

AETNA DENTAL™ PLANS  
PRIMARY DENTISTS COMPENSATION SCHEDULE,  
BASIC DENTAL (BD), AND AETNA ADVANTAGE™ DENTAL (AD)  
MAXIMUM CHARGE TO MEMBER LISTING

THIS MAXIMUM CHARGE TO MEMBER LISTING APPLIES TO THE FOLLOWING AETNA PLANS:

- BASIC DENTAL
- AETNA ADVANTAGE™ DENTAL

THERE IS A SMALL OFFICE CO-PAYMENT PER PERSON PER VISIT FOR ANY NO CHARGE SERVICES (NCS) RENDERED. PLEASE CONSULT SPECIFIC PLAN DOCUMENTS FOR THE COPAY AMOUNT.

PROCEDURES MARKED WITH AN "\*" MAY BE COVERED BY THE MEMBER'S MEDICAL PLAN. IF SO, MEDICAL PLAN COVERAGE PROVISIONS WOULD APPLY.

IF A PROCEDURE IS NOT LISTED, YOU ARE REQUIRED TO PROVIDE THE MEMBER A 20% DISCOUNT OFF YOUR USUAL FEE.

CURRENT DENTAL TERMINOLOGY © 2026 AMERICAN DENTAL ASSOCIATION. ALL RIGHTS RESERVED.

AETNA DENTAL™ PLANS  
PRIMARY DENTISTS COMPENSATION SCHEDULE,  
BASIC DENTAL (BD), AND AETNA ADVANTAGE™ DENTAL (AD)  
MAXIMUM CHARGE TO MEMBER LISTING

**DIAGNOSTIC SERVICES**

<u>CODE</u> <u>NUMBER</u>	<u>PROCEDURE</u>	<u>MAXIMUM "OUT OF POCKET"</u> <u>CHARGE TO MEMBER</u>	
		<u>BD</u>	<u>AD</u>
D0120	Periodic oral evaluation	NCS	NCS
D0140	Limited oral evaluation-problem focused	NCS	NCS
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	NCS	NCS
D0150	Comprehensive oral evaluation-new or established patient	NCS	NCS
D0160	Detailed and extensive oral evaluation – problem focused, by report	\$52	\$52
D0170	Re-evaluation-limited, problem focused (Established patient; not post-operative visit)	\$26	\$26
D0180	Comprehensive periodontal evaluation-new or established patient	NCS	NCS
D0210	Intraoral - comprehensive series of radiographic images	NCS	NCS
D0220	Intraoral - periapical first radiographic image	NCS	NCS
D0230	Intraoral - periapical each additional radiographic image	NCS	NCS
D0240	Occlusal radiographic image	NCS	NCS
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	NCS	NCS
D0251	Extra-oral posterior dental radiographic image	NCS	NCS
D0270	Bitewing - single radiographic image	NCS	NCS
D0272	Bitewings - two radiographic images	NCS	NCS
D0273	Bitewings - three radiographic images	NCS	NCS
D0274	Bitewings - four radiographic images	NCS	NCS
D0277	Vertical bitewings - 7 to 8 radiographic images	NCS	NCS
D0310	* Sialography	\$21	\$21
D0320	* Temporomandibular joint arthrogram, including injection	\$121	\$121
D0321	* Other temporomandibular joint radiographic images	\$82	\$82
D0322	* Tomographic survey	\$112	\$112
D0330	Panoramic radiographic image	NCS	NCS
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	\$58	\$58
D0350	Oral/facial images (includes intra and extraoral images)	NCS	NCS
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	NCS	NCS
D0373	Intraoral tomosynthesis – bitewing radiographic image	NCS	NCS
D0374	Intraoral tomosynthesis – periapical radiographic image	NCS	NCS
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	\$29	\$29
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	\$1	\$1
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	\$1	\$1
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	\$18	\$18
D0396	3D printing of a 3D dental surface scan	NCS	NCS
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	\$9	\$9
D0415	Collection of Microorganism	\$9	\$9
D0416	Viral culture	\$9	\$9
D0417	Collection and preparation of saliva sample for laboratory analysis	\$9	\$9
D0418	Analysis of saliva sample – laboratory	\$9	\$9
D0419	assessment of salivary flow by measurement	\$2	\$2
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	\$9	\$9
D0423	Genetic test for susceptibility to diseases – specimen analysis	\$94	\$94
D0425	Caries susceptibility tests	\$20	\$20
D0426	Collection, preparation, and analysis of saliva sample – point-of-care	\$11	\$11
D0431	Adjunctive pre-diagnostic test	\$9	\$9
D0460	Pulp vitality tests	NCS	NCS
D0461	Testing for cracked tooth	NCS	NCS
D0470	Diagnostic casts	NCS	NCS
D0502	Other oral pathology procedures, by report	\$88	\$88

AETNA DENTAL™ PLANS  
PRIMARY DENTISTS COMPENSATION SCHEDULE,  
BASIC DENTAL (BD), AND AETNA ADVANTAGE™ DENTAL (AD)  
MAXIMUM CHARGE TO MEMBER LISTING

**DIAGNOSTIC SERVICES CONTINUED**

<u>CODE</u> <u>NUMBER</u>	<u>PROCEDURE</u>	<u>MAXIMUM "OUT OF POCKET"</u> <u>CHARGE TO MEMBER</u>	
		<u>BD</u>	<u>AD</u>
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin and cementum	\$15	\$15
D0604	Antigen testing for a public health related pathogen including coronavirus	\$0	\$0
D0606	Molecular testing for a public health related pathogen, including coronavirus	\$0	\$0
D0701	Panoramic radiographic image – image capture only	\$27	\$27
D0702	2-D cephalometric radiographic image – image capture only	\$23	\$23
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	\$11	\$11
D0705	Extra-oral posterior dental radiographic image – image capture only	\$3	\$3
D0706	Intraoral – occlusal radiographic image – image capture only	\$2	\$2
D0707	Intraoral – periapical radiographic image – image capture only	\$1	\$1
D0708	Intraoral – bitewing radiographic image – image capture only	\$1	\$1
D0709	Intraoral – comprehensive series of radiographic images – image capture only	\$29	\$29
D0801	3D intraoral surface scan – direct	NCS	NCS
D0802	3D dental surface scan – indirect	NCS	NCS
D0803	3D facial surface scan – direct	NCS	NCS
D0804	3D facial surface scan – indirect	NCS	NCS

AETNA DENTAL™ PLANS  
PRIMARY DENTISTS COMPENSATION SCHEDULE,  
BASIC DENTAL (BD), AND AETNA ADVANTAGE™ DENTAL (AD)  
MAXIMUM CHARGE TO MEMBER LISTING

**PREVENTIVE SERVICES**

<u>CODE</u> <u>NUMBER</u>	<u>PROCEDURE</u>	<u>MAXIMUM "OUT OF POCKET"</u> <u>CHARGE TO MEMBER</u>	
		<u>BD</u>	<u>AD</u>
D1110	Prophylaxis-adult (limited to two treatments every year)	NCS	NCS
	Additional treatments	\$52	\$52
D1120	Prophylaxis-child (limited to two treatments every year)	NCS	NCS
	Additional treatments	\$34	\$34
D1206	Topical application of fluoride varnish	NCS	NCS
	Additional courses of treatment	\$21	\$21
D1208	Total application of fluoride	NCS	NCS
	Additional courses of treatment	\$21	\$21
D1301	Immunization counseling	\$0	\$0
D1310	Nutritional counseling for the control of dental disease	NCS	NCS
D1330	Oral hygiene instructions	NCS	NCS
D1351	Sealant-per tooth (limited to once every three years for permanent bicuspid and molars and to children under the age of 18)	\$28	NCS
	Additional applications	\$28	\$28
D1353	Sealant-per tooth - per tooth	\$15	NCS
	Additional applications	\$15	\$15
D1354	Application of caries arresting medicament application - per tooth	\$28	NCS
	Additional applications	\$28	\$28
D1355	Caries preventive medicament application – per tooth	\$22	NCS
	Additional applications	\$22	\$22
D1510	Space maintainer-fixed-unilateral - per quadrant	\$181	\$181
D1516	Space maintainer-fixed-bilateral, maxillary	\$296	\$296
D1517	Space maintainer-fixed-bilateral, mandibular	\$296	\$296
D1520	Space maintainer-removable-unilateral - per quadrant	\$283	\$283
D1526	Space maintainer-removable-bilateral, maxillary	\$345	\$345
D1527	Space maintainer-removable-bilateral, mandibular	\$345	\$345
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	\$35	\$35
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	\$35	\$35
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	\$18	\$18
D1556	Removal of fixed unilateral space maintainer – per quadrant	\$18	\$18
D1557	Removal of fixed bilateral space maintainer – maxillary	\$35	\$35
D1558	Removal of fixed bilateral space maintainer – mandibular	\$35	\$35
D1575	Distal shoe space maintainer – fixed – unilateral - per quadrant	\$199	\$199
D1701	Pfizer-BioNTech Covid-19 vaccine administration - first dose	\$0	\$0
D1702	Pfizer-BioNTech Covid-19 vaccine administration - second dose	\$0	\$0
D1703	Moderna Covid-19 vaccine administration - first dose	\$0	\$0
D1704	Moderna Covid-19 vaccine administration - second dose	\$0	\$0
D1708	Pfizer-BioNTech Covid-19 vaccine administration – third dose	\$0	\$0
D1709	Pfizer-BioNTech Covid-19 vaccine administration – booster dose	\$0	\$0
D1710	Moderna Covid-19 vaccine administration – third dose	\$0	\$0
D1711	Moderna Covid-19 vaccine administration – booster dose	\$0	\$0
D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – first dose	\$0	\$0
D1714	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – second dose	\$0	\$0
D1720	Influenza vaccine administration	\$0	\$0
D1781	Vaccine administration – human papillomavirus – Dose 1	\$0	\$0
D1782	Vaccine administration – human papillomavirus – Dose 2	\$0	\$0
D1783	Vaccine administration – human papillomavirus – Dose 3	\$0	\$0

AETNA DENTAL™ PLANS  
PRIMARY DENTISTS COMPENSATION SCHEDULE,  
BASIC DENTAL (BD), AND AETNA ADVANTAGE™ DENTAL (AD)  
MAXIMUM CHARGE TO MEMBER LISTING

**RESTORATIVE SERVICES**

<u>CODE</u> <u>NUMBER</u>	<u>PROCEDURE</u>	<u>MAXIMUM "OUT OF POCKET"</u> <u>CHARGE TO MEMBER</u>	
		<u>BD</u>	<u>AD</u>
D2140	Amalgam-one surface, primary or permanent	NCS	NCS
D2150	Amalgam-two surfaces, primary or permanent	NCS	NCS
D2160	Amalgam-three surfaces, primary or permanent	NCS	NCS
D2161	Amalgam-four or more surfaces, primary or permanent	NCS	NCS
D2330	Resin-one surface, anterior	\$78	NCS
D2331	Resin-two surfaces, anterior	\$94	NCS
D2332	Resin-three surfaces, anterior	\$116	NCS
D2335	Resin-four or more surfaces, anterior	\$130	NCS
D2390	Resin-based composite crown, anterior	\$184	NCS
D2391	Resin-based composite-one surface, posterior	\$86	NCS
D2392	Resin-based composite-two surfaces, posterior	\$112	NCS
D2393	Resin-based composite-three surfaces, posterior	\$141	NCS
D2394	Resin-based composite-four or more surfaces, posterior	\$162	NCS
D2410	Gold foil - one surface	\$321	\$321
D2420	Gold foil - two surface	\$116	\$116
D2430	Gold foil - three surfaces	\$398	\$398
D2510	Inlay-metallic-one surface	\$415	\$415
D2520	Inlay-metallic-two surfaces	\$494	\$494
D2530	Inlay-metallic-three or more surfaces	\$530	\$530
D2542	Onlay - metallic - two surfaces	\$598	\$598
D2543	Onlay - metallic - three surface	\$598	\$598
D2544	Onlay - metallic - four or more surfaces	\$622	\$622
D2610	Inlay - porcelain/ceramic - one surface	\$456	\$456
D2620	Inlay - porcelain/ceramic - two surface	\$496	\$496
D2630	Inlay - porcelain/ceramic - three or more surface	\$544	\$544
D2642	Onlay - porcelain/ceramic - two surface	\$537	\$537
D2643	Onlay - porcelain/ceramic - three surface	\$601	\$601
D2644	Onlay - porcelain/ceramic - four or more surface	\$619	\$619
D2650	Inlay - composite/resin - one surface	\$475	\$475
D2651	Inlay - composite/resin - two surface	\$437	\$437
D2652	Inlay - composite/resin - three or more surfaces	\$484	\$484
D2662	Onlay - composite/resin - two surfaces	\$505	\$505
D2663	Onlay - composite/resin - three surfaces	\$517	\$517
D2664	Onlay - composite/resin - four or more surfaces	\$551	\$551
D2710	Crown - resin based composite (indirect)	\$234	\$234
D2712	Crown – ¾ resin-based composite (indirect)	\$503	\$503
D2720	Crown-resin with high noble metal	\$598	\$598

AETNA DENTAL™ PLANS  
PRIMARY DENTISTS COMPENSATION SCHEDULE,  
BASIC DENTAL (BD), AND AETNA ADVANTAGE™ DENTAL (AD)  
MAXIMUM CHARGE TO MEMBER LISTING

**RESTORATIVE SERVICES CONTINUED**

<u>CODE</u> <u>NUMBER</u>	<u>PROCEDURE</u>	<u>MAXIMUM "OUT OF POCKET"</u> <u>CHARGE TO MEMBER</u>	
		<u>BD</u>	<u>AD</u>
D2721	Crown - resin with predominantly base metal	\$456	\$456
D2722	Crown - resin with noble metal	\$564	\$564
D2740	Crown - porcelain/ceramic	\$654	\$654
D2750	Crown-porcelain fused to high noble metal	\$629	\$629
D2751	Crown - porcelain fused to predominantly based metal	\$586	\$586
D2752	Crown - porcelain fused to noble metal	\$610	\$610
D2753	Crown - porcelain fused to titanium and titanium alloys	\$586	\$586
D2780	Crown-3/4 cast high noble metal	\$629	\$629
D2781	Crown-3/4 cast predominately base metal	\$521	\$521
D2782	Crown-3/4 cast noble metal	\$590	\$590
D2783	Crown-3/4 porcelian/ceramic	\$654	\$654
D2790	Crown-full cast high noble metal	\$629	\$629
D2791	Crown - full cast predominantly base metal	\$521	\$521
D2792	Crown - full cast noble metal	\$590	\$590
D2794	Crown - titanium and titanium alloys	\$629	\$629
D2799	Interim crown - further treatment or completion of diagnosis necessary prior to final impresion	\$116	\$116
D2910	Recement inlay, onlay or partial	\$48	\$48
D2915	Recement cast or prefab post and core	\$24	\$24
D2920	Recement crown	\$48	\$48
D2921	Reattachment of tooth fragment, incisal edge or cusp	\$12	\$12
D2928	Prefabricated porcelain/ceramic crown – permanent tooth	\$248	\$248
D2929	Prefabricated porcelain/ceramic crown - primary tooth	\$248	\$248
D2930	Prefabricated stainless steel crown-primary tooth	\$158	\$158
D2931	Prefabricated stainless steel crown-permanent tooth	\$158	\$158
D2932	Prefabricated resin crown	\$157	\$157
D2933	Prefabricated stainless steel crown with resin window	\$177	\$177
D2934	Prefab stainless crown - primary tooth	\$177	\$177
D2940	Placement of interim direct restoration	NCS	NCS
D2950	Core buildup, including any pins	\$141	\$141
D2951	Pin retention-per tooth, in addition to restoration	NCS	NCS
D2952	Post and core in addition to crown, indirectly fabricated	\$207	\$207
D2953	Each additional cast indirectly fabricated post – same tooth	\$154	\$154
D2954	Prefabricated post and core in addition to crown	\$174	\$174
D2955	Post removal	\$130	\$130
D2956	Removal of an indirect restoration on a natural tooth	\$17	\$17
D2957	each additional prefabricated post- same tooth	\$130	\$130
D2960	Labial veneer (resin laminate) - direct	\$265	\$265
D2961	Labial veneer (resin laminate) - indirect	\$402	\$402
D2962	Labial veneer (porcelain laminate) - indirect	\$515	\$515
D2975	Coping	\$301	\$301
D2976	Band stabilization – per tooth	\$116	\$116
D2989	Excavation of a tooth resulting in the determination of non-restorability	NCS	NCS
D2990	Placement of an infiltrating resin restoration for strengthening, stabilizing and/or limiting the progression of the lesion	\$28	NCS
D2991	Application of hydroxyapatite regeneration medicament – per tooth	\$42	NCS

AETNA DENTAL™ PLANS  
PRIMARY DENTISTS COMPENSATION SCHEDULE,  
BASIC DENTAL (BD), AND AETNA ADVANTAGE™ DENTAL (AD)  
MAXIMUM CHARGE TO MEMBER LISTING

**ENDODONTIC SERVICES**

**ROOT CANAL THERAPY INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES, X-RAYS AND FOLLOW UP**

<u>CODE</u> <u>NUMBER</u>	<u>PROCEDURE</u>	<u>MAXIMUM "OUT OF POCKET"</u>	
		<u>CHARGE TO MEMBER</u>	
		<u>BD</u>	<u>AD</u>
D3110	Pulp cap-direct (excluding final restoration)	NCS	NCS
D3120	Pulp cap-indirect (excluding final restoration)	NCS	NCS
D3220	Therapeutic pulpotomy (excluding final restoration)	\$89	\$89
D3221	Pulpal debridement, primary and permanent teeth	\$44	\$44
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$82	\$82
D3230	Pulpal therapy (resorbable filling) - anterior - primary tooth (excluding final restoration)	\$112	\$112
D3240	Pulpal therapy (resorbable filling) - posterior - primary tooth (excluding final restoration)	\$97	\$97
D3310	Anterior Root Canal Therapy (excl.final restoration)	\$384	\$384
D3320	Premolar Root Canal Therapy (excl. final restoration)	\$452	\$452
D3330	Molar Tooth Root Canal Therapy (excluding final restoration)	\$590	\$590
D3331	Treatment of root canal obstruction; non-surgical access	\$384	\$384
D3333	Internal root repair of perforation defects	\$175	\$175
D3346	Retreatment of previous root canal therapy - anterior	\$478	\$478
D3347	Retreatment of previous root canal therapy - premolar	\$549	\$549
D3348	Retreatment of previous root canal therapy - molar	\$681	\$681
D3351	Apexification/recalcification/pulpal regeneration-initial visit (apical closure/calcific repair of perforations, root resorption, pulp space, disinfection, etc.)	\$141	\$141
D3352	Apexification/recalcification/pulpal regeneration-interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space, disinfection, etc.)	\$92	\$92
D3353	Apexification/recalcification-final visit (includes completed root canal therapy-apical closure/calcific repair of perforations, root resorption, etc.)	\$245	\$245
D3355	Pulpal regeneration - initial visit	\$123	\$123
D3356	Pulpal regeneration - interim medication replacement	\$36	\$36
D3357	Pulpal regeneration - completion of treatment	\$61	\$61
D3410	Apicoectomy/periradicular surgery-anterior	\$393	\$393
D3421	Apicoectomy/periradicular surgery-premolar (first root)	\$454	\$454
D3425	Apicoectomy/periradicular surgery-molar (first root)	\$491	\$491
D3426	Apicoectomy/periradicular surgery (each additional root)	\$175	\$175
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	\$206	\$206
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	\$154	\$154
D3430	Retrograde filling-per root	\$108	\$108
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	\$282	\$282
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	\$282	\$282
D3450	Root amputation-per root	\$238	\$238
D3460	Endodontic endosseous implant	\$1,030	\$1,030
D3471	Surgical repair of root resorption - anterior	\$205	\$205
D3472	Surgical repair of root resorption – premolar	\$273	\$273
D3473	Surgical repair of root resorption – molar	\$341	\$341
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	\$206	\$206
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	\$275	\$275
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	\$344	\$344
D3911	Intraorifice barrier	\$0	\$0
D3920	Hemisection (including any root removal), not including root canal therapy	\$238	\$238
D3921	Decoronation or submergence of an erupted tooth	\$75	\$75
D3950	Canal preparation and fitting of preformed dowel or post	\$75	\$75

AETNA DENTAL™ PLANS  
PRIMARY DENTISTS COMPENSATION SCHEDULE,  
BASIC DENTAL (BD), AND AETNA ADVANTAGE™ DENTAL (AD)  
MAXIMUM CHARGE TO MEMBER LISTING

**PERIODONTIC SERVICES**

<u>CODE</u> <u>NUMBER</u>	<u>PROCEDURE</u>	<u>MAXIMUM "OUT OF POCKET"</u> <u>CHARGE TO MEMBER</u>	
		<u>BD</u>	<u>AD</u>
D4210	Gingivectomy or gingivoplasty-four or more contiguous teeth or tooth bounded spaces per quadrant	\$250	\$250
D4211	Gingivectomy or gingivoplasty-one to three contiguous teeth or tooth bounded spaces per quadrant	\$86	\$86
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$34	\$34
D4230	Anatomical crown exposure – four or more contiguous teeth or tooth bounded spaces per quadrant	\$250	\$250
D4231	Anatomical crown exposure – one to three teeth or tooth bounded spaces per quadrant	\$86	\$86
D4240	Gingival flap procedure, incl. root planing-four or more contiguous teeth or tooth bounded spaces per quadrant	\$344	\$344
D4241	Gingival flap procedure, incl. root planing-one to three contiguous teeth or tooth bounded spaces per quadrant	\$207	\$207
D4245	Apically positioned flap	\$344	\$344
D4249	Clinical crown lengthening - hard tissue	\$378	\$378
D4260	Osseous surgery (including flap entry and closure)-four or more contiguous teeth or tooth bounded spaces per quadrant	\$592	\$592
D4261	Osseous surgery (including flap entry and closure)-one to three contiguous teeth or bounded teeth spaces per quadrant	\$356	\$356
D4263	Bone replacement graft – retained natural tooth – first site in quadrant site.	\$206	\$206
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	\$154	\$154
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	\$282	\$282
D4266	Guided tissue regeneration, natural teeth - resorbable barrier, per site per tooth	\$282	\$282
D4267	Guided tissue regeneration, natural teeth - non-resorbable barrier, per site, per tooth (includes membrane removal)	\$318	\$318
D4268	Guided tissue regeneration - including surgery & re-entry	\$296	\$296
D4270	Pedicle soft tissue graft procedure	\$463	\$463
D4273	Subepithelial connective tissue graft, per tooth	\$286	\$286
D4274	Mesial/distal procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$282	\$282
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$491	\$491
D4276	Combined connective tissue and pedicle graft, per tooth	\$472	\$472
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	\$197	\$197
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in graft	\$100	\$100
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	\$157	\$157
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	\$270	\$270
D4286	Removal of non-resorbable barrier	\$32	\$32
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns	\$130	\$130
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns	\$123	\$123
D4341	Periodontal scaling and root planing-four or more contiguous teeth or bounded teeth spaces per quadrant	\$128	NCS
D4342	Periodontal scaling and root planing-one to three teeth, per quadrant	\$78	NCS
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	\$60	\$60
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis on a subsequent visit	\$81	\$81
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$90	\$90
D4910	Periodontal maintenance	\$75	\$75
D4920	Unscheduled dressing change (by someone other than treating dentist)	\$12	\$12
D4921	Gingival irrigation with a medicinal agent - per quadrant	\$20	\$20

AETNA DENTAL™ PLANS  
PRIMARY DENTISTS COMPENSATION SCHEDULE,  
BASIC DENTAL (BD), AND AETNA ADVANTAGE™ DENTAL (AD)  
MAXIMUM CHARGE TO MEMBER LISTING

**PROSTHODONTIC (REMOVABLE) SERVICES**

**ALL PROSTHODONTIC SERVICES INCLUDE NORMAL ADJUSTMENTS FOR SIX MONTHS**

<u>CODE</u> <u>NUMBER</u>	<u>PROCEDURE</u>	<u>MAXIMUM "OUT OF POCKET"</u> <u>CHARGE TO MEMBER</u>	
		<u>BD</u>	<u>AD</u>
D5110	Complete denture-maxillary	\$811	\$811
D5120	Complete denture-mandibular	\$811	\$811
D5130	Immediate denture-maxillary	\$880	\$880
D5140	Immediate denture-mandibular	\$880	\$880
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$625	\$625
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$625	\$625
D5213	Maxillary partial denture-cast metal framework with resin denture bases (including any conventional clasps, retentive/clasping materials, rests and teeth)	\$877	\$877
D5214	Mandibular partial denture-cast metal framework with resin denture bases (including any conventional clasps, retentive/clasping materials, rests and teeth)	\$877	\$877
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, retentive/clasping materials, rests and teeth)	\$719	\$719
D5222	Immediate mandibular partial denture – resin base (including any conventional clasps, retentive/clasping materials, rests and teeth)	\$719	\$719
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, retentive/clasping materials, rests and teeth)	\$1,008	\$1,008
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, retentive/clasping materials, rests and teeth)	\$1,008	\$1,008
D5225	Maxillary partial denture - flexible base (including any retentive/clasping materials, rests, and teeth)	\$752	\$752
D5226	Mandibular partial denture – flexible base (including any retentive/clasping materials, rests, and teeth)	\$752	\$752
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$752	\$752
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$752	\$752
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	\$509	\$509
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	\$509	\$509
D5284	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests, and teeth) – per quadrant	\$376	\$376
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests, and teeth) – per quadrant	\$313	\$313
D5410	Adjust complete denture-maxillary	NCS	NCS
D5411	Adjust complete denture-mandibular	NCS	NCS
D5421	Adjust partial denture-maxillary	NCS	NCS
D5422	Adjust partial denture-mandibular	NCS	NCS
D5511	repair broken complete denture base, mandibular	\$92	\$92
D5512	repair broken complete denture base, maxillary	\$92	\$92
D5520	Replace missing or broken teeth - complete denture - per tooth	\$67	\$67
D5611	repair resin partial denture base, mandibular	\$92	\$92
D5612	repair resin partial denture base, maxillary	\$92	\$92
D5621	repair cast partial framework, mandibular	\$110	\$110
D5622	repair cast partial framework, maxillary	\$110	\$110
D5630	repair or replace broken retentive/clasping materials per tooth	\$119	\$119
D5640	Replace missing or broken teeth - partial denture - per tooth	\$67	\$67
D5650	Add tooth to existing partial denture - per tooth	\$97	\$97
D5660	Add clasp to existing partial denture - per tooth	\$119	\$119
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$300	\$300
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$300	\$300

AETNA DENTAL™ PLANS  
PRIMARY DENTISTS COMPENSATION SCHEDULE,  
BASIC DENTAL (BD), AND AETNA ADVANTAGE™ DENTAL (AD)  
MAXIMUM CHARGE TO MEMBER LISTING

**PROSTHODONTIC (REMOVABLE) SERVICES CONTINUED**

**ALL PROSTHODONTIC SERVICES INCLUDE NORMAL ADJUSTMENTS FOR SIX MONTHS**

<u>CODE</u> <u>NUMBER</u>	<u>PROCEDURE</u>	<u>MAXIMUM "OUT OF POCKET"</u> <u>CHARGE TO MEMBER</u>	
		<u>BD</u>	<u>AD</u>
D5710	Rebase complete maxillary denture	\$300	\$300
D5711	Rebase complete mandibular denture	\$300	\$300
D5720	Rebase maxillary partial denture	\$300	\$300
D5725	Rebase hybrid prosthesis	\$300	\$300
D5721	Rebase mandibular partial denture	\$300	\$300
D5730	Reline complete maxillary denture (direct)	\$168	\$168
D5731	Reline complete mandibular denture (direct)	\$168	\$168
D5740	Reline maxillary partial denture (direct)	\$168	\$168
D5741	Reline mandibular partial denture (direct)	\$168	\$168
D5750	Reline complete maxillary denture (indirect)	\$258	\$258
D5751	Reline complete mandibular denture (indirect)	\$258	\$258
D5760	Reline maxillary partial denture (indirect)	\$258	\$258
D5761	Reline mandibular partial denture (indirect)	\$258	\$258
D5765	Soft liner for complete or partial removable denture – indirect	\$258	\$258
D5810	Interim complete denture (maxillary)	\$368	\$368
D5811	Interim complete denture (mandibular)	\$368	\$368
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	\$322	\$322
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	\$322	\$322
D5850	Tissue conditioning, maxillary	\$86	\$86
D5851	Tissue conditioning, mandibular	\$86	\$86
D5862	Precision attachment, by report	\$274	\$274
D5863	Overdenture - complete maxillary - natural tooth borne	\$1,208	\$1,208
D5864	Overdenture - partial maxillary - natural tooth borne	\$952	\$952
D5865	Overdenture - complete mandibular - natural tooth borne	\$1,208	\$1,208
D5866	Overdenture - partial mandibular - natural tooth borne	\$952	\$952
D5867	Replacement of replaceable part of semi-precision or precision attachment of natural tooth borne prosthesis, per attachment	\$263	\$263
D5875	Modification of removable prosthesis following implant surgery	\$92	\$92
D5876	Add metal substructure to acrylic complete denture (per arch)	\$92	\$92

AETNA DENTAL™ PLANS  
PRIMARY DENTISTS COMPENSATION SCHEDULE,  
BASIC DENTAL (BD), AND AETNA ADVANTAGE™ DENTAL (AD)  
MAXIMUM CHARGE TO MEMBER LISTING

**IMPLANT SERVICES**

<u>CODE</u> <u>NUMBER</u>	<u>PROCEDURE</u>	<u>MAXIMUM "OUT OF POCKET"</u> <u>CHARGE TO MEMBER</u>	
		<u>BD</u>	<u>AD</u>
D6010	* Surgical placement of implant body: endosteal implant	\$1,241	\$1,241
D6011	* Surgical access to an implant body (second stage implant surgery)	\$239	\$239
D6012	* Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$372	\$372
D6013	* Surgical placement of mini implant	\$682	\$682
D6051	Placement of interim implant abutment	\$218	\$218
D6055	Connection bar - implant supported or abutment supported	\$186	\$186
D6056	Prefabricated abutment - includes modification and placement	\$698	\$698
D6057	Custom fabricated abutment - includes placement	\$726	\$726
D6058	Abutment supported porcelain/ceramic crown	\$755	\$755
D6059	Abutment supported porcelain fused to metal crown (high nobel metal)	\$755	\$755
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$634	\$634
D6061	Abutment supported porcelain fused to metal crown (nobel metal)	\$721	\$721
D6062	Abutment supported cast metal crown (high noble metal)	\$755	\$755
D6063	Abutment supported cast metal crown (predominately base metal)	\$624	\$624
D6064	Abutment supported cast metal crown (noble metal)	\$708	\$708
D6065	Implant supported porcelain/ceramic crown	\$755	\$755
D6066	Implant supported porcelain fused to high noble alloys	\$755	\$755
D6067	Implant supported crown - high noble alloys	\$755	\$755
D6068	Fixed Partial Denture Retainer (FPD), Abutment Supported	\$755	\$755
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$755	\$755
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominately base metal)	\$704	\$704
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$727	\$727
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$755	\$755
D6073	Abutment supported retainer for cast metal FPD (predominately base metal)	\$641	\$641
D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$658	\$658
D6075	Fixed Partial Denture Retainer (FPD), Implant Supported	\$755	\$755
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys	\$755	\$755
D6077	Implant supported retainer for metal FPD - high noble alloys	\$755	\$755
D6080	Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments	\$70	\$70
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	\$40	\$40
D6082	Implant supported crown – porcelain fused to predominantly base alloys	\$634	\$634
D6083	Implant supported crown – porcelain fused to noble alloys	\$721	\$721
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys	\$583	\$583
D6085	Interim implant crown	\$116	\$116
D6086	Implant supported crown – predominantly base alloys	\$624	\$624
D6087	Implant supported crown – noble alloys	\$721	\$721
D6088	Implant supported crown – titanium and titanium alloys	\$624	\$624
D6089	Accessing and retorquing loose implant screw - per screw	\$22	\$22
D6090	Repair of implant/abutment supported prosthesis	\$110	\$110

AETNA DENTAL™ PLANS  
PRIMARY DENTISTS COMPENSATION SCHEDULE,  
BASIC DENTAL (BD), AND AETNA ADVANTAGE™ DENTAL (AD)  
MAXIMUM CHARGE TO MEMBER LISTING

**IMPLANT SERVICES CONTINUED**

<u>CODE</u> <u>NUMBER</u>	<u>PROCEDURE</u>	<u>MAXIMUM "OUT OF POCKET"</u> <u>CHARGE TO MEMBER</u>	
		<u>BD</u>	<u>AD</u>
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	\$133	\$133
D6092	Recement implant/abutment supported crown	\$63	\$63
D6093	Recement implant/abutment supported fixed partial denture	\$63	\$63
D6094	Abutment supported crown - titanium and titanium alloys	\$755	\$755
D6096	Remove broken implant retaining screw	\$55	\$55
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys	\$583	\$583
D6098	Implant supported retainer – porcelain fused to predominantly base alloys	\$641	\$641
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	\$721	\$721
D6100	Surgical removal of implant body	\$185	\$185
D6104	Bone graft at time of implant placement	\$154	\$154
D6105	Removal of implant body not requiring bone removal or flap elevation	\$39	NCS
D6106	Guided tissue regeneration – resorbable barrier, per implant	\$282	\$282
D6107	Guided tissue regeneration – non-resorbable barrier, per implant	\$318	\$318
D6110	Implant/abutment supported removable denture for completely edentulous arch-maxillary	\$932	\$932
D6111	Implant/abutment supported removable denture for completely edentulous arch-mandibular	\$932	\$932
D6112	Implant/abutment supported removable denture for partially edentulous arch-maxillary	\$965	\$965
D6113	Implant/abutment supported removable denture for partially edentulous arch-mandibular	\$965	\$965
D6114	Implant/abutment supported fixed denture for completely edentulous arch-maxillary	\$1,451	\$1,451
D6115	Implant/abutment supported fixed denture for completely edentulous arch-mandibular	\$1,451	\$1,451
D6116	Implant/abutment supported fixed denture for partially edentulous arch-maxillary	\$1,142	\$1,142
D6117	Implant/abutment supported fixed denture for partially edentulous arch-mandibular	\$1,142	\$1,142
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys	\$583	\$583
D6121	Implant supported retainer for metal FPD – predominantly base alloys	\$624	\$624
D6122	Implant supported retainer for metal FPD – noble alloys	\$721	\$721
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys	\$624	\$624
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments	\$18	\$18
D6191	Semi-precision abutment – placement	\$363	\$363
D6192	Semi-precision attachment – placement	\$274	\$274
D6193	Replacement of an implant screw	\$55	\$55
D6194	Abutment supported retainer crown for FPD - titanium and titanium alloys	\$755	\$755
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys	\$583	\$583
D6196	Removal of an indirect restoration on an implant retained abutment	\$17	\$17
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	\$86	NCS
D6198	Remove interim implant component	\$0	\$0

AETNA DENTAL™ PLANS  
PRIMARY DENTISTS COMPENSATION SCHEDULE,  
BASIC DENTAL (BD), AND AETNA ADVANTAGE™ DENTAL (AD)  
MAXIMUM CHARGE TO MEMBER LISTING

**PROSTHODONTIC (FIXED) SERVICES**

**ALL PROSTHODONTIC SERVICES INCLUDE NORMAL ADJUSTMENT FOR SIX MONTHS**

<u>CODE</u> <u>NUMBER</u>	<u>PROCEDURE</u>	<u>MAXIMUM "OUT OF POCKET"</u> <u>CHARGE TO MEMBER</u>	
		<u>BD</u>	<u>AD</u>
D6205	Pontic - indirect resin based composite	\$521	\$521
D6210	Pontic - cast high noble metal	\$629	\$629
D6211	Pontic - cast predominantly base metal	\$521	\$521
D6212	Pontic - cast noble metal	\$590	\$590
D6214	Pontic - titanium	\$629	\$629
D6240	Pontic - porcelain fused to high noble metal	\$629	\$629
D6241	Pontic - porcelain fused to predominantly base metal	\$528	\$528
D6242	Pontic - porcelain fused to noble metal	\$598	\$598
D6243	Pontic - porcelain fused to titanium and titanium alloys	\$528	\$528
D6245	Pontic- porcelain/ceramic	\$654	\$654
D6250	Pontic - resin with high noble metal	\$606	\$606
D6251	Pontic - resin with predominantly base metal	\$521	\$521
D6252	Pontic - resin with noble metal	\$549	\$549
D6253	Interim pontic - further treatment or completion of diagnosis necessary prior to final impression	\$116	\$116
D6545	Retainer-cast metal for resin bonded fixed prosthesis	\$232	\$232
D6548	Retainer- porcelain/ceramic for resin bonded fixed prosthesis	\$232	\$232
D6549	Resin retainer - for resin bonded fixed prosthesis	\$287	\$287
D6600	Inlay - porcelain/ceramic, two surfaces	\$496	\$496
D6601	Inlay - porcelain/ceramic, three or more surfaces	\$544	\$544
D6602	Inlay - cast high noble metal, two surfaces"	\$535	\$535
D6603	Inlay - cast high noble metal, three or more surfaces	\$571	\$571
D6604	Inlay - cast predominantly base metal, two surfaces	\$494	\$494
D6605	Inlay - cast predominantly base metal, three or more surfaces	\$530	\$530
D6606	Inlay - cast noble metal, two surfaces	\$521	\$521
D6607	Retainer inlay - cast noble metal, three or more surfaces	\$557	\$557
D6608	Retainer onlay -porcelain/ceramic, two surfaces	\$537	\$537
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	\$601	\$601
D6610	Retainer onlay - cast high noble metal, two surfaces	\$641	\$641
D6611	Retainer onlay - cast high noble metal, three or more surfaces	\$641	\$641
D6612	Retainer onlay - cast predominantly base metal, two surfaces	\$598	\$598
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	\$598	\$598
D6614	Retainer onlay - cast noble metal, two surfaces	\$626	\$626
D6615	Retainer onlay - cast noble metal, three or more surfaces	\$626	\$626
D6624	Retainer inlay - titanium	\$535	\$535
D6634	Retainer onlay - titanium	\$641	\$641
D6710	Retainer crown - indirect resin based composite	\$587	\$587
D6720	Retainer crown - resin with high noble metal	\$614	\$614
D6721	Retainer crown - resin with predominantly base metal	\$587	\$587
D6722	Retainer crown - resin with noble metal	\$574	\$574
D6740	Retainer crown- porcelain/ceramic	\$654	\$654

AETNA DENTAL™ PLANS  
PRIMARY DENTISTS COMPENSATION SCHEDULE,  
BASIC DENTAL (BD), AND AETNA ADVANTAGE™ DENTAL (AD)  
MAXIMUM CHARGE TO MEMBER LISTING

**PROSTHODONTIC (FIXED) SERVICES CONTINUED**

**ALL PROSTHODONTIC SERVICES INCLUDE NORMAL ADJUSTMENT FOR SIX MONTHS**

<u>CODE</u> <u>NUMBER</u>	<u>PROCEDURE</u>	<u>MAXIMUM "OUT OF POCKET"</u> <u>CHARGE TO MEMBER</u>	
		<u>BD</u>	<u>AD</u>
D6750	Retainer crown - porcelain fused to high noble metal	\$629	\$629
D6751	Retainer crown - porcelain fused to predominantly based metal	\$583	\$583
D6752	Retainer crown - porcelain fused to noble metal	\$605	\$605
D6753	Retainer crown – porcelain fused to titanium and titanium alloys	\$583	\$583
D6780	Retainer crown-3/4 cast high noble metal	\$638	\$638
D6781	Retainer crown- 3/4 cast predominately based metal	\$521	\$521
D6782	Retainer crown- 3/4 cast noble metal	\$590	\$590
D6783	Retainer crown- 3/4 porcelain/ceramic	\$654	\$654
D6784	Retainer crown ¾ – titanium and titanium alloys	\$521	\$521
D6790	Retainer crown-full cast high noble metal	\$629	\$629
D6791	Retainer crown - full cast predominantly base metal	\$534	\$534
D6792	Retainer crown - full cast noble metal	\$549	\$549
D6793	Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	\$116	\$116
D6794	Retainer crown - titanium	\$629	\$629
D6920	Connector bar	\$186	\$186
D6930	Recement fixed partial denture	\$63	\$63
D6940	Stress breaker	\$168	\$168
D6950	Precision attachment	\$229	\$229
D6980	Fixed partial denture repair necessitated by restorative material failure	\$116	\$116
D6985	Pediatric partial denture, fixed	\$322	\$322

AETNA DENTAL™ PLANS  
PRIMARY DENTISTS COMPENSATION SCHEDULE,  
BASIC DENTAL (BD), AND AETNA ADVANTAGE™ DENTAL (AD)  
MAXIMUM CHARGE TO MEMBER LISTING

**ORAL SURGERY SERVICES**

**ORAL SURGERY SERVICES INCLUDE LOCAL ANESTHESIA AND ROUTINE POST-OPERATIVE CARE.**

<u>CODE</u> <u>NUMBER</u>	<u>PROCEDURE</u>	<u>MAXIMUM "OUT OF POCKET"</u> <u>CHARGE TO MEMBER</u>	
		<u>BD</u>	<u>AD</u>
D7111	Extract, coronal remnants - primary tooth	\$30	NCS
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$78	NCS
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$141	\$141
D7220	Removal of impacted tooth-soft tissue	\$186	\$186
D7230	Removal of impacted tooth - partially bony	\$237	\$237
D7240	Removal of impacted tooth - completely bony	\$282	\$282
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$322	\$322
D7250	Removal of residual tooth roots (cutting procedure)	\$152	\$152
D7251	Coronectomy - intentional partial tooth removal, impacted teeth only	\$141	\$141
D7252	Partial extraction for immediate implant placement	\$238	\$238
D7260	* Oroantral fistula closure	\$358	\$358
D7261	* Primary closure of a sinus perforation	\$358	\$358
D7270	* Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$216	\$216
D7272	* Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	\$304	\$304
D7280	Exposure of an unerupted tooth	\$285	\$285
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$242	\$242
D7283	Placement of device to facilitate eruption of impacted tooth	\$57	\$57
D7284	Excisional biopsy of minor salivary glands	\$249	\$249
D7285	* Biopsy of oral tissue - hard (bone, tooth)	\$194	\$194
D7286	* Biopsy of oral tissue - soft (all others)	\$166	\$166
D7287	* Cytology sample collection	\$83	\$83
D7288	Brush biopsy - transepithelial sample	\$83	\$83
D7290	* Surgical repositioning of teeth	\$177	\$177
D7291	Transseptal fiberotomy.supra crestal fiberotomy, by report	\$49	\$49
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap	\$291	\$291
D7293	Placement of temporary anchorage device requiring flap	\$291	\$291
D7294	Placement of temporary anchorage device without flap	\$57	\$57
D7298	Removal of temporary anchorage device [screw retained plate], requiring flap	\$0	\$0
D7299	Removal of temporary anchorage device, requiring flap	\$0	\$0
D7300	Removal of temporary anchorage device without flap	\$0	\$0
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$125	\$125
D7311	Alveoloplasty in conjunction with extractions - 1 to 3 teeth or tooth spaces, per quadrant	\$62	\$62

AETNA DENTAL™ PLANS  
PRIMARY DENTISTS COMPENSATION SCHEDULE,  
BASIC DENTAL (BD), AND AETNA ADVANTAGE™ DENTAL (AD)  
MAXIMUM CHARGE TO MEMBER LISTING

**ORAL SURGERY SERVICES CONTINUED**

**ORAL SURGERY SERVICES INCLUDE LOCAL ANESTHESIA AND ROUTINE POST-OPERATIVE CARE.**

<u>CODE</u> <u>NUMBER</u>	<u>PROCEDURE</u>	<u>MAXIMUM "OUT OF POCKET"</u>	
		<u>CHARGE TO MEMBER</u>	
		<u>BD</u>	<u>AD</u>
D7320	Alveoloplasty not in conjunction with extractions-four or more teeth or tooth spaces, per quadrant.	\$159	\$159
D7321	Alveoloplasty not in conjunction with extractions - 1 to 3 teeth or tooth spaces, per quadrant	\$80	\$80
D7340	* Vestibuloplasty-ridge extension (secondary epithelialization)	\$261	\$261
D7350	* Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue)	\$575	\$575
D7450	* Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$227	\$227
D7451	* Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$354	\$354
D7471	* Removal of lateral exostosis (maxilla or mandible)	\$233	\$233
D7472	* Removal of torus palatinus	\$233	\$233
D7473	* Removal of torus mandibularis	\$233	\$233
D7485	* Reduction of osseous tuberosity	\$233	\$233
D7509	* Marsupialization of odontogenic cyst	\$227	\$227
D7510	* Incision and drainage of abscess-intraoral soft tissue	\$104	\$104
D7511	* Incision and drainage - intraoral complex	\$113	\$113
D7520	* Incision and drainage of abscess-extraoral soft tissue	\$118	\$118
D7521	* Incision and drainage - extraoral complex	\$130	\$130
D7530	* Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$94	\$94
D7550	* Partial ostectomy/sequestrectomy for removal of non-vital bone	\$260	\$260
D7880	* Occlusal orthotic device, by report	\$459	\$459
D7881	* Occlusal orthotic device adjustment	\$57	\$57
D7910	* Suture of recent small wounds up to 5 cm	\$46	\$46
D7911	* Complicated suture - up to 5 cm	\$52	\$52
D7912	* Complicated suture - greater than 5 cm	\$60	\$60
D7950	* Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report	\$586	\$586
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$234	\$234
D7952	Sinus augmentation via a vertical approach	\$116	\$116
D7953	Bone replacement graft for ridge preservation - per site	\$154	\$154
D7956	Guided tissue regeneration, edentulous area – resorbable barrier, per site	\$282	\$282
D7957	Guided tissue regeneration, edentulous area – non-resorbable barrier, per site	\$318	\$318
D7961	Buccal / labial frenectomy (frenulectomy)	\$246	\$246
D7962	Lingual frenectomy (frenulectomy)	\$246	\$246
D7963	Frenuloplasty	\$260	\$260
D7970	* Excision of hyperplastic tissue-per arch	\$194	\$194
D7971	Excision of pericoronal gingiva	\$109	\$109
D7972	* Surgical reduction of fibrous tuberosity	\$97	\$97

AETNA DENTAL™ PLANS  
PRIMARY DENTISTS COMPENSATION SCHEDULE,  
BASIC DENTAL (BD), AND AETNA ADVANTAGE™ DENTAL (AD)  
MAXIMUM CHARGE TO MEMBER LISTING

**ADJUNCTIVE SERVICES**

<u>CODE NUMBER</u>	<u>PROCEDURE</u>	<u>MAXIMUM "OUT OF POCKET"</u>	
		<u>CHARGE TO MEMBER</u>	
		<u>BD</u>	<u>AD</u>
D9110	Palliative treatment of dental pain per visit	NCS	NCS
D9120	Fixed partial denture sectioning	\$58	\$58
D9128	Photobiomodulation therapy - first 15 minute increment, or any portion thereof	\$85	\$85
D9129	Photobiomodulation therapy - each subsequent 15 minute increment, or any portion thereof	\$0	\$0
D9130	* Temporomandibular joint dysfunction - non-invasive physical therapies	\$74	\$74
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	\$27	\$27
D9222	* Administration of deep sedation/general anesthesia – first 15 minute increment, or any portion thereof	\$146	\$146
D9223	* Administration of deep sedation/general anesthesia – each subsequent 15 minute increment, or any portion thereof	\$116	\$116
D9224	Administration of general anesthesia with advanced airway – first 15 minute increment, or any portion thereof	\$168	\$168
D9225	Administration of general anesthesia with advanced airway – each subsequent 15 minute increment, or any portion thereof	\$133	\$133
D9239	* Administration of moderate sedation – intravenous – first 15 minute increment, or any portion thereof	\$146	\$146
D9243	* Administration of moderate sedation – intravenous – each subsequent 15 minute increment, or any portion thereof	\$116	\$116
D9246	Administration of moderate sedation – non-intravenous parenteral – first 15 minute increment, or any portion thereof	\$88	\$88
D9247	Administration of moderate sedation – non-intravenous parenteral – each subsequent 15 minute increment, or any portion thereof	\$70	\$70
D9310	Consultation diagnostic service provided by dentist or physician other than requesting dentist or physician	\$44	\$44
D9311	Consultation with a medical health care professional	\$44	\$44
D9410	* House/extended care facility call	\$44	\$44
D9420	* Hospital or ambulatory surgical center call	\$114	\$114
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$28	\$28
D9440	Office visit - after regularly scheduled hours	\$55	\$55
D9610	* Therapeutic parenteral drug, single administration	\$25	\$25
D9612	* Therapeutic parenteral drugs, two or more administrations, different medications	\$31	\$31
D9613	Infiltration of sustained release therapeutic drug, per quadrant	\$170	\$170
D9630	* Drugs or medicaments dispensed in the office for home use	\$18	\$18
D9910	Application of desensitizing medicament	\$20	\$20
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$12	\$12
D9912	Pre-visit patient screening	\$0	\$0
D9913	* Administration of neuromodulators	\$25	\$25
D9930	* Treatment of complications (post-surgical) - unusual circumstances, by report	\$32	\$32
D9932	Cleaning and inspection of removable complete denture, maxillary	\$14	\$14
D9933	Cleaning and inspection of removable complete denture, mandibular	\$14	\$14
D9934	Cleaning and inspection of removable partial denture, maxillary	\$14	\$14
D9935	Cleaning and inspection of removable partial denture, mandibular	\$14	\$14
D9936	Cleaning and inspection of occlusal guard – per appliance	\$8	\$8
D9941	Fabrication of athletic mouthguard	\$63	\$63
D9942	Repair and/or reline of occlusal guard	\$48	\$48
D9943	Occlusal guard adjustment	\$32	\$32
D9944	Occlusal guard - hard appliance, full arch	\$300	\$300
D9945	Occlusal guard - soft appliance, full arch	\$261	\$261
D9946	Occlusal guard - hard appliance, partial arch	\$157	\$157
D9950	Occlusion analysis-mounted case	\$86	\$86
D9951	Occlusal adjustment-limited	\$42	NCS
D9952	Occlusal adjustment-complete	\$210	\$210
D9953	Reline custom sleep apnea appliance (indirect)	\$258	\$258
D9972	External Bleaching - per arch - performed in office	\$204	\$204
D9973	External Bleaching - per tooth	\$20	\$20
D9974	Internal Bleaching - per tooth	\$106	\$106
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$204	\$204