with another surgical procedure)	100
D7310	Alveoplasty in Conjunction with Extractions - Per Quadrant	80
D7320	Alveoplasty Not in Conjunction with Extractions - Per Quadrant	110
D7450	Removal of Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25cm	115
D7451	Removal of Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25cm	115
D7471	Removal of Exostosis - Per Site	100
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	40
D7960	Frenulectomy (Frenectomy or Frenotomy) - Separate procedure	110
<b>ORTHODONTICS (Tooth Movement)</b>		
9999.8010	Orthodontic Evaluation	40
9999.8020	Orthodontic Treatment Plan and Records	150
9999.8025	Removable and/or Fixed Appliance(s) Insertion for Interceptive Treatment	275
9999.8026	Fixed Appliance Insertion (Banding) for Comprehensive Treatment	300
<i>Orthodontic Treatment (Maximum lifetime benefit of 24 months of interceptive and/or comprehensive treatment) - can include:</i>		
9999.8360/ 9999.8370	Interceptive Orthodontic Treatment	
9999.8460/ 9999.8470/ 9999.8480	Class I, II, III Malocclusion - Comprehensive Treatment - Combination of Primary and Permanent Teeth	
9999.8560/ 9999.8570/ 9999.8580	Class I, II, III Malocclusion - Comprehensive Treatment - Permanent Teeth	
	Children (Up to 19th Birthday)	1900
	Adults	2500
<i>Atypical cases or cases beyond 24 months require an additional payment by the patient.</i>		
9999.8750	Retention - Post Treatment Stabilization (Includes Appliance(s) and Treatment)	300
<b>General Anesthesia/IV Sedation - covered when performed by a periodontist or oral surgeon when medically necessary for covered procedures listed on the Patient Charge Schedule.</b>		
D9220	General Anesthesia - First 30 Minutes	115
D9221	General Anesthesia - Each Additional 15 Minutes	60
D9241	Intravenous Sedation/Analgesia - First 30 Minutes	115
D9242	Intravenous Sedation/Analgesia - Each Additional 15 Minutes	60
<b>EMERGENCY SERVICES</b>		
9999.0140/ 9110	Emergency Exam and Visit - Pain Relief Treatment During Regularly Scheduled Office Hours	40
D9440	Office Visit - After Regularly Scheduled Hours	65
<b>BROKEN APPOINTMENT</b>		
<i>(Note: This fee will not be charged if patient is unable to provide 24-hours' notice through no fault of his or her own.)</i>		
9999.0095	Broken Appointment - Less Than 24-hours' Notice (Per 15-Minute Appointment)	10
	Maximum Fee For Broken Appointment:	
	Sealant	10
	Prophylaxis	20
	Any Other Appointment	40

**In case of any discrepancy between these CIGNA Dental Care patient charges and the actual Patient Charge Schedule (PCS), the PCS will prevail.**

**Different Codes may be used to describe these covered procedures.**

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