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Dental Office Guide for Primary Care Dentists



Dental Maintenance Organization (DMO®)

Aetna Advantage™ Dental

Aetna Advantage™ Student Dental

Basic Dental

Family Preventive

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www.aetnadental.com

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies (Aetna). Dental benefits and dental insurance plans are underwritten by Aetna Dental Inc., Aetna Dental of California Inc., Aetna Health Inc. and/or Aetna Life Insurance Company. In Texas by Aetna Dental Inc. and in Virginia, the DMO plan is known as the Dental Network Only plan (DNO). DNO in Virginia is not an HMO. To receive maximum benefits, members must choose a participating primary care dentist to coordinate their care with network providers. In Illinois, DMO plans provide limited out-of-network benefits. However, in order to receive maximum benefits, members must select and have care coordinated by a participating primary care dentist. Illinois DMO is not an HMO. Dental benefits and dental insurance plans contain exclusions and limitations.

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I: Introduction

Welcome to your Dental Office Guide

Aetna recognizes the vital role the dental office plays in delivering a successful dental plan.

We've developed this guide to meet your needs. Whether you're new to Aetna or have participated with us for years, we believe you'll find the office guide helpful in your day-to-day work. It contains meaningful information that makes it easier for you to work with us more effectively and efficiently. The guide includes information on all of our managed dental plans and programs:

- Aetna Advantage™ Dental
- Aetna Advantage™ Student Dental
- Basic Dental
- Family Preventive
- DMO®

Information you need to know

- Our members: Many employers and groups nationwide use our managed dental plans. They have comprehensive and flexible dental coverage.
- Your role: To give services needed to patients who select you. The plan gives you a predictable source of income and an opportunity for an increased patient base.
- Network bulletins: This section, which is at the end of the guide, contains supplements including any special procedures, state-mandated benefits or changes, etc.
- Independent contractors: As indicated in our dental provider agreements, participating dentists are not employees or agents of Aetna or any of our affiliates.
- Provisions: None of the provisions of this Dental Office Guide are intended to create or to be construed as creating any:
 - Agency
 - Partnership
 - Joint venture and/or employee-employer relationships

We have many tools and resources online. Visit us at www.aetnadental.com to explore more.

All member care and related decisions are the sole responsibility of participating Primary Care Dentists. Aetna does not provide health care services and, therefore, cannot guarantee any results or outcomes.

We reserve the right to add, delete or change the policies and procedures described in this Dental Office Guide at any time. Please read the Dental Office Guide carefully. Your participating provider agreement requires you to comply with Aetna policies and procedures, including those contained in this manual.

II: Important addresses and telephone numbers

Quick facts

Plan feature	Family Preventive	Basic Dental Standalone Dental	Aetna Advantage™ Dental	Aetna Advantage™ Student Dental	DMO® Plans
Eligibility rosters	Monthly	Monthly	Monthly	Monthly	Monthly
Eligibility verification	1-800-451-7715	1-800-451-7715	1-800-451-7715	1-800-451-7715	1-800-451-7715
Prepaid	Yes—See relevant compensation schedule (NCS = no charge service)	Yes—See relevant compensation schedule (NCS = no charge service)	Yes—See relevant compensation schedule (NCS = no charge service)	Yes—See relevant compensation schedule (NCS = no charge service)	Yes—See Dental Procedure Guidelines www.aetnadental.com for DMO plans
Compensation payments	Monthly	Monthly	Monthly	Monthly	Monthly
Member copayments for individual procedures	Yes—See relevant compensation schedule (All services <u>not</u> listed as NCS)	Yes—See relevant compensation schedule (All services <u>not</u> listed as NCS)	Yes—See relevant compensation schedule (All services <u>not</u> listed as NCS)	Yes—See relevant compensation schedule (Most services <u>not</u> listed as NCS)	Yes—See Dental Procedure Guidelines www.aetnadental.com for DMO plans
Member “per-visit” copayments	\$2 per visit or \$5 per visit when a no charge service (NCS) is provided. Check patient roster	\$2 per visit or \$5 per visit when a no charge service (NCS) is provided. Check patient roster	\$5 per visit when a no charge service (NCS) is provided	\$5 per visit when a no charge service (NCS) is provided	Some plans—Check roster for office visit copay amount
Supplemental plan payments	Yes—Based on earnings per hour as determined from utilization analysis	Yes—Based on earnings per hour as determined from utilization analysis	Yes—Based on earnings per hour as determined from utilization analysis	Yes—Based on earnings per hour as determined from utilization analysis	Yes—Based on earnings per hour as determined from utilization analysis
Out-of-area emergency benefit	Yes (may be limited)	Yes (may be limited)	Yes (may be limited)	Yes (may be limited)	Yes (may be limited)
Specialist referral authorization	Not required	Not required	Not required	Not required	(See Specialty Referrals) Not required for orthodontia
Request Specialist Referral Authorization Forms	Not required	Not required	Not required	Not required	National Dentist Line 1-800-451-7715 and available on www.aetnadental.com
Encounter submission	Required	Required	Required	Required	Required

Important addresses and telephone numbers

National Dentist Line
1-800-451-7715

Dentist website address
www.aetnadental.com

All encounters, claims and specialist authorizations should be sent to:

Aetna Dental
PO Box 14094
Lexington, KY 40512-4094

California Language Assistance Program

Use our free interpretation service

You must use our Language Assistance Program (LAP) when providing care to non-English-speaking Aetna members in your office. There is no charge to your office for this interpretation service. The LAP applies to Aetna participating dentists in California only.

The toll-free telephone number to reach an interpreter is **1-800-525-3148**. This number bypasses our Dental Service Center and connects directly to qualified interpreters.

Our California members can also request interpretation services from our LAP. Members can contact our LAP to ask general questions, to file a grievance or to obtain a grievance form by calling the Member Services phone number.

Health plans and insurers were required to establish a Language Assistance Program under CA SB 853, which was passed in 2003. These regulations also require us to inform contracted dentists about certain aspects of our program

How to contact state regulators

If you have questions about this state program, you may contact the following numbers:

- For traditional (PPO) plans, call the CA Department of Insurance Hotline at **1-800-927-4357**.
- For DMO plans, call the CA Department of Managed Health Care Help Center at **1-888-466-2219 (TDD: 1-877-688-9891)**.

In addition, the CA HMO Help Center is available 24 hours a day, 7 days a week. It provides written translation of independent medical review and complaint forms in Spanish and Chinese. You can access the forms and translations online at **www.dmhc.ca.gov**. Or you can obtain hard copies by submitting a written request to:

Department of Managed Health Care
Attention: HMO Help Notices
980 9th Street, Suite 500
Sacramento, CA 95814

Are you bilingual?

If you are a DMO participating dentist, please use the Language Capability form found at **www.aetnadental.com** to let us know if you and/or dentists in your office are bilingual and fluent in languages other than English.

III: Plan administration

General overview

We provide an overview of each of our managed dental plans, which include the following:

- DMO®
- Aetna Advantage™ Dental
- Aetna Advantage™ Student Dental
- Basic Dental
- Family Preventive

All plans

Covered members and their enrolled dependents must each choose a participating Primary Care Dentist (i.e., each covered family member may have a separate Primary Care Dentist).

There are no deductibles or waiting periods.

To receive benefits, members of all plans must receive routine care from their selected participating Primary Care Dentist. (This may differ in some states.)

Family Preventive

Certain diagnostic and preventive services are fully prepaid, which means they are provided at no charge by the Primary Care Dentist (listed on your Compensation Schedule as: “NCS”).

Members may have a \$2 or \$5 per-visit copayment when a prepaid (NCS) service is provided. Please refer to your patient roster.

This plan also contains a “Reduced Fee Service” component. Therefore, all other primary care dental services and **all** services provided by participating specialists are charged directly by the dentist to the member, based on the applicable contracted fee schedule.

Family Preventive does not require prior authorization of specialty care. However, if specialty care is required, the Primary Care Dentist must refer the member to a DMO® participating specialist, if one is available, in order for the member to receive the negotiated rate. If there is no participating specialist available, contact the plan for help. Unauthorized out-of-network referrals are not permitted.

Basic Dental

Diagnostic, preventive, and certain routine restorative services (such as amalgam restorations) are fully prepaid, and listed on your Compensation Schedule as “NCS” to the covered member.

Members may have either a \$2 or \$5 per-office visit copayment when prepaid (NCS) services are provided.

This plan also contains a “Reduced Fee Service” component. Therefore, all other dental services and all services provided by participating specialists are charged directly by the dentist to the member, based on the applicable contracted fee schedule.

Basic Dental does not require prior authorization of specialty care. However, if specialty care is required, the Primary Care Dentist must refer the member to a DMO® participating specialist, if one is available, in order for the member to receive the negotiated rate. If there is no participating specialist available, contact the plan for help. Unauthorized out-of-network referrals are not permitted.

Aetna Advantage™ Dental

Diagnostic, preventive, routine restorative services (such as amalgams and composites), certain basic repairs, scaling and root planing, and nonsurgical extractions are fully prepaid, and listed on your Compensation Schedule as NCS to the covered member).

Members have \$5 per-office visit copayment when prepaid (NCS) services are provided.

This plan also contains a “Reduced Fee Service” component. Therefore, all other primary care dental services and **all** services provided by participating specialists are charged directly by the dentist **to the member**, based on the applicable contracted fee schedule.

Aetna Advantage Dental does not require prior authorization of specialty care. However, if specialty care is required, the Primary Care Dentist must refer the member to a DMO® participating specialist, if one is available, in order for the member to receive the negotiated rate. If there is no participating specialist available, contact the plan for help. Unauthorized out-of-network referrals are not permitted.

Aetna Advantage™ Student Dental

The Aetna Advantage Student Dental plan is identical to the Aetna Advantage Dental plan, with the exception that the plan year is written on a **school year** basis rather than a calendar year. This will be important to remember when applying frequencies. The plans can be identified by the plan code “ADS” on your roster. If you need information about the plan year dates for a particular member, please call the National Dentist Line at **1-800-451-7715**.

Dental Maintenance Organization (DMO®)

Diagnostic and preventive services are fully prepaid under most DMO plans. For specific plan details please refer to section VIII of this guide.

Member copayments, paid by the member directly to the participating dentist, are in place for partially prepaid covered services. Copayments may take several forms depending on the patient's plan:

- a. **Percentage copayments:** These are determined by applying the plan's copayment percentage to your Usual and Customary fee to each covered service provided. (See **Usual and Customary Fees** in this section.)
- b. **Fixed dollar copayments:** These copayments are a specified dollar amount for each covered procedure. These may vary from plan to plan.
- c. **Office visit copayments:** Some plans may also provide for an office visit copayment, which is in addition to the copayments described above. These may vary, but are usually either \$5 or \$10 per office visit.

Patients are financially responsible for all copayments required by the above plans. It is the responsibility of the Primary Care Dentist to make arrangements with patients for collection of the appropriate copayments at the time services are rendered. Aetna will not reimburse the Primary Care Dentist for any uncollected copayments.

If specialty care is required, the Primary Care Dentist must follow the protocols for Specialty Referrals to a participating specialty dentist. **DMO plans require prior approval of some care provided by specialty dentists.** See **Specialty Referrals (Section V)** for specific instructions.

Orthodontia is a covered benefit on many plans, subject to limitations and exclusions. Please review your patient roster to confirm orthodontic coverage, which may be available to both children and adults. The **Key to your DMO Patient Roster** - Section III-10 to III-11 (pages 22-23), shows a sample roster and an explanation of the roster information.

For orthodontics only, a specialty referral is not required.

Only Primary Care Dentists who have an orthodontic specialty addendum/Service and Rate Schedule added to their participating dentist agreement may offer orthodontic services to their DMO patients. **Orthodontic services performed by the PCD are exclusively limited to removable clear aligners.** All other orthodontic treatment/services must be performed by a participating orthodontic specialty provider.

Services not covered

You are free to provide any service not covered under the plan. However, before doing so, you **must** inform the patient that the service is not covered and explain their financial responsibility for your fee. **The patient's acceptance must be confirmed in writing using the Patient Financial Informed Consent form or an equivalent, signed by the patient and kept in the patient's file. (Refer to Section IV for an Aetna-approved sample form.) The following guidelines should be followed when charging patients for non-covered services:**

Family Preventive: All non-capitated services are considered Reduced Fee Services and should be provided at the rate shown in the relevant Compensation Schedule attached to your Primary Care Dentist Agreement.

Basic Dental: All non-capitated services are considered Reduced Fee Services and should be provided at the rate shown in the relevant Compensation Schedule attached to your Primary Care Dentist Agreement.

Aetna Advantage Dental: All non-capitated services are considered Reduced Fee Services and should be provided at the rate shown in the relevant Compensation Schedule attached to your Primary Care Dentist Agreement.

DMO: You may charge the full amount of your Usual and Customary fee to the patient for any non-covered services.

Usual and Customary Fees

Effective January 2022, DMO Primary Care Dentists are no longer required to submit their Usual and Customary Fee (UCF) profile to Aetna. Should we find that your Usual and Customary fees are outside the industry norm for your area, we will contact your office to discuss. This includes determination of the patient's financial responsibility for percentage based copays, alternate benefits, optional treatment plans, and cosmetic or Aetna-approved enhanced technology situations.

Percentage Based Coinsurance Plans:

Effective May 1, 2025, Aetna will no longer pay its cost-share for DMO coinsurance plans based on full billed charges for covered services. Rather, we'll apply and pay our cost-share for DMO coinsurance plan covered services based on the current Aetna fee schedule, as previously made part of your Agreement with us.

Prior to May 1, 2025 - DMO member coinsurance was determined by applying the plan's copayment percentage to the participating DMO office's Usual and Customary fee for each covered dental service provided.

Fixed Dollar Copayment Plans:

DMO members are responsible for the specified dollar amount for each covered dental service provided.

DMO Plan Code details can be found in the Dental Office Guide - Section VIII - Dental procedure guidelines.

Appointments

You must provide the same access to appointments to Aetna managed dental plan members as you do for all other patients. No additional charges may be assessed to covered members. However, if a patient misses appointments without complying with your office's cancellation policy, you may bill the patient for broken appointments, consistent with your existing office policy for all other patients. Similarly, if it is your standard office policy to charge extra for an after-hours office visit, you may also bill the patient for this charge consistent with your existing policy for all other patients.

Transfer of member at dentist's request

A participating dentist may ask an Aetna member to leave his or her practice if there are persistent problems that prevent an effective dentist-patient relationship. Such a request cannot be based solely upon the filing of a grievance, appeal, request for external review or other action by the member related to coverage, high utilization of resources by the member, or any reason that is not permissible under applicable law. Dismissal of a patient from your practice should follow established guidelines by your state dental boards when applicable.

These are the required steps to request termination of a specific dentist-patient relationship:

1. The dentist must send the patient/member a letter informing him or her of the termination and the reason(s) for it. A copy of this letter must be sent to the local Aetna Regional Dental Director. The dentist's letter to the member should be sent by certified mail, return receipt requested.
2. If the dentist is the member's Primary Care Dentist, Aetna will send the member a letter, which will include instructions for selecting a new Primary Care Dentist.
3. The dentist must support continuity of care for his or her patients by giving them sufficient notice and opportunity to make other arrangements for care. In addition, the member should be instructed to contact Member Services for help selecting a new participating dentist.

Transferring records

Subject to state requirements and Aetna policies, a reasonable charge may be made for copying charts and/or images.

NOTE: Requested copies including images will be furnished within 30 days of the request, but not before the copying costs have been paid. If your office terminates, you are required to transfer records upon request at no charge to the member, the new dentist or Aetna.

Second opinions

As outlined in the **Professional Standards** section (Section VI) of this Guide, you should discuss all aspects of the patient's treatment plan with the patient before beginning treatment. You should address all concerns and questions that the patient may have. Occasionally, however, a patient may indicate that he or she wants a second opinion before beginning treatment. If this happens, the member should contact Member Services. They will arrange for the patient to consult with another participating dentist. You should provide copies of your chart and images, and any other pertinent information, to the other dentist upon request. You may bill the patient a reasonable charge for duplicating records.

Patient of record

As a participating dentist, you must accept as patients all Aetna managed dental plan members who have selected you as their Primary Care Dentist, unless we have approved a request from you to close your office to new patients. However, this approval will not apply to patients of record. A patient of record is defined as a patient whom you have treated for routine care within the past 12 months. You must accept patients of record who have selected you as their Primary Care Dentist, regardless of your status regarding other new members. For California only, a patient of record is defined as a patient who has been examined, has had a medical and dental history completed and evaluated, and has had oral conditions diagnosed and a written plan developed by the licensed dentist.

Dental/Medical Integration (DMI)

Periodontal disease has been associated with many systemic conditions including diabetes, premature births and low-birth-weight babies, heart disease and stroke. Aetna has taken a leadership position in adopting an evidence-based approach to help you and our members use tools and services that will promote concepts of prevention and improve oral and overall health.

We have conducted a series of studies to determine if certain interventions can change a member's behavior to seek dental care. By educating members about the importance and value of dental care as part of the overall treatment of their medical conditions, we hope to encourage them to visit their dentists regularly. We will continue to review opportunities to increase member education and respond to emerging evidence of connections between oral and systemic health conditions.

We developed benefits plans that contain enhanced benefits to allow and encourage eligible members with certain conditions and/or diseases to take advantage of these early interventions. Reimbursement will be based on the following fee schedule:

Procedure code	Reimbursement amount (paid to you by Aetna)
D1110	\$50 for one additional prophylaxis beyond frequency limit*
D4341	\$90
D4342	\$54
D4355	\$60
D4910	\$50

The compensation listed above only applies to benefit plans that contain the enhanced DMI benefits. Not all plans will include these enhanced benefits. To find out if the patient is eligible for these enhanced benefits, call the National Dentist Line, **1-800-451-7715**.

*Frequency limits may vary by state.

DMO standard plans

Effective November 1, 2000, we issued new DMO standard plans. There are plans written before November 2000 that remain in force. A chart on the following pages shows the differences between the plans. Information concerning which plan the member is covered under is shown on your monthly patient roster.

Service List of services, age & frequency limits	Pre-November 1, 2000 DMO coinsurance plans indicated by * with the plan code on the roster	DMO Standard coinsurance plans indicated by # with the plan code on the roster
Fluoride*	1 treatment per year for children under 18	1 treatment per year for children under 16
Sealants and preventive resins*	Limited to once per 3 years, permanent molars only (not limited to dependent children and no age limit)	Limited to once every 3 years for permanent molars and to covered persons under age 16 (not limited to dependent children, so would be covered for employees and spouses if they are under age 16)
Bitewings*	2 sets per year	1 set per year
Space maintainers	Major service	Preventive service
Habit appliances (for thumb sucking/tongue thrusting)	Major service	Orthodontic service
Scaling and root planing	4 separate quadrants per year	4 separate quadrants every 2 years
Periodontal maintenance	2 per year following surgical therapy	2 per year following surgical therapy
Occlusal guard	Covered, no frequency limits	1 every 3 years
Gingivectomy/gingivoplasty – per quadrant	Covered, no frequency limits	1 per quadrant every 3 years
Gingivectomy/gingivoplasty – per tooth	Covered, no frequency limits	1 per site every 3 years
Osseous surgery	Covered, no frequency limits	1 per quadrant every 3 years

Exclusions & limitations/other plan provisions

Crowns/pontics – high noble metal and titanium	All metals covered. No lab fees may be charged to the patient.	These plans exclude crowns or pontics made with high noble metals or titanium. Metal upgrade is permitted on these plans. No lab fees may be charged to the patient. (Refer to Section IV – Examples of Optional Treatment Plans)
Medical services exclusion	Excluded if covered in whole or in part under medical plan.	Excluded if covered in whole or in part under medical plan.
Late entrant	Employees enrolled after initial enrollment period limited to preventive & diagnostic services for 12 months; no orthodontic coverage for 24 months (Late Entrant is indicated on your roster)	Employees enrolled after initial enrollment period limited to preventive & diagnostic services for 12 months; no orthodontic coverage for 24 months (Late entrant is indicated on your roster)

*Frequency limits may vary by state

Service List of services, age & frequency limit	Pre-November 1, 2000, DMO fixed dollar copay plans indicated by * with the plan code on the roster.	DMO Standard fixed dollar copay plans indicated by # with the plan code on the roster.
Exams*	No frequency limit	4 exams per year
Fluoride*	No age or frequency limit	1 treatment per year for children under 16
Sealants and preventive resins*	Limited to children under age 15 (no frequency – not limited to molars)	Limited to once every 3 years for permanent molars and to covered persons under age 16 (not limited to dependent children, so would be covered for employees and spouses if they are under age 16)
Bitewings*	No frequency limit	1 set per year
Full-mouth series images**	No frequency limit	1 set every 3 years
Habit appliances (for thumb sucking/ tongue thrusting)	Not covered	Not covered
Scaling and root planing	4 separate quadrants per year	4 separate quadrants every 2 years
Periodontal maintenance	1 per year following surgical therapy	2 per year following surgical therapy
Occlusal guard	Covered, no frequency limit	1 every 3 years
Gingivectomy/gingivoplasty - per quadrant	Covered, no frequency limit	1 per quadrant every 3 years
Gingivectomy/gingivoplasty - per tooth	Covered, no frequency limit	1 per site every 3 years
Osseous surgery	Covered, no frequency limit	1 per quadrant every 3 years
Treatment of 6 or more units of covered crowns/pontics in same treatment plan	Patient copayment of \$125 per unit in addition to each crown/pontic copayment	Patient copayment of \$125 per unit in addition to each crown/pontic copayment

Exclusions & limitations/other plan provisions

Crowns/pontics - high noble metal and titanium	These plans exclude crowns or pontics made with high noble metals or titanium. Metal upgrade is permitted on these plans. No lab fees may be charged to the patient. (Refer to Section IV – Examples of optional treatment plans)	These plans exclude crowns or pontics made with high noble metals or titanium. Metal upgrade is permitted on these plans. No lab fees may be charged to the patient. (Refer to Section IV – Examples of optional treatment plans)
Medical services exclusion	Excluded if covered in whole or in part under medical plan.	Excluded if covered in whole or in part under medical plan
Late entrant	Employees enrolled after initial enrollment period limited to preventive & diagnostic services for 12 months; no orthodontic coverage for 24 months (Late Entrant is indicated on your roster)	Employees enrolled after initial enrollment period limited to preventive & diagnostic services for 12 months; no orthodontic coverage for 24 months (Late Entrant is indicated on your roster)

*Frequency limits may vary by state.

Eligibility

Verifying patient eligibility

Each month, you will receive patient rosters that list all patients who have chosen you as their Primary Care Dentist. The roster shows eligible patients as well as any information that changed from the previous roster. In addition to verifying eligibility, the roster gives you information about the patients' plans and coverage.

Family Preventive, Basic Dental and Aetna Advantage™:

For these plans, you will receive "Dental Capitation Listings" (rosters). These reports show current membership and member changes since the last roster. Sample reports follow with explanatory notes.

DMO: For these plans, you will receive both an Active Patient Roster and a Terminated Patient roster. In addition to verifying eligibility, the rosters give you plan codes to determine appropriate copayment amounts.

For Primary Care Dentists who have more than one participating office location, separate rosters will be produced for each location. Each location will be assigned an office number.

Patients in Aetna managed dental plans have been told to identify themselves as such when they call your office for an appointment. We recommend that your office confirm patient eligibility when the member calls to avoid possible misunderstandings on the day of his or her appointment. You may verify eligibility in the following ways:

Patient roster

You may check your current patient rosters to see if a member's name is shown as an active member. If the name appears, you should provide dental treatment.

Based on information we receive from plan sponsors, your monthly rosters will show eligibility adjustments. If you have provided services to an ineligible individual, you may bill your regular charges directly to that person.

Eligibility verification

If a member's name does not appear on your current patient roster, you may call the National Dentist Line. The numbers are shown on the Quick Facts sheet. You should be prepared to supply the employee's Social Security number or Aetna ID and be able to identify the member as an employee, spouse or child, along with corresponding date of birth. You will need your Tax Identification Number (TIN) or office number, which is on your patient roster.

National Dentist Line

If you wish to speak with a representative, you may call the National Dentist Line at **1-800-451-7715**.

Eligibility should be verified for each member each time he or she visits your office. If a patient is ineligible for benefits, you must seek payment from the patient. If members need assistance, they can call Aetna Member Services.

See the sample rosters on the following pages, which include an explanation of the information on the rosters.

Dental capitation reports

Applicable Products: Family Preventive, Basic Dental and Aetna Advantage™ Dental

Report schedule: Monthly

Dental Capitation Listing		Office: (2)		General Dentist, DDS		Street Address		City, ST ZIP code		Page:#
Cycle Date: XX/XX/XX (1)		Aetna Network Name								
(3) Plan	(4) Name	(5) Member ID	Sex	Age	(6) Eff. Date	(7) Rate	(8) Adjust. Amt.	(9) Adjust. Date	(10) Amount Due	(11) Comments
BD	Doe, John	ABCD1010	M	45	xx/xx/xx	\$00.00			\$00.00	New
BD	Doe, Jane	ABCD1020	F	35	xx/xx/xx	\$00.00			\$00.00	New
AD	Smith, John	EFGH1010	M	25	xx/xx/xx	\$00.00			\$00.00	New
Total Dental Plan										
# = Total # of Members										
Office Grand Total										

Definition of fields

Field	Definition
(1) Cycle date	This is the first date in the period for which the capitation amount is prepaid.
(2) Office	Aetna dental office number.
(3) Plan	Indicates the member's Aetna plan and identifies the appropriate member copayment schedule. FD (Family Preventive Dental). BD (Basic Dental). AD (Aetna Advantage™ Dental)
(4) Name	Member name: Last name, First name, MI
(5) Member ID	Member's individual Aetna ID number. The first six digits are identical for each family member. The last two digits are different.
(6) Effective date	Date member became effective in your office.
(7) Rate	Indicates the base capitation rate being paid to your office for the individual member for the capitation period. The rate is dependent upon the plan and member age
(8) Adjustment amount	Indicates positive (+) (add or new) or negative (-) (transfer or termination) adjustments to total payment
(9) Adjustment date	Indicates effective date of any transactions when a new (or add) member enrolls in your office, or an existing member terminates or requests a transfer to or from your office
(10) Amount due	Itemizes the amount of base capitation paid in the capitation check for each individual member. This amount includes any adjustments that may have been made for a member
(11) Comments	Describes adjustments made to capitation listing (See next page)

Definition of comments

Comment	Definition
New	New Aetna member added to dentist's capitation list
Add	Addition of an existing Aetna member to dentist's capitation list (transfer from another primary office)
Transfer	Deletion of member transferring from your office to another dentist's office
Term	Aetna plan terminated for this member
Reinstate	Reinstatement of terminated member's Aetna coverage
Manual adj.	Indicates that a manual capitation adjustment was made
Prior Adj.	Example: Member transfers from dentist's office and then terminates retroactively prior to date of transfer
Adjustment	Member had more than one dentist change in same cycle
Term adj.	Change in member's termination date
Effective date adj.	Change in the date the member became effective in the dentist's office

Summary report

Office:	General Dentist, DDS Street Address City, ST, ZIP Code	Cycle Date: XX/XX/XX			
Your payment consists of the following:					
	Member	Adj. Units	Total Units	Current Payments	Y-T-D Units Payments
DENTAL CAPITATION					
Basic Dental Plan					
Family Preventive Plan					
MANUAL ADJUSTMENTS					
TOTAL CHECK					

Sample — Aetna DMO Active Patient Roster

Office Number:	xxxxxxxxxx	Process Date:	xx/xx/xx
Provider:	xxxxxxxxxx	Cycle Date:	xx/xx/xx
Address:	City, ST, Zip	TIN/SSN:	xx-xxxxxx
Cap Payee:	B0000000000	Page No.	xx

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
SYS	Member ID	Patient Name	DOB	L E	R E L	S E X	Office Eff Date	Control Number	-Ortho- Cov Pay %		Plan Code	Office Copay	Base	Retro	Adjsmnt	Adj Pay
	wxxxxxxxxx	Member A	xx/xx/xxxx	Y	C	M	xx/xx/xxxx	xxxxxxx	Y	50	*L	005	2.60	0.00	0.00	2.60
	wxxxxxxxxx	Member B	xx/xx/xxxx		E	F	xx/xx/xxxx	xxxxxxx	Y	\$\$	#M	000	7.00	0.00	0.00	7.00

Sample — Aetna DMO Terminated Patient Roster

Office Number:	xxxxxxxxxx	Process Date:	xx/xx/xx
Provider:	xxxxxxxxxx	Cycle Date:	xx/xx/xx
Address:	City, ST, Zip	TIN/SSN:	xx-xxxxxx
Cap Payee:	B0000000000	Page No.	xx

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
SYS	Member ID	Patient Name	DOB	L E	R E L	S E X	Member Trm Date	Control Number	-Ortho- Cov Pay %		Plan Code	Office Copay	Base	Retro	Adjsmnt	Adj Pay
	wxxxxxxxxx	Member C	xx/xx/xxxx	Y	C	M	xx/xx/xxxx	xxxxxxx	Y	50	*L	005	0.00	0.00	0.00	0.00
	wxxxxxxxxx	Member D	xx/xx/xxxx		E	F	xx/xx/xxxx	xxxxxxx	Y	\$\$	#M	000	0.00	0.00	0.00	0.00

Key to your DMO Patient Roster

NOTE: The payment factor and EFT indicators will not appear in the roster heading. They will appear on the payment summary page.

(1) System code	Not in use at this time
(2) Member ID	The member's identification number, used to verify eligibility, determine plan benefits or answer other plan inquiries
(3) Patient name	Listed in alphabetical order
(4) DOB	Patient's date of birth
(5) LE	<p>A "Y" indicates that the member is a "late entrant" and has limited coverage for 12 months. The "Y" will automatically be removed after the 12-month period. During this 12-month period, the member is eligible for the following services:</p> <p>Exams, examinations of oral tissue, prophylaxis, fluoride treatment, oral hygiene instruction. Emergency palliative treatment, study models, sealants, pulp vitality tests Panorex, full-mouth series, periapicals, bitewings, intraoral images and extraoral images. Services rendered due to an accident (after medical plan consideration)</p> <p>After 12 months have passed from the member's effective date, the member is eligible for all services covered under the plan. The exception is orthodontic care, which has a 2-year waiting period (if the member's plan covers orthodontic treatment). If a member is considered a late entrant and the member's plan covers orthodontic care, an "O" in addition to the "Y" will appear. The "O" will automatically be removed after 24 months.</p>
(6) Rel	Indicates the relationship of the patient to the employee. "E" indicates employee, "S" is spouse and "C" is child.
(7) Sex	Indicates the patient's gender.
(8) Office effective date or Member term date	The date the patient was effective in your office or terminated from your office
(9) Control number	Identifies the employer or other group with whom the patient has coverage.
(10) Ortho — or cov	Indicates whether the patient has orthodontic coverage. A "Y" indicates "Yes," the patient has orthodontic coverage. An "N" indicates "No," the patient does not have orthodontic coverage.
(11) Ortho — pay %	This represents the percentage covered by the plan. "\$\$" indicates that the patient has a fixed copayment for orthodontic treatment.
(12) Plan code	<p>Identifies the plan code of the patient's coverage. The symbol placed before the plan code indicates the standard provisions applicable to the plan code.</p> <p>* Pre-November 1, 2000, Standards are indicated by an asterisk (*)</p> <p>+ November 1, 2000, Standards shown with a plus sign (+) – associated with plan codes BD, ADV, ADS, AD1 & AD5</p> <p># DMO standards are indicated by a number sign(#)</p> <p>Key to plan codes: Plan codes with single letters and either single or double digit numbers are DMO</p> <p>BD: Basic Dental ADV: Advantage Dental ADS: Advantage Student Dental Plan AD1 and AD5: Advantage \$5.00 office visit copay</p>
(13) Office visit copay	<p>If the plan has an office visit copay, the amount of the copayment will appear in this column. If no amount is listed, then no office visit copay applies to this patient. If an "EX" appears in this column, the patient is exempt from any office visit copay the plan has.</p> <p>An office visit copay does <u>not</u> apply to orthodontic treatment visits.</p>
(14) Base	The amount of base compensation for the patient
(15) Retro	The amount of additional compensation for patients who were eligible in your office but for whom you may not have received payment

Key to your DMO patient roster (cont.)

NOTE: The payment factor and EFT indicators will not appear in the roster heading. They will appear on the payment summary page.

(16) Adjsmnt	Adjustment—This represents a positive or negative member adjustment. Negative adjustments represent deductions from compensation (for example, overpayments, eligibility, etc.). In addition, if an office does not follow the specialty referral guidelines, compensation may be deducted when Aetna compensates another provider for services that are determined to be the contractual responsibility of the Primary Care Dentist. Compensation may also be deducted if the Primary Care Dentist collected an inappropriate copayment and has not refunded the member. This field may also show any other negative adjustments made for any reason.
(17) Adj pay	The total compensation for the patient

Sample—Aetna DMO Payment Summary

Office Number: xxxxx	Process Date: xx/xx/xx
Provider: xxxxx	Cycle Date: xx/xx/xx
Address: xxxxx	
TIN/SSN#: xxx-xx-xxxx	
EFT: N	
Cap Payee: xxxxxxxxx	
Aetna DMO	
Cap Office Number	xxxxxx
Payee TIN	xx-xxxxxxx
EFT	N
Base Payment	\$69.70
Retro Payment	\$0.00
Adjustment	\$0.00
Total Adjusted Pay	\$69.70
Positive Office	\$1555.60
Adjustment	
Negative Office	\$0.00
Adjustment	
Term Adjustment	\$0.00
Payment Factor	<u>\$14.77</u>
Adjustment	
Total Payment	\$1640.07
<u>Member Count</u>	
Adult	1
Child	3
Total	4

Key to Payment Summary

The totals from the active/termination list will be listed in the appropriate columns: Base Payment, Retro Payment, Adjustment, Term Adjustment, Payment Factor Adjustment and Total Payment.

This report will also list the individual cap office number, payee TIN, cap payment factor, EFT indicator and the member counts.

Compensation

Primary Care Dentists receive compensation in several ways

Base compensation

The primary source of plan compensation for Primary Care Dentists is a periodic advance payment, commonly called base compensation. This is paid once per month. Base compensation is paid for each member who has selected you as their Primary Care Dentist and the amount of compensation will vary by employer group. This is determined by Aetna based on the chosen plan design, the demographics of the group and their anticipated utilization of the plan. The base compensation rate will be different for the employee, spouse and children. The amount of the base compensation for each member is shown on the patient roster.

Patient copayments

Patient copayments are determined by the plan selected by the employer group. The copayments may be for certain dental procedures and/or may be in the form of an office visit copayment. Please refer to the Dental Procedure Guidelines for DMO plans in Section VIII and the relevant Primary Dentist Compensation Schedules for Family Preventive, Basic Dental and Aetna Advantage Dental plans.

Patients are financially responsible for all copayments required by their plan. It is the responsibility of the Primary Care Dentist to make arrangements with the patients for collection of all copayments. Copayments are due at the time of service. The plan does not permit dentists to request prepayment of the copayment as a condition of setting or making an appointment. Aetna will not reimburse the Primary Care Dentist for any uncollected copayments.

Supplemental payments

Aetna may make supplemental payments to Primary Care Dentist offices based on periodic earnings and utilization/earnings-per-hour analysis. Utilization analysis is based on encounter information submitted to Aetna by the Primary Care Dentist's office. The encounter information must be submitted accurately and on a timely basis (at least monthly).

Encounter data

All encounter data must be reported to Aetna electronically or using a standard ADA claim form. If submitting paper forms, send to the address shown on page II-2.

California Participating Dentists

Refer to Network Bulletin - December 2018
Predetermination of treatment requests are not available for California DMO plans.

Other sources of compensation

In addition to the income sources described above, Primary Care Dentists can collect their Usual and Customary fees for certain cosmetic or non-covered services as agreed to in writing by the member under DMO plans. The Primary Care Dentist should provide the member with a written treatment plan, as well as any optional treatment plans. It is important to include all covered benefits and associated optional treatments in the written treatment plan. Please refer to Covered and Non-covered Services for a complete description of policies and procedures. (See Section IV.)

In providing non-covered services, it is important for the Primary Care Dentist to explain to the patient in advance that the service is not covered, the fee and the requirement that the patient must pay all fees for non-covered services. **You must have a consent form signed by the patient on file.** See the sample Patient Financial Informed Consent form in Section IV.

Orthodontic coverage/benefit determinations

The DMO Primary Care Dentist must be contracted to offer/perform orthodontic services, **exclusively limited to removable clear aligners**. If the Primary Care Dentist does not have an Orthodontic Specialty Addendum/Service and Rate Schedule, DMO patients must be directed to appoint with a participating orthodontic specialist.

The DMO offers a variety of orthodontic coverage options to plan participants. In addition, some employers may opt not to include orthodontic care as a dental benefit. Since there are a number of coverage options available subject to different plan provisions, limitations and exclusions, a predetermination of orthodontic treatment is recommended. A predetermination ensures that both the dentist and the member are aware of the potential benefit available under the member's plan.

The DMO provider's contracted case fee is based on a standard treatment length ranging from 18-24 months. For treatment lengths less than 18 months, the contracted case fee may be prorated. This amount will be indicated on the benefit determination.

Coverage for orthodontic services is offered as either a coinsurance plan or a fixed copayment plan. Each type is explained below:

- **Coinsurance** — The orthodontic benefit is based on a percentage of the contracted case fee. For example, if the member's plan provides orthodontic coverage at 50 percent, the member is responsible for 50 percent of your contracted case fee and the DMO plan benefit is 50 percent of the contracted case fee.
- **Fixed Copayment** — The member's out of pocket is "fixed", which means that the member's copayment cannot exceed a set amount. The DMO plan benefit is the difference between the contracted case fee and the member's fixed copayment.

Electronic solutions

Electronic Remittance Advice (ERA) and Electronic Funds Transfer (EFT)

What is ERA?

ERA is an electronic communication containing claim payment information that can be easily viewed or printed.

It is intended to replace your paper Explanation of Benefits (EOB) statement. Paper statements will be stopped within 31 days of enrollment.

Since it is available online, the ERA gives you access to the information it contains sooner than with a mailed paper EOB.

What is EFT?

When you sign up for EFT, your funds will be electronically deposited into the bank account of your choice.

You can access your money faster—no waiting for your check to come in the mail and making trips to the bank.

EFT eliminates the threat of lost or stolen checks.

How do I enroll in EFT and/or ERA?

1. After determining which vendor best suits your needs, complete the enrollment form in its entirety. You can find the form at **www.aetnadental.com**.
2. Mail or fax as directed on the enrollment form.
3. Include a copy of a preprinted voided check with the account holder's name imprinted on the check or bank's letter. Deposit slips, starter checks, handwritten or altered checks are not accepted. We cannot process your enrollment without this information.

NOTE: This only applies for EFT enrollment.

Register for www.aetnadental.com now

By registering online, you can get instant access to the secure features of **www.aetnadental.com**. This will allow you to submit claims electronically, check the status of a claim or perform real-time eligibility inquiries.

Let us know about any demographic changes

Help us ensure that we have accurate information for your office. Tell us about changes to:

- Name
- Tax identification number (TIN)
- Address/location
- Change of practice ownership
- Change in associate status in your practice (to help prevent claims payment errors, you must send us a new W-9)
- Phone numbers
- E-mail/website addresses

It's easy to let us know. Just log in to **www.aetnadental.com**.

Go to the DMO or PPO welcome page, and select the appropriate form to send back to us.

Electronic services (secure website)

- Submit claims and encounters for multiple payers
- Perform real-time eligibility inquiries
- Inquire about claim status
- View DMO® monthly patient rosters
- Check DMO roster – updates available weekly
- View Electronic Remittance Advice

Additional secure features

- Submit or change name, address, phone number, e-mail and National Provider Identifier (NPI) online
- View Dental Office Guides
- Read our *Dental Dialog* newsletter

Joining our network

- Learn about our other dental networks
- Request an application to join our other networks

Claim resources

- Get help with electronic transactions
- Check claim documentation guidelines
- Access electronic claims processing information
- Learn about electronic attachments
- Register for Electronic Remittance Advice (ERA)/Electronic Funds Transfer (EFT)
- Download a claim form

Helpful tools

DocFind® provider directory — a Web-based application designed to put information about participating providers at your fingertips. Visit DocFind for individual details about provider type, specialty, languages spoken, hospital affiliation, etc.

Aetna Voice Advantage® System — our state-of-the-art interactive voice response technology makes it easy to do business with Aetna through personalized call-routing and self-service options for simple and common inquiries.

Read about our policies

- Read our appeals policy
- Dental Clinical Policy Bulletins

Explanation of Benefits (EOB) statements online

Get your daily list of predeterminations and claim statements online through the secure section of **www.aetnadental.com**.

The easy-to-use, searchable format allows you to:

- Search for dental predeterminations
- Search for any claim EOB
- Produce an EOB statement for completed claims or predeterminations

Benefits of electronic EOB — claim inquiry tool

This tool, found on the secure dental website, enables your dental office to receive your daily list of EOB statements online in PDF format, 24 hours a day, 7 days a week. You can either print the statements or save them to your computer. In addition, you can perform searches by:

- Claim (including predeterminations)
- Claim status (including finalized, in process, pending, denied, rejected)
- Patient (including name, date of birth, Aetna ID, patient account number, service code)
- Payment (including date, check number/EFT trace number)
- Provider ID

With this tool you will be able to:

- See a “View Claim Details” screen
- View a PDF format of your paper EOB
- Submit claim reconsiderations (day-to-day rework/appeals) online

Send your claim attachments to us electronically

Attachments can be submitted to Aetna electronically. Claim attachments are not always necessary. We encourage you to review the claim documentation guidelines to determine which attachments, if any, are required.

To streamline submitting claims with attachments, send attachments electronically through an electronic attachment vendor. For additional information on attachment vendors and submitting attachments electronically, visit www.aetnadental.com.

An electronic attachment vendor enables health care providers to transmit attachments in support of electronic claims to payers via the Internet. Attachments include images, periodontal charts, intraoral pictures, EOBs, lab reports and narratives.

Contingent upon the Primary Care Dentist being contracted to perform orthodontic treatment (**exclusively limited to removable clear aligners**), orthodontic claims should be submitted electronically. Send only the Initial Claim.

Orthodontic Treatment Plans — Our system is enhanced to automatically set up a regular payment schedule for most orthodontic treatment plans. Once we receive the initial claim indicating the date the first aligner is delivered, total case fee, length of treatment and all other required claim details, our system will automatically release the appropriate monthly/quarterly installment payments for the member's treatment plan, as long as he/she remains eligible for benefits.

Please Note: Orthodontic claims do not routinely require models or X-rays.

Aetna Voice Advantage®

With our voice recognition technology, you can:

Check on several patients in a single call to the National Dentist Line at **1-800-451-7715**.

- Check coverage and benefits at the ADA code level. Choose to hear the information or have it faxed.
- Check the status of a claim(s). Choose to hear the information or have it faxed.
- Obtain a claim mailing address.
- Speak with a customer service professional if needed.

Other features

- 24-hour service — automated member and dentist services are available day and night (24/7).
- Natural speech — a single automated voice uses friendly, conversational language, rather than robotic tones and instructions.
- Voice recognition — just speak naturally and you'll discover how conversational the call will be.
- Voice to Touch — allows you the flexibility to switch from speaking to using the keypad.

National Provider Identifier (NPI)

The HIPAA regulated NPI number makes conducting electronic transactions with multiple payers easier.

Your NPI is the only number you need to supply to your payers on electronic claims, certifications and approvals. The 10-digit NPI number does not convey information such as your type of practice or your location.

Need more information?

Visit www.cms.gov

- Regulations & Guidance
- HIPAA Administrative Simplification
- National Provider Identifier Standard (NPI)

Call the National Provider Identifier number: **1-800-465-3203**.

W9 forms

You'll find information on how to complete a W9 form, IRS Matching Program and backup withholding on the IRS website at www.irs.gov.

Coordination with other plans

Occasionally members covered under Aetna's managed dental plans will have coverage under another dental plan or will have coverage for some procedures under a medical plan. The other coverage may be primary or secondary, depending on the member's status under the other plan. The exact rules for each situation will differ, depending on whether the other plan is a dental plan or a medical plan. In addition, some of the rules may vary depending on whether the other dental or medical plan is a managed care plan or a traditional insurance plan. The material on the following pages describes how benefits and copayments are determined in each situation. In addition, if the Primary Care Dentist determines that the patient requires prescription drugs, there may be special rules to follow to assure the patient can obtain full coverage for the prescription.

Coordination of benefits (dental plans)

Family Preventive, Basic Dental, Aetna Advantage™ Dental and Aetna Advantage™ Student Dental

These plans do **not** have a Coordination of Benefits provision. Therefore, they are always treated as primary. (See examples below for instructions on handling when coverage is primary.) If you are a dentist who also participates in the Aetna PPO network and you are treating a member who has both managed dental and PPO plan coverage, the managed dental plan's maximum out-of-pocket charge to member should be used to calculate the member's financial responsibility. This amount will be reduced by any PPO benefit that may apply. (See examples below.)

DMO® plans

Aetna DMO plans include a Coordination of Benefits (COB) provision. This provision allows benefits available to members to be reduced when benefits from the Aetna plan and all other plans exceed the total allowable expenses. This provides an effective way to reduce the possibility of over-insurance, while also allowing the member to reduce or eliminate out-of-pocket expenses without profiting from duplicate coverage. The guidelines provided below follow the standards established jointly by the National Association of Insurance Commissioners and the National Association of HMO Regulators.

Allowable expenses are those usual and prevailing charges for services that are covered, at least in part, by one or more plans covering the patient receiving the treatment. However, when a plan provides benefits in the form of services (such as a prepaid plan), the reasonable cash value for each service rendered will be considered both an allowable expense and a benefit paid. See examples for a further explanation.

Before you can apply the Coordination of Benefits provision, the following rules are used to determine which plan is primary (the plan that determines benefits first) and which is secondary. The rules define the "order of benefit determination." These rules can be complicated, so we encourage you to call the National Dentist Line when you need assistance.

Order-of-benefit-determination rules

These rules apply to standard plans. They may not be applicable in certain states, on older contracts or when coordinating benefits with certain other carriers. If you have any questions, call the National Dentist Line.

Employee or spouse

- a. The patient may be covered as an employee by his or her employer and as a dependent by his or her spouse's employer. The plan that covers the patient as an employee has primary responsibility.
- b. The benefits plan that covers a person as an active employee is considered primary over the plan that covers a person as a laid-off or retired employee.

Dependent children

- a. Parents not separated or divorced: If a child is covered as a dependent under both parents' coverage, the plan of the parent whose birthday falls earlier in the year is considered primary. This is called the birthday rule. For example: If the mother's birth date is February 8 and the father's birth date is May 15, the mother's plan would have primary responsibility.
- b. Parents are separated or divorced: If two or more programs cover a dependent child of divorced or separated parents, benefits are determined in this order:
- First: the plan of the parent with custody of the child
 - Second: the plan of the spouse, if applicable, of the parent with custody of the child
 - Third: the plan of the parent not having custody of the child
- The birthday rule does **not** apply in the above.
- c. One of the plans does not have a Coordination of Benefits provision. Whenever a plan does not have a Coordination of Benefits provision, that plan is always considered primary when coordinating with a plan that does have a Coordination of Benefits provision.**
- d. If none of the above rules determine the order of benefits, the plan that covered the person the longest is considered primary.

Examples of coordination of benefits

In the examples shown below, the calculation will work the same regardless of how a particular plan's copayment is determined. In other words, the principles remain the same regardless of whether the copayment is determined as a percentage of your Usual and Customary fees (used for "percentage copayment" plans) or a fixed dollar amount (used for "fixed-dollar copayment" plans).

The copayments used in these calculations do NOT include office visit copayments. If a plan has an office visit copayment, simply add that amount to any other copayments collected for the procedure.

When our DMO plan is primary

When the Aetna DMO plan is primary, you may collect the copayment amount from the secondary plan. You should help the patient submit a claim to the other plan by using the Coordination of Benefits Statement, which is available on www.aetnadental.com, "Welcome to DMO," then DMO forms. Please indicate your usual fees and any applicable copayment. If you accept assignment from the other plan, you may bill the patient only for the difference between the other plan's benefit and the copayment, which will usually be zero. If you collect the copayment from the patient, then the patient should receive reimbursement from the other plan.

(Fees in examples are for illustrative purposes only)

Example 1

Primary plan — Aetna

Crown fee	\$500
DMO copayment	\$200

When a plan provides benefits in the form of a service (such as prepaid plans), the reasonable cash value for each service will be considered the benefit paid. The reasonable cash value is determined by deducting the copayment amount from the dentist's fee.

Reasonable cash value	\$500 - \$200 = \$300
Secondary plan	
Allowable expense	\$500
Less primary plan benefit	(\$300)
Balance	\$200

**Special note for Family Preventive, Basic Dental, Aetna Advantage Dental and Aetna Advantage Student Dental: These plans do not have a Coordination of Benefits provision. Therefore, they are always primary.

The secondary plan would pay the lesser of its normal benefit, or \$200. For example, if the secondary plan's normal benefit for a crown was 50 percent of the charge after a \$50 deductible, the normal benefit would be \$450 x 50 percent = \$225. Since the difference between the allowable expense and the cash value of the Aetna benefit is less than the normal benefit, the secondary plan would release \$200. Therefore, since the secondary plan's payment is equal to the member's copayment, the member's responsibility would be \$0.

Example 2

Primary plan — Aetna	
Amalgam – two surfaces	\$75
DMO copayment	(\$0)
<hr/>	
Reasonable cash value	\$75 - \$0 = \$75
Secondary plan	
Allowable expense	\$75
Less Primary plan benefit	(\$75)
<hr/>	
Balance	\$0

When our DMO plan is secondary

When the Aetna DMO plan is secondary, you are entitled to keep all benefits from the primary plan but must waive the patient copay. However, if the other plan benefit is less than your copayment, you may collect the difference from the patient.

Example 1

Primary plan	
Crown usual fee	\$500
Primary plan benefit	\$250
Secondary plan — Aetna DMO	
Crown fee	\$500
40% copayment	\$200
\$200 copayment - \$250 primary plan benefit = \$0 collected from patient	

Example 2

Primary plan	
Crown usual fee	\$500
Primary plan benefit	\$175
Secondary plan — Aetna DMO	
Crown fee	\$500
40% copayment	\$200
\$200 copayment - \$175 primary plan benefit = \$25 to be collected from patient	

Example 3

If the primary plan is also a prepaid plan, it is necessary to calculate the Reasonable Cash Value of the benefits of both the primary plan and the Aetna DMO plan. The Reasonable Cash Values of both plans are then added together to determine the total copayment that may be collected from both plans.

Primary Plan	
Crown usual fee	\$500
Less Plan copayment	(\$350)
<hr/>	
Reasonable Cash Value of benefit	\$500 - \$350 = \$150
Secondary plan — Aetna DMO	
Crown fee	\$500
Less 40% plan copayment	(\$200)
<hr/>	
Reasonable Cash Value of Aetna benefit	\$500 - \$200 = \$300
Total Reasonable Cash Value	\$150 + \$300 = \$450

If the Usual and Customary fee is greater than the total reasonable cash value, the member's responsibility is the difference between the two amounts.

Usual and Customary fee minus Total Reasonable Cash Value = member's responsibility

\$500 - \$450 = \$50

If the total Reasonable Cash Value is equal to or greater than the Usual and Customary fee, then no copayment may be collected from the member.

When our managed dental (i.e., DMO) is primary and secondary

When the patient has coverage under two different Aetna managed dental plans (such as the case of a husband and wife working for two different employers who each have Aetna coverage), use the Order of Benefit Determination rules to determine which plan is primary and which is secondary. Then use the same method as shown above in Example 3.

Coordination with medical plans

In some instances, dental procedures may be covered under both a medical plan and a dental plan. This happens most frequently in cases involving accidental injuries to natural teeth. Additionally, there are also some medical plans that cover some oral surgery procedures, as well as some endodontic and periodontic procedures. (Members who have both medical and dental coverage with Aetna may be eligible for benefits for some of these procedures under their medical plans.) In these instances, you should send patients to their Primary Care Physician to determine if a referral is necessary. If you treat a member of an Aetna medical plan for which you are not a participating dentist, we may apply the compensation terms of your participation agreement to all covered services you provide to that member.

Family Preventive, Basic Dental, Aetna Advantage Dental, Aetna Advantage Student Dental and standard DMO plans

These plans have a provision that excludes coverage for any service covered in whole or in part under the employer's medical plan. If a member requires a dental service covered under the medical plan and the medical plan is a traditional indemnity plan, you may provide the service and submit the claim directly to the medical plan. The dental plan has no liability, and the member is responsible for the difference.

If the medical plan is an HMO or other managed care plan, send the patient to his or her Primary Care Physician to determine if a referral to a participating oral surgeon or other participating specialty dentist is required.

Prescription drug coverage

It is sometimes necessary for the Primary Care Dentist to prescribe medication for pain or antibiotics to counter the effects of an infection, etc. Aetna's managed dental plans do not normally cover the cost of prescription drugs. However, many employer groups cover charges for prescription drugs under either their medical plans or a separate drug plan.

If the patient has prescription drug coverage under a traditional medical insurance plan or a separate prescription drug plan (that is, independent of the medical plan), then usually all that is necessary is to write or transmit the prescription in the usual manner and give it to the patient to have filled.

However, if the patient's prescription drug coverage is provided through an HMO or other managed care plan or a prescription drug plan affiliated with or contracted by the managed care plan, the patient may not be able to obtain full coverage unless the plan's rules are followed (e.g., the plan may not cover prescriptions unless written by or authorized by the patient's primary care physician). If this happens, we suggest that you contact the patient's primary care physician to obtain authorization for the prescription or, if necessary, to have the physician write the prescription for the patient.



Coordination of Benefits Statement

Patient's Name		
First	Middle	Last

This patient has received the dental services described on the attached claim form. Primary coverage was provided under an Aetna managed dental plan.

The patient's out-of-pocket expenses for this course of treatment are shown below.

ADA proc code ¹	Description of service	Date of service			Dentist's usual fee	Patient copay
		Month	Day	Year		
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

Print Dentist's Name		
First	Middle	Last
Dentist's Signature		Office Number

¹ Current Dental Terminology © American Dental Association. All rights reserved.

IV: Exclusions and limitations

The **Quick Facts** and **Plan Administration** sections provided an overview of the various managed dental plans we offer. This section will provide further information on some specific features of the plans.

Family Preventive, Basic Dental, Aetna Advantage™ Dental and Aetna Advantage™ Student Dental

The specific services covered under each plan and any member copayments for each service are shown on the Primary Dentists Compensation Schedule attached to your provider agreement. Since there are regional variations, you received the appropriate schedules with your contract or any updates mailed directly to you. Contact your network manager if you have any concerns or questions.

DMO®

The Dental Procedure Guidelines referenced in Section VIII of this guide provide a detailed list of procedures by CDT code. The list, which is available on the secure website www.aetnadental.com, indicates the levels of coverage and copayments for each service by plan code.

Please refer to the Optional Treatment Plan section for situations that involve the Alternate Benefit provision, cosmetic services, and services involving use of enhanced technology/materials and situations involving patient noncompliance. Since we cannot present all situations in this guide, please call the National Dentist Line at **1-800-451-7715** for clarification.

This section deals with typical plan exclusions and provides an interpretation of services that are not covered under Aetna's managed dental plans.

Excluded services

Exclusions and Limitations

Family Preventive, Basic Dental, Aetna Advantage™ Dental and Aetna Advantage™ Student Dental Coverage:

The following provisions do **not** apply to DMO plans. A separate section for DMO exclusions and limitations follows.

1. Services and supplies that are covered in whole or in part under any other part of the plan or under any other plan of group benefits provided by or through the employer.
2. Services and supplies not furnished by the Primary Care Dentist or approved by Aetna, unless provided as out-of-area emergency treatment or referral care, and then only to the extent covered by the plan.
3. Topical application of fluoride, except when given to dependent children under age 18. Coverage is limited to two treatments in any one calendar year.
4. More than two office visits for an oral exam in any one calendar year (unless patient is eligible for additional benefits based on plan design or Dental/Medical Integration benefit levels).
5. More than two sets of bitewing images in any one calendar year.
6. More than a full-mouth series or panoramic image equivalent in any three-year period.
7. More than two prophylaxis treatments, including cleaning and polishing, in any one calendar year (unless patient is eligible for additional benefits based on plan design or Dental/Medical Integration benefit levels).
8. Services and supplies furnished to diagnose or treat an occupational disease or injury.
9. Plastic, reconstructive or cosmetic surgery or dental services or supplies that improve, alter or enhance appearance, whether or not for psychological or emotional reasons (e.g., facings on molar crowns and pontics would be considered cosmetic). The cosmetic exclusion applies to covered services.
10. Services, supplies or procedures that are, as determined by Aetna, experimental or still under clinical investigation. (Does not apply in Texas).
11. Services that are defined as not necessary for the diagnosis, care or treatment of the condition involved. (Does not apply in Texas.)
12. Services or supplies intended for treatment of any jaw joint disorder.
13. Hospitalization, prescription drugs, hospital services and nursing care.

14. Dental services provided after the member's coverage ends. However, the following will be covered if installed or delivered no more than 30 days after coverage ends:
 - onlays, crowns, dentures and fixed bridgework, but only if, prior to the date coverage ends, impressions have been taken from which the above will be made, and,
 - as to inlays, fixed bridgework and crowns, the teeth have been fully prepared if they will serve as retainers or support or are being restored.
15. All other limitations and exclusions in the member's plan Booklet-Certificate, Certificate of Coverage or Evidence of Coverage.
16. Sealants or preventive resins, except when given to dependent children under age 16 for permanent bicuspids/molars only, once every three years.
(Only applies to Aetna Advantage Dental and Aetna Advantage Student Dental plans.)

DMO plans

Here we list the exclusions and limitations for DMO plans.

The following charges are not covered

1. Those for services or supplies that are covered in whole or in part:
 - Under any other part of this dental care plan
 - Under any other plan of group benefits provided by or through the member's employer (including medical benefit plans).
2. Those for services and supplies to diagnose or treat a disease or injury that is:
 - An occupational disease
 - An occupational injury.
3. Those for services not listed in the Dental Care Schedule, unless otherwise specified in the Booklet-Certificate.
4. Those for replacement of a lost, missing or stolen appliance, and those for replacement of appliances that have been damaged because of abuse, misuse or neglect (failure to follow professional directions on use, maintenance, insertion or removal).
5. Those for plastic, reconstructive or cosmetic surgery, or other dental services or supplies primarily intended to improve, alter or enhance appearance. This applies whether or not the services and supplies are for psychological or emotional reasons. Facings on molar crowns and pontics will always be considered cosmetic.
6. Those for, or in connection with services, procedures, drugs or other supplies that are determined by Aetna to be experimental, or still under clinical investigation by health professionals. (Does not apply in Texas.)
7. Those for dentures, crowns, inlays, onlays, bridgework, or other appliances or services used for splinting, altering vertical dimension to restore occlusion, or correcting attrition, abrasion, erosion or abfraction. (Does not apply in California.)
8. Those for any of the following services (does not apply in Texas):
 - An appliance, or modification of one, if an impression for it was made before the person became covered;
 - A crown, bridge, or cast or processed restoration, if a tooth was prepared for it before the person became covered;
 - Root canal therapy, if the pulp chamber for it was opened before the person became covered.
9. Those for services that Aetna defines as not necessary for the diagnosis, care or treatment of the condition involved, even if they are prescribed, recommended or approved by the attending physician or dentist. (Does not apply in Texas.)
10. Those for services intended for treatment of any temporomandibular joint disorder, unless otherwise specified in the Booklet-Certificate.
11. Those for space maintainers except when needed to preserve space resulting from the premature loss of deciduous teeth.
12. Those for orthodontic treatment, unless otherwise specified in the Booklet-Certificate. Always check member eligibility and benefits.
13. Those for general anesthesia and intravenous sedation unless specifically covered. Members with plans that cover these services will not be eligible for benefits unless medically necessary and done in conjunction with another necessary covered service.
14. Those for treatment by other than a dentist, except that scaling and root planing or prophylaxis of teeth and topical application of fluoride may be done by a licensed dental hygienist. In this case, the treatment must be given under the supervision and guidance of a dentist, unless not mandated by state guidelines.
15. Those in connection with a service given to a person age 5 or more if he or she becomes covered other than:
 - During the first 31 days the person is eligible for this coverage, or
 - As prescribed for any period of open enrollment agreed to by the employer and Aetna. (Does not apply in Texas.) This does not apply to charges incurred:
 - After the end of the 12-month period starting on the date the person became covered, or;
 - As a result of accidental injuries sustained while the person was covered, or;
 - For a Primary Care Service in the Dental Care Schedule that applies as shown under the headings Visits and Exams, and X-rays and Pathology.
16. Those for services given by a nonparticipating dentist to the extent that the charges exceed the amount payable for the services shown in the Dental Care Schedule that applies.

17. Those for a crown, cast or processed restoration unless:
 - It is treatment for decay or traumatic injury and teeth cannot be restored with a filling material, (i.e. where a filling would not be the accepted standard of care in the dental community) or
 - The tooth is an abutment to a covered partial denture or fixed bridge.
18. Those for pontics, crowns, cast or processed restorations made with high noble metals, unless otherwise specified in the Booklet-Certificate.
19. Those for surgical removal of impacted wisdom teeth only for orthodontic reasons, unless otherwise specified in the Booklet-Certificate. Extraction of other teeth for orthodontic purposes is covered.
20. Those for services needed solely in connection with non-covered services.
21. Those for services done where there is no evidence of pathology, dysfunction or disease other than covered preventive services.

Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to the coverage.

DMO plan coverage rules

Replacement rule

The replacement of, addition to or modification of existing dentures, crowns, casts or processed restorations, fixed bridgework or other prosthetic services is covered only if one of the following terms is met:

- The replacement or addition of teeth is required to replace one or more teeth extracted after the existing denture or bridgework was installed. Dental care plan coverage must have been in force for the covered person when the extraction took place.
- The existing denture, crown, cast or processed restoration, fixed bridgework or other prosthetic service that is no longer serviceable, and was installed at least 5 years before its replacement.
- The existing denture is an immediate temporary one to replace one or more natural teeth extracted while the person is covered, and cannot be made permanent, and replacement by a permanent denture is required. The replacement must take place within 12 months from the date of initial installation of the immediate temporary denture.

Effective January 1, 2024, the "initial placement rule" is discontinued. (See Network Bulletin - October 2023)

Prior to January 1, 2024 -

Initial placement rule — tooth missing but not replaced (does not apply in California, Texas or Plan Code -LM)

Coverage for the first installation of removable complete or partial dentures, fixed bridges, and other prosthetic services is subject to the requirement that such dentures, bridges and other prosthetic services are needed to replace one or more natural teeth that (i) were removed while this policy was in force for the covered person; and (ii) are not abutments to a partial denture or fixed bridge installed during the prior 5 years.

Alternate treatment rule

If more than one service can be used to treat a covered person's dental condition, Aetna may decide to authorize coverage only for a less costly covered service provided that all of the following terms are met:

- The service must be listed on the Dental Care Schedule.
- The service selected must be deemed by the dental profession to be an appropriate method of treatment.
- The service selected must meet broadly accepted national standards of dental practice.

If treatment is being given by a participating dental provider and the covered person asks for a more costly covered service than that for which coverage is approved, the specific copayment for such service will consist of:

- The copayment for the approved less costly service, plus
- The difference in cost between the approved less costly service and the more costly covered service. For certain DMO Standard Plans, the patient is responsible for cost of high noble metal and titanium in addition to the copayment (refer to the Patient Financial Informed Consent Guide at the end of this section).

A Patient Financial Informed Consent form or equivalent must be used to document the patient's financial responsibility for Alternate Benefit situations. The sample form provided at the end of this section, or an equivalent form, must be completed and signed by the patient and the dentist prior to beginning treatment. **If the covered benefits, options and fees are not discussed with the patient in advance and agreed to in writing, no additional charges may be billed to the patient beyond the normal copayments for the covered service.**

Optional treatment plans

Our dental plans cover many preventive and restorative services to treat aspects of dental disease. Benefits are available for a specific list of covered services, subject to plan provisions, including all limitations and exclusions (see dental procedure guidelines).

With the continued development of new dental materials and equipment/technology, there are often many ways to treat dental conditions. Some of these involve the multitude of new restorative materials and prosthetic procedures being introduced to the marketplace, many of which are purely cosmetic in nature. Additionally, there are now alternative and enhanced techniques to deliver certain services with new technology, although the underlying procedure remains unchanged. Often these are not addressed in the ADA Current Dental Terminology (CDT). This section provides guidance for determining benefits in situations when the Primary Care Dentist and the patient are considering optional treatment plans involving elective services.

When cosmetic procedures or enhanced technology are used, the dental staff must tell the patient which procedures are covered by the plan and which are optional, so the patient can make an informed choice. As with other non-covered services, if the patient elects to receive the services, he or she is responsible for the cost of the additional procedures or materials. The total amount due from the patient is the covered benefit copayment, if any, for the covered service plus the incremental charge for the cosmetic procedures/materials or enhanced technology.

A Patient Financial Informed Consent form or equivalent must be used to document the patient's financial responsibility for optional treatments. The sample form provided at the end of this section, or an equivalent form, must be completed and signed by the patient and the dentist **before** treatment begins. **If the covered benefits, options and fees are not discussed with the patient in advance and agreed to in writing, no additional charges may be billed to the patient beyond the normal copayment for the covered service.**

Cosmetic services

Purpose: The purpose of this policy is to identify and describe those dental services that represent cosmetic enhancements to covered services. The intent of Aetna's dental benefit coverage is to restore teeth and their functioning to a healthy state while recognizing there are various choices of services and materials. If services and/or materials do not address a pathologic or functional need and are solely rendered to improve patient aesthetics, they are considered to be cosmetic enhancements.

An incremental fee may be charged to the member for cosmetic enhancements as set forth in this policy.

Policy and procedures: All covered dental procedures must be made available to members. As applicable, a choice of the basic covered service with and without the cosmetic enhancement must be offered to the member. **If no choice is given to the member, the service rendered is covered per the applicable copayment schedule, with no additional fee allowed.** A Patient Financial Informed Consent form or equivalent must be used to document the patient's financial responsibility for cosmetic situations. The sample form provided at the end of this section, or an equivalent form, must be completed and signed by the patient and the dentist **before** treatment begins. **If the covered benefits, options and fees are not discussed with the patient in advance and agreed to in writing, no additional charges may be billed to the patient beyond the normal copayments for the covered service.**

NOTE: If any dental service/material is required because of dental necessity (even though it may coincidentally provide a cosmetic result) or medical condition (e.g., a medically documented allergy to a certain dental material) and addresses a pathologic or functional need, **then it may not be considered as a cosmetic service.** You may only collect the normal copayment based on your Usual and Customary fee.

The incremental fee for a cosmetic enhancement must reflect the true additional costs of providing the service (e.g., unit cost difference in material or lab bill, difference in usual fees, etc.). At all times, you must be able to demonstrate the basis of an incremental fee. Since the incremental fee is intended to directly offset the additional cost of the cosmetic enhanced service, it is not necessary to report incremental charges on encounters.

Example

Porcelain with metal crown #6 (member elects porcelain butt margin for cosmetic reasons)

Usual fee as approved by Aetna (code D2752)	\$500
Plan copayment 40% (\$500 x 40%)	200
<u>Additional lab charge for porcelain butt margin</u>	<u>25</u>
Total member charge	\$225

Enhanced technological methods/equipment

Purpose: We recognize that new dental technology allows for alternative and enhanced techniques for certain dental services compared to traditional methods. The intent of this policy is to identify those new technologies that represent a significant increase in dental practice resources and which were never included in the original compensation model to the dentist.

An incremental fee may be charged to the member for enhanced technological methods and materials as set forth in this policy. However, before a fee can be charged, the patient must be presented with a choice of methods/materials and be able to choose between the traditional and enhanced technology with full disclosure.

Policy and procedures: All covered dental procedures must be made available to members. As applicable, a choice of the basic covered service with and without the enhanced technology must be offered to the member. If no choice is given to the member, the service rendered is covered per the applicable copayment schedule with no additional fee allowed. A Patient Financial Informed Consent form or equivalent must be used to document the patient’s financial responsibility for enhanced technological methods and materials. The sample form provided at the end of this section, or an equivalent form, must be completed and signed by the patient and the dentist **before** treatment begins. **If the covered benefits, options and fees are not discussed with the patient in advance and agreed to in writing, no additional charges may be billed to the patient beyond the normal copayments for the covered service.**

This policy only applies to technology that has received clearance from the Food and Drug Administration for appropriate clinical applications defined therein.

The incremental fee for enhanced technological methods and materials must reflect the true additional costs of providing the service versus the traditional method. For example, the purchase price of a microabrasion unit should be amortized over the number of years of expected useful life and total procedural visits. Variable costs can also be incorporated into the cost accounting. You must be able to demonstrate the basis of an incremental fee. Since the incremental fee is intended to directly offset the additional cost of enhanced technology, it is not necessary to report incremental charges on encounters.

Example #1

Use of computerized delivery system for local anesthesia:

Variable expense per injection (e.g., handpiece, etc.)	\$1.50
<u>Amortized expense of unit (\$1,000/5000 procedures)</u>	<u>0.20</u>
Incremental fee per visit	\$1.70

Example #2

Use of microabrasion unit for sealant application

Variable expense per use	\$0.10
Amortized expense per unit <u>(\$5,000 / 4 years / 250 procedures per year)</u>	<u>5.00</u>
Incremental fee per visit	\$5.10

Approved list of cosmetic services, enhanced technology or materials

A full list of approved cosmetic services and enhanced technological methods/equipment for which you may charge the patient is shown below. If a service is on this list, you may provide this service to the patient at an additional charge in accordance with the policies outlined above. If a service is not included on this list, you may not charge the patient without authorization from Aetna, which you request by calling our National Dentist Line, **1-800-451-7715**.

Cosmetic services:

- Porcelain veneers and porcelain butt margins on crowns solely for aesthetic reasons
- Nonstandard denture materials/teeth and denture personalization (e.g., stippling, rugae, flange thickening, etc.), which are employed solely for aesthetic reasons
- Customized shading of prosthetics by individual mixing or lab visit
- ADA-accepted veneer materials that are chosen solely for aesthetic reasons
- Nonmetal clasps in the molar region used solely for aesthetic reasons
- Nonmetal facings on molar crowns

Enhanced technology and materials:

- Computerized delivery of local anesthetic
- Use of microabrasion (e.g., Kinetic Cavity Preparation – KCP) for applicable and appropriate dental procedures

Complete dentures and enhancements

Background: Complete dentures are covered under Aetna's Dental Maintenance Organization (DMO®) plans. In addition, dentures are included in the list of Reduced Fee Services provided to members of the Basic Dental, Family Preventive, and Advantage Dental programs. We recognize that there is a choice in denture materials and techniques, which require various levels of time, materials and laboratory expense.

Policy statement: Copayment and coinsurance amounts are based on a "standard" denture. A standard denture is one that is characterized by the following descriptions:

Fabricated using a traditional five-step technique (i.e., impressions, bite registration, wax try-in, delivery and follow-up for adjustments (6 months))

- A nonrestricted selection of tooth shades and moulds
- Flat or anatomic teeth
- Expected longevity of not less than five years
- Standard high-impact acrylic base material

California Participating Dentists

Refer to Network Bulletin - December 2018

Predetermination of treatment requests are not available for California DMO plans.

Acrylic teeth; porcelain teeth if dentally necessary (i.e., needed to oppose other porcelain-based restorations)
An incremental fee may be charged to the member for an enhancement to a denture for the following reasons:

1. A pathologic or functional need is not specifically addressed. (Does not apply in California.)
2. The service is rendered solely for cosmetic reasons.
3. The procedure is not customarily performed or is primarily for the convenience of the member.

Examples of denture enhancements for which an incremental fee may be charged are:

- Porcelain teeth used solely for cosmetic purposes

Customization of dentures including rugae, stippling, staining, individualized gingivae material or palate (e.g. clear/metal), or personalized teeth (e.g., open faced crowns, etc.).

Procedures: The incremental fee for the enhancement should reflect the true additional costs of providing the service (e.g., unit cost in material or the difference between lab fees for a standard denture and the enhanced denture.) At all times, the provider must be able to demonstrate the basis for an incremental fee.

A financial informed consent form must be used to document the patient's file in cosmetic situations. This form, or an equivalent, must be completed and signed by the patient and the dentist **before** treatment begins. A sample of this form can be found at the end of this section. **If the optional plans and fees are not discussed in advance with the patient, no additional charges may be billed to the patient beyond the normal copayments for the covered service.**

Orthodontics

Only Primary Care Dentists who have an Orthodontic Specialty Addendum/Service and Rate Schedule added to their participating dentist agreement may offer orthodontic services to their DMO patients. **Orthodontic services performed by the PCD are exclusively limited to removable clear aligners.** Since the DMO Primary Care Dentist's contractual agreement is exclusively limited to orthodontic aligners, the patient may not be charged an upgrade.

To avoid misunderstandings, we recommend you not bill the member for out-of-pocket payments until you receive an Explanation of Benefits / Claim Detail Statement. You may also take advantage of the pretreatment estimate of benefits process, where permitted.

Patient noncompliance — prosthetic services

Additional services required by the same treating dentist

Policy and procedures: The Primary Care Dentist should document in the patient record those incomplete prosthetic procedures that require retreatment and/or an unplanned additional service due to patient noncompliance. The retreatment or unplanned service is considered a new dental service, and a prorated fee may be charged to the member for the prior uncompleted service.

The prorated fee should be based on your usual fee and strictly reflect the time and/or direct costs of the prior uncompleted procedure. Determining factors include the percentage of total treatment time and/or lab bill for the uncompleted procedure. At all times, you must be able to demonstrate the basis for the prorated fee. Since the prorated fee is intended to directly offset the costs of the prior uncompleted prosthetic procedure, it is not necessary to report prorated charges for uncompleted services on encounters.

Example

The patient is having a crown procedure on #8. The tooth has been prepared, the final impression taken and the case sent to a commercial laboratory. However, the patient fails to keep the seating appointment twice over the course of 6-8 weeks. Since the patient failed to return, there have been changes to the gingiva and/or occlusion, making a new crown necessary.

- Prep visit equals 2/3 of total procedure time (60 minutes/90 minutes).
- $2/3 \times \$300$ (usual copayment) = \$200 (incremental cost of additional work).
- The Primary Care Dentist bills the patient for the usual copayment, plus the incremental cost of the additional work: $\$300 + \$200 = \$500$ total due from patient.

Patient abandons treatment – patient fails to return to complete prosthetic treatment with initial treating dentist

Purpose: A prosthetic procedure represents one of the more time-intensive and resource-consuming services rendered by the Primary Care Dentist. The intent of this policy is to address those situations where the patient fails to return to complete a prosthetic procedure (i.e., crowns, bridge or denture). **This policy applies only to covered prosthetic services.**

Policy and procedures: When a patient fails to return to complete the prosthetic service, the Primary Care Dentist should document the incomplete prosthetic procedure in the patient record. Reasonable attempts to finalize/complete the service must be made and documented in the patient's chart.

A prorated fee may be charged to the member. The prorated fee may be no greater than 50 percent of the patient's applicable copayment for a completed procedure.

At all times, you must be able to demonstrate the basis for the prorated fee. Since the prorated fee is intended to directly offset the cost of the uncompleted prosthetic procedure, it is not necessary to report a prorated charge for the uncompleted service on an encounter.

Example

The patient is having a crown procedure. The tooth has been prepared, the final impression taken and the case sent to a commercial laboratory. However, the patient fails to keep the seating/delivery appointment twice over the course of 6-8 weeks, and attempts to reschedule are unsuccessful.

- $50\% \times \$500$ (usual copayment) = \$250 prorated copayment
- The Primary Care Dentist may bill the patient for the prorated copayment.

Patient noncompliance — orthodontic services

This policy addresses those situations where, due to patient non-compliance, additional services may be needed to complete the orthodontic treatment, exclusively limited to removable clear aligners.

Policy and Procedures

This policy applies only to covered orthodontic treatment, exclusively limited to removable clear aligners. The dentist should document patient non-compliance in the patient's chart.

The prorated fee should be based on your usual fee and strictly reflect the time and/or direct costs of the prior uncompleted procedure. Determining factors include the percentage of total treatment time for the uncompleted treatment. At all times, you must be able to demonstrate the basis for the prorated fee. It is not necessary to report these prorated charges since the patient is responsible for the entire amount.

Alternate benefit provision (DMO plans only)

This section does **NOT** apply to **Family Preventive, Basic Dental, Aetna Advantage™ Dental and Aetna Advantage™ Student Dental**. (These plans incorporate the alternate benefit by showing copayments for the costlier procedures in the applicable fee schedules.)

Aetna DMO plans contain a provision known as the Alternate Benefit provision. This provision can operate in several ways in situations where (a) the service requested is not covered, but alternate covered service(s) are available, or (b) more than one covered service is available, all of which are suitable for the condition being treated.

Whenever any of these situations arise, it is important that the Primary Care Dentist fully discuss all optional treatment plans with the patient in advance and fully advise the patient of all additional fees for which he or she may be responsible. A Patient Financial Informed Consent form or equivalent must be used to document the patient's financial responsibility for Alternate Benefit situations. The sample form provided at the end of this section, or an equivalent form, must be completed and signed by the patient and the dentist **before** treatment begins. **If the covered benefits, options and fees are not discussed with the patient in advance and agreed to in writing, no additional charges may be billed to the patient beyond the normal copayment for the covered service.**

- DMO plans contain a "closed" List of Dental Services. This means that only those services that are specifically listed are covered under the plan. If a service is not on the list, it is not covered. However, if the list does provide coverage for another service that is a suitable alternative for the condition being treated, then the plan will provide coverage for that alternate service in lieu of the non-covered service.
- A variation of the above occurs in "upgrade" situations. This involves a non-covered service that is a more expensive version of a covered service because of the increased cost of more expensive materials.

- A service may be included in the List of Dental Services but may not be covered due to a plan limitation or exclusion. However, the list may also include an alternate service, which is not excluded, and which would be suitable for the condition being treated.
- Two or more services that are suitable for the condition being treated may be included in the List of Dental Services. In this situation, the plan generally provides coverage for the least expensive treatment that would produce a professionally acceptable result. However, in applying the Alternate Benefit provision in these situations, it is important to note that the alternate procedure must be reasonably equivalent in terms of results and must satisfy generally accepted professional standards. If the patient opts for the more expensive service, then the patient is responsible for the copayment, if any, for the covered/alternate service, plus the difference, if any, between your Usual and Customary fees for the covered/alternate service and the elective/optional service. An "upgrade cost" is only applicable if the covered/alternate benefit procedure is offered to the patient.

General alternate benefit guidelines for fixed/removable prosthodontics (applies to DMO plans with Alternate Benefit provision)

The following are general guidelines. Each case merits individual assessment, taking into consideration the following clinical variables: recent periodontal therapy, clinical condition of abutment teeth (e.g., crown-root ratio, prognosis), ridge support (e.g., soft tissue characteristics, resorption level), opposing occlusion, existing fixed/removable partial dentures, additional teeth to be extracted, and if one of the missing teeth is a cuspid.

Description	Benefit
1. One to three missing posterior teeth in one quadrant and no missing teeth in the contralateral quadrant	Fixed Partial Denture
2. More than three missing posterior teeth in the one quadrant and no missing teeth in the contralateral quadrant of the same arch	Removable Partial Denture
3. One to two missing posterior teeth in both the left and right quadrants of the same arch	Fixed Partial Denture
4. More than two missing posterior teeth in both the left and right quadrants of the same arch	Removable partial
5. Up to four adjacent anterior teeth missing in the same arch	Fixed partial denture
6. Four anterior adjacent teeth and one or more posterior teeth missing in the same arch	Removable partial denture
7. More than four adjacent missing teeth in the same arch	Removable partial denture
8. A treatment plan involving fixed and removable partial dentures in the same arch	Removable partial denture
9. A fixed partial denture replacing a "like" fixed partial denture	Fixed partial denture
10. A fixed partial denture replacing a Removable partial denture	Removable partial denture

Examples of optional treatment plans (may apply to all plans unless otherwise noted)

A Patient Financial Informed Consent form or an equivalent form must be used to document the patient's file in optional treatment plan situations. This form, or an equivalent, must be completed and signed by the patient and the dentist **before treatment begins**. A sample of this form can be found at the end of this section. **If the optional plans and fees are not discussed in advance with the patient, no additional charges may be billed to the patient beyond the normal copayment for the covered service.**

1. Effective January 1, 2024, posterior resin (composite) restorations are not subject to an upgrade. (Network Bulletin October 2023).

Prior to January 1, 2024 - Applies to DMO plans only, except for DMO series 60, 70, and CAM/CMI, CAL/CLI, SFL/SFi copay plans. A filling is necessary to restore a molar or stress-bearing surface(s) of a premolar. A stress-bearing surface is interpreted as one that includes the mesial and/or distal marginal ridge (e.g., MO, DO, MOD). Since resin-based composite restorations are not covered on molars or stress-bearing surfaces of premolars, the alternate benefit would be that of an amalgam restoration. If the patient is informed in advance that there will be an additional charge for the resin and elects the resin instead of the amalgam restoration, then the patient is responsible for the copayment, if any, for an amalgam restoration plus the difference between your Usual and Customary fees for the resin restoration and the amalgam restoration.

NOTE: The Primary Care Dentist office must offer the covered service before the Alternate Benefit provision can be applied and an additional charge for the alternate service billed to the patient. For example, if a dental office does not perform amalgam restorations, the office cannot charge an additional amount for a resin restoration on a molar tooth or stress-bearing surface(s) of a premolar. The resin restoration must be provided at no additional charge in these situations; the patient may only be billed the copayment that would normally be charged for an amalgam.

To determine the copay in offices that do not have fees for amalgams, use the Usual and Customary fee for the corresponding resin restoration, reduced by 20 percent.

2. Applies to Basic Dental plans. Amalgam restorations are considered "No Charge Services," and the member is responsible for the plan's per-office visit copayment. In the case of resin-based composite restorations, the member is responsible for the fee as listed on the Primary Dentist Compensation Schedule. In offices where both amalgam restorations and resin-based composite restorations are offered, the member is given a choice. If the member chooses an amalgam restoration, he or she is only responsible for the plan's office visit copay. If the patient chooses the resin-based composite restoration, he or she pays the fee as listed on the Primary Dentist Compensation Schedule. In an office that does not offer amalgam restorations, the participating dentist must provide the resin-based composite restoration on molar or stress bearing surface of pre-molar teeth for the plan's office visit copay since the member has no choice of restorative materials.
3. Applies to DMO plans only. The Primary Care Dentist determines that a tooth can be adequately restored with a filling. However, the patient wishes to have a crown placed for cosmetic reasons. Since crowns are not covered when the tooth can be restored with a filling material, the plan benefit is for a filling. If the patient opts for the crown, the patient is responsible for the copayment, if any, for the filling, plus the difference between your Usual and Customary fees for a crown and a filling. (Please note: this type of determination may be subject to professional review by the plan if the patient appeals the decision or benefit determination.)
4. Applies to DMO plans only. A molar tooth requires a crown to restore it. The plan excludes coverage for facings on molar crowns, so the covered benefit would be for a full-cast metal crown. However, the patient wishes to have a porcelain-fused-to-metal crown. If the patient opts for the porcelain-to-metal crown, the patient is responsible for the copayment for a full-cast crown plus the difference in your Usual and Customary fees for porcelain-to-metal and full-cast crowns.

5. Applies to DMO plans only. A patient has more than two missing posterior teeth in both the left and right quadrants of the same arch. (See General Alternate Benefit Guidelines for Fixed/Removable Prosthodontics.) Two treatment plans are possible: A bilateral partial denture or two fixed bridges. The Primary Care Dentist recommends that a partial denture be placed since it is the less costly of the two alternate treatments and will produce a professionally acceptable result. However, if the patient wishes to have the fixed bridges placed instead, then the patient will be responsible for the copayment, if any, for the bilateral partial plus the difference in your Usual and Customary fees for the two bridges and the partial.
6. Applies to DMO plans only. Several missing teeth need to be replaced with a conventional denture. However, in some clinical situations, an overdenture might be the recommended treatment of choice. Since overdentures are not covered, the plan benefit is for a conventional denture. If the patient elects to receive an overdenture, the patient is responsible for copayment for a conventional denture plus the difference in your Usual and Customary fees for the overdenture and a conventional denture. The patient is also responsible for your full Usual and Customary fee for any related service, such as root canal therapy, post(s) and restoration(s), which must be provided solely in connection with placement of the overdenture.
7. Applies to DMO plans only. Implants are not covered under many standard DMO plans. However, benefits are available for the implant supported prosthesis. If the patient chooses the implant(s) and the related prosthodontic procedures, then the patient is responsible for your Usual and Customary fee for the implants and a copayment for the prosthodontic procedure(s). For example, if a tooth is extracted and an implant is placed, the copayment for the crown over the implants is calculated based on your Usual and Customary fee for a crown placed on an implant. (i.e., for a porcelain-fused-to-metal crown, make sure you use the fee for Code D6066 rather than D2750.) The patient is also responsible for your Usual and Customary fees for any related procedures provided solely in connection with the implants, including follow-up procedures, such as periodontal surgery and/or periodontal maintenance.
8. A patient with teeth stained because of tetracycline therapy, but with no decay present, wishes to have veneers placed for aesthetic reasons. Since no treatment is required for restorative reasons, the service is deemed to be purely cosmetic. If the patient is informed that the procedure is not covered and elects to receive the veneers anyway, you may charge the patient your Usual and Customary fee for the service.
9. A patient requires a crown to restore a tooth. DMO Standard Plans (New Standard Plans) – Roster Plan Code symbol indicated by a number sign (#) – Coinsurance and all Fixed Dollar Copayment plans permit an upgrade charge for high noble metal and titanium crowns because high noble metal and titanium are not covered. If the patient is informed in advance and signs a Patient Financial Informed Consent form, they will be responsible for the copayment for the covered benefit plus any difference in fees for the upgrade. For example, the patient wants to upgrade to high noble metal or titanium instead of the noble or base metal. In this case the patient will pay the applicable copayment for a noble crown, plus the difference between the applicable fees for the two crowns. **Effective May 1, 2025**, the difference is determined based on the current Aetna fee schedule, as previously made part of your Agreement with us. **Prior to May 1, 2025**, the difference is between your Usual and Customary fees for the noble metal crown and the high noble or titanium crown. To determine the copay in offices that do not have fees for noble metals, use the corresponding high noble or titanium fee reduced by 10 percent. **NOTE:** The above does not apply to the DMO pre-November 1, 2000, Standard Plans—Old Standard Plans, DMO Patient Roster Plan Code Symbols of a plus sign (+) or an asterisk (*)—since these plans cover all types of crowns, including high noble metal and titanium. An additional charge for high noble metal or titanium is not permitted on these plans.

Reporting optional treatment on encounters

When reporting optional treatment, adhere to the following guidelines:

- In general, report the service provided. This should be done in Alternate Benefit situations.
- In situations involving an incremental charge (cosmetic procedure, enhanced technology/equipment, patient noncompliance, etc.), report the service provided.

Guide for Patient Financial Informed Consent

A Patient Financial Informed Consent form or equivalent must be used to document the patient’s financial responsibility for Alternate Benefits, Optional Treatment Plans, and cosmetic or Aetna-approved enhanced technology situations. The sample form provided, or an equivalent form, must be completed and signed by the patient and the dentist **before** treatment begins. **If the covered benefits, options and fees are not discussed with the patient in advance and agreed to in writing, no additional charges may be billed to the patient beyond the normal copayments for the covered service.**

Examples shown are not applicable to all plan codes. Please refer to the secure website www.aetnadental.com for specific plan code information.

DMO Pre-November 1, 2000, Plan Standards (Old Standard Plans)

Roster Plan Code symbol indicated by an asterisk (*) or a plus sign (+)

- These plans cover **all** crown procedure codes as shown in the Current Dental Terminology[®]American Dental Association.
- Metal upgrade is **not** permitted on these plans.
- Facings on molar crowns and pontics will always be considered cosmetic.
- No lab fees may be charged to the patient.

Example – Plan Code # L (40%)

Covered benefit				Elective/optional treatment			Patient financial responsibility ³		
Tth #	ADA Proc Code ¹	Description of service	Dentist fee ²	ADA proc code ¹	Description of service	Dentist fee ²	Patient copay for covered benefit procedure	Upgrade cost	Total patient financial responsibility
14	D2150	Amalgam – 2 surfaces, primary or permanent	\$75	D2392	Resin-based composite 2 surfaces, posterior	\$100	\$0	\$25	\$25
15	D2790	Crown – full cast high noble metal	\$700	D2750	Porcelain fused to high noble metal	\$800	\$280	\$100	\$380
4	D2750	Porcelain fused to high noble metal	\$800	No elective/optional treatment applicable			\$320	\$0	\$320
Total							\$600	\$125	\$725

Tooth # 14

- Covered benefit is an amalgam restoration (D2150). No patient copayment applicable for Plan Code L. Patient has elected a resin-based composite on a molar tooth (D2392).
- The patient is responsible for an upgrade cost, which is the difference between the dentist’s fees (\$100 - \$75 = \$25).

Effective January 1, 2024, posterior resin (composite) restorations are not subject to an upgrade. (Network Bulletin October 2023).

Refer to page IV-16 for footnotes.

Tooth # 15

- Covered benefit is a full-cast high noble metal crown (D2790). Patient copayment for the covered benefit is 40 percent of the dentist’s applicable Aetna fee, which is part of your Agreement..
- Patient has elected a porcelain-fused-to-high-noble-metal crown (D2750) as the optional treatment.
- The patient is also responsible for an upgrade cost, which is the difference between the dentist’s applicable fees (\$800 - \$700 = \$100).

Tooth # 4

- The patient’s copayment is 40 percent of the dentist’s applicable fee. No upgrade is applicable.

Effective May 1, 2025, Aetna will no longer pay its cost-share for DMO coinsurance plans based on full billed charges for covered services. Rather, we’ll apply and pay our cost-share for DMO coinsurance plan covered services based on the current Aetna fee schedule, as previously made part of your Agreement with us.

Effective May 1, 2025, the difference is determined based on the current Aetna fee schedule.

Prior to May 1, 2025, the difference was between your Usual and Customary fees.

DMO Standard Plans (new Standard Plans)

Roster Plan Code symbol indicated by a number sign (#)

- These plans exclude crowns or pontics made with high noble metals or titanium.
- Metal upgrade **is** permitted on these plans.
- Facings on molar crowns and pontics will always be considered cosmetic.
- No lab fees may be charged to the patient.

Example – Plan Code # L (40%)

Covered benefit				Elective/optional treatment			Patient financial responsibility ³		
Tth #	ADA Proc Code ¹	Description of service	Dentist fee ²	ADA proc code ¹	Description of service	Dentist fee ²	Patient copay for covered benefit procedure	Upgrade cost	Total patient financial responsibility
14	D2150	Amalgam – 2 surfaces, primary or permanent	\$75	D2392	Resin-based composite 2 surfaces, posterior	\$100	\$0	\$25	\$25
15	D2792	Crown – full cast noble metal	\$650	D2750	Porcelain fused to high noble metal	\$800	\$260	\$150	\$410
4	D2752	Porcelain fused to noble metal	\$700	D2750	Porcelain fused to high noble metal	\$800	\$280	\$100	\$380
Total							\$540	\$275	\$815

Tooth # 14

- Covered benefit is an amalgam restoration (D2150). No patient copayment applicable for Plan Code L. Patient has elected a resin-based composite on a molar tooth (D2392).
- The patient is responsible for an upgrade cost, which is the difference between the dentist's fees (\$100 - \$75 = \$25).

Tooth # 15

- Covered benefit is a full cast noble crown (D2792). Patient copayment for the covered benefit is 40 percent of the dentist's applicable Aetna fee, which is part of your Agreement.
- Patient elected a porcelain fused to high noble metal crown (D2750) as the optional treatment.
- The patient is also responsible for an upgrade cost, which is the difference between the applicable fees (\$800 - \$650 = \$150).

Tooth # 4

- Covered benefit is a porcelain fused to noble crown (D2752). Patient copayment is 40 percent of dentist's applicable Aetna fee, which is part of your Agreement.
- Patient has elected a porcelain fused to high noble metal crown (D2750).
- The patient is also responsible for an upgrade cost, which is the difference between the applicable fees (\$800 - \$700 = \$100).

Effective January 1, 2024, posterior resin (composite) restorations are not subject to an upgrade. (Network Bulletin October 2023).

Refer to page IV-16 for footnotes.

Effective May 1, 2025, Aetna will no longer pay its cost-share for DMO coinsurance plans based on full billed charges for covered services. Rather, we'll apply and pay our cost-share for DMO coinsurance plan covered services based on the current Aetna fee schedule, as previously made part of your Agreement with us. Effective May 1, 2025, the difference is determined based on the current Aetna fee schedule, as part of your Agreement. Prior to May 1, 2025, the difference was between your Usual and Customary fees.

DMO Standard Plans (new Standard Plans) (cont.)

Roster Plan Code symbol indicated by a number sign (#)

- These plans exclude crowns or pontics made with high noble metals or titanium.
- Metal upgrade **is** permitted on these plans.

- Facings on molar crowns and pontics will always be considered cosmetic.
- No lab fees may be charged to the patient.

Example – Plan Code # 54 (fixed copay series)

Tth #	Covered benefit			Elective/optional treatment			Patient financial responsibility ³		
	ADA Proc Code ¹	Description of service	Dentist fee ²	ADA proc code ¹	Description of service	Dentist fee ²	Patient copay for covered benefit procedure	Upgrade cost	Total patient financial responsibility
14	D2150	Amalgam – 2 surfaces, primary or permanent	\$75	D2392	Resin-based composite 2 surfaces, posterior	\$100	\$12	\$25	\$37
15	D2792	Crown – full cast noble metal	\$650	D2750	Porcelain fused to high noble metal	\$800	\$210	\$150	\$360
4	D2752	Porcelain fused to noble metal	\$700	D2750	Porcelain fused to high noble metal	\$800	\$210	\$100	\$310
Total							\$432	\$275	\$707

Tooth # 14

- Covered benefit is an amalgam restoration (D2150). Fixed copayment amount = \$12.
- Patient has elected a resin-based composite on a molar tooth (D2392).
- The patient is also responsible for an upgrade cost, which is the difference between the dentist's Usual and Customary fees (\$100 - \$75 = \$25).

Tooth # 15

- Covered benefit is a full-cast noble crown (D2792). Fixed copayment amount = \$210.
- Patient has elected a porcelain-fused-to-high-noble-metal crown (D2750) as the optional treatment.
- The patient is responsible for an upgrade cost, which is the difference between the dentist's Usual and Customary fees (\$800 - \$650 = \$150).

Tooth # 4

- Covered benefit is a porcelain-fused-to-noble crown (D2752). Fixed copayment amount = \$210.
- Patient has elected a porcelain-fused-to-high-noble-metal crown (D2750).
- The patient is also responsible for an upgrade cost, which is the difference between the dentist's Usual and Customary fees (\$800 - \$700 = \$100).

Effective January 1, 2024, posterior resin (composite) restorations are not subject to an upgrade. (Network Bulletin October 2023).

Refer to page IV-16 for footnotes.

Effective January 1, 2024, posterior resin (composite) restorations are not subject to an upgrade. (Network Bulletin October 2023).

Refer to page IV-16 for footnotes.

DMO Pre–November 1, 2000, plan standards (old Standard Plans)

Roster Plan Code symbol indicated by an asterisk (*) or a plus sign (+)

- These plans cover all crown procedure codes as shown in the Current Dental Terminology[®]American Dental Association. Metal upgrade is not permitted on these plans.
- Facings on molar crowns and pontics will always be considered cosmetic.
- No lab fees may be charged to the patient.

DMO Standard Plans (new Standard Plans)

Roster Plan Code symbol indicated by a number sign (#)

- These plans exclude crowns or pontics made with high noble metals or titanium. Metal upgrade is permitted on these plans.
- Facings on molar crowns and pontics will always be considered cosmetic.
- No lab fees may be charged to the patient.

The “upgrade cost” is the difference between the dentist’s Usual and Customary fees for the elective/optional treatment and the covered/alternate benefit procedure. In the absence of a fee for the covered/alternate benefit procedure, reduce the dentist’s Usual and Customary fee for the elective/optional treatment by the following percentages to determine the patient’s copayment for the covered benefit:

- Resin restoration – reduce the dentist’s Usual and Customary fee by 20% percent
- High noble metal crown – reduce the dentist’s Usual and Customary fee by 10 percent

An “upgrade cost” is only applicable if the covered benefit procedure is offered to the patient.

Brand-name crown materials (e.g. Zirconia, Captek, Lava, Cerec, ProCeram, Empress, Cercon, Wol-Ceram, IPS e.max, BruxZir, Prismatic CZ, Obsidian, Avante, etc.) are not considered to be enhanced techniques. The participating dentist is not permitted to bill the member for brand-name materials. The dentist is permitted to charge the applicable copayment based on the ADA crown procedure code as shown in the Current Dental Terminology[®]American Dental Association.

Effective January 1, 2024, posterior resin (composite) restorations are not subject to an upgrade. (Network Bulletin October 2023).

Refer to page IV-16 for footnotes.

Footnotes

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²Dentist fees shown above are for illustration purposes only.

³Patient financial responsibility – Patients must be informed of their copayment for the covered benefit procedure. If a patient agrees to an elective/optional treatment plan, he or she must agree to the patient's financial responsibility IN WRITING before you provide the service. Use the **PATIENT FINANCIAL INFORMED CONSENT FORM OR EQUIVALENT** for this.



Patient Financial Informed Consent

Patient name: _____

Dentist office: _____

Member name: _____

Dentist office #: _____

Member ID #: _____

		Covered Benefit		Elective / Optional Treatment			Patient Financial Responsibility		
Tooth #	ADA Proc Code ¹	Description of Service	Dentist Fee	ADA Proc Code ¹	Description of Service	Dentist Fee	Patient Copay for Covered Benefit Procedure	Upgrade Cost	Total Patient Financial Responsibility
Total									

I have been given the option of selecting an enhanced, upgraded and/or non-covered dental service. I have asked my dentist to perform the elective service(s) as shown above. I acknowledge all of the following:

- (a) The elective/optional (e.g. enhanced, upgraded or non-covered) service(s) listed above, including all associated patient costs, have been fully explained to me;
- (b) Aetna does not cover the elective/optional services; and
- (c) I am financially responsible for the associated costs as shown above.

Patient signature: _____
(Parent or guardian if patient is a minor.)

Date: _____

Dentist signature: _____

Date: _____

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V: Specialty referrals

Specialty referrals

Patients covered under the following plans:

- Family Preventive
- Basic Dental
- Aetna Advantage™ Dental
- Aetna Advantage™ Student Dental

Should be referred to a participating specialty dentist, if one is available. No authorization is required and members will get the plan discount.

DMO® plans only

Aetna managed dental plans provide a full range of covered services to treat the dental needs of our covered members. Services are divided into primary care and specialty categories (see Section III, the Plan Administration section, of this guide for complete descriptions). Specialty services are provided by specialty dentists under the terms of the provider agreements they have signed with Aetna. These include such services as osseous surgery, extraction of bony impacted teeth, molar root canals and orthodontics.

Members who have both dental and medical coverage with Aetna may be eligible for certain endodontic, oral and periodontal surgery and general anesthesia/monitored anesthesia care benefits under their medical plan. Members who need these services should be told to check with their medical plan regarding referral requirements such as oral surgery covered by the medical plan may require a medical, not dental, referral.

Under DMO plans, all referrals to specialty dentists, excluding orthodontists, must be arranged by the patient's Primary Care Dentist in accordance with the procedures outlined below. We use several processes to facilitate specialty care and determine benefits available for specialty services. This section explains the key elements and our processes for referral and delivery of specialty care.

Specialty Referral Form — Use this form for a specialty referral request or to directly refer a member to a specialty dentist. Whether for a referral request or a direct referral, parts 1 to 3 of the form must be completed by the Primary Care Dentist.

- For direct referral, you must send the form with the patient (or mail it) to the specialty dentist's office. (NOTE: Maryland requires that all Maryland dentists must use the Maryland Uniform Dental Consultation Referral form.)

For a specialty referral request, send the form to the appropriate Aetna office, see **Quick Facts**, page 10.

- **In both cases, appropriate diagnostic materials must accompany the form.**

Specialty referral request — Certain procedures may require that you first submit a request for referral to a specialist via a Specialty Referral Form. Based on the information and diagnostic materials submitted, we will determine if the service meets the referral criteria.

An approval may be required when you are referring a service for which you are contracted to perform (i.e., a basic service). (Services and/or conditions that are exempt from requiring approval are listed under direct referral protocols.) Certain services may be prospectively reviewed.

- An approval is always required when you are referring a member to a **nonparticipating office**. We require a specialty referral request so we can determine if we have recently contracted with a specialty dentist in the member's area. Additionally, we will release a predetermination of benefits indicating the benefits covered by the plan. This applies to in-house referrals as well.

Retrospective review — This is a clinical review conducted after treatment has been rendered and the services have been submitted for benefit consideration. In this review we determine if the member was eligible for coverage at the time services were provided and assess the level of care provided.

NOTE: If a procedure was directly referred to a specialty dentist by the Primary Care Dentist and it is determined that the service was the Primary Care Dentist's responsibility to perform, the benefit paid to the specialty dentist for that service may be deducted from the Primary Care Dentist's monthly compensation.

California Participating Dentists

Refer to Network Bulletin - December 2018

Predetermination of treatment requests are not available for California DMO plans.

Direct referral—This process enables the Primary Care Dentist to directly refer members to a participating specialty dentist for certain services. You can access our online provider directory at www.aetna.com for the most current provider listings of network specialists or call the National Dentist Line at **1-800-451-7715** for assistance. The following section explains this process.

1. The Primary Care Dentist determines that a specialty dentist should perform a problem-focused examination and/or provide a specialty service.
2. The Primary Care Dentist reviews the list of services and/or conditions to identify if the service is eligible for direct referral.
 - If so, the Primary Care Dentist selects a participating specialty dentist and completes the Specialty Referral form. The Primary Care Dentist must complete parts 1 to 3 of the form, including the diagnosis, and check off the specific clinical indications/rationale for the treatment and any specific procedures that should be performed. The form and any relevant diagnostic material should be given to the member with instructions to call the specialty dentist for an appointment. (The Primary Care Dentist may facilitate this process by calling the Specialty Dentist's office to discuss the situation and reserve an appointment for the member.)
 - If the service and/or condition is not listed, the Primary Care Dentist should complete parts 1 to 3 of the Specialty Referral form. The form and all supporting diagnostic materials should be sent to Aetna for consideration.
3. If you cannot locate a participating specialty dentist, call the National Dentist Line at **1-800-451-7715**. Referrals to a non-participating specialist without approval from Aetna may result in recovery of the benefits paid to the Specialty Dentist from the Primary Care Dentist's compensation. This applies to in-house referrals as well. The National Dentist Line service representative may be able to locate a participating specialty dentist and direct you to refer the patient to that office. The service representative may tell you to submit a Specialty Referral form to Aetna for the requested service.

The following pages address the direct referral protocols and procedures and contain a list of services and/or conditions eligible for direct referral: **DIRECT REFERRALS MAY BE MADE ONLY TO PARTICIPATING SPECIALTY DENTISTS.**

Protocols for direct referrals

Endodontic protocols

Endodontic specialty services eligible for direct referral

The Primary Care Dentist may directly refer a member to a participating specialty dentist for the following conditions or treatment, and the specialty dentist may provide treatment without approval from Aetna:

1. Consultation or problem-focused examinations
2. Severely dilacerated and/or sclerosed roots (with conclusive radiographic evidence)*
3. Tortuous and/or convoluted roots (with conclusive radiographic evidence)*
4. Calcified/inaccessible canals (with conclusive radiographic evidence)*
5. Complications encountered during treatment
6. Molar root canal therapy
7. Hemisection
8. Root amputation
9. Root canal retreatments
10. Retrograde fillings/apicoectomies
11. Apexification/recalcification
12. Periradicular surgery without apicoectomy

***NOTE:** Refers only to anterior and bicuspid root canal therapy, since molar root canal therapy is eligible for direct referral.

All other endodontic conditions or procedures not indicated above must be approved by Aetna before services are rendered.

Primary Care Dentist responsibilities include, but are not limited to:

1. Initial and emergency examinations
2. Appropriate diagnostic quality radiographs and images when a referral is made
3. Emergency treatment (e.g., pain control, palliative treatment, dental infection control)
4. Pulp capping, pulpotomies and pulpectomies on all teeth
5. Root canal therapy on anterior and premolar teeth

Oral surgery protocols

The Primary Care Dentist may directly refer a member to a participating specialty dentist for the following conditions or treatment, and the specialty dentist may provide treatment without approval from Aetna:

Oral surgery specialty services eligible for direct referral

1. Consultation or problem-focused examinations
2. Single symptomatic and/or pathologically involved partial or full bony impaction
3. Surgical exposure of impacted teeth
4. Alveoloplasty (in conjunction with three or more extractions in the same quadrant or in an edentulous area)
5. Complications midtreatment
 - Uncontrolled bleeding
 - Inability to complete extraction
6. Treatment needs due to cellulitis
7. Frenectomy
8. Exostosis removal
9. Removal of foreign body from bone
10. Sequestrectomy
11. Closure of oral antral fistula
12. Transplantation of tooth or tooth bud
13. Sialolithotomy
14. Surgical removal of residual roots
15. Excision of hyperplastic tissue per arch (in conjunction with fabrication of prosthetic device)
16. Biopsy
17. Five or more extractions to be performed in one visit

All other oral surgery conditions or procedures not indicated above must be approved by Aetna before services are rendered.

Primary Care Dentist responsibilities include, but are not limited to:

1. Initial and emergency examinations
2. Appropriate diagnostic radiographs and images
3. Emergency treatment (including pain control, palliative treatment and dental infection control)
4. Routine surgical and nonsurgical extraction of erupted teeth and soft tissue impactions (including third molars)
5. Root removal—exposed roots

General anesthesia and intravenous sedation

We will reimburse for intravenous sedation or general anesthesia only when we have given prior approval. Treatment procedures that can be successfully completed with local anesthesia will not be eligible for intravenous sedation or general anesthesia. If a patient requests these services, he or she will be fully responsible for the cost. The patient should be informed in advance when intravenous sedation or general anesthesia is not a covered benefit.

General anesthesia is considered necessary and covered without question, for the following conditions.

1. Local anesthesia is ineffective because of acute infection, anatomic variation (e.g., cleft lip and/or cleft palate), or medically verified allergy to local anesthesia.
2. A child under the age of 6 years has a dental condition of significant complexity.
3. Removal of one or more impacted pathologic teeth on the same day (applies to codes D7230, D7240, D7241, and D7251)
4. The extraction of five or more teeth on the same day
5. More than one surgical extraction (D7210 and/or D7220) involving more than one quadrant on the same day
6. Full arch alveoloplasty or alveolectomy
7. One or more quadrants of any type of periodontal surgery performed on the same day
8. Surgical root recovery from the maxillary antrum (sinus)
9. Tooth transplantation
10. Surgical exposure of bone-impacted or unerupted cuspids (e.g., includes impacted bicuspid or canine teeth)
11. Full arch stomatoplasty/vestibuloplasty
12. Radical excision of lesions in excess of 1.25 cm (1/2 in.)
13. Radical resection or ostectomy with or without bone graft
14. Patients exhibiting physical, intellectual, or medically compromising conditions, for which dental treatment under local anesthesia, with or without additional adjunctive techniques and modalities, cannot be expected to provide a successful result and which, under anesthesia, can be expected to produce a superior result. Conditions include but are not limited to cerebral palsy, epilepsy, cardiac problems and hyperactivity (verified by appropriate medical documentation).
15. Extremely uncooperative, fearful, unmanageable, anxious, or uncommunicative child or adolescent (age 18 years or younger) with dental needs of such magnitude that treatment should not be postponed or deferred and for whom lack of treatment can be expected to result in dental or oral pain, infection, loss of teeth or other increased oral or dental morbidity.

16. Chronic disability that is attributable to a mental or physical impairment or combination of both; likely to continue indefinitely; and results in substantial functional limitations in one or more of the following: self-care; receptive and expressive language; learning; mobility; capacity for independent living; and economic self-sufficiency (verified by appropriate medical documentation)
17. Patients who have sustained extensive oral-facial and/or dental trauma, for which treatment under local anesthesia would be ineffective or compromised

Periodontic protocols

The Primary Care Dentist may directly refer eligible patients exhibiting generalized advanced or refractory periodontitis to a participating specialty dentist for a consultation or problem-focused examination.

Referral for gingivitis and early to moderate periodontitis must be submitted for preapproval. Normally, the Primary Care Dentist is responsible for all treatment. However, if you believe a specialty consultation or problem-focused examination is warranted, you must complete a Specialty Referral form and submit it, along with all diagnostic materials, to us for approval.

Primary Care Dentist responsibilities include, but are not limited to, the following:

1. Initial, recall and emergency examinations
2. Appropriate diagnostic radiographs/images
3. Emergency treatment and palliative care (e.g., perio abscesses)
4. Periodontal evaluation and charting
5. Prophylaxis and oral hygiene instructions
6. Scaling and root planing
7. Reevaluation of periodontal condition after initial scaling and root planing

Pediatric protocols

The Primary Care Dentist may directly refer to a participating specialty dentist for consultation or problem-focused examination of children under age 7 if (a) the Primary Care Dentist has documented at least one unsuccessful attempt to treat the child, and (b) at least one of the following conditions is present. The child:

1. Has an existing medical condition or is developmentally disabled. (Please include a physician's statement of condition, such as multiple sclerosis, Down's Syndrome, etc.)
2. Presents a behavioral management problem
3. Has rampant caries
4. Requires emergency care that is beyond the scope or ability of the Primary Care Dentist

Once a child is given an approved referral by the Primary Care Dentist to a contracted pediatric dentist, the child may continue to be treated by the pediatric dentist until the age of 7, without additional referrals from the Primary Care Dentist.

All other conditions or procedures not indicated must be approved in advance by Aetna. This includes referrals for children age 7 or older with a medical condition, significant behavioral management problem and/or severe caries that may require referral to a specialty dentist. **The parent should be instructed that until the referral is approved, only the consultation will be covered.**

The Primary Care Dentist responsibilities include, but are not limited to:

1. Assessment of the need for pediatric referral
2. Appropriate diagnostic radiographs or images (if possible)

Orthodontic protocols

The DMO plans provide for direct access to orthodontic care^{*}. The DMO Orthodontic Direct Access Program allows members to visit any participating orthodontist without first obtaining a referral from their Primary Care Dentist. In addition, members are not required to see their Primary Care Dentist for initial consultation regarding possible need for orthodontic care. Of course, the Primary Care Dentist may also refer eligible patients for consultation and/or problem-focused examination and treatment planning for orthodontic treatment without prior approval from Aetna.

Primary Care Dentist is responsible for the following for any patient he or she refers:

1. Ensuring that the member is eligible for orthodontic coverage by checking the Active Patient Roster
2. Assessment of the need for orthodontic referral
3. Taking necessary diagnostic radiographs or images (full-mouth series and panoramic survey)

***NOTE:**

Certain orthodontic treatment may be rendered by a Primary Care Dentist, **exclusively limited to removable clear aligners**. The PCD must hold a certified training certificate in order to perform orthodontic treatment.

Only Primary Care Dentists who have an Orthodontic Specialty Addendum/Service and Rate Schedule added to their participating dentist agreement may offer orthodontic services to their DMO patients. Orthodontic services performed by the PCD are **exclusively limited to removable clear aligners**.

If the Primary Care Dentist does not have an Orthodontic Specialty Addendum/Service and Rate Schedule, their DMO patients must be directed to appoint with a participating orthodontic specialist.

Emergency authorizations

Emergency care is treatment that must be rendered in order to alleviate pain and/or prevent worsening of a condition that would be caused by delay in treatment. It is the Primary Care Dentist's responsibility to take all appropriate steps to alleviate the pain or otherwise provide palliative treatment whenever possible. Once the patient's condition is stabilized to the degree possible, referral to a specialty dentist may be appropriate in certain circumstances.

If you need to refer a patient to a participating specialty dentist for definitive care on an emergency basis and

- The treatment qualifies for direct referral, follow the instructions for completing the Specialty Referral form stated earlier in this section, or
- The treatment does not qualify for direct referral, you should call the National Dentist Line at **1-800-451-7715** to obtain an emergency authorization to refer the patient to a specialty dentist.

NOTE: Services rendered based on emergency authorization may be retrospectively reviewed.

Inappropriate referrals

The Primary Care Dentist is responsible for ensuring that proper referral guidelines are followed as outlined above.

Services inappropriately referred may be determined to be the financial responsibility of the Primary Care Dentist.

Completed referrals may be subject to retrospective review, which includes clinical review by licensed dentist consultants. This review helps us determine if a referral followed the established guidelines and protocols listed for that specialty.

Inappropriate referrals are tracked by dentist and type of specialty. An inappropriate referral is:

- A specialty referral for services not eligible for direct referral
- A referral for services that are basic in nature that did not meet the conditions listed for a specialty referral. Delivery of basic dental services is the Primary Care Dentist's responsibility.
- A referral to a nonparticipating dentist (such as a dentist who is not part of the DMO network) without prior approval from Aetna.

If we find an improper specialty referral, we may use a formal process to advise your office that a referral did not meet the guidelines. Further, the amount paid to the specialty dentist may be deducted from your monthly compensation. The Primary Care Dentist may submit additional documentation in the form of a written narrative including appropriate radiographs/images to the Regional Dental Director supporting the basis of the referral. When we receive additional information, we will reevaluate the referral. We will tell you the outcome either in writing or by phone.

- If your rationale and documentation support the referral, we will reverse the decision and adjust the records.
- If the original decision remains unchanged, we will inform you that the amount paid to the specialty dentist will be deducted from your monthly compensation.



AETNA MANAGED DENTAL SPECIALTY REFERRAL FORM FOR DMO

DIRECT REFERRAL (Eligible only to participating Specialty Dentists)

SPECIALTY APPROVAL

IF SUBMITTING A UNIVERSAL CLAIM FORM FOR PAYMENT OR SPECIALTY APPROVAL, THIS REFERRAL FORM MUST BE INCLUDED.

PART I		EMPLOYEE INFORMATION			
COMPLETE MEMBER/PATIENT INFORMATION	EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL) PLEASE PRINT		MEMBER IDENTIFICATION NUMBER	GROUP NUMBER OR CONTROL NUMBER	DATE OF BIRTH (MM/DD/YYYY)
	HOME ADDRESS		WORK PHONE	HOME PHONE	
	CITY	STATE	ZIP CODE	OTHER INSURANCE COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	IF YES, NAME OF PLAN _____				
Is this member listed as a Late Entrant (LE) on your Monthly Roster? <input type="checkbox"/> YES <input type="checkbox"/> NO					
I AUTHORIZE RELEASE OF ANY INFORMATION RELATING TO THIS CLAIM. I UNDERSTAND THAT PAYMENT WILL BE MADE DIRECTLY TO ATTENDING DENTIST.					
PATIENT SIGNATURE (If minor, parent signature required) _____ DATE _____					

PART II		COMPLETE ONLY IF CLAIM IS FOR A DEPENDENT				
COMPLETE MEMBER/PATIENT INFORMATION	PATIENT'S NAME (LAST, FIRST, MI) If a Dependent		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (MM/DD/YYYY)	DEPENDENT STATUS <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER	IF CHILD, IS HE/SHE WHOLLY DEPENDENT FOR SUPPORT & MAINTENANCE <input type="checkbox"/> YES <input type="checkbox"/> NO

PART III	
REFERRING DENTIST	REFERRING DR. _____ PHONE # _____ OFFICE CODE # _____
	REFERRING TO DR. _____ PHONE # _____
	ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
	<input type="checkbox"/> IN Network <input type="checkbox"/> OUT of Network; if so, indicate reason _____ DMO Plan Code _____

ALL PROCEDURES BELOW, PRECEDED BY AN " * ", MUST BE APPROVED PRIOR TO REFERRAL.

PLEASE INDICATE PRIMARY REASON FOR PATIENT REFERRAL:

ENDODONTICS - Include Pre-OP and Post-OP Periapical X-rays

- Consultation or problem focused examination (please explain below)
- Molar root canal therapy Tooth # _____
- Calcified/inaccessible canals (with conclusive radiograph evidence) Tooth # _____
- Root canal retreatments Tooth # _____
- Other procedure(s) eligible for direct referral (see list on opposite side of form) _____
- Other * - Any other service requires approval. Please explain below.

PEDIATRICS - Direct referral eligible only for consultation/evaluation for children under age 7. Detailed narrative required for children age 7 or over.

- Medically compromised or developmentally disabled (please include a physician's statement of condition)
- Presents a documented behavioral management problem (please indicate below any attempts made to manage patient)
- Has rampant caries, or
- Requires emergency care that is beyond the scope or ability of the Primary Care Dentist
- Other * - Any other service requires approval. Please explain below.

ORAL SURGERY - Include Pre-OP X-ray/Panoramic X-ray (Bitewings are NOT acceptable) and provide rationale for each tooth requested.

- Consultation or problem focused examination (please explain below)
- Single symptomatic and/or pathologically involved partial or full bony impaction Tooth # _____ Symptoms: _____
- Five or more routine extractions to be performed in one visit (except for 3rd molars) Teeth #s _____ Symptoms: _____
- Alveoloplasty (in conjunction with three or more extractions in the same quadrant or in an edentulous area)
- Surgical removal of residual roots
- Other procedure(s) eligible for direct referral (see list on opposite side of form) _____
- Other * - Any other service requires approval. Please explain below.

PERIODONTICS - Include Periodontal charting, full mouth mounted Intraoral X-rays (Panoramic X-ray is NOT acceptable)

- Generalized moderate to severe periodontitis - consultation only
- Indicate date(s) and quadrants Scaling and Root Planing completed _____
- Other * - Any other service requires approval. Please explain below.

ORTHODONTICS - Verify patient is eligible for Orthodontic benefits

- Consultation or problem focused examination only

Clinical Indications / Rationale / Additional Comments: _____

SIGNATURE OF REFERRING DR. _____ DATE _____

PART IV		EXAMINATION, TREATMENT PLAN, and/or SERVICES RENDERED							
ATTENDING SPECIALIST	Tooth # or Letter	Surface	Description of Services	Date Service Performed			Procedure Number (ADA Code)	Fee	Copay Collected
				MM	DD	YYYY			
I hereby certify that the procedure(s) indicated by date have been completed and that the copay represents the actual copay collected.									
Treating Dentist's Signature _____ TIN/SSN _____ NPI _____									

Note: Approval is *not required* if a member requires **emergency care** from a **pediatric dentist** because the needed care is beyond the scope or ability of the Primary Care Dentist.

ADDITIONAL PROCEDURES ELIGIBLE FOR DIRECT REFERRAL - Please indicate selected procedure in the appropriate area on the front of the form.

PLEASE NOTE: A Primary Care Dentist may Directly Refer only to a participating Specialty Dentist. Any procedure not specifically listed as eligible for Direct Referral or referrals to non-participating Specialty Dentists must be approved in advance by the appropriate Aetna Dental Service Center prior to referral. When submitting requests for approval or reimbursement consideration, please ensure supporting diagnostic material is included. **FAILURE TO COMPLY WITH THESE INSTRUCTIONS MAY AFFECT YOUR COMPENSATION.**

ENDODONTICS - Include Pre-OP and Post-OP Periapical X-rays

- Severely dilacerated and/or sclerosed roots (with conclusive radiographic evidence)
- Tortuous and/or convoluted roots (with conclusive radiographic evidence)
- Complications encountered during treatment (please explain on other side)
- Hemisection
- Root amputation
- Apexification/recalcification

**ORAL SURGERY - Include Pre-OP X-ray/Panoramic X-ray
(Bitewings are not acceptable)**

- Complications mid-treatment
- Treatment needs due to cellulitis
- Frenectomy
- Exostosis removal
- Removal of foreign body from bone
- Sequestrectomy
- Closure of oral fistula
- Transplantation of tooth or tooth bud
- Sialolithotomy
- Excision of hyperplastic tissue per arch (in conjunction with fabrication of prosthetic device)
- Biopsy

SPECIALTY DENTIST: Additional approval is required for treatment beyond the approved directly referred procedure(s). Approval must be obtained from the appropriate Aetna Dental Service Center for treatment to be eligible for benefit consideration. **FAILURE TO COMPLY WITH THESE INSTRUCTIONS MAY AFFECT YOUR COMPENSATION.**

The Specialty Dentist may report examination, treatment plan approval, or services rendered as follows:

Complete the appropriate section of the Specialty Referral Form, attach supporting diagnostic material and submit to the appropriate Aetna Dental Service Center.

OR

Submit a completed ADA type claim form along with a copy of the Specialty Referral Form indicating prescribed treatment and supporting diagnostic material to the appropriate Aetna Dental Service Center.

DID YOU REMEMBER TO

- OBTAIN APPROVAL AS REQUIRED?
- Complete each box applicable on the form?
- Provide copies of payment or rejection statements from another group?
- Provide all required diagnostic information?
- Sign the form and secure patient's signature?
- Mail completed forms to Aetna Dental, P.O. Box 14094, Lexington, KY 40512-4094

Questions may be directed to 1-800-451-7715.

VI: Professional standards and Clinical Practice Guidelines

Introduction

Building a long-term patient relationship begins when the patient calls for an appointment. While we do not expect patients covered under Aetna's managed dental plans to be given any preference over other patients, they must have access to the same appointment availability as all other patients. All regular appointments should be scheduled as soon as possible after the patient's initial call, and emergencies should be handled immediately.

The following sections discuss the professional standards that Aetna expects of all offices participating in our networks. The sections cover:

- Record keeping
- Sterilization and infection control
- Medical emergencies
- Preventive dentistry
- Dental emergencies
- Radiology

Record keeping

The dental record is essential when assessing nature and appropriateness of the care delivered to patients covered by our managed dental plans. Although the organization and appearance of a dental record may vary greatly among offices, all professionally acceptable records contain certain key elements and processes.

Function of the dental record

1. The primary function of a dental record is to accurately and clearly document a patient's dental history, status, needs and treatment. In clear language, it should provide the diagnosis, treatment plan and eventual care. It should include the patient's current dental condition, related medical factors, proposed and accepted treatment plan(s), subsequent treatment and outcome. Any reviewer, including someone unfamiliar with a particular patient, should be able to understand how the treating dentist decided on a diagnosis and treatment.
2. The dental record is a means of communication among the treating dentist, patient, other health care providers, consultants, subsequent care providers and plan administrators. It allows reviewers to accurately recreate the treatment steps for any patient.
3. The dental record is an official document. It helps protect the interests and responsibilities of both the patient and his or her health care providers. Thus, the creation and maintenance of accurate, timely and complete records is essential.
4. The dental record is the starting point for the analysis and evaluation of the appropriateness of care rendered to a patient in any post-treatment or peer-review situation.

Characteristics of the dental record

1. An acceptable dental record should be logical, sequential, clear, concise and accurate. It should include all the information necessary to make an appropriate diagnosis, explain ongoing and subsequent treatment, and establish follow-up/recall care. It should document all missed or canceled appointments and reasons, emergency treatment, referrals to specialists and communications with other health care professionals, as well as any patient concerns and/or complaints.
2. The segments of the dental record should be cohesive and present an accurate and timely statement of the facts and occurrences that took place during treatment.
3. Any errors made in the dental record should be corrected only by drawing a single, thin line through the error with the record correction noted as nearby as possible. Previous entries should not be blocked out.
4. A complete medical history is required. It must be periodically updated upon the patient's return visits.

Record content and format

Every dental record must include the following:

1. General patient information, medical history and periodic updates
2. Prominent display of all medical alerts and allergies, along with the names and phone numbers of pertinent related health care professionals
3. Indication that, where necessary, pertinent related health care professionals have been contacted, along with comments or recommendations from these providers
4. Dental history, including charting of existing restorations
5. Clinical examination, including head, neck, oral cancer screening and TMJ examination
6. Radiographs or images
7. Diagnosis
8. Treatment plan(s) and, where applicable, alternate treatment plan(s)
9. Dated and signed consent forms
10. Referral information, along with reason for referral
11. Accurate and legible progress notes
12. Anesthesia/analgesia notations
13. Termination, completion or discharge notes
14. Patient comments/dissatisfaction

Medical history

You need to obtain and/or update the medical history before delivering dental care. It must contain the following information:

1. A dated and signed medical questionnaire completed by the patient or parent/guardian
2. A signed and dated indication of review of the medical history by the dentist
3. Notation of the patient's general health and appearance
4. Questions should be designed to elicit information on the following:
 - Allergies
 - Recent surgery
 - Prolonged bleeding
 - Heart disease
 - Current medications
 - Chronic disease
 - Nervous disorders
 - Lung disease/tuberculosis
 - Joint replacements
 - Sensitivities
 - Hepatitis
 - Stroke
 - Pregnancy
 - Liver/kidney disease
 - Smoking habits
 - Radiation therapy
 - Rheumatic fever
 - Implants
 - Recent illnesses
 - Immunodeficiencies
 - High blood pressure
 - Murmurs
 - Diabetes
 - Drug dependency
 - Reaction to anesthetics
 - Infectious diseases/AIDS
 - Latex allergies
 - Organ transplant
 - Bisphosphonates therapy
5. Name(s), phone number(s) and address(es) of physicians and other pertinent health care professionals

Dental history

An acceptable dental record will contain:

1. Chief complaint, problem or reason for visit
2. Date of last dental treatment/visit
3. Frequency of previous dental care
4. Frequency, type and availability of previous radiographs/ or images
5. Evaluation of patient's level of oral hygiene, including notation on brushing and flossing habits, use of fluorides, etc.
6. Temporomandibular Joint Dysfunction (TMJD) and related Myofascial Pain Dysfunction (MPD) history; notation of any discomfort
7. Notation and history of any oral habits
8. Notation of previous occlusal correction
9. History of any previous untoward dental treatment reactions
10. Name, phone number and address of most recent previous dentist

NOTE: Written documentation is required for problems (such as discoloration, swelling, ulceration, bone loss, mobility, etc.) or if the tissue/TMJ/periodontal condition is within normal limits.

Clinical examination

A clinical examination should include the following:

1. Charting of existing restorations
2. Charting of existing prostheses (including age and condition)
3. Charting of caries, defective restorations, food impaction areas, unrestorable teeth and missing teeth
4. Pulp vitality testing, percussion, transillumination (as needed)
5. Tooth mobility
6. Evaluation of periodontal status. This should include full-mouth charting of pocket depths, bleeding indices, possible etiologic factors, plaque, furcation involvement, oral hygiene habits, possible previous treatment and possible need for specialist referral
7. Use of appropriate and necessary radiographs or images
8. Diagnostic casts, when indicated
9. Occlusal status (e.g., jaw relationship, growth and development)
10. Soft-tissue examination and oral cancer evaluation
11. Evaluation of patient comments as to their health/dental status, needs and desires

NOTE: Written documentation is required for problems (e.g., discoloration, swelling, ulceration, bone loss, mobility, etc.) or if the tissue/TMJ/periodontal condition is within normal limits.

Radiographs or images

Appropriate radiographs or images of diagnostic quality are a vital component of almost any dental examination. Radiographic exposure should never present any danger to either patients or staff. This requires properly functioning equipment, use of “fast” film speeds, proper technique and shielding. (See separate section on Radiology for further guidelines.)

1. All radiographs or images should be properly exposed, developed, mounted, identified and dated.
2. All radiographs or images should be of acceptable diagnostic quality:
 - Films exhibit no fog.
 - No discoloration, stain or foreign body images are present.
 - Film density is acceptable.
 - Images should not be elongated or foreshortened.
 - Periapical films should exhibit tooth apices and 1/8 inch beyond.
 - Interproximal surfaces should not overlap.
 - Interproximal bone crests should not have adjacent tooth superimposition.
3. There should be a sufficient number of radiographs or images to diagnose and monitor existing dental and periodontal conditions.

NOTE: When a computer-enhanced substitute for radiographs (images) is used, it should meet the same requirements as for radiographs.

Soft-tissue examination

A soft-tissue examination is a vital and necessary component of any complete dental examination. It should include examination and recording of the status of the following:

- Lips
- Floor of mouth
- Palate
- Oropharynx
- Tongue
- Frena
- Salivary glands
- Mucosa

Written diagnosis

The diagnosis definitively states what is dentally “wrong” and “right” with the patient’s dental condition, as well as associated non-dental issues. The diagnosis should be prominently displayed in the chart. Whenever possible, it should classify the patient’s problems by categories of disease or dysfunction.

Treatment plan and recommendations

The treatment plan is a written statement of the logical sequence of care meant to eliminate or alleviate the patient’s dental problems/complaints, diseases or symptoms. It should be appropriately supported by the patient history, clinical examination, radiographic examination and diagnosis. It should prioritize the sequence of treatment based upon the urgency of logical application of procedures necessary to obtain objectives within professionally recognized standards of care. Whenever possible, the sequence of treatment should list services to be performed related to specific visits to be scheduled. All necessary referrals to other health care professionals or dental specialists should be noted, along with reason, instructions and names of all concerned.

A complete treatment plan should include:

1. Concise delineation of patient problems/needs requiring treatment
2. A primary proposed treatment plan, probable prognosis and rationale
3. Alternate treatment plans, indicating covered versus non-covered services
4. Probability of risks involved with various treatment plans
5. A signed consent for treatment plan accepted by patient or parent/guardian
6. Probability of risk involved if treatment is rejected
7. Financial estimates and patient responsibility, including all financial arrangements agreed to and signed by the patient or parent/guardian
8. Proposed prioritized appointment schedule

Careful documentation should be made whenever a patient refuses necessary care. This should include a statement by the dentist as to the potential consequences of delaying treatment, signed and dated by both the dentist and the patient or parent/guardian.

Retrospective review of patient charts should indicate adherence to treatment plan recommendations and time ranges or an explanation for any variations or delays.

Progress notes

Any appropriate dental record must contain concise, complete and dated progress notes describing and documenting services rendered to treat existing dental conditions. These progress notes should enable any reviewer to accurately reconstruct care delivered to the patient. These notes should be a running narrative and include any changes made from the original diagnosis (with explanation).

Materials used must be fully noted, as well as medications and dosages. Names of analgesia, anesthetics, dose amounts administered or prescribed and reactions should be noted for each visit.

Progress notes should also include any adverse or untoward reactions to care received by the patient, as well as any treatment and responses to such reactions. This includes documentation of any referrals to other health care professionals or dental specialists, including the name of the referred doctor and the reason for referral.

The health care professional providing any direct care must sign the progress notes for each treatment (specific requirements for signature subject to applicable laws where practice is located).

Completion notes

Completion notes summarize treatment delivered as well as expected results. They are particularly important if recommended treatment has been terminated by either the patient or dentist. In the latter instance, specific reasons for failure to complete treatment in a timely fashion must be noted, along with written verification to the patient describing potentially problematic results of premature or incomplete termination of care.

Completion notes should include:

1. Prognosis of treatment completed
2. Listing of any treatment still needing to be completed, along with a tentative schedule for treatment
3. Home care instructions given to patient or parent/guardian
4. Recall instructions, along with methodology and recall time frame
5. Potential problem areas, instructions for problems and any office follow-up required

Sterilization and infection control

All patients and all staff members must be protected from infectious and environmental contaminants and diseases. Complete OSHA requirements can be obtained from the American Dental Association or from state-specific regulatory agencies or dental societies. If there are requirements, it is your responsibility to comply with them. Listed below are some of the more pertinent OSHA requirements:

1. Personnel should scrub their hands with bactericidal soap before all oral procedures.
2. Sterile gloves should be worn and changed between patients, when leaving the operatory or when visibly soiled.
3. The dentist and/or staff should wear face and eye protection when indicated.
4. Prior to sterilization, all instruments should be thoroughly debrided using chemical/mechanical means such as ultrasonic cleaner, baths, etc.
5. All instruments and equipment that can be sterilized, including burs, mirrors and matrix bands should be rendered sterile between uses on patients, and kept in bags until used.
6. All instruments and equipment that cannot be sterilized, including operating lights, chair switches, hand pieces, cabinet working surfaces and water/air syringes and their tips, should be disinfected, using approved techniques, after each use. If these items or surfaces are covered with barriers, those barriers should be replaced between patients and when visibly soiled.
7. ADA or FDA-approved sterilization solutions should be used.
8. All sterilization equipment in the office (including backup sterilizers) must be monitored, using process indicators with each load and spore testing weekly.
9. Handling of sharps and environmental waste, including the disposal of waste and solutions, must be in compliance with all applicable federal, state and local laws and regulations.

Effective 11/1/2020 - Personal Protective Equipment (PPE), aseptic technique, infection control, OSHA, biohazard disposal fee, barrier control and/or sterilization is considered part of the primary service done on the same day. Member cannot be charged.

Prior to 11/1/2020 - Personal Protective Equipment (PPE), aseptic technique, infection control, OSHA, biohazard disposal fee, barrier control and/or sterilization is not covered. The member will be responsible for the charge.

Medical emergencies

The office should be well prepared to deal with a medical emergency. These procedures and/or supplies should be part of the office's operating practices:

1. The dentist and at least one other staff member should have current training in CPR procedures.
2. A formal medical emergency plan should be prepared and staff members should understand their individual responsibilities if the plan needs to be implemented. In addition to **911**, emergency phone numbers for local fire, police and ambulance should be prominently posted.
3. Risk-prone patients should be identified in advance by routinely taking and updating a proper medical history for every patient, in a proactive (yes/no) format. The history must include the physician's name and phone number, in addition to information on medical conditions based on acceptable professional standards established by the plan.
4. All dental offices should have a portable source of oxygen with a positive demand valve or ambu-bag, blood pressure cuff and stethoscope.
5. A full complement of emergency equipment should be readily available including sphygmomanometer, stethoscope, ambu-bag or positive pressure oxygen source (mobile), emergency drug kit and oral-pharyngeal airway (for both adults and children). The emergency drug kit must have at a minimum: injectable epinephrine, injectable Benadryl, albuterol inhaler, nitroglycerine, sugar source, chewable aspirin.

Preventive dentistry and active recalls

All patients should be encouraged to return to your office for recall visits as frequently as indicated by his/her individual oral status. It is important that each dental office have active recall procedures in place. Staff should complete the following at each recall visit:

1. Update medical history.
2. Review previous and current status of the patient's oral health.
3. Complete prophylaxis and/or any required periodontal maintenance procedures
4. Topical application of fluoride, if indicated.
5. Sealant application, if indicated.
6. Review oral hygiene practices and give any necessary instruction.

Dental emergencies

Patients must have access to emergency dental treatment 24 hours per day, 7 days per week. Acute conditions must be addressed within 24 hours. You must designate another dentist to address emergencies that may arise when you are not available. Usually this is best accomplished by designating another mutually agreeable dentist participating in the Aetna network. The National Dentist Line, **1-800-451-7715**, or your network manager can help you find nearby participating offices. The Primary Care Dentist may be financially responsible for services delivered to his or her plan patients when the PCD is not personally available to deliver treatment or has not made appropriate arrangements for emergency care.

While the PCD must be available and provide treatment within 24 hours, this does not necessarily require that the dentist see the patient in the office outside regular office hours except in extreme emergencies. If you must open the office to see the patient outside regular office hours, the treatment rendered will be covered under DMO plans. However, the office visit may not be covered. If it is not covered, you may charge the patient your Usual and Customary fee for an office visit outside regular office hours (ADA Procedure Code D9440) in addition to any other copayment the plan may require. You should advise the patient of this in advance.

Special note for Texas: After-hours emergency visits are covered in full under Texas DMO plans. Therefore, you may not bill the patient for the office visit. You may only charge the plan copayment for any services provided.

Radiology

Radiology procedures should not pose an undue hazard to patients or staff and should assure that patients have precisely the exposure dose and radiographs recommended by the Department of Health and Human Services' guidelines, as outlined here:

1. The number of radiographic exposures for each patient should be the minimum number needed to produce the desired diagnostic information.
2. Only films with the National Standards Institute Group's fastest ratings should be used.
3. Shields and collimating devices should be used.
4. Leaded aprons and thyroid collars should be available and used for all exposure to ionizing radiation, including digital techniques, in accordance with Department of Health and Human Services guidelines.
5. Dosimeters should be worn by all dental personnel and properly analyzed.
6. X-ray equipment should be placed so that the operator can stand at least six feet from the patient outside the path of the useful beam and can be protected by an adequate barrier during exposure.
7. Radiation sources should be periodically inspected and certified by qualified personnel. This may be regulated by states or local municipalities.
8. Regarding the type and number of films or images, the initial radiographic series should be appropriate to the age and oral status of the patient, in accordance with the Department of Health and Human Services guidelines (see chart on following pages).
9. The dentist's decision to take recall radiographs should depend upon the individual's age, general or systemic condition and his or her dental needs and status. Therefore, recall and/or post-treatment radiographs should be determined on an individual needs basis and not done routinely.
10. A full radiographic series should not be routinely taken unless there are specific indications for such an evaluation.
11. Radiographs should be an available part of the patient's record for reference in subsequent evaluations and treatment.
12. Upon request of patient or dentist, duplicate films or images will be forwarded with patient referral or transferred to another practitioner to prevent or minimize the need for additional radiation exposure at no additional cost to the member. The direct cost of duplication of the radiographs may be charged to the patient.
13. All radiographs should be properly mounted, dated and labeled.
14. A written waiver, with the patient's or guardian's signature, should be placed in the record if radiographs are refused.

The "Guidelines for Prescribing Dental Radiographs" on the following pages should be referenced for general guidelines as to when to take radiographs.

Guidelines for prescribing dental radiographs

Recommendations for Prescribing Dental Radiographs

These recommendations are subject to clinical judgment and may not apply to every patient. They are to be used by dentists only after reviewing the patient's health history and completing a clinical examination. Even though radiation exposure from dental radiographs is low, once a decision to obtain radiographs is made it is the dentist's responsibility to follow the ALARA Principle (As Low as Reasonably Achievable) to minimize the patient's exposure.

Type of encounter	Patient age and dental developmental stage				
	Child with Primary Dentition (prior to eruption of first permanent tooth)	Child with Transitional Dentition (after eruption of first permanent tooth)	Adolescent with Permanent Dentition (prior to eruption of third molars)	Adult, Dentate or Partially Edentulous	Adult, Edentulous
New Patient* being evaluated for oral diseases	Individualized radiographic exam consisting of selected periapical/occlusal views and/or posterior bitewings if proximal surfaces cannot be visualized or probed. Patients without evidence of disease and with open proximal contacts may not require a radiographic exam at this time.	Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images.	Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images. A full mouth intraoral radiographic exam is preferred when the patient has clinical evidence of generalized oral disease or a history of extensive dental treatment.	Individualized radiographic exam, based on clinical signs and symptoms.	
Recall Patient* with clinical caries or at increased risk for caries**	Posterior bitewing exam at 6–12 month intervals if proximal surfaces cannot be examined visually or with a probe			Posterior bitewing exam at 6–18 month intervals	Not applicable
Recall Patient* with no clinical caries and not at increased risk for caries**	Posterior bitewing exam at 12–24 month intervals if proximal surfaces cannot be examined visually or with a probe		Posterior bitewing exam at 18–36 month intervals	Posterior bitewing exam at 24–36 month intervals	Not applicable
Recall Patient* with periodontal disease	Clinical judgment as to the need for and type of radiographic images for the evaluation of periodontal disease. Imaging may consist of, but is not limited to, selected bitewing and/or periapical images of areas where periodontal disease (other than nonspecific gingivitis) can be demonstrated clinically.				Not applicable

Refer to page VI-9 for footnotes.

Type of encounter

Patient age and dental developmental stage

Child with Primary Dentition
(prior to eruption of first permanent tooth)

Child with Transitional Dentition
(after eruption of first permanent tooth)

Adolescent with Permanent Dentition
(prior to eruption of third molars)

Adult, Dentate or Partially Edentulous

Adult, Edentulous

Patient (New and Recall) for monitoring of dentofacial growth and development, and/or assessment of dental/skeletal relationships

Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development or assessment of dental and skeletal relationships

Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development, or assessment of dental and skeletal relationships. Panoramic or periapical exam to assess developing third molars

Usually not indicated for monitoring of growth and development. Clinical judgment as to the need for and type of radiographic image for evaluation of dental and skeletal relationships

Patient with other circumstances including, but not limited to, proposed or existing implants, other dental and craniofacial pathoses, restorative/endodontic needs, treated periodontal disease and caries remineralization

Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of these conditions

*Clinical situations for which radiographs may be indicated include, but are not limited to:

A. Positive Historical Findings

1. Previous periodontal or endodontic treatment
2. History of pain or trauma
3. Familial history of dental anomalies
4. Postoperative evaluation of healing
5. Remineralization monitoring
6. Presence of implants, previous implant-related pathosis or evaluation for implant placement

B. Positive Clinical Signs/Symptoms

1. Clinical evidence of periodontal disease
2. Large or deep restorations
3. Deep carious lesions
4. Malposed or clinically impacted teeth
5. Swelling
6. Evidence of dental/facial trauma
7. Mobility of teeth
8. Sinus tract (“fistula”)
9. Clinically suspected sinus pathosis
10. Growth abnormalities
11. Oral involvement in known or suspected systemic disease
12. Positive neurologic findings in the head and neck
13. Evidence of foreign objects
14. Pain and/or dysfunction of the temporomandibular joint
15. Facial asymmetry
16. Abutment teeth for fixed or removable partial prosthesis
17. Unexplained bleeding
18. Unexplained sensitivity of teeth
19. Unusual eruption, spacing or migration of teeth
20. Unusual tooth morphology, calcification or color
21. Unexplained absence of teeth
22. Clinical tooth erosion
23. Peri-implantitis

**Factors increasing risk for caries may be assessed using the ADA Caries Risk Assessment forms (0–6 years of age and over 6 years of age).

Document created: 2012

DENTAL RADIOGRAPHIC EXAMINATIONS:
RECOMMENDATIONS FOR PATIENT SELECTION AND
LIMITING RADIATION EXPOSURE

American Dental Association, Council on Scientific Affairs

U.S. Department of Health and Human Services, Public Health Service, Food and Drug Administration Quality management

VII: Quality management

One of our objectives is the promotion of appropriate, affordable and timely dental care. We've implemented a nationwide Dental Quality Management Program (QM Program) to help us. The QM Program sorts and analyzes data collected on prospective and current dental offices. Some key components of the QM Program are summarized below.

The success of the QM Program depends upon the full cooperation of participating dentists. Network dentists are contractually required to participate in and comply with all requirements of Aetna's quality management programs, policies and procedures, even if they are not specifically included in the Dental Office Guide. We encourage you to contact us with any questions.

Credentialing

Our credentialing process has two major elements.

1. Initial verification — Initial verification is performed on a prospective level before we accept a dentist into the network.

Primary source verification is performed to confirm or identify the following:

- Current dental licensure and expiration date
- DEA certification eligibility/licensure
- Appropriate certifications
- Highest educational level
- Current professional liability insurance
- Malpractice and disciplinary history
- Medicaid/Medicare sanctions
- Negative past professional histories

A Primary Care Dentist who renders general anesthesia and/or intravenous sedation must have a current and valid state certification or permit, if required.

The initial verification process includes an attestation to the written application

2. Ongoing verification — All dentists in the network will be recredentialled every three years (or more frequently if required by state law). Primary source verification is completed to ensure current licensure and to obtain an update on past professional history.

Aetna is responsible for ensuring that all dentists participating in our managed dental plans are credentialed and recredentialled. To that end, it is the **Primary Care Dentist's responsibility to notify his or her regional network support office, in writing, when the office adds or terminates dentist associates. The Primary Care Dentist is also responsible for notifying Aetna, in writing, of any adverse action with respect to any of the credentialing and recredentialing elements noted above. Failure to do so may result in the termination of your participation agreement.**

Participation Criteria

The Primary Care Dentist Participation Criteria lists a variety of requirements the participating Primary Care Dentist must meet. These requirements include standards regarding your office's physical attributes, practice coverage, patient access, office procedures, patient load, office records, insurance, and professional competence and qualifications. These criteria are used in our credentialing and recredentialing process and are part of our current dentist agreements. A copy of the criteria is included in this section of this guide.

Termination of participating dentist

A participating dentist may be terminated from the network for any misrepresentation(s) made on his or her application or failure to disclose any required information. Other causes for termination include, but are not limited to:

- fraud
- failure to comply with the terms of the dentist agreement or those outlined in the Dental Office Guide or any other supplementary material provided in writing by Aetna
- failure to follow referral guidelines for specialty services
- failure to meet Participation Criteria
- failure to provide requested dental records
- failure to cooperate/comply with grievance and complaint process or resolution, etc.

Office reviews

As with credentialing, office reviews have two components, prospective and ongoing for participating offices. Each type of review highlights essential areas of office management and dental care delivery. During the review (which may or may not be scheduled), the following areas will be evaluated:

1. General information — includes the name of the practice, address, name of principal owner and associates, license numbers, staffing information, office hours, list of foreign languages spoken in the office, availability of appointments and method of providing 24-hour coverage (e.g., answering machine, answering service, etc.) and the name of the covering dentist when the office is not available, such as vacations or holidays.
2. Practice history — office provides information about malpractice suits, settlements and disciplinary actions, if applicable.
3. Office profile — office indicates services they routinely perform. For example: sealants, prosthetics, pediatric dentistry, etc.
4. Facility information — includes location, accessibility (including handicap accessibility), description of interior office such as the reception area, operatories, lab, type of infection control equipment and radiographic equipment.

5. Risk management — includes review of personal protective equipment, such as gloves and masks, handling of infectious waste disposal, sterilization and disinfection methods, housekeeping plan and training programs for staff, radiographic procedures and steps for safety, occupational hazard control regarding amalgam, nitrous oxide and hazardous chemicals, medical emergency preparedness training and equipment.
6. Active recall system — includes review of procedures for assuring patients are scheduled for recall examinations and follow-up treatment.

Patient records and chart reviews

As specified in the dentist agreement, we are authorized to review plan member treatment records. These records are chosen randomly for periodic review. The chart review includes assessment of the following patient chart elements:

1. Recording of medical history, dental history and existing dental conditions
2. Diagnostic material used
3. Radiograph/image evaluation
4. Treatment plans
5. Timeliness of treatment
6. Actual care delivered in relation to proposed treatment plan
7. Recall protocol
8. Utilization analysis of actual care delivered
9. The presence of a signed Patient Financial Informed Consent form (if applicable)

Professional reviews may be performed by independent dentists. Such reviews give us insight into the practice patterns of participating offices. Participating offices will receive feedback on the outcome of the facility/chart review of the office. This includes suggested areas for improvement as well as identifying areas of noncompliance. When needed, additional follow-up reviews will be scheduled. The on-site review is a component of our QM activities. As such, offices that have experienced an on-site facility and chart review may be selected to participate in a survey about that experience and their perception of the independent dentist reviewer. Your feedback is critical to our continuous improvement efforts.

Data collected from office and chart reviews are entered into a QM data base. Cumulative data from office/chart reviews allows for the development of generalized network practice patterns and utilization data and significantly contributes to providing the participating dental office with valuable feedback and information.

All patient records are considered confidential and may not be released to anyone without proper authorization. Please note that the enrollment process completed by all Aetna Dental plan members includes an authorization to allow you to release necessary records to Aetna Dental. The patient authorization section on all claim forms contains an authorization to release necessary records to Aetna Dental. This authorizes us to have access to patient records in order to perform reviews necessary to carry out our responsibilities under the Dental Quality Management Program. In addition to these authorizations, the provisions of your Primary Care Dentist agreement also require that such records be made available to Aetna Dental.

Information obtained by Aetna Dental in the course of such reviews may not be released to any other party without the express written authorization of the patient. All Aetna Dental employees, as well as the independent dentists who perform the facility/chart review, are trained in the maintenance of confidential information.

Utilization analysis

We use various tools to analyze care provided to members of our managed dental plans. The analysis includes treatment patterns emerging from a specific office as well as comparing treatment patterns among peer network offices. A critical source for utilization analysis is the reporting of the treatment provided by the Primary Care Dentist. We receive this information directly from your office when you submit encounter data or claim forms. Treatment data collected from these forms helps us develop treatment pattern models and comparative benchmarks for commonly performed dental services. Reports generated provide a “snapshot” of the type of care delivered and the level of patient utilization. This helps us determine the impact of Aetna managed dental plans in a specific office.

We must approve alternative methods of reporting treatment provided to plan members.

We periodically contact members to verify the service performed, determine if there was discussion regarding alternate treatment options, determine if the member signed an informed consent form for any elective/optional treatment, and verify the copayment that was billed or collected. In addition to serving as an oversight mechanism, this offers us an opportunity to determine if retraining of your office staff is indicated.

Access to care

An essential part of QM is the promotion of timely and appropriate dental care. Appropriate access to care can vary by the type of dental care needed. The following appointment availability standards are monitored via the QM Program:

- 1. Emergency care — patient must have access 24 hours/7 days a week**
The Primary Care Dentist must provide or arrange for 24-hours-per-day, 7-days-per-week emergency care coverage. Emergency care is defined as those dental services needed to relieve pain or prevent worsening of a condition when that would be caused by delay. Coverage for emergency care is subject to state law.
- 2. Urgent care — must be provided immediately or within 24 hours**
The Primary Care Dentist must be available immediately or within 24 hours for urgent care (conditions involving swelling, bleeding, fever or infection).
- 3. Routine care — within 5 weeks (3 weeks in California; 10 days in Connecticut)**
Most routine care should be scheduled within 5 weeks of request (except as noted above), provided the patient can schedule the next available appointment.
- 4. Hygiene appointments — within 8 weeks (4 weeks in California; 6 weeks in Arizona)**
Hygiene appointments must be scheduled within 8 weeks of the request (except as noted above), provided the patient can schedule the next available appointment. (We recognize that requests for special times, such as after work hours or on weekends, may take longer to schedule for routine care and hygiene appointments.) Access to care is monitored by the regional network support staff. Periodically, an Aetna service representative may call or write for information about your next available appointment. This information is also recorded at the time of your office review. Member complaints regarding appointment availability are documented and investigated.

NOTE: Participating dentists must also comply with applicable state-specific requirements regarding appointment availability.

This includes, but is not limited to, the following:

California - In-office wait time of 30 minutes or less.

Member satisfaction surveys

Member satisfaction surveys assist in rating patient perception of the network. The feedback is based upon experiences of members who have been treated in participating dentists' offices. Surveys address key patient issues such as level of satisfaction with the program, access to care, referral for specialty services, utilization, perceptions of care received and interaction with your office staff. The surveys may be random or targeted to specific covered patients, certain plan sponsors or specific offices or administered in a variety of combinations.

Analysis of documentation systems

Another important element of the QM Program is the timely response to all member and Primary Care and Specialty Care Dentist inquiries and the resolution of all complaints. Customer service professionals are trained to research and respond to concerns expressed by managed dental plan members and dentists.

We use documentation systems to record and track resolution activities on all inquiries and complaints. These systems collect, coordinate, sort and store incoming and outgoing communications associated with these inquiries and complaints. Databases link local and national representatives with all areas supporting Aetna managed dental plan operations. Complaints are routed to the appropriate area for resolution.

These systems allow Aetna to respond to the needs of members, dentists and plan sponsors quickly and efficiently, regardless of the reason for the call. Reports are periodically produced to monitor the number and type of calls and to evaluate the handling and resolution of those calls.

Grievance and appeal process

Aetna has policies and procedures in place to address member and dentist complaints. There are time frames and processes for the acknowledgment, evaluation, monitoring and resolution of complaints. **(The handling of complaints may be subject to federal and state regulatory requirements.)**

NOTE: In order for the grievance and appeal process to function effectively, it is imperative that the Primary Care Dentist cooperate fully by submitting all requested information (records, X-rays, etc.) in a timely manner. Lack of complete documentation can impact on the ability to meet state mandated deadlines and can also adversely affect the final decision. **Noncompliance with policies and procedures may result in negative adjustments to the DMO patient roster compensation or termination of network participation.**

All complaints are documented and routed to the area responsible for resolution. Complaints will be resolved and communicated in a timely manner depending on the urgency of the situation and requirements of specific state laws.

Aetna may not take any action against dentists based solely on the fact that the dentist may have filed a grievance or appeal on behalf of a patient or on his or her own behalf.

Primary Dentist Participation Criteria

I. BUSINESS CRITERIA

A. Applicability

1. These criteria shall apply to each applicant for participation and each Primary Dentist participating in Company Plans and shall be enforced at the sole discretion of Company.
2. Each applicant for participation as a Primary Dentist must satisfactorily document evidence meeting the criteria listed herein for at least six (6) months prior to application, unless applicant has entered clinical practice or completed a residency or a fellowship program within the past six (6) months.
3. Each participating Primary Dentist must continue to meet the following criteria for the duration of participation in the Company Plans.
4. Unless specifically permitted otherwise by Company, in its sole discretion, if Primary Dentist is part of a group practice, all dentists in the group must meet Company's Participation Criteria and must agree to participate in all Company Plans in which Primary Dentist participates. If all dentists in the group do not meet Company's criteria, the group cannot participate.
5. Each Primary Dentist must execute a Provider Agreement (with a footer dated 5/97 or later) or an alternative acceptable to Company, under which Primary Dentist agrees to provide services to Members of all health products, plans or programs issued, administered, or serviced by Company or one of its affiliates and specified in the Agreement.
6. Each applicant must fully complete the participation application form, and each applicant and participating Primary Dentist shall periodically supply to Company all requested information, including, but not limited to, the confidential information forms.

B. Office Standards

Each Primary Dentist's office must:

1. Have a sign containing the names of all dentists practicing at the office. The office sign must be visible when the office is open.
2. Have a mechanism for notifying members if a dental hygienist or other non-dentist dental professional may provide patient care.
3. Be readily accessible to all patients, including but not limited to its entrance, parking and restroom facilities.
4. Be clean, presentable and have a professional appearance.
5. Provide clean, properly equipped patient toilet and hand-washing facilities.
6. Have a waiting room able to accommodate at least four patients.
7. Have treatment rooms that are clean, properly equipped and contain functional, adequately supplied hand washing facilities.
8. Have a no-smoking policy.
9. Have at least one (1) staff person (in addition to Primary Dentist) on duty during normal office hours.
10. Provide evidence that Primary Dentist has a copy of current licenses for all dental hygienists and other non-dentist dental professionals practicing in the office, including: state professional license, Federal Drug Enforcement Agency and State Controlled Drug Substance (where applicable).
11. Keep on file and make available to Company any state required practice protocols or supervising agreements for dental hygienists and other non-dentist dental professionals practicing in office.
12. Complete a Location Form identifying the address(es) and physical location(s) of office(s).
13. Have appropriate, safe radiographic equipment. Radiation protection devices, including, without limitation, lead aprons with thyroid protection devices, should be available at all times and used according to professionally recognized guidelines (e.g., Food and Drug Administration). All equipment in Primary Dentist's office must comply with and maintain such certifications as may be required by federal, state and local laws and regulations (including, but not limited to, laws and regulations regarding maintenance and calibration of equipment).
14. Use appropriate sterilization procedures for instruments; use gloves and disposable needles; and maintain the standards and techniques of safety and sterility in the dental office required by applicable federal, state and local laws and regulations, including but not limited to those mandated by the Centers for Disease Control (CDC), and the component state and local societies.
15. Comply with all applicable federal, state and local laws and regulations regarding the handling of sharps and environmental waste, including the storage and disposal of medical waste and solutions.
16. Use an appointment book (or an electronic equivalent acceptable to Company) for scheduling of dental appointments. Appointments should be made in a manner that will prevent undue patient waiting time and in compliance with the access criteria in D. below.
17. Have evidence of a functional recall system in place for notifying Members of the need to schedule dental appointments.
18. Have documented emergency procedures, including procedures addressing treatment and transportation plans to provide for the safety of Members.

C. Coverage

1. Twenty-four (24) hours a day coverage for Members must be arranged with another Company Participating Primary Dentist except as provided in Section C.3 below.
2. The covering dentist's office must be located within 45 minutes of the Primary Dentist's office.
3. A Primary Dentist must submit for prior approval by Company any coverage arrangements made with a nonparticipating primary dentist. Approval of coverage by a nonparticipating primary dentist is subject to Company's sole discretion, and such approval must be in writing. If Primary Dentist receives approval from Company for coverage by a nonparticipating primary dentist, Primary Dentist shall require such nonparticipating primary dentist to comply with applicable terms of the Agreement. Primary Dentist shall make suitable arrangements regarding the amount and manner in which such covering nonparticipating primary dentist shall be compensated, provided, however, that Primary Dentist shall ensure that (except with respect to Reduced Fee Services) the covering dentist will not under any circumstances bill Members (except for applicable Copayments, Coinsurance and Deductibles) for any Covered Services.

D. Access

1. Each Primary Dentist's office must have, at a minimum, twenty (20) hours of regularly scheduled office hours for the treatment of patients (whether Members or other patients) over at least three (3) days per week.
2. Each Primary Dentist or his or her covering primary dentist must respond to a Member within thirty (30) minutes after notification of an urgent call.
3. Each Primary Dentist must schedule appointments with Members within the following time frames (except as more speedily required by applicable law):
 - Emergency care: must be seen immediately
 - Urgent complaint: same day or within twenty-four (24) hours (Immediately or within 24 hours for conditions involving swelling, bleeding or infection in CA)
 - Routine care: within five (5) weeks (three (3) weeks in CA, and eight (8) weeks in TX) (Ten (10) days in CT)
 - Routine hygiene: within eight (8) weeks (four (4) weeks in CA; six (6) weeks in AZ; and four (4) months in TX)
4. Each Primary Dentist office must have adequate plans for managing an increase in patient load.
5. Each Primary Dentist must have a reliable contact system, available twenty-four (24) hours-a-day, seven (7) days-a-week, for reaching a Primary Dentist in an emergency. A recorded message or answering service which refers Members to emergency rooms is not acceptable.

E. Patient Load

1. Each Primary Dentist practice must agree to and be able to demonstrate the capability to accept a minimum of two hundred and fifty (250) Members of capitated Plans, to the extent Primary Dentist participates in capitated Plans, unless otherwise approved in writing by Company. If Primary Dentist participates in Company's dental preferred provider organization (PPO or PDN) plan(s), Primary Dentist may not close his/her practice to members of those plans.
2. Each Primary Dentist must designate by age, according to Company guidelines, those Members for whom Primary Dentist will provide care.
3. Any use of a dental hygienist or other non-dentist dental professional by a Primary Dentist must comply with Company's then current policies and all applicable legal requirements regarding practice of such dental professionals.

F. Office Records

1. A Primary Dentist must demonstrate, at the time of application and thereafter as requested by Company, that his/her dental records are legible, reproducible and otherwise meet Company's standards for confidentiality, dental/medical record keeping practices, and that clinical documentation demonstrates comprehensive care. Members' dental records shall include reports from referred and/or referring providers, records of emergency care received, a complete medical history of the Member which is updated periodically and includes, without limitation, any allergies, medications, cardiovascular problems, high blood pressure and/or diabetes of Member, and such other information as Company may require from time to time.
2. Each Member encounter must be documented in writing and signed or initialed by the Primary Dentist or as required by state law.

G. Professional Liability Insurance

1. During the entire term of this Agreement, Primary Dentist shall maintain insurance at minimum levels required, subject to change, from time to time by Company, but in no event less than: (a) professional liability insurance at a minimum level of two hundred thousand dollars (\$200,000) per claim and six hundred thousand dollars (\$600,000) in the annual aggregate, except in cases where this level of insurance exceeds that required by applicable state law, in which instance maintain the maximum level of professional liability insurance required by law; and (b) comprehensive general liability insurance at a minimum level of \$1 million dollars (\$1,000,000) per claim and \$3 million dollars (\$3,000,000) in the annual aggregate. Primary Dentists who render general anesthesia/intravenous sedation services maintain professional liability insurance at a minimum level of \$1 million dollars (\$1,000,000) per claim and \$3 million dollars (\$3,000,000) in the annual aggregate. Primary Dentist's insurance shall cover the acts and omissions of Primary Dentist, as well as Primary Dentist's agents and employees. Memorandum copies of such policies shall be delivered to Company upon request. Primary Dentist must notify Company at least thirty (30) days in advance of the cancellation, limitation or material change of said policies.

H. Philosophy

1. A Primary Dentist must be supportive of the philosophy and concept of managed care and Company. A Primary Dentist shall not differentiate or discriminate in the treatment of, or in the access to treatment of, patients on the basis of their status as Members or on other grounds identified in the Agreement.
2. Each Primary Dentist shall have the right and is encouraged to discuss with his or her patients pertinent details regarding the diagnosis of the patient's condition, the nature and purpose of any recommended procedure, the potential risks and benefits of any recommended treatment, and any reasonable alternatives to such recommended treatment.
3. Primary Dentist's obligations under the Agreement not to disclose Proprietary Information do not apply to any disclosures to a patient determined by Primary Dentist to be necessary or appropriate for the diagnosis and care of a patient, except to the extent such disclosure would otherwise violate Primary Dentist's legal or ethical obligations.
4. Primary Dentist is encouraged to discuss Company's provider reimbursement methodology with Primary Dentist's patients who are Members, subject only to Primary Dentist's general contractual and ethical obligations not to make false or misleading statements. Accordingly, Proprietary Information does not include descriptions of the reimbursement methodology under which Primary Dentist is reimbursed, although such Proprietary Information does include the specific rates paid by Company due to their competitively sensitive nature.

II PROFESSIONAL CRITERIA

A. Licensure

1. A Primary Dentist must have a valid, unencumbered license to practice dentistry in his/her state of practice, or in the case of a Primary Dentist with an encumbered license, the applicant demonstrates to the applicable peer review committee's satisfaction that encumbered license does not raise concern about possible future substandard professional performance, competence or conduct.
2. A Primary Dentist must be eligible for or possess an unrestricted DEA certification, and, where applicable, a state mandated controlled drug certification, unless otherwise approved in writing by Company.
3. A Primary Dentist who renders general anesthesia and/or intravenous sedation services must have a current and valid state certification or permit, if available in the applicable state.

B. Education

1. A Primary Dentist must be a graduate of a school of dentistry that is accredited by the Commission on Dental Accreditation (of the ADA) or be a graduate of a non-accredited school of dentistry and have completed a pre-licensure advanced education program at an ADA accredited school of dentistry.

C. Continuing Education

1. A Primary Dentist shall meet the continuing education requirements required by state law. An applicant for participation in Company must demonstrate that he/she has met such continuing education requirements for the three (3) years immediately prior to submitting his/her application for participation. If an applicant has been in practice less than three (3) years or has had a hiatus in practice, the applicant need only demonstrate that he/she has met such continuing education requirements during the period of his/her practice.

III PROFESSIONAL COMPETENCE AND CONDUCT CRITERIA

A. General

1. Primary Dentist must be of sound moral character and must not have been indicted, arrested for or charged with, or convicted (i.e., finding of guilt by a judge or jury, a plea of guilty or nolo contendere, participation in a first offender program or any other such program which may be available as an alternative to proceeding with prosecution, whether or not the record has been closed or expunged) of any felony or criminal charge related to moral turpitude or the practice of dentistry.
2. Primary Dentist must not have engaged in any unprofessional conduct, unacceptable business practices or any other act or omission which, in the view of the applicable peer review committee, may raise concerns about possible future substandard professional performance, competence or conduct.

B. Professional Liability Claims History

1. Primary Dentist must not have a history of professional liability claims, including, but not limited to, lawsuits, arbitration, mediation, settlements or judgments which, in the view of the applicable peer review committee, may raise concerns about possible future substandard professional performance, competence or conduct.

C. History of Involuntary Termination or Restriction

1. Primary Dentist must not have a history of involuntary termination (or voluntary termination during or in anticipation of an investigation or dismissal) of employment or any other sort of engagement as a health care professional, or reduction or restriction of duties or privileges, or of a contract to provide health care services which, in the view of the applicable peer review committee, may raise concerns about possible future substandard professional performance, competence or conduct.

D. Notification of Adverse Actions or Limitations

1. Primary Dentist shall provide immediate notice to Company of any adverse action relating to said dentist's: (i) hospital staff privileges (if applicable); (ii) DEA or state narcotics numbers; (iii) participation in the Medicare, Medicaid or other governmental programs; or (iv) state licensure, certification, accreditation or other authorization required by law or the Agreement, including censure.

Each applicant and Primary Dentist shall inform the Company in writing of any previous adverse actions with respect to any of the above. For the purpose of this section, "adverse action" includes, but is not limited to, any of the following or their substantial equivalents (regardless of any subsequent action or expungement of the record): denial; exclusions; fines; monitoring; probation; suspension; letter of concern, guidance, censure, or reprimand; debarment; expiration without renewal; subjection to disciplinary action or other similar action or limitation; restriction; counseling; medical or psychological evaluation; loss, in whole or in part; termination or refused participation; revocation; administrative letter; nonrenewal; voluntary or involuntary surrender of licensure or status to avoid, or in anticipation of, any of the adverse actions listed regardless of whether said action is or may be reportable to the National Practitioner Data Bank or any other officially sanctioned or required registry; and initiation of investigations, inquiries or other proceedings that could lead to any of the actions listed, regardless of whether said action is or may be reportable to the National Practitioner Data Bank or any other officially sanctioned or required registry. Any such adverse actions may be grounds for action, including without limitation denial, termination or other sanctions imposed pursuant to Company's credentialing/quality improvement programs.

2. Primary Dentist shall provide immediate notice to Company of any condition or circumstance that impairs or limits his/her ability to perform the essential functions of a Participating Primary Dentist.
3. Primary Dentist shall provide immediate notice to Company of any condition or circumstance of which he/she is aware that may pose a direct threat to the safety of himself/herself, coworkers or patients.
4. Primary Dentist shall provide immediate notice to Company and to Members of any condition or circumstance of which he/she is aware which law or regulation requires Primary Dentist to report.

E. References

1. Each applicant for participation must supply references as specified in the application and as requested by the applicable peer review committee.
2. The applicable peer review committee shall have the right to act on any reference or information received from a Primary Dentist's colleagues or other professionals. Primary Dentist waives any and all rights to bring any legal action relating to such information or the collection or use thereof against Company, any Affiliates or related companies or any director, officer, employee or agent thereof, or any person or entity providing a reference or information at the request of the applicable peer review committee.

These criteria may be modified at the sole discretion of the Company.

Member rights and responsibilities*

Discrimination

Federal and state laws prohibit unlawful discrimination in the treatment of patients on the basis of race, sex, age, religion, color, disability, national origin, marital status, sexual orientation or health status (including, but not limited to, chronic communicable diseases such as hepatitis, AIDS or HIV-positive status).

Confidentiality policy

Aetna's dentist participation agreements require that all dentists maintain patient information in a current, detailed, organized and comprehensive manner and in accordance with customary dental practice, applicable state and federal laws and accreditation standards. Accordingly, participating dentists must have in place appropriate policies and procedures to implement these confidentiality requirements.

In addition to complying with customary medical practice, applicable state and federal laws, and accreditation standards, these policies and procedures should include, but not be limited to, protection of patient confidentiality under the following circumstances:

- The release of information at the request of the member and in response to a legal request for information. The use of a release form, where applicable, is suggested
- The storage of medical records, including restricted access and maintenance of such records, in secured files
- Transmitting medical records electronically
- Educating employees regarding confidentiality of medical records and patient information

Informed consent

We expect all participating dentists to understand and comply with applicable legal requirements regarding informed consent from their patients. In general, it is the participating dentist's duty to give patients adequate information and be reasonably sure the patient has understood it before treating the patient. Informed consent documents must be in writing and signed/ dated by both the treating dentist and the patient or guardian before treatment begins.

Dental members have the right to:

- Get up-to-date information about the dentists who participate in the plan
- Get necessary care from participating dentists, including participating specialty dentists (with referrals if required by the plan) or from any licensed dentist if the plan covers out-of-network services.
- Be told by your dental office how to make appointments and get dental care during and after office hours
- Be told how to get in touch with your dental office or a back-up dentist 24 hours a day, every day
- Call **911** in a situation that might be life threatening
- Receive a copy of their dental records for transfer to a new office
- Be treated with respect for their privacy and dignity
- Have their dental records kept private, except as otherwise required by law or with his or her approval
- Have their dentist help make decisions about dental care
- Refuse any proposed dental treatment
- Discuss with the dentist their condition and all care alternatives, including potential risks and benefits, even if a care option is not covered
- Know that the dentist cannot be penalized for filing a complaint or appeal
- Know how the plan decides what services are covered
- Get up-to-date information about the services covered by the plan; for instance, what is, and is not, covered and any applicable limitations or exclusions
- Get information about any copayments and fees that must be paid
- Be told how to file a complaint or appeal with the plan
- Receive a prompt reply when asking plan questions or requesting information
- Have the dentist's help in making decisions about the need for services and in the complaint and appeal process
- Receive a copy of the plan's member rights and responsibilities statement

*Members may have additional rights and responsibilities, depending upon applicable state law.

Dental members have the responsibility to:

- Follow the directions and advice agreed upon with the dentist
- Tell the dentist promptly about unexpected problems or symptoms
- Tell the dentist if they do not understand the treatment received and to ask if they do not understand how to care for the condition
- Understand that participating dentists and any other dentist who provides care are not employees of Aetna and that Aetna does not control them
- Promptly follow Aetna's complaint and appeal procedures if they believe they need to submit a complaint or appeal
- Give correct and complete information to dentists and any other health care professionals who provide care
- Treat dentists and all health care professionals, their staffs, and the Aetna staff with respect
- Tell Aetna about other medical/dental coverage they or any family members may have.
- Not be involved in dishonest activity directed to the plan or any dentist or health care professional.
- Read and understand the plan benefits. Know what services are covered and what services are not covered.

In addition, if the plan requires the member to select a Primary Care Dentist, they have the responsibility to:

- Choose a Primary Care Dentist from the plan's network and form an ongoing patient-dentist relationship.
- Obtain primary and preventive care from the Primary Care Dentist chosen from the plan's network.
- Contact Aetna in advance to change their Primary Care Dentist to another available Primary Care Dentist who participates in the plan.
- Consult with the Primary Care Dentist for referrals to specialty dentists.
- See the specialty dentists to whom the Primary Care Dentist refers the member.
- Call the Primary Care Dentist before getting care at any emergency facility or other dental office, unless a delay would be detrimental to their health.
- Pay the copayments required by the plan.
- Call Member Services if they do not understand how to use the benefits.

Members may have additional rights and responsibilities, depending upon applicable state law.

Responsibilities of Primary Care Dentists

Patient advocacy

You must serve as an advocate on behalf of your patients. Familiarize yourself with the member rights and responsibilities (see previous section). Help members understand their rights and assure that they take an active role in maintaining their dental health. Let them know they should ask for clarification if they do not understand directions on how to care for their dental problems.

Emergencies

Instruct members in how to handle dental emergencies. Members should attempt to call you, explain their symptoms and give you any other information you would need to help determine appropriate action.

Informed consent

You must provide members with all information relevant to their conditions and care alternatives, including potential risks and benefits, even if a care option is not covered. This information helps members take active roles in making decisions about their dental health.

Independent contractor

Our member materials clearly indicate that we do not employ or control participating dentists. Make sure that members understand that your relationship with us is that of an independent contractor.

Advice on coverage

It is the plan's responsibility to make coverage determinations. Members have the right to obtain up-to-date information about their plan, which they can get by contacting us directly. If you are unsure whether a particular service or procedure is covered under a member's plan, call our National Dentist Line, **1-800-451-7715**, or have the member call Member Services. However, information about the member's out-of-pocket expenses should come from you, based on your compensation schedule.

Participation Criteria

The Primary Care Dentist Participation Criteria list a variety of requirements that the participating Primary Care Dentist must meet. These criteria are used in our credentialing and recredentialing process and are included with the dentist agreements.

Billing practices

We are committed to preventing health care fraud and improper billing. Participating dentists must follow appropriate billing standards and avoid all forms of fraudulent billing.

Any network dentist who engages in fraudulent billing, exhibits a pattern of inappropriate or improper billing practices, or fails to provide documentation regarding services rendered is subject to immediate termination from our networks.

VIII: Dental procedure guidelines

Dental procedure guidelines

A detailed description of the covered services and levels of copayment by plan code for DMO plans is available on the secure website, www.aetnadental.com. Each procedure is listed by CDT code* and nomenclature, along with guidelines for coverage and the level of copayment.

For any plan code not included, please call the National Dentist Line at **1-800-451-7715**.

Coverage for any service not specifically listed on the applicable charts will be as determined by Aetna in its sole discretion. Furthermore, additional codes may be added and codes may be deleted at our discretion. Except as specified otherwise, “codes” refer to codes of the American Dental Association (“ADA”). The appropriate code must be designated when billing or when submitting claims or encounter information.

Your participating provider agreement requires your office to comply with Aetna policies and procedures. This includes the guidelines for dental procedures as shown on the DMO plan code charts available at www.aetnadental.com.

IX: Network bulletins

Network Bulletins

- 2025-10 CDT® 2026 updates to the Dental Office Guide for DMO Primary Care Dentists
- 2025-10 New Current Dental Terminology (CDT®) 2026 codes
- 2025-10 DMO® plans – New Jersey State Health Benefits Program – CDT 2026
- 2025-09 New Dental Maintenance Organization (DMO®) Copay plan 73A
- 2024-10 CDT® 2025 updates to the Dental Office Guide for DMO Primary Care Dentists
- 2024-10 New Current Dental Terminology (CDT®) 2025 codes
- 2024-10 DMO® plans – New Jersey State Health Benefits Program
- 2023-12 CDT® D4341/D4342 Claim Submission Guidelines
- 2023-10 CDT® 2024 updates to the Dental Office Guide for DMO Primary Care Dentists
- 2023-10 New Current Dental Terminology (CDT®) 2024 codes
- 2023-10 DMO® plans – New Jersey State Health Benefits Program
- 2023-10 DMO Changes – Effective 01/01/2024
- 2023-07 Claims administration policy change – Effective 11/01/2023 (D4355)
- 2023-04 Claims administration policy change – Effective 08/01/2023 (D2975)
- 2022-12 Claim administration policy change – Effective 04/01/2023 (D4910)
- 2022-11 CDT 2023 updates to the Dental Office Guide for DMO Primary Care Dentists
- 2022-11 New Current Dental Terminology (CDT®) 2023 codes
- 2022-11 DMO® plans – New Jersey State Health Benefits Program
- 2022-02 DMO PCD Usual & Customary Fee (UCF) profile policy change
- 2021-12 CDT 2022 updates to the Dental Office Guide for DMO Primary Care Dentists
- 2021-12 New CDT 2022 codes
- 2021-10 New Dental Maintenance Organization (DMO®) Copay plans 41S and 73S
- 2021-09 Claim administration policy change (D9910)
- 2021-07 New Dental Maintenance Organization (DMO®) Copay plans 57i and 59i
- 2020-10 CDT 2021 updates to the Dental Office Guide for DMO Primary Care Dentists
- 2020-10 New CDT 2021 codes - Family Preventive, Basic Dental, Aetna Advantage™ Dental and Aetna Advantage™ Student Dental
- 2020-10 Nationwide DMO® plans – New Jersey State Health Benefits Program (CDT2021)
- 2020-05 Claim administration policy changes (D0431 & D4355)
- 2019-11 DMO® Member Copayment Change (Plans CAM/CMI, CAL/CLI)
- 2019-11 New Dental Maintenance Organization (DMO®) Copay plan -LM
- 2019-10 CDT 2020 updates to the Dental Office Guide for DMO Primary Care Dentists
- 2019-10 New CDT 2020 codes - Family Preventive, Basic Dental, Aetna Advantage™ Dental and Aetna Advantage™ Student Dental
- 2019-10 Nationwide DMO® plans – New Jersey State Health Benefits Program (CDT2020)
- 2019-07 New Dental Maintenance Organization (DMO®) Copay plan 56h (Eff 10012019)
- 2018-12 Pre-Determination of Benefits for All Aetna California DMO® Providers
- 2018-10 Nationwide DMO® plans – New Jersey State Health Benefits Program (CDT2019)
- 2018-09 CDT 2019 updates to the Dental Office Guide for DMO Primary Care Dentists
- 2018-09 New CDT 2019 codes - Family Preventive, Basic Dental, Aetna Advantage™ Dental and Aetna Advantage™ Student Dental
- 2018-06 Claim administration policy changes – effective September 18, 2018

Network Bulletins - Continued

- 2017-10 Nationwide DMO® plans – New Jersey State Health Benefits Program (CDT2018)
- 2017-09 CDT 2018 updates to the Dental Office Guide for DMO Primary Care Dentists
- 2017-09 New CDT 2018 codes - Family Preventive, Basic Dental, Aetna Advantage™
Dental and Aetna Advantage™ Student Dental
- 2017-04 Claim administration policy changes – effective July 17, 2017
- 2017-01 Changes to the provider appeal process
- 2016-12 DMO Pediatric Protocols – Change in Age Limit
- 2016-09 Nationwide DMO® plans – New Jersey State Health Benefits Program (CDT2017)
- 2016-09 CDT 2017 updates to the Dental Office Guide for DMO Primary Care Dentists
- 2016-09 New CDT 2017 codes - Family Preventive, Basic Dental, Aetna Advantage™
Dental and Aetna Advantage™ Student Dental

Network Bulletin

Date: October 2025
From: Anna Huck, Lead Director, Network Management
Subject: CDT® 2026 updates to the Dental Office Guide for DMO Primary Care Dentists
Applies to: Aetna DMO® (Dental Maintenance Organization) plans

This bulletin is part of your *Dental Office Guide*.

New CDT® 2026¹ codes

The American Dental Association has issued new Current Dental Terminology (CDT) codes starting **January 1, 2026**. We've listed them below.

Patient coinsurance/copay information for the new codes

Log on to our website at: aetnadental.com to review the DMO® Dental Office Guide Procedure Guidelines for a complete list of patient copayments, including the CDT 2026 codes.

We're here to help

If you have questions, call our National Dentist Line at **1-800-451-7715**. Thanks for your continued participation and support of Aetna Dental® plans.

CDT 2026 Code ¹	Nomenclature
D0100 - D0999	I. Diagnostic
D0426	Collection, preparation, and analysis of saliva sample – point-of-care
D0461	Testing for cracked tooth
D1000 - D1999	II. Preventive
D1720	Influenza vaccine administration
D5000-D5999	VI. Prosthodontics (Removable)
D5877	duplication of complete denture – maxillary
D5878	duplication of complete denture – mandibular
D5909	maxillary guidance prosthesis with guide flange
D5930	maxillary guidance prosthesis without guide flange
D5938	resection prosthesis, maxillary complete removable
D5939	resection prosthesis, mandibular complete removable

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CDT 2026 Code¹	Nomenclature
D5940	resection prosthesis, maxillary partial removable
D5941	resection prosthesis, mandibular partial removable
D5942	resection prosthesis, maxillary implant/abutment supported removable prosthesis for edentulous arch
D5943	resection prosthesis, mandibular implant/abutment supported removable prosthesis for edentulous arch
D5944	resection prosthesis, maxillary implant/abutment supported removable prosthesis for the partial edentulous arch
D5945	resection prosthesis, mandibular implant/abutment supported removable prosthesis for the partial edentulous arch
D5946	resection prosthesis, maxillary implant/abutment supported fixed prosthesis for edentulous arch
D5947	resection prosthesis, mandibular implant/abutment supported fixed prosthesis for edentulous arch
D5948	resection prosthesis, maxillary implant/abutment supported fixed prosthesis for the partial edentulous arch
D5949	resection prosthesis, mandibular implant/abutment supported fixed prosthesis for the partial edentulous arch
D6000-D6199	VIII. Implant Services
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
D6196	removal of an indirect restoration on an implant retained abutment
D6200-D6999	IX. Prosthodontics, fixed
D6280	implant maintenance procedures when a full arch removable implant/abutment supported denture is removed and reinserted, including cleansing of prosthesis and abutments – per arch
D9000-D9999	XII. Adjunctive General Services
D9128	photobiomodulation therapy - first 15-minute increment, or any portion thereof
D9129	photobiomodulation therapy - each subsequent 15-minute increment, or any portion thereof
D9224	administration of general anesthesia with advanced airway – first 15-minute increment, or any portion thereof
D9225	administration of general anesthesia with advanced airway – each subsequent 15-minute increment, or any portion thereof
D9244	in-office administration of minimal sedation – single drug – enteral
D9245	administration of moderate sedation – enteral
D9246	administration of moderate sedation – non-intravenous parenteral – first 15-minute increment, or any portion thereof
D9247	administration of moderate sedation – non-intravenous parenteral – each subsequent 15-minute increment, or any portion thereof
D9936	cleaning and inspection of occlusal guard – per appliance

Network Bulletin

Date: October 2025
From: Anna Huck, Lead Director, Network Management
Subject: New Current Dental Terminology (CDT®) 2026 codes
Applies to: Basic Dental and Aetna Advantage™ Dental

This bulletin is part of your *Dental Office Guide*.

New CDT® 2026¹ codes

The American Dental Association has issued new CDT codes starting **January 1, 2026**. We've listed them below.

Fee information for the new CDT 2026 codes

The state specific Primary Dentists Compensation Schedule for Basic Dental (BD) and Aetna Advantage™ Dental (AD) applicable for 2026 includes new CDT 2026 codes. The Schedule lists the maximum out of pocket charge to the member.

Diagnostic, preventive, and certain routine restorative services are fully prepaid. These services are listed on the Compensation Schedule as "NCS" (No Charge Services) for the covered member. When "NCS" services are provided, the DMO patient roster will show if the member has an office copayment.

If a procedure code is not listed on the state specific Compensation Schedule, the participating dental office is required to provide the member a 20% discount off the office's usual fee.

We're here to help

If you have questions, call our National Dentist Line at **1-800-451-7715**. Thanks for your continued participation and support of Aetna Dental® plans.

CDT 2026 Code ¹	Nomenclature
D0100 - D0999	I. Diagnostic
D0426	Collection, preparation, and analysis of saliva sample – point-of-care
D0461	Testing for cracked tooth
D1000 - D1999	II. Preventive
D1720	Influenza vaccine administration
D5000-D5999	VI. Prosthodontics (Removable)
D5877	duplication of complete denture – maxillary
D5878	duplication of complete denture – mandibular
D5909	maxillary guidance prosthesis with guide flange

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CDT 2026 Code¹	Nomenclature
D5930	maxillary guidance prosthesis without guide flange
D5938	resection prosthesis, maxillary complete removable
D5939	resection prosthesis, mandibular complete removable
D5940	resection prosthesis, maxillary partial removable
D5941	resection prosthesis, mandibular partial removable
D5942	resection prosthesis, maxillary implant/abutment supported removable prosthesis for edentulous arch
D5943	resection prosthesis, mandibular implant/abutment supported removable prosthesis for edentulous arch
D5944	resection prosthesis, maxillary implant/abutment supported removable prosthesis for the partial edentulous arch
D5945	resection prosthesis, mandibular implant/abutment supported removable prosthesis for the partial edentulous arch
D5946	resection prosthesis, maxillary implant/abutment supported fixed prosthesis for edentulous arch
D5947	resection prosthesis, mandibular implant/abutment supported fixed prosthesis for edentulous arch
D5948	resection prosthesis, maxillary implant/abutment supported fixed prosthesis for the partial edentulous arch
D5949	resection prosthesis, mandibular implant/abutment supported fixed prosthesis for the partial edentulous arch
D6000-D6199	VIII. Implant Services
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
D6196	removal of an indirect restoration on an implant retained abutment
D6200-D6999	IX. Prosthodontics, fixed
D6280	implant maintenance procedures when a full arch removable implant/abutment supported denture is removed and reinserted, including cleansing of prosthesis and abutments – per arch
D9000-D9999	XII. Adjunctive General Services
D9128	photobiomodulation therapy - first 15-minute increment, or any portion thereof
D9129	photobiomodulation therapy - each subsequent 15-minute increment, or any portion thereof
D9224	administration of general anesthesia with advanced airway – first 15-minute increment, or any portion thereof
D9225	administration of general anesthesia with advanced airway – each subsequent 15-minute increment, or any portion thereof
D9244	in-office administration of minimal sedation – single drug – enteral
D9245	administration of moderate sedation – enteral
D9246	administration of moderate sedation – non-intravenous parenteral – first 15-minute increment, or any portion thereof
D9247	administration of moderate sedation – non-intravenous parenteral – each subsequent 15-minute increment, or any portion thereof
D9936	cleaning and inspection of occlusal guard – per appliance

Network Bulletin

Date: October 2025

From: Anna Huck, Lead Director, Network Management

Subject: DMO[®] plans – New Jersey State Health Benefits Program

Applies to: DMO[®] plans 34, 34A, 34B and 34C

This bulletin is part of your *Dental Office Guide*.

Starting January 1, 2026*

We're making changes to the New Jersey State Health Benefit Program (Plan 34) and the nationwide DMO Copay plans (34A, 34B, 34C) for retirees of the New Jersey State Health Benefit Program. These changes will start on January 1, 2025.

New CDT[®] 2026¹ codes

The American Dental Association has issued new Current Dental Terminology (CDT) codes starting **January 1, 2026**. We've listed them below.

Patient coinsurance/copay information for the new codes

Log on to our website at: aetnadental.com to review the DMO[®] Dental Office Guide Procedure Guidelines for a complete list of patient copayments, including the CDT 2026 codes. Each procedure is listed by CDT code and nomenclature, along with guidelines for coverage and the level of copayment.

We're here to help

Coverage for any service not specifically listed on the applicable charts will be as determined by Aetna in its discretion. Furthermore, additional codes may be added and codes may be deleted at our discretion. Except as specified otherwise, "codes" refer to codes of the American Dental Association ("ADA"). The appropriate code must be designated when billing or when submitting claims or encounter information.

If you have questions, call our National Dentist Line at **1-800-451-7715**. Thanks for your continued participation and support of Aetna Dental[®] plans.

* Eligibility for most employees will begin January 1, 2026.
The schedules are subject to change, contingent upon regulatory approval.

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CDT 2026 Code¹	Nomenclature
D0100 - D0999	I. Diagnostic
D0426	Collection, preparation, and analysis of saliva sample – point-of-care
D0461	Testing for cracked tooth
D1000 - D1999	II. Preventive
D1720	Influenza vaccine administration
D5000-D5999	VI. Prosthodontics (Removable)
D5877	duplication of complete denture – maxillary
D5878	duplication of complete denture – mandibular
D5909	maxillary guidance prosthesis with guide flange
D5930	maxillary guidance prosthesis without guide flange
D5938	resection prosthesis, maxillary complete removable
D5939	resection prosthesis, mandibular complete removable
D5940	resection prosthesis, maxillary partial removable
D5941	resection prosthesis, mandibular partial removable
D5942	resection prosthesis, maxillary implant/abutment supported removable prosthesis for edentulous arch
D5943	resection prosthesis, mandibular implant/abutment supported removable prosthesis for edentulous arch
D5944	resection prosthesis, maxillary implant/abutment supported removable prosthesis for the partial edentulous arch
D5945	resection prosthesis, mandibular implant/abutment supported removable prosthesis for the partial edentulous arch
D5946	resection prosthesis, maxillary implant/abutment supported fixed prosthesis for edentulous arch
D5947	resection prosthesis, mandibular implant/abutment supported fixed prosthesis for edentulous arch
D5948	resection prosthesis, maxillary implant/abutment supported fixed prosthesis for the partial edentulous arch
D5949	resection prosthesis, mandibular implant/abutment supported fixed prosthesis for the partial edentulous arch
D6000-D6199	VIII. Implant Services
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
D6196	removal of an indirect restoration on an implant retained abutment
D6200-D6999	IX. Prosthodontics, fixed
D6280	implant maintenance procedures when a full arch removable implant/abutment supported denture is removed and reinserted, including cleansing of prosthesis and abutments – per arch

CDT 2026 Code ¹	Nomenclature
D9000-D9999	XII. Adjunctive General Services
D9128	photobiomodulation therapy - first 15-minute increment, or any portion thereof
D9129	photobiomodulation therapy - each subsequent 15-minute increment, or any portion thereof
D9224	administration of general anesthesia with advanced airway – first 15-minute increment, or any portion thereof
D9225	administration of general anesthesia with advanced airway – each subsequent 15-minute increment, or any portion thereof
D9244	in-office administration of minimal sedation – single drug – enteral
D9245	administration of moderate sedation – enteral
D9246	administration of moderate sedation – non-intravenous parenteral – first 15-minute increment, or any portion thereof
D9247	administration of moderate sedation – non-intravenous parenteral – each subsequent 15-minute increment, or any portion thereof
D9936	cleaning and inspection of occlusal guard – per appliance



Network Bulletin

Date: September 2025

From: Anna Huck, Lead Director, Network Management

Subject: New Dental Maintenance Organization (DMO®) Copay plan 73A

Applies to: DMO® plan

Starting **January 1, 2026**, we're offering a new DMO Copay plan, 73A. Plan 73A replicates Plan 73I which includes implant coverage. The difference between the two plans is that the alternate benefit provisions for all services does not apply to the new Plan 73A.

Log on to our website at: aetnadental.com to review the DMO® Dental Office Guide Procedure Guidelines for the complete list of member copayments associated with this plan.

We're here to help

If you have questions, call us at **1-800-451-7715**. Thank you for your continued participation in and support of Aetna Dental® plans.

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Network Bulletin

Date: October 2024
From: Anna Huck, Director, Network Management, Dental
Subject: CDT® 2025 updates to the Dental Office Guide for DMO Primary Care Dentists
Applies to: Aetna DMO® (Dental Maintenance Organization) plans

This bulletin is part of your *Dental Office Guide*.

New CDT® 2025¹ codes

The American Dental Association has issued new Current Dental Terminology (CDT) codes starting **January 1, 2025**. We've listed them below.

We're here to help

If you have questions, call our National Dentist Line at **1-800-451-7715**. Thanks for your continued participation and support of Aetna Dental® plans.

CDT 2025 Code ¹	Nomenclature
D2000 – D2999	III. Restorative
D2956	Removal of an Indirect Restoration on a Natural Tooth
D6000-D6199	VIII. Implant Services
D6180	implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments
D6193	Replacement of an Implant Screw
D7000-D7999	X. Oral and Maxillofacial Surgery
D7252	Partial Extraction for Immediate Implant Placement
D7259	Nerve Dissection
D9000-D9999	XII. Adjunctive General Services
D9913	Administration of Neuromodulators
D9914	Administration of Dermal Fillers
D9959	Unspecified Sleep Apnea Services Procedure, by Report

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DMO plans are insured by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc. (Aetna). Each insurer has sole financial responsibility for its own products.

Patient coinsurance/copay information for the new codes

Follow the guides below to determine members' coinsurance percentages and fixed copayment amounts, by plan code, for the new CDT codes.

COINSURANCE PLAN CODES A - U

ADA Code ¹	E	F	G	H	I	J	K	L -LM Li	M Mi	Q	U Ui	UAB	UNJ
D2956	50%	50%	50%	10%	20%	25%	30%	40%	50%	25%	0	0	0
D6180	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C 40%	N/C 50%	N/C	N/C	N/C	N/C
D6193	40%	50%	30%	10%	20%	25%	30%	40%	50%	25%	0	0	0
D7252	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C 40%	N/C 50%	N/C	N/C	N/C	N/C
D7259	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9913	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9914	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9959	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C

COINSURANCE PLAN CODES 1 - 22

ADA Code ¹	1 1i	2 2i	2BA	3	8 8i	12	14i	21	22
D2956	40%	50%	50%	50%	40%	0	10%	10%	20%
D6180	N/C 40%	N/C 50%	50%	N/C	N/C 40%	N/C	40%	N/C	N/C
D6193	40%	50%	50%	50%	40%	50%	40%	10%	20%
D7252	20%	20%	20%	50%	10%	0	10%	10%	20%
D7259	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9913	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9914	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9959	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C

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FIXED COPAY PLAN CODES

41 – 59i

ADA Code ¹	41	41S	51	52	53 53i	54	55 55A	56	56H	56X	57 57i	58	59i
D2956	Inclusive to any restorative service.												
D6180	N/C	N/C	N/C	N/C	N/C \$22	N/C	N/C	N/C	N/C	N/C	N/C \$14	N/C	\$14
D6193	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D7252	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D7259	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9913	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9914	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9959	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C

FIXED COPAY PLAN CODES

63 – 68i

ADA Code ¹	63 63i	64 64i	65 65i	66 66i	67 67i	68 68i
D2956	Inclusive to any restorative service.					
D6180	N/C \$22	N/C \$22	N/C \$22	N/C \$22	N/C \$22	N/C \$22
D6193	N/C	N/C	N/C	N/C	N/C	N/C
D7252	N/C	N/C	N/C	N/C	N/C	N/C
D7259	N/C	N/C	N/C	N/C	N/C	N/C
D9913	N/C	N/C	N/C	N/C	N/C	N/C
D9914	N/C	N/C	N/C	N/C	N/C	N/C
D9959	N/C	N/C	N/C	N/C	N/C	N/C

FIXED COPAY PLAN CODES

73 – 78i

CAM/CMI, CAL/CLI, SFL/SFi

ADA Code ¹	73 73i	73S	74 74i	75F	75 75i	76 76i	77 77i	78 78i	CAM CMI	CAL CLI	SFL SFi
D2956	Inclusive to any restorative service.										
D6180	N/C \$22	\$22	N/C \$22	\$22	N/C \$22	N/C \$22	N/C \$22	N/C \$22	N/C \$22	N/C \$22	N/C \$22
D6193	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D7252	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D7259	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9913	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9914	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9959	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C

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Network Bulletin

Date: October 2024
From: Anna Huck, Director, Network Management, Dental
Subject: New Current Dental Terminology (CDT®) 2025 codes
Applies to: Basic Dental and Aetna Advantage™ Dental

This bulletin is part of your *Dental Office Guide*.

New CDT® 2025¹ codes

The American Dental Association has issued new CDT codes starting **January 1, 2025**. We've listed them below.

Fee information for the new CDT 2025 codes

Your rates for the new CDT codes are based on the fees found in your current schedule for existing procedures. Please follow the guide below to determine your reimbursement for the new CDT codes.

We're here to help

If you have questions, call our National Dentist Line at **1-800-451-7715**. Thanks for your continued participation and support of Aetna Dental® plans.

CDT 2025 Code ¹	Nomenclature	Contracted Fees for CDT 2025 codes are based on the following:
D2000 – D2999	III. Restorative	
D2956	Removal of an Indirect Restoration on a Natural Tooth	30% of negotiated fee for D9120
D6000-D6199	VIII. Implant Services	
D6180	Implant Maintenance Procedures When a Full Arch Fixed Hybrid Prosthesis is Not Removed, including Cleansing of Prosthesis and Abutments	25% of negotiated fee for D6080
D6193	Replacement of an Implant Screw	100% of negotiated fee for D6096
D7000-D7999	X. Oral and Maxillofacial Surgery	
D7252	Partial Extraction for Immediate Implant Placement	100% of negotiated fee for D3920
D7259	Nerve Dissection	Not Covered

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Dental policies and plans are insured and/or administered by Aetna Life Insurance Company (Aetna).

D9000-D9999	XII. Adjunctive General Services	
D9913	Administration of Neuromodulators	100% of negotiated fee for D9610
D9914	Administration of Dermal Fillers	Not Covered
D9959	Unspecified Sleep Apnea Services Procedure, by Report	Not Covered

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Network Bulletin

Date: October 2024

From: Anna Huck, Director, Dental Network Operations

Subject: DMO® plans – New Jersey State Health Benefits Program

Applies to: DMO® plans 34, 34A, 34B and 34C

This bulletin is part of your *Dental Office Guide*.

Starting January 1, 2025*

We're making changes to the New Jersey State Health Benefit Program (Plan 34) and the nationwide DMO Copay plans (34A, 34B, 34C) for retirees of the New Jersey State Health Benefit Program. These changes will start on January 1, 2025.

New CDT® 2025¹ codes

The American Dental Association has issued new Current Dental Terminology (CDT) codes starting **January 1, 2025**. Attached are the new copay schedules**.

We're here to help

Coverage for any service not specifically listed on the applicable charts will be as determined by Aetna in its discretion. Furthermore, additional codes may be added and codes may be deleted at our discretion. Except as specified otherwise, "codes" refer to codes of the American Dental Association ("ADA"). The appropriate code must be designated when billing or when submitting claims or encounter information.

If you have questions, call our National Dentist Line at **1-800-451-7715**. Thanks for your continued participation and support of Aetna Dental® plans.

* Eligibility for most employees will begin January 1, 2025.
The schedules are subject to change, contingent upon regulatory approval.

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DMO plans are insured by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc. (Aetna). Each insurer has sole financial responsibility for its own products.

ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D0120	Periodic Oral Evaluation - Established Patient	\$0	\$0	\$0	\$0
D0140	Limited Oral Evaluation - Problem Focused	\$0	\$0	\$0	\$0
D0145	Oral Evaluation for a Patient Under 3 Years of Age and Counseling with Primary Caregiver	\$0	\$0	\$0	\$0
D0150	Comprehensive Oral Evaluation – New or Established Patient	\$0	\$0	\$0	\$0
D0160	Detailed and Extensive Oral Evaluation – Problem Focused, by Report	\$0	\$0	\$0	\$0
D0210	Intraoral – Comprehensive Series of Radiographic Images	\$0	\$0	\$0	\$0
D0220	Intraoral – Periapical First Radiographic Image	\$0	\$0	\$0	\$0
D0230	Intraoral - Periapical Each Additional Radiographic Image	\$0	\$0	\$0	\$0
D0240	Intraoral – Occlusal Radiographic Image	\$0	\$0	\$0	\$0
D0250	Extra-oral – 2D Projection Image Created Using a Stationary Radiation Source, and Detector	\$0	\$0	\$0	\$0
D0251	Extra-oral Posterior Dental Radiographic Image	\$0	\$0	\$0	\$0
D0270	Bitewing - Single Radiographic Image	\$0	\$0	\$0	\$0
D0272	Bitewings - Two Radiographic Images	\$0	\$0	\$0	\$0
D0273	Bitewings - Three Radiographic Images	\$0	\$0	\$0	\$0
D0274	Bitewings - Four Radiographic Images	\$0	\$0	\$0	\$0
D0277	Vertical Bitewings – 7 to 8 Radiographic Images	\$0	\$0	\$0	\$0
D0330	Panoramic Radiographic Image	\$0	\$0	\$0	\$0
D0340	2D Cephalometric Radiographic Image – Acquisition, Measurement and Analysis	\$0	\$0	\$0	\$0
D0372	Intraoral Tomosynthesis – Comprehensive Series of Radiographic Images	\$0	\$0	\$0	\$0
D0373	Intraoral Tomosynthesis – Bitewing Radiographic Image	\$0	\$0	\$0	\$0
D0374	Intraoral Tomosynthesis – Periapical Radiographic Image	\$0	\$0	\$0	\$0
D0387	Intraoral Tomosynthesis – Comprehensive Series of Radiographic Images – Image Capture only	\$0	\$0	\$0	\$0
D0388	Intraoral Tomosynthesis – Bitewing Radiographic Image – Image Capture Only	\$0	\$0	\$0	\$0
D0389	Intraoral Tomosynthesis – Periapical Radiographic Image – Image Capture only	\$0	\$0	\$0	\$0
D0391	Interpretation of Diagnostic Image by a Practitioner Not Associated with Capture of the Image, Including Report	\$0	\$0	\$0	\$0
D0412	Blood Glucose Level Test – In-office using a Glucose Meter	N/C	N/C	N/C	N/C
D0414	Laboratory Processing of Microbial Specimen to Include Culture and Sensitivity Studies, Preparation and Transmission of Written Report	\$0	\$0	\$0	\$0
D0415	Collection of Microorganisms for Culture and Sensitivity	\$0	\$0	\$0	\$0
D0416	Viral Culture	\$0	\$0	\$0	\$0
D0419	Assessment of salivary flow by measurement	N/C	N/C	N/C	N/C
D0425	Caries Susceptibility Tests	\$0	\$0	\$0	\$0
D0460	Pulp Vitality Tests	\$0	\$0	\$0	\$0
D0470	Diagnostic Casts	\$0	\$0	\$0	\$0
D0600	Non-Ionizing Diagnostic Procedure Capable of Quantifying, Monitoring, and Recording Changes in Structure of Enamel, Dentin and Cementum	\$0	\$0	\$0	\$0
D0604	Antigen testing for a public health related pathogen, including coronavirus	N/C	N/C	N/C	N/C
D0605	Antibody testing for a public health related pathogen, including coronavirus	N/C	N/C	N/C	N/C
D0701	Panoramic radiographic image – image capture only	\$0	\$0	\$0	\$0
D0705	Extra-oral posterior dental radiographic image – image capture only	\$0	\$0	\$0	\$0
D0706	Intraoral – occlusal radiographic image – image capture only	\$0	\$0	\$0	\$0
D0707	Intraoral – periapical radiographic image – image capture only	\$0	\$0	\$0	\$0
D0708	Intraoral – bitewing radiographic image – image capture only	\$0	\$0	\$0	\$0
D0709	Intraoral – complete series of radiographic images – image capture only	\$0	\$0	\$0	\$0
D1110	Prophylaxis - Adult	\$0	\$0	\$0	\$0
D1120	Prophylaxis - Child	\$0	\$0	\$0	\$0

* The schedules are subject to change, contingent upon regulatory approval.

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² Covered only when performed by an anesthesiologist

ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D1206	Topical Application of Fluoride Varnish	\$0	\$0	\$0	\$0
D1208	Topical Application of Fluoride – Excluding Varnish	\$0	\$0	\$0	\$0
D1301	Immunization Counseling	N/C	N/C	N/C	N/C
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	N/C	N/C	N/C	N/C
D1330	Oral Hygiene Instructions	\$0	\$0	\$0	\$0
D1351	Sealant - Per Tooth	\$0	\$0	\$0	\$0
D1352	Preventive Resin Restoration in a Moderate to High Caries Risk Patient – Permanent Tooth	\$0	\$0	\$0	\$0
D1353	Sealant repair – Per Tooth	\$0	\$0	\$0	\$0
D1354	Application of Caries Arresting Medicament – per Tooth	\$0	\$0	\$0	\$0
D1355	Caries preventive medicament application – per tooth	\$0	\$0	\$0	\$0
D1510	Space Maintainer - Fixed - Unilateral	\$0	\$0	\$0	\$0
D1516	Space Maintainer - Fixed – Bilateral, Maxillary	\$0	\$0	\$0	\$0
D1517	Space Maintainer - Fixed – Bilateral, Mandibular	\$0	\$0	\$0	\$0
D1520	Space Maintainer - Removable - Unilateral	\$0	\$0	\$0	\$0
D1526	Space Maintainer - Removable – Bilateral, Maxillary	\$0	\$0	\$0	\$0
D1527	Space Maintainer - Removable – Bilateral, Mandibular	\$0	\$0	\$0	\$0
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	\$0	\$0	\$0	\$0
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	\$0	\$0	\$0	\$0
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	\$0	\$0	\$0	\$0
D1556	Removal of fixed unilateral space maintainer – per quadrant	\$0	\$0	\$0	\$0
D1557	Removal of fixed bilateral space maintainer – maxillary	\$0	\$0	\$0	\$0
D1558	Removal of fixed bilateral space maintainer – mandibular	\$0	\$0	\$0	\$0
D1575	Distal Shoe Space Maintainer – Fixed – Unilateral	\$0	\$0	\$0	\$0
D1708	Pfizer-BioNTech Covid-19 vaccine administration – third dose	N/C	N/C	N/C	N/C
D1709	Pfizer-BioNTech Covid-19 vaccine administration – booster dose	N/C	N/C	N/C	N/C
D1710	Moderna Covid-19 vaccine administration – third dose	N/C	N/C	N/C	N/C
D1711	Moderna Covid-19 vaccine administration – booster dose	N/C	N/C	N/C	N/C
D1712	Janssen Covid-19 vaccine administration - booster dose	N/C	N/C	N/C	N/C
D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – first dose	N/C	N/C	N/C	N/C
D1714	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – second dose	N/C	N/C	N/C	N/C
D1781	Vaccine Administration – Human Papillomavirus – Dose 1	N/C	N/C	N/C	N/C
D1782	Vaccine Administration – Human Papillomavirus – Dose 2	N/C	N/C	N/C	N/C
D1783	Vaccine Administration – Human Papillomavirus – Dose 3	N/C	N/C	N/C	N/C
D2140	Amalgam - One Surface, Primary or Permanent	\$0	N/C	\$15	\$15
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$0	N/C	\$20	\$20
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$0	N/C	\$25	\$25
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$0	N/C	\$30	\$30
D2330	Resin Based Composite – One Surface, Anterior	\$0	N/C	\$25	\$25
D2331	Resin Based Composite – Two Surfaces, Anterior	\$0	N/C	\$30	\$30
D2332	Resin Based Composite – Three Surfaces, Anterior	\$0	N/C	\$35	\$35
D2335	Resin Based Composite – Four or More Surfaces (Anterior)	\$0	N/C	\$45	\$45
D2390	Resin-Based Composite Crown, Anterior	\$35	N/C	\$55	\$55
D2391	Resin-Based Composite - One Surface, Posterior	\$15	N/C	\$25	\$25
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$25	N/C	\$40	\$40

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$35	N/C	\$55	\$55
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	\$45	N/C	\$70	\$70
D2510	Inlay - Metallic - One Surface	\$100	N/C	\$150	\$150
D2520	Inlay - Metallic - Two Surfaces	\$100	N/C	\$150	\$150
D2530	Inlay - Metallic - Three or More Surfaces	\$100	N/C	\$150	\$150
D2542	Onlay - Metallic - Two Surfaces	\$100	N/C	\$150	\$150
D2543	Onlay - Metallic - Three Surfaces	\$100	N/C	\$150	\$150
D2544	Onlay - Metallic – Four Or More Surfaces	\$100	N/C	\$150	\$150
D2610	Inlay - Porcelain/Ceramic – One Surface	\$115	N/C	\$175	\$175
D2620	Inlay - Porcelain/Ceramic – Two Surfaces	\$115	N/C	\$175	\$175
D2630	Inlay - Porcelain/Ceramic – Three Or More Surfaces	\$115	N/C	\$175	\$175
D2642	Onlay - Porcelain/Ceramic – Two Surfaces	\$115	N/C	\$175	\$175
D2643	Onlay - Porcelain/Ceramic – Three Surfaces	\$115	N/C	\$175	\$175
D2644	Onlay - Porcelain/Ceramic – Four or More Surfaces	\$115	N/C	\$175	\$175
D2650	Inlay – Resin-Based Composite – One Surface	\$115	N/C	\$160	\$160
D2651	Inlay - Resin-Based Composite – Two Surfaces	\$115	N/C	\$160	\$160
D2652	Inlay - Resin-Based Composite – Three Surfaces	\$115	N/C	\$160	\$160
D2662	Onlay - Resin-Based Composite – Two Surfaces	\$115	N/C	\$160	\$160
D2663	Onlay - Resin-Based Composite – Three Surfaces	\$115	N/C	\$160	\$160
D2664	Onlay - Resin-Based Composite – Four or More Surfaces	\$115	N/C	\$160	\$160
D2710	Crown - Resin-Based Composite (Indirect)	\$115	N/C	\$175	\$175
Note: There is no copayment for procedure D2710 when performed in conjunction with a permanent crown on the same tooth.					
D2720	Crown - Resin with High Noble Metal	\$150	N/C	\$235	\$235
D2721	Crown - Resin with Predominantly Base Metal	\$150	N/C	\$225	\$225
D2722	Crown - Resin with Noble Metal	\$150	N/C	\$225	\$225
D2740	Crown - Porcelain/Ceramic	\$200	N/C	\$295	\$295
D2750	Crown - Porcelain Fused to High Noble Metal	\$225	N/C	\$340	\$340
D2751	Crown -Porcelain Fused to Predominantly Base Metal	\$200	N/C	\$295	\$295
D2752	Crown - Porcelain Fused to Noble Metal	\$200	N/C	\$295	\$295
D2753	Crown - porcelain fused to titanium and titanium alloys	\$200	N/C	\$295	\$295
D2780	Crown - ¾ Cast High Noble Metal	\$225	N/C	\$340	\$340
D2781	Crown - ¾ Cast Predominantly Base Metal	\$200	N/C	\$295	\$295
D2790	Crown - Full Cast High Noble Metal	\$225	N/C	\$340	\$340
D2791	Crown - Full Cast Predominantly Metal	\$200	N/C	\$295	\$295
D2792	Crown - Full Cast Noble Metal	\$200	N/C	\$295	\$295
D2794	Crown - Titanium	\$225	N/C	\$340	\$340
D2799	Interim Crown – Further Treatment or Completion of Diagnosis Necessary Prior to Final Impression	\$0	N/C	\$0	\$0
D2910	Re-cement or Re-bond Inlay, Onlay, or Partial Coverage Restoration	\$0	N/C	\$15	\$15
D2915	Re-cement or Re-bond Cast or Prefabricated Post and Core	\$0	N/C	\$15	\$15
D2920	Re-cement or Re-bond Crown	\$0	N/C	\$15	\$15
D2921	Reattachment of Tooth Fragment, Incisal Edge or Cusp	\$0	N/C	\$0	\$0
D2928	Prefabricated Porcelain/Ceramic Crown - Permanent Tooth	\$49	N/C	\$69	\$69
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	\$49	N/C	\$69	\$69
D2930	Prefabricated Stainless Steel Crown – Primary Tooth	\$35	N/C	\$55	\$55
D2931	Prefabricated Stainless Steel Crown – Permanent Tooth	\$35	N/C	\$55	\$55

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D2932	Prefabricated Resin Crown	\$35	N/C	\$55	\$55
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$35	N/C	\$55	\$55
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$35	N/C	\$55	\$55
D2940	Placement of Interim Direct Restoration	\$0	N/C	\$20	\$20
D2950	Core Buildup, Including Any Pins When Required	\$0	N/C	\$45	\$45
D2951	Pin Retention - Per Tooth, In Addition to Restoration	\$0	N/C	\$15	\$15
D2952	Cast Post and Core in Addition to Crown, Indirectly Fabricated	\$40	N/C	\$60	\$60
D2954	Prefabricated Post and Core, in Addition to Crown	\$40	N/C	\$60	\$60
D2955	Post removal	\$0	N/C	\$45	\$45
D2956	Removal of an Indirect Restoration on a Natural Tooth (Inclusive to any restorative service.)	\$0	\$0	\$0	\$0
D2971	Additional Procedures to Customize a Crown to Fit under an Existing Partial Denture Framework	\$0	N/C	\$20	\$20
D2976	Band Stabilization – per tooth	N/C	N/C	N/C	N/C
D2980	Crown Repair Necessitated by Restorative Material Failure	\$0	N/C	\$15	\$15
D2981	Inlay Repair Necessitated by Restorative Material Failure	\$0	N/C	\$15	\$15
D2982	Onlay Repair Necessitated by Restorative Material Failure	\$0	N/C	\$15	\$15
D2983	Veneer Repair Necessitated by Restorative Material Failure	\$0	N/C	\$15	\$15
D2989	Excavation of a tooth resulting in the determination of non-restorability	\$0	N/C	\$8	\$8
D2990	Resin Infiltration of Incipient Smooth Surface Lesions	\$0	N/C	\$15	\$15
D2991	Application of Hydroxyapatite Regeneration Medicament – per tooth	\$0	\$0	\$0	\$0
D3110	Pulp Cap – Direct (Excluding Final Restoration)	\$0	N/C	N/C	\$15
D3120	Pulp Cap – Indirect (Excluding Final Restoration)	\$0	N/C	N/C	\$15
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) – Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	\$25	N/C	N/C	\$35
D3222	Partial Pulpotomy for Apexogenesis – Permanent Tooth with Incomplete Root Development	\$25	N/C	N/C	\$35
D3230	Pulpal Therapy (Resorbable Filling) – Anterior, Primary Tooth (Excluding Final Restoration)	\$20	N/C	N/C	\$35
D3240	Pulpal Therapy (Resorbable Filling) – Posterior, Primary Tooth (Excluding Final Restoration)	\$20	N/C	N/C	\$35
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$100	N/C	N/C	\$150
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	\$125	N/C	N/C	\$190
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	\$150	N/C	N/C	\$225
D3346	Retreatment of Previous Root Canal Therapy - Anterior	\$125	N/C		\$190
D3347	Retreatment of Previous Root Canal Therapy - Premolar	\$150	N/C	N/C	\$225
D3348	Retreatment of Previous Root Canal Therapy - Molar	\$175	N/C	N/C	\$265
D3351	Apexification/Recalcification - Initial Visit (apical closure / calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$35	N/C	N/C	\$55
D3352	Apexification/Recalcification - Interim Medication Replacement	\$35	N/C	N/C	\$55
D3353	Apexification/Recalcification - Final Visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$35	N/C	N/C	\$55
D3410	Apicoectomy – Anterior	\$90	N/C	N/C	\$135
D3421	Apicoectomy - Premolar (First Root)	\$90	N/C	N/C	\$135
D3425	Apicoectomy - Molar (First Root)	\$90	N/C	N/C	\$135
D3426	Apicoectomy (Each Additional Root)	\$40	N/C	N/C	\$60
D3430	Retrograde Filling – per Root	\$20	N/C	N/C	\$35
D3450	Root Amputation - per Root	\$40	N/C	N/C	\$60
D3471	Surgical repair of root resorption - anterior	\$54	N/C	N/C	\$81
D3472	Surgical repair of root resorption – premolar	\$72	N/C	N/C	\$108

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D3473	Surgical repair of root resorption – molar	\$90	N/C	N/C	\$135
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	\$54	N/C	N/C	\$78
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	\$72	N/C	N/C	\$104
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	\$90	N/C	N/C	\$130
D3910	Surgical Procedure for Isolation of Tooth with Rubber Dam	\$0	N/C	N/C	\$15
D3911	Intraorifice Barrier	N/C	N/C	N/C	N/C
D3920	Hemisection (Including any Root Removal), Not Including Root Canal Therapy	\$60	N/C	N/C	\$80
D3921	Decoronation or Submergence of an Erupted Tooth	N/C	N/C	N/C	N/C
D4210	Gingivectomy/Gingivoplasty - Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$85	N/C	N/C	\$135
D4211	Gingivectomy/Gingivoplasty, One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$30	N/C	N/C	\$90
D4212	Gingivectomy or Gingivoplasty to Allow Access for Restorative Procedure, per Tooth	\$12	N/C	N/C	\$12
D4240	Gingival Flap Procedure Including Root Planing, Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$90	N/C	N/C	\$160
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$60	N/C	N/C	\$90
D4245	Apically Positioned Flap	\$90	N/C	N/C	\$130
D4249	Clinical Crown Lengthening - Hard Tissue	\$90	N/C	N/C	\$160
D4260	Osseous Surgery (including flap entry and closure) – Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$175	N/C	N/C	\$265
D4261	Osseous Surgery (including flap entry and closure) – One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$100	N/C	N/C	\$150
D4263	Bone Replacement Graft – Retained Natural Tooth – First Site in Quadrant Site	\$100	N/C	N/C	\$135
D4264	Bone Replacement Graft – Retained Natural Tooth – Each Additional Site in Quadrant	\$50	N/C	N/C	\$75
D4266	Guided Tissue Regeneration, Natural Teeth - Resorbable Barrier per Site	\$90	N/C	N/C	\$120
D4267	Guided Tissue Regeneration, Natural Teeth - Non-resorbable Barrier per Site (includes membrane removal)	\$90	N/C	N/C	\$135
D4270	Pedicle Soft Tissue Graft Procedure	\$175	N/C	N/C	\$235
D4273	Autogenous Connective Tissue Graft Procedures (Including Donor and Recipient Surgical Sites) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$175	N/C	N/C	\$250
D4274	Mesial/Distal Procedure, Single Tooth (When Not Performed in Conjunction with Surgical Procedures in the Same Anatomical Area)	\$40	N/C	N/C	\$100
D4275	Non-Autogenous Connective Tissue Graft (Including Recipient Site and Donor Material) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$175	N/C	N/C	\$235
D4276	Combined Connective Tissue and Pedicle Graft, per Tooth	\$175	N/C	N/C	\$235
D4277	Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Site) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$70	N/C	N/C	\$70
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	\$35	N/C	N/C	\$35
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	\$96	N/C	N/C	\$138
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	\$96	N/C	N/C	\$129
D4286	Removal of Non-resorbable Barrier	N/C	N/C	N/C	N/C
D4322	Splint – Intra-coronal; Natural Teeth or Prosthetic Crowns	\$0	N/C	N/C	\$25
D4323	Splint – Extra-coronal; Natural Teeth or Prosthetic Crowns	\$0	N/C	N/C	\$25
D4341	Periodontal Scaling and Root Planing, Four or More Teeth per Quadrant	\$55	N/C	N/C	\$70

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D4342	Periodontal Scaling and Root Planing, One to Three Teeth per Quadrant	\$40	N/C	N/C	\$40
D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation – Full Mouth, After Oral Evaluation	\$28	N/C	N/C	\$20
D4355	Full Mouth Debridement to Enable a Comprehensive Periodontal Evaluation and Diagnosis on a Subsequent Visit	\$55	N/C	N/C	\$40
D4910	Periodontal Maintenance	\$30	N/C	N/C	\$40
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist or Their Staff)	\$0	N/C	N/C	\$15
D5110	Complete Denture - Maxillary	\$250	N/C	N/C	\$340
D5120	Complete Denture - Mandibular	\$250	N/C	N/C	\$340
D5130	Immediate Denture - Maxillary	\$275	N/C	N/C	\$370
D5140	Immediate Denture - Mandibular	\$275	N/C	N/C	\$370
D5211	Maxillary Partial Denture - Resin Base (Including any Conventional Clasps, Rests and Teeth)	\$250	N/C	N/C	\$370
D5212	Mandibular Partial Denture - Resin Base (Including any Conventional Clasps, Rests and Teeth)	\$250	N/C	N/C	\$370
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$275	N/C	N/C	\$405
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$275	N/C	N/C	\$405
D5221	Immediate Maxillary Partial Denture – Resin Base (Including Any Conventional Clasps, Rests and Teeth)	\$288	N/C	N/C	\$426
D5222	Immediate Mandibular Partial Denture – Resin Base (Including Any Conventional Clasps, Rests and Teeth)	\$288	N/C	N/C	\$426
D5223	Immediate Maxillary Partial Denture – Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth) Includes Limited Follow-up Care Only; Does Not Include Future Rebased	\$316	N/C	N/C	\$466
D5224	Immediate Mandibular Partial Denture – Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	\$316	N/C	N/C	\$466
D5225	Maxillary Partial Denture – Flexible Base (Including any Clasps, Rests and Teeth)	\$300	N/C	N/C	\$445
D5226	Mandibular Partial Denture – Flexible Base (Including any Clasps, Rests and Teeth)	\$300	N/C	N/C	\$445
D5227	Immediate Maxillary Partial Denture - Flexible Base (including any clasps, rests and teeth)	\$300	N/C	N/C	\$445
D5228	Immediate Mandibular Partial Denture - Flexible Base (including any clasps, rests and teeth)	\$300	N/C	N/C	\$445
D5282	Removable Unilateral Partial Denture One Piece Cast Metal (Including Clasps and Teeth), Maxillary	\$125	N/C	N/C	\$205
D5283	Removable Unilateral Partial Denture One Piece Cast Metal (Including Clasps and Teeth), Mandibular	\$125	N/C	N/C	\$205
D5284	removable unilateral partial denture – one-piece flexible base (including clasps and teeth) – per quadrant	\$150	N/C	N/C	\$223
D5286	removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant	\$125	N/C	N/C	\$185
D5410	Adjust Complete Denture - Maxillary	\$0	N/C	N/C	\$15
D5411	Adjust Complete Denture - Mandibular	\$0	N/C	N/C	\$15
D5421	Adjust Partial Denture - Maxillary	\$0	N/C	N/C	\$15
D5422	Adjust Partial Denture - Mandibular	\$0	N/C	N/C	\$15
D5511	Repair Broken Complete Denture Base, Mandibular	\$35	N/C	N/C	\$55
D5512	Repair Broken Complete Denture Base, Maxillary	\$35	N/C	N/C	\$55
D5520	Replace Missing or Broken Teeth, Complete Denture – per Tooth	\$35	N/C	N/C	\$55
D5611	Repair Resin Partial Denture Base, Mandibular	\$35	N/C	N/C	\$55
D5612	Repair Resin Partial Denture Base, Maxillary	\$35	N/C	N/C	\$55
D5621	Repair Cast Partial Framework, Mandibular	\$35	N/C	N/C	\$55
D5622	Repair Cast Partial Framework, Maxillary	\$35	N/C	N/C	\$55
D5630	Repair Or Replace Broken Retentive/Clasping Materials – per Tooth	\$35	N/C	N/C	\$55

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D5640	Replace Missing or Broken Teeth – Partial Denture – per Tooth	\$35	N/C	N/C	\$55
D5650	Add Tooth to Existing Partial Denture – per Tooth	\$35	N/C	N/C	\$55
D5660	Add Clasp to Existing Partial Denture – per Tooth	\$35	N/C	N/C	\$55
D5710	Rebase Complete Maxillary Denture	\$85	N/C	N/C	\$130
D5711	Rebase Complete Mandibular Denture	\$85	N/C	N/C	\$130
D5720	Rebase Maxillary Partial Denture	\$85	N/C	N/C	\$130
D5721	Rebase Mandibular Partial Denture	\$85	N/C	N/C	\$130
D5725	Rebase Hybrid Prosthesis	\$85	N/C	N/C	\$130
D5730	Reline Complete Maxillary Denture (Chairside)	\$40	N/C	N/C	\$60
D5731	Reline Complete Mandibular Denture (Chairside)	\$40	N/C	N/C	\$60
D5740	Reline Maxillary Partial Denture (Chairside)	\$40	N/C	N/C	\$60
D5741	Reline Mandibular Partial Denture (Chairside)	\$40	N/C	N/C	\$60
D5750	Reline Complete Maxillary Denture (Laboratory)	\$40	N/C	N/C	\$60
D5751	Reline Complete Mandibular Denture (Laboratory)	\$40	N/C	N/C	\$60
D5760	Reline Maxillary Partial Denture (Laboratory)	\$40	N/C	N/C	\$60
D5761	Reline Mandibular Partial Denture (Laboratory)	\$40	N/C	N/C	\$60
D5765	Soft Liner for Complete or Partial Removable Denture – Indirect	\$40	N/C	N/C	\$60
D5810	Interim Complete Denture (Maxillary)	\$40	N/C	N/C	\$75
D5811	Interim Complete Denture (Mandibular)	\$40	N/C	N/C	\$75
D5820	Interim Partial Denture - (Maxillary)	\$40	N/C	N/C	\$60
D5821	Interim Partial Denture - (Mandibular)	\$40	N/C	N/C	\$60
D5850	Tissue Conditioning, Maxillary	\$40	N/C	N/C	\$55
D5851	Tissue Conditioning, Mandibular	\$40	N/C	N/C	\$55
D5876	Add Metal Substructure to Acrylic Full Denture (per Arch)	\$35	N/C	N/C	\$55
D5995	Periodontal medicament carrier with peripheral seal – laboratory processed – maxillary	N/C	N/C	N/C	N/C
D5996	Periodontal medicament carrier with peripheral seal – laboratory processed – mandibular	N/C	N/C	N/C	N/C
D6082	Implant supported crown – porcelain fused to predominantly base alloys	N/C	N/C	N/C	N/C
D6083	Implant supported crown – porcelain fused to noble alloys	N/C	N/C	N/C	N/C
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys	N/C	N/C	N/C	N/C
D6086	Implant supported crown – predominantly base alloys	N/C	N/C	N/C	N/C
D6087	Implant supported crown – noble alloys	N/C	N/C	N/C	N/C
D6088	Implant supported crown – titanium and titanium alloys	N/C	N/C	N/C	N/C
D6089	Accessing and Retorquing Loose Implant Screw - per screw	N/C	N/C	N/C	N/C
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys	\$200	N/C	N/C	\$295
D6098	Implant supported retainer – porcelain fused to predominantly base alloys	N/C	N/C	N/C	N/C
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	N/C	N/C	N/C	N/C
D6106	Guided Tissue Regeneration – Resorbable Barrier, per Implant	N/C	N/C	N/C	N/C
D6107	Guided Tissue Regeneration – Non-resorbable Barrier, per Implant	N/C	N/C	N/C	N/C
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys	N/C	N/C	N/C	N/C
D6121	Implant supported retainer for metal FPD – predominantly base alloys	N/C	N/C	N/C	N/C
D6122	Implant supported retainer for metal FPD – noble alloys	N/C	N/C	N/C	N/C
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys	N/C	N/C	N/C	N/C
D6191	Semi-precision abutment – placement	N/C	N/C	N/C	N/C
D6192	Semi-precision attachment – placement	N/C	N/C	N/C	N/C
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys	N/C	N/C	N/C	N/C

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D6197	Replacement of Restorative Material Used to Close an Access Opening of a Screw-retained Implant Supported Prosthesis, per Implant	\$15	N/C	\$25	\$25
D6180	implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments	N/C	N/C	N/C	N/C
D6193	Replacement of an Implant Screw	N/C	N/C	N/C	N/C
D6210	Pontic - Cast High Noble Metal	\$225	N/C	N/C	\$340
D6211	Pontic - Cast Predominantly Base Metal	\$200	N/C	N/C	\$295
D6212	Pontic - Cast Noble Metal	\$200	N/C	N/C	\$295
D6214	Pontic – Titanium	\$225	N/C	N/C	\$340
D6240	Pontic - Porcelain Fused to High Noble Metal	\$225	N/C	N/C	\$340
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$200	N/C	N/C	\$295
D6242	Pontic - Porcelain Fused to Noble Metal	\$200	N/C	N/C	\$295
D6243	Pontic – porcelain fused to titanium and titanium alloys	\$200	N/C	N/C	\$295
D6245	Pontic - Porcelain/Ceramic	\$200	N/C	N/C	\$295
D6250	Pontic - Resin with High Noble Metal	\$150	N/C	N/C	\$225
D6251	Pontic - Resin with Predominantly Base Metal	\$150	N/C	N/C	\$225
D6252	Pontic - Resin with Noble Metal	\$150	N/C	N/C	\$225
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis	\$100	N/C	N/C	\$150
D6549	Resin retainer – for resin bonded fixed prosthesis	\$75	N/C	N/C	\$75
D6602	Inlay - Cast High Noble Metal, Two Surfaces	\$175	N/C	N/C	\$265
D6603	Inlay - Cast High Noble Metal, Three or More Surfaces	\$175	N/C	N/C	\$265
D6604	Inlay - Cast Predominantly Base Metal, Two Surfaces	\$100	N/C	N/C	\$160
D6605	Inlay - Cast Predominantly Base Metal, Three or More Surfaces	\$100	N/C	N/C	\$160
D6606	Inlay - Cast Noble Metal, Two Surfaces	\$155	N/C	N/C	\$230
D6607	Retainer Inlay - Cast Noble Metal, Three or More Surfaces	\$155	N/C	N/C	\$230
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	\$185	N/C	N/C	\$275
D6611	Retainer Onlay - Cast High Noble Metal, Three or More Surfaces	\$185	N/C	N/C	\$275
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	\$100	N/C	N/C	\$160
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three or More Surfaces	\$100	N/C	N/C	\$160
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	\$175	N/C	N/C	\$265
D6615	Retainer Onlay - Cast Noble Metal, Three or More Surfaces	\$175	N/C	N/C	\$265
D6624	Retainer Inlay – Titanium	\$175	N/C	N/C	\$265
D6634	Retainer Onlay – Titanium	\$185	N/C	N/C	\$275
D6720	Retainer Crown - Resin with High Noble Metal	\$150	N/C	N/C	\$225
D6721	Retainer Crown - Resin with Predominantly Base Metal	\$150	N/C	N/C	\$225
D6722	Retainer Crown - Resin with Noble Metal	\$150	N/C	N/C	\$225
D6740	Retainer Crown - Porcelain/Ceramic	\$200	N/C	N/C	\$295
D6750	Retainer Crown - Porcelain Fused to High Noble Metal	\$225	N/C	N/C	\$340
D6751	Retainer Crown - Porcelain Fused to Predominantly Base Metal	\$200	N/C	N/C	\$295
D6752	Retainer Crown - Porcelain Fused to Noble Metal	\$200	N/C	N/C	\$295
D6753	Retainer Crown – Porcelain Fused to Titanium and Titanium Alloys	\$200	N/C	N/C	\$295
D6780	Retainer Crown - ¾ Cast High Noble Metal	\$225	N/C	N/C	\$340
D6781	Retainer Crown - ¾ Cast Predominantly Base Metal	\$200	N/C	N/C	\$295
D6782	Retainer Crown - ¾ Cast Noble Metal	\$200	N/C	N/C	\$295
D6783	Retainer Crown - ¾ Porcelain/Ceramic	\$200	N/C	N/C	\$295
D6784	Retainer Crown ¾ – Titanium and Titanium Alloys	\$200	N/C	N/C	\$295
D6790	Retainer Crown - Full Cast High Noble Metal	\$225	N/C	N/C	\$340

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D6791	Retainer Crown - Full Cast Predominantly Base Metal	\$200	N/C	N/C	\$295
D6792	Retainer Crown - Full Cast Noble Metal	\$200	N/C	N/C	\$295
D6794	Retainer Crown – Titanium	\$225	N/C	N/C	\$340
D6930	Re-cement or Re-Bond Fixed Partial Denture	\$15	N/C	N/C	\$25
D6980	Fixed Partial Denture Repair Necessitated by Restorative Material Failure	\$25	N/C	N/C	\$45
D7111	Extraction - Coronal Remnants - Primary Tooth	\$10	N/C	N/C	\$20
D7140	Extraction - Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$20	N/C	N/C	\$35
D7210	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and including Elevation of Mucoperiosteal Flap if Indicated	\$30	N/C	N/C	\$45
D7220	Removal of Impacted Tooth - Soft Tissue	\$55	N/C	N/C	\$80
D7230	Removal of Impacted Tooth - Partially Bony	\$55	N/C	N/C	\$80
D7240	Removal of Impacted Tooth - Completely Bony	\$65	N/C	N/C	\$100
D7241	Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	\$65	N/C	N/C	\$100
D7250	Removal of Residual Tooth Roots (Cutting Procedure)	\$30	N/C	N/C	\$45
D7251	Coronectomy – Intentional Partial Tooth Removal, Impacted Teeth Only	\$33	N/C	N/C	\$48
D7259	Nerve Dissection	N/C	N/C	N/C	N/C
D7260	Oroantral Fistula Closure	\$100	N/C	N/C	\$150
D7261	Primary Closure of a Sinus Perforation	\$100	N/C	N/C	\$150
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	\$60	N/C	N/C	\$90
D7280	Exposure of an Unerupted Tooth	\$60	N/C	N/C	\$90
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	\$60	N/C	N/C	\$70
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$0	N/C	N/C	\$25
D7284	Excisional Biopsy of Minor Salivary Glands	\$38	N/C	N/C	\$60
D7285	Biopsy of Oral Tissue – Hard (Bone, Tooth)	\$60	N/C	N/C	\$95
D7286	Incisional Biopsy of Oral Tissue – Soft	\$25	N/C	N/C	\$40
D7287	Exfoliative Cytological Sample Collection	\$13	N/C	N/C	\$13
D7291	Transseptal Fiberotomy / Supra Crestal Fiberotomy, by Report	\$20	N/C	N/C	\$35
D7310	Alveoplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, per Quadrant	\$30	N/C	N/C	\$45
D7311	Alveoplasty in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, per Quadrant	\$15	N/C	N/C	\$25
D7320	Alveoplasty Not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, per Quadrant	\$35	N/C	N/C	\$55
D7321	Alveoplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, per Quadrant	\$20	N/C	N/C	\$35
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	\$60	N/C	N/C	\$90
D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm	\$60	N/C	N/C	\$90
D7460	Removal of Benign Non-Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	\$60	N/C	N/C	\$90
D7461	Removal of Benign Non-Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm	\$60	N/C	N/C	\$90
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	\$90	N/C	N/C	\$135
D7472	Removal of Torus Palatinus	\$90	N/C	N/C	\$135
D7473	Removal of Torus Mandibularis	\$90	N/C	N/C	\$135
D7485	Reduction of Osseous Tuberosity	\$90	N/C	N/C	\$135
D7509	Marsupialization of Odontogenic Cyst	\$60	N/C	N/C	\$90
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$25	N/C	N/C	\$40

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D7511	Incision and Drainage of Abscess - Intraoral Soft Tissue, Complicated (Includes Drainage of Multiple Fascial Spaces)	\$30	N/C	N/C	\$45
D7520	Incision and Drainage of Abscess - Extraoral Soft Tissue	\$35	N/C	N/C	\$55
D7521	Incision and Drainage of Abscess - Extraoral Soft Tissue - Complicated (Includes Drainage of Multiple Fascial Spaces)	\$40	N/C	N/C	\$60
D7922	Placement of Intra-socket Biological Dressing to Aid in Hemostasis or Clot Stabilization, per Site	\$0	\$0	\$0	\$0
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation	N/C	N/C	N/C	N/C
D7953	Bone Replacement Graft for Ridge Preservation - Per Site	\$75	N/C	N/C	\$100
D7956	Guided Tissue Regeneration, Edentulous Area – Resorbable Barrier, per Site	N/C	N/C	N/C	N/C
D7957	Guided Tissue Regeneration, Edentulous Area – Non-resorbable Barrier, per Site	N/C	N/C	N/C	N/C
D7961	Buccal / labial frenectomy (frenulectomy)	\$60	N/C	N/C	\$90
D7962	Lingual frenectomy (frenulectomy)	\$60	N/C	N/C	\$90
D7963	Frenuloplasty	\$65	N/C	N/C	\$100
D7970	Excision of Hyperplastic Tissue - Per Arch	\$60	N/C	N/C	\$90
D7971	Excision of Pericoronal Gingiva	\$30	N/C	N/C	\$45
D7972	Surgical Reduction of Fibrous Tuberosity	\$60	N/C	N/C	\$90
D9110	Palliative Treatment of Dental Pain, Per Visit	\$0	\$15	\$15	\$15
D9130	Temporomandibular Joint Dysfunction – Non-invasive Physical Therapies	N/C	N/C	N/C	N/C
D9211	Regional Block Anesthesia	\$0	N/C	N/C	\$5
D9212	Trigeminal Division Block Anesthesia	\$0	N/C	N/C	\$5
D9215	Local Anesthesia in Conjunction with Operative or Surgical Procedures	\$0	N/C	N/C	\$5
D9219 ²	Evaluation for Moderate Sedation, Deep Sedation or General Anesthesia	\$0	N/C	N/C	\$0
D9222	Deep Sedation/General Anesthesia – First 15 Minutes	\$25	N/C	N/C	\$38
D9223	Deep Sedation/General Anesthesia – Each Subsequent 15 Minute Increment	\$20	N/C	N/C	\$30
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	\$0	N/C	N/C	\$5
D9239	Intravenous Moderate (Conscious) Sedation/ Analgesia – First 15 Minutes	\$25	N/C	N/C	\$38
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia – Each Subsequent 15 Minute Increment	\$20	N/C	N/C	\$30
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician	\$0	N/C	N/C	\$5
D9311	Treating Dentist Consults with a Medical Health Care Professional Concerning Medical Issues that may Affect Patient's Planned Dental Treatment	\$0	N/C	N/C	\$5
D9430	Office Visit for Observation (During Regularly Scheduled Hours) – No Other Services Performed	\$0	N/C	N/C	\$0
D9440	Office Visit – After Regularly Scheduled Hours	\$0	N/C	N/C	\$0
D9610	Therapeutic Parenteral Drug, Single Administration	\$0	N/C	N/C	\$5
D9612	Therapeutic Parenteral Drugs, Two or More Administrations, Different Medications	\$0	N/C	N/C	\$0
D9613	Infiltration of Sustained Release Therapeutic Drug, per Quadrant	\$0	\$0	\$0	\$0
D9630	Drugs or Medicaments Dispensed in the Office for Home Use	\$0	N/C	N/C	\$5
D9910	Application of Desensitizing Medicament	\$0	N/C	N/C	\$5
D9912	Pre-visit Patient Screening	N/C	N/C	N/C	N/C
D9914	Administration of Dermal Fillers	N/C	N/C	N/C	N/C
D9930	Treatment of Complications (Post-Surgical) – Unusual Circumstances, by Report	\$0	N/C	N/C	\$5
D9932	Cleaning and Inspection of a Removable Complete Denture, Maxillary	\$0	N/C	N/C	\$0
D9933	Cleaning and Inspection of a Removable Complete Denture, Mandibular	\$0	N/C	N/C	\$0
D9934	Cleaning and Inspection of a Removable Partial Denture, Maxillary	\$0	N/C	N/C	\$0
D9935	Cleaning and Inspection of a Removable Partial Denture, Mandibular	\$0	N/C	N/C	\$0
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance	N/C	N/C	N/C	N/C

**The schedules are subject to change, contingent upon regulatory approval.

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² Covered only when performed by an anesthesiologist.

ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance	N/C	N/C	N/C	N/C
D9944	Occlusal Guard – Hard Appliance, Full Arch	\$46	N/C	N/C	\$69
D9945	Occlusal Guard – Soft Appliance, Full Arch	\$40	N/C	N/C	\$60
D9946	Occlusal Guard – Hard Appliance, Partial Arch	\$24	N/C	N/C	\$36
D9947	Custom Sleep Apnea Appliance Fabrication and Placement	N/C	N/C	N/C	N/C
D9948	Adjustment of Custom Sleep Apnea Appliance	N/C	N/C	N/C	N/C
D9949	Repair of Custom Sleep Apnea Appliance	N/C	N/C	N/C	N/C
D9942	Repair and/or Reline of Occlusal Guard	\$20	N/C	N/C	\$35
D9943	Occlusal Guard Adjustment	\$5	N/C	N/C	\$8
D9951	Occlusal Adjustment - Limited	\$0	N/C	N/C	\$5
D9952	Occlusal Adjustment - Complete	\$60	N/C	N/C	\$90
D9953	Reline Custom Sleep Apnea Appliance (Indirect)	N/C	N/C	N/C	N/C
D9954	Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device	N/C	N/C	N/C	N/C
D9955	Oral appliance therapy (OAT) titration visit	N/C	N/C	N/C	N/C
D9956	Administration of home sleep apnea test	N/C	N/C	N/C	N/C
D9957	Screening for sleep related breathing disorders	N/C	N/C	N/C	N/C
D9959	Unspecified Sleep Apnea Services Procedure, by Report	N/C	N/C	N/C	N/C
D9961	Duplicate/Copy Patient's Records	N/C	N/C	N/C	N/C
D9990	Certified Translation or Sign-Language Services per Visit	N/C	N/C	N/C	N/C
D9997	Dental Case Management – Patients with Special Health Care Needs	\$0	\$0	\$0	\$0

**The schedules are subject to change, contingent upon regulatory approval.

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² Covered only when performed by an anesthesiologist.

Network Bulletin

Date: December 2023
From: Anna Huck, Director, Network Management, Dental
Subject: CDT® D4341/D4342 Claim Submission Guidelines
Applies to: All Aetna Dental plans

This bulletin is part of your *Dental Office Guide*.

According to the American Academy of Periodontology treatment guidelines, periodontal health should be achieved in the least invasive manner, often via scaling and root planing.

Periodontal scaling and root planing (CDT code D4341/4342) is distinctly different from a dental prophylaxis (CDT code D1110) and scaling in the presence of generalized moderate or severe gingival inflammation (CDT code D4346). Key to scaling and root planing is the instrumentation and removal of deposits from the root surfaces of the tooth for patients with indicators of chronic periodontitis as described in the ADA's guide, "Claims Submission: Scaling and Root Planing."

Scaling and root planing typically takes a substantial amount of time per quadrant and routinely requires local anesthetic. The length and nature of the procedure and use of local anesthetic normally necessitates multiple appointments, with one or two quadrants being performed per appointment. For a submission of D4341, the quadrant must include at least 4 teeth with periodontitis, and a submission of D4342 is appropriate for a partial quadrant that includes 1-3 teeth with periodontitis. Periodontal maintenance visits (D4910) by definition also include site-specific scaling and root planing for any number of teeth.

Documentation to support a diagnosis of chronic periodontitis and the delivery of scaling and root planing must consist of the following:

- 1) Periodontal charting that records pocket depths at 6 points per tooth, bleeding on probing, gingival recession, frenum involvement, and furcation defects. With periodontitis, pocket depths are usually at least 4mm, but **we do not base benefit determinations solely on pocket depth.**
- 2) Full mouth radiographs or digital images that **clearly show bone loss**
- 3) Chart notes that show whether or not local anesthetic was administered, and details regarding the treatment performed
- 4) Documentation of length of appointment

The diagnostic materials must demonstrate the following:

- Clinical loss of periodontal attachment
- Radiographic evidence of crestal bone loss, without which root planing cannot be performed
- Radiographic evidence of root surface calculus

We're here to help

If you have questions, call our National Dentist Line at **1-800-451-7715**. Thanks for your continued participation and support of Aetna Dental® plans.

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Claims Submission: Scaling and Root Planing (SRP)

D4341 – PERIODONTAL SCALING AND ROOT PLANING – FOUR OR MORE TEETH PER QUADRANT

D4342 – PERIODONTAL SCALING AND ROOT PLANING – ONE TO THREE TEETH PER QUADRANT

According to the American Academy of Periodontology, a patient is a periodontitis case in the context of clinical care if:

- Interdental CAL is detectable at ≥ 2 non-adjacent teeth, OR
- Buccal or oral CAL ≥ 3 mm with pocketing > 3 mm is detectable at ≥ 2 teeth

And the observed CAL cannot be ascribed to non-periodontal causes such as: 1) gingival recession of traumatic origin; 2) dental caries extending in the cervical area of the tooth; 3) the presence of CAL on the distal aspect of a second molar and associated with malposition or extraction of a third molar, 4) an endodontic lesion draining through the marginal periodontium; and 5) the occurrence of a vertical root fracture.¹

According to the ADA Evidence-Based Clinical Recommendations for patients with chronic periodontitis i.e. with the clinical indicators noted above, clinicians should consider scaling and root planing (SRP) as the initial definitive treatment.

SRP Claims

- D4341 and D4342 are not “by report” codes.
- However, in order to adjudicate the patient’s benefit based on plan policies, carriers require additional information to process the claims. Dentists, especially those in-network are contractually obligated to respond to such requests. Supporting documentation that may facilitate faster claim processing include:
 - Narrative indicating periodontal disease
 - Documentation of the amount of millimeter attachment loss/ bone loss. Documentation options include:
 - Diagnostic quality radiographs showing bone loss (see inset for more information). Include images for all affected teeth that need SRP
 - Complete periodontal chart indicating loss of attachment/bone loss, bleeding on probing, and pocket depths. Proper periodontal charting typically includes documentation on at least 6 sites around each affected tooth/ implant.
- If four (4) quadrants of SRP were completed in one visit/appointment, be sure to indicate why and submit a narrative outlining the reason (Examples of circumstances that may require treatment in multiple quadrants on the same date include but are not limited to: patient’s needing IV sedation for treatment, patients with special needs, patients with transportation barriers, patients need pre-treatment antibiotics etc.).

DIAGNOSTIC QUALITY RADIOGRAPHS

Dental plans have stated that a common reason for SRP claim denials or requests for additional information are due to receiving radiographs that are not of diagnostic quality. Staff should perform a quality review before an SRP claim is submitted to a dental plan and verify that:

- ✓ Preferably bite-wings (vertical or horizontal as long as the image captures the bone height in relation to the root and any furcation involvement) or sometimes the full mouth series are submitted. **NOT** panoramic X-rays.
- ✓ Radiographs are properly mounted and labeled (e.g., left and/or right, and with the patient’s name)
- ✓ Diagnostic quality depicting appropriate structures
- ✓ Submitted radiographs should be duplicates and taken immediately prior to the diagnostic treatment planning appointment.
- ✓ See Appendix 2: Examples of Good and Poor Radiographs for SRP Claims

¹ <https://aap.onlinelibrary.wiley.com/doi/10.1002/JPER.18-0006>



- Some plans may not benefit 4 quadrants in one visit, regardless of documentation submitted. Refer to the plan's processing policies for more details.
- Some plans may additionally request a copy of your schedule indicating allocation of chair-time necessary to complete 4 quadrants on the same day.
- Some plans may request documentation that in fact local anesthesia was used during the procedure.

Offices that submit the proper documentation will have better chances of getting these claims correctly adjudicated on the first submission.

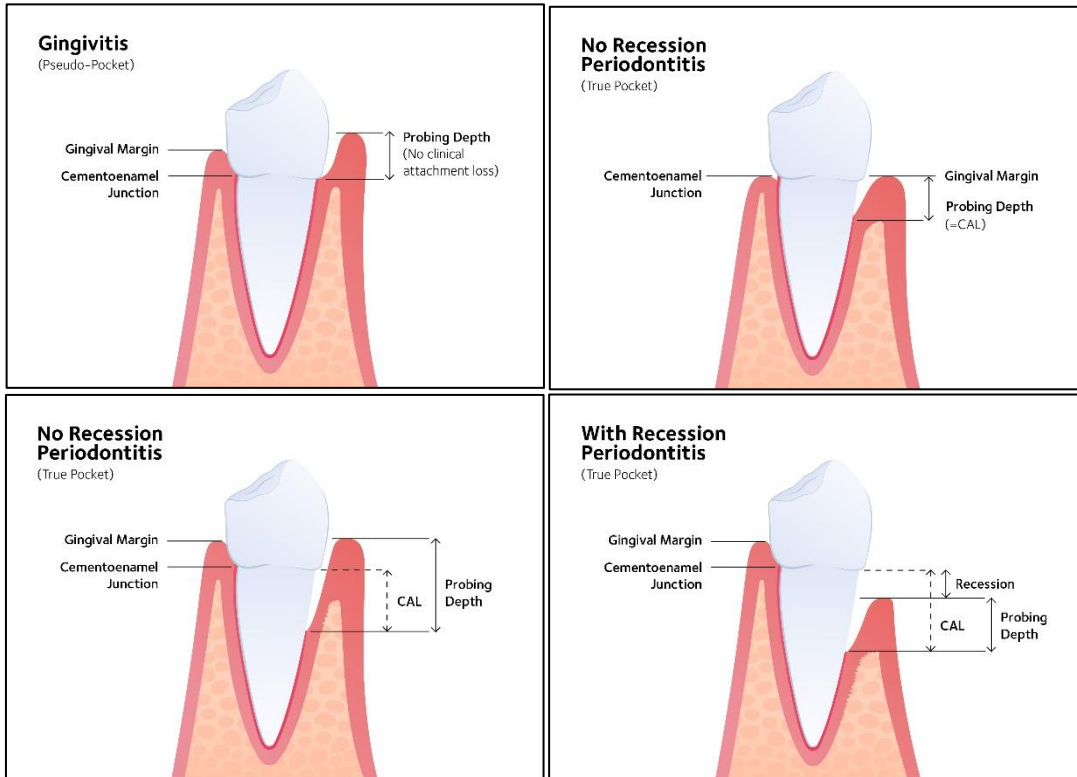
Dentists need to be involved in the claim submission quality review process as the treating dentist has an important responsibility to [assure the accuracy of submitted claims](#). This includes completion of all accompanying clinical documentation necessary for proper claim adjudication.

Front office staff should address any concerns with the completed claim form and accompanying documentation with the treating dentist *before* submission of the claim. This includes radiographs, claim forms, periodontal charting and narrative descriptions.

Recording Attachment Loss

Probing depth or pocket depth is measured from the gingival margin, and the measurement is affected by gingival recession or inflammation. Clinical attachment loss (CAL) is measured from a fixed reference point (typically the cemento enamel junction) and is a more stable indicator of periodontal health.

In cases without any recession, Loss of attachment (mm) = Probing Depth (mm) – mm from gingival margin to CEJ.
 In cases with recession, Loss of attachment (mm) = Probing Depth (mm) + Recession (mm from CEJ to gingival margin).



Pseudo-pocketing caused by hyperplastic gingival tissue or inflamed gingival tissue can result in abnormal probing depth without concomitant bone loss/ loss of attachment. Treatment of this condition should be reported as a prophylaxis (D1110 or D1120) or scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation (D4346). More info can be found in the [ADA Guide to Reporting D4346](#).



Sample Periodontal Chart

Dental offices that use a practice management software typically have a periodontal module that can generate a periodontal chart that can be communicated to the dental plan. A sample chart appears below. Note the different periodontal parameters included on a **complete periodontal chart**.

Perio Data Chart																3/8/22	
F	EXAM DATE: 3/8/2022	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	⑪	⑫	⑬	⑭	⑮	⑯
		DCM	DCM	DCM	DCM	DCM	DCM	DCM	DCM	MCD	MCD	MCD	MCD	MCD	MCD	MCD	MCD
Probing Depth		435	534	434	434	423	333	323	323	323	323	323	323	334	545	633	
Gingival Margin		101	101	101	101	101	101	101	101	101	101	101	101	111	000	111	
Clinical Attachment Level		334	433	333	333	322	232	222	222	222	222	222	222	445	545	744	
Mucogingival Junction																	
Furcation Grade		---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Bleeding		●●	●●	●●	●●	●●	●●	●●●	●●	●●	●●	●●●	●●	●●	●●	●●●	●
Suppuration																	
Suppuration																	
Bleeding		●●●	●●●	●●●	●●●	●●●	●●	●●	●●	●	●●●	●●	●●	●●●	●●	●●	●●
Furcation Grade		---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Mucogingival Junction																	
Clinical Attachment Level		344	544	443	443	333	333	333	332	343	333	334	334	656	546	745	
Gingival Margin		101	101	101	101	101	101	101	101	101	101	101	101	111	000	111	
Probing Depth		445	645	544	544	434	434	434	433	444	434	435	435	545	546	634	
L		M															M
Plaque/Mobility/Bone Loss																	
Plaque/Mobility/Bone Loss																	
L		M															M
Probing Depth		545	545	554	444	434	434	434	434	434	434	445	545	645	546		
Gingival Margin		101	101	101	101	101	101	101	101	101	101	101	101	101	101	101	
Clinical Attachment Level		444	444	453	343	333	333	333	333	333	335	344	444	544	445		
Mucogingival Junction																	
Furcation Grade		---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Bleeding		●●	●●	●●●	●●●	●●	●●	●●	●●	●●	●●	●●	●●●	●●●	●●●	●●●	●●●
Suppuration																	
Suppuration																	
Bleeding		●●	●●	●●●	●●	●●●	●●	●●	●●	●●●	●●	●●	●●	●●	●●	●●	●●
Furcation Grade		---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Mucogingival Junction																	
Clinical Attachment Level		333	334	343	333	333	333	333	332	232	232	233	333	343	444		
Gingival Margin		101	101	101	101	101	101	101	101	101	101	101	101	101	101	101	
Probing Depth		434	435	444	434	434	434	434	433	333	333	334	434	444	545		
F		DCM	DCM	DCM	DCM	DCM	DCM	DCM	DCM	MCD	MCD	MCD	MCD	MCD	MCD	MCD	MCD
		⑳	㉑	㉒	㉓	㉔	㉕	㉖	㉗	㉘	㉙	㉚	㉛	㉜	㉝	㉞	㉟

Why do my SRP claims get denied?

Periodontal scaling and root planing (SRP) procedures (D4341 and D4342) tend to have a higher frequency for denial and/or requests for additional information from dental plans in comparison to many other procedures. Dentists may not always understand why claims for SRP are denied when the patient has abnormal pocket depths. A claim may be paid on one patient while at other times a plan may deny the same procedure on another patient who had a similar clinical presentation.

- Different dental plans have different coverage and processing policies for SRP claims. Examples include:

“Document at least 4mm pocket depths on the diseased teeth involved. No payment is made and the fees are not billable to the patient by a participating dentist in the absence of radiographic documentation of bone loss and documentation of clinical attachment loss.”

“Benefits for D4341 and D4342 require root surface calculus, radiographic bone loss and bleeding upon probing. Additional information such as gingival recession, frenum involvement and furcation defects are also evaluated, but in general, documented 5-8 mm pockets determine benefits”.

- Plans will typically not pay separately for SRP on the same date of service as a surgical periodontal procedure on the same teeth.
- Plans may have different coverage policies for SRP around natural teeth versus implants.
- Plans may implement frequency limitations for retreatment within a designated time frame, for example, twenty-four months from the original treatment date.
- Plans may not provide coverage for more than 2 quadrants of SRP on the same date of service unless there are extenuating circumstances and the documentation supports the need. These plans may request the amount of time it took to scale and root plane and a narrative (which includes details on use of anesthesia) in order to determine coverage and benefits.

It is essential for dentists and their teams to fully read and understand each payer’s processing policies.

Payers note that if there is no radiographic evidence of bone loss, root surface calculus or adequate clinical attachment loss demonstrated by the submitted periodontal charting, the claim will typically be denied. If only certain teeth in a quadrant meet these criteria, a partial quadrant, only D4342 may be benefitted. Payers report that a common issue is that radiographs submitted with claim(s) are not properly mounted, labeled, or are not of diagnostic quality. Payers have stated that at times the charting is not legible or is incomplete.

When the claim is denied due to frequency limits, annual benefit or other plan limitations and depending on how the explanation of benefits (EOB) statement is worded, some patients may think that the dentist has provided unnecessary work. This may create unnecessary friction in the dentist-patient relationship. To help prevent this, **dental plans should make it clear to both patients and dentists that claims denials due to processing policies does not mean that the treatment was unnecessary; the denial is based on solely on plan limitations.** Dentists should advise their patients that coverage is often based on employer funding of the policy purchased rather than the clinical needs of the specific patients.

It is the ADA’s position that all communications to beneficiaries from third-party payers that attempt to explain the reason(s) for a benefit reduction or denial of a dental benefits plan include the following statement, *“Any difference between the fee charged and the benefit paid is due to limitations in your dental benefits contract. Please refer to your summary plan description for an explanation of the specific policy provisions which limit or exclude coverage for the claim submitted.”*

It is always appropriate to [appeal](#) the benefit decision if the dentist thinks the claim has not been properly adjudicated. A proper appeal involves sending the plan a written request to reconsider the claim with any additional information.



Guiding Values for the Treating Dentist

The American Dental Association (ADA) makes a commitment to society that member dentists will adhere to ethical standards of conduct, which have the benefit of the patient as their primary concern as noted in the Preamble of the ADA Principles of Ethics and Code of Professional Conduct (ADA Code). All member dentists voluntarily agree to abide by the [ADA Code](#).

Specific to determining the treatment plan and procedure coding, in Section 5 of the ADA Code, the principle Veracity ("truthfulness") is one which all dentists should remain mindful of. This section specifically states that, "the dentist has a duty to communicate truthfully."

This principle expresses the concept that professionals have a duty to be honest and trustworthy in their dealings with people. Under this principle, the dentist's primary obligations include respecting the position of trust inherent in the dentist-patient relationship, communicating truthfully and without deception, and maintaining intellectual integrity.

For specific information about how Section 5 of ADA Code of Professional Conduct pertains to dentist's responsibility to assure all claims submitted on their behalf are done so correctly, please refer the ADA Guide [Assuring Accuracy of Claims as a Treating Dentist](#).

The Future of Artificial Intelligence (AI) and Its Role in SRP Claims Review

Dental payers complete utilization reviews on all or a portion of the claims they receive, but most notably on SRP claims. Payers use the types of required documentation covered in this guide to review submitted SRP claims, and these reviews have traditionally been carried out by the payers' dental consultants.

Many payers are now looking towards new technology that can automate the claims review process.

The application of AI as a first pass in the screening of the large amount of documentation being requested and sent in related to SRP claims is something that is becoming more commonplace across the dental payer landscape. When used appropriately, the hope is that AI can step in and deliver immediate benefits that reduce frustration between dentists and dental carriers by ensuring claim completeness, more consistency in payers' reviews, and an overall increase in efficiency for all parties. The ADA will continue to closely monitor the application of AI to make certain that claims are not unfairly adjudicated during its use.

Additional information on valuable educational ready-to-use resources on innovative dental insurance solutions for dentists can be found at [ADA.org/dentalinsurance](https://ada.org/dentalinsurance).

Appendix 1: Example of Processing Policies

Payer #1:

D4341 Periodontal scaling & root planing-four or more teeth per quadrant

- a. Document at least 4mm pocket depths on the diseased teeth involved. No payment is made and the fees are not billable to the patient by a participating dentist in the absence of radiographic documentation of bone loss and documentation of clinical attachment loss.
- b. Do not count teeth bounded spaces for D4210, D4341. Count only diseased teeth.
- c. When there is a contractual time limitation on the frequency of benefits for scaling and root planing, and subsequent requests for scaling and root planing benefits are submitted within that contractual time limitation, benefits are DENIED. In the absence of a contractual time limitation for scaling and root planing, fees for D4341 are not billable to the patient by a participating dentist within 24 months when done by the same dentist/dental office. If treatment is done by a different dentist within 24 months, benefits are DENIED.
- d. Adult prophylaxis procedures (D1110), full mouth scaling (D4346) or debridement (D4355) are considered a component when submitted on the same date of service as D4341. This time limitation, like all other contractual time limitations, should be defined in the group/individual contract. Fees for the prophylaxis procedure by the same dentist/dental office are not billable to the patient by a participating dentist.
- e. Benefit no more than two quadrants of scaling and root planing on the same date of service. More than two quadrants on the same date of service are not billable to the patient by the same participating dentist/dental office/DENIED-nonparticipating dentist.
- f. For patients under the age of 30, clinical treatment notes, the most current (less than two years old) complete series of radiographic images, complete periodontal charting (no more 12 months old) and a copy of the appointment schedule showing the length of the appointment time are required. No payment is made for periodontal maintenance (D4910), scaling in presence of generalized moderate or severe gingival inflammation (D4346) or prophylaxis (D1110) when performed on the same day as scaling and root planning (D4341). The fee is not billable to the patient by a participating dentist.

D4342 Periodontal scaling & root planing-one to three teeth per quadrant: Scaling and root planing in the same quadrant is benefited once every 24 months unless specified by group contract. Reporting separately for periodontal root planing is not billable to the patient by a participating dentist on the same date as procedures D4240-D4241, D4249, D4260-4261, D4270-D4285.

Do not count tooth bounded spaces for D4341, D4342. In order to qualify for benefits probing depths must be 4mm or greater on 4 or more teeth. If only 1-3 teeth qualify, use partial quadrant code (D4342). If no teeth in the quadrant qualify, the Dental Consultant will DENY.

Payer #2:

When supporting documentation is requested for periodontal services, please refer to the submission guidelines as outlined in this section.

- A quadrant is defined as four or more contiguous teeth per quadrant.
- A partial quadrant is defined as one to three teeth per quadrant. For billing purposes, a sextant is not a recognized designation by the American Dental Association.
- Alveolar crestal bone loss must be evident radiographically for scaling and root planning to be covered.

When more than one periodontal service (codes D4000-D4999) is completed within the same site or quadrant on the same date of service, carrier will pay for the more extensive treatment as payment for the total service.

Benefits for all periodontal services are limited to two quadrants per date of service. If you want to request an exception to this due to a medical condition that may require your patient to receive extended treatment, please include a detailed narrative including general or intravenous anesthesia record, medical condition and length of appointment time.

Payer #3:

Benefits for D4341 and D4342 require root surface calculus, radiographic bone loss and bleeding upon probing. Additional information such as gingival recession, frenum involvement and furcation defects are also evaluated, but in general, documented 5-8 mm pockets determine benefits.

Payer #4:

Scaling and Root Planing

Scaling and Root Planing is indicated for the treatment of localized or generalized active Periodontal Disease characterized by:
 Periodontal probing depths of 4-6+ mm with radiographic evidence of horizontal or vertical bone loss
 Refractory or recurrent Periodontal Disease
 Periodontal abscess

Scaling and Root Planing is not indicated for the following:
 For the removal of heavy deposits of calculus and plaque in the absence of clinical attachment loss
 Gingivitis as defined by inflammation of the gingival tissue without loss of attachment (bone and tissue)

Coverage Limitations

Scaling and Root Planing is limited to 1 time per quadrant per consecutive 24 months

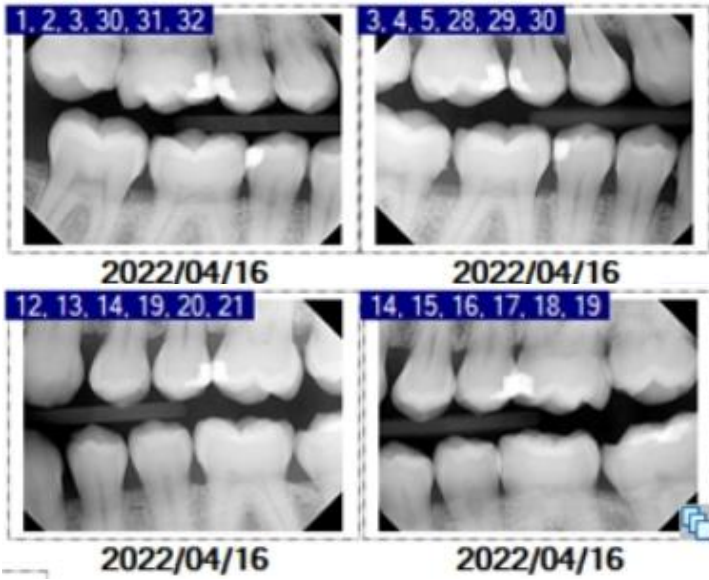
Appendix 2: Examples of Good and Poor Radiographs for SRP Claims

[Note: some of the enclosed examples are images that are zoomed-in and enlarged.]

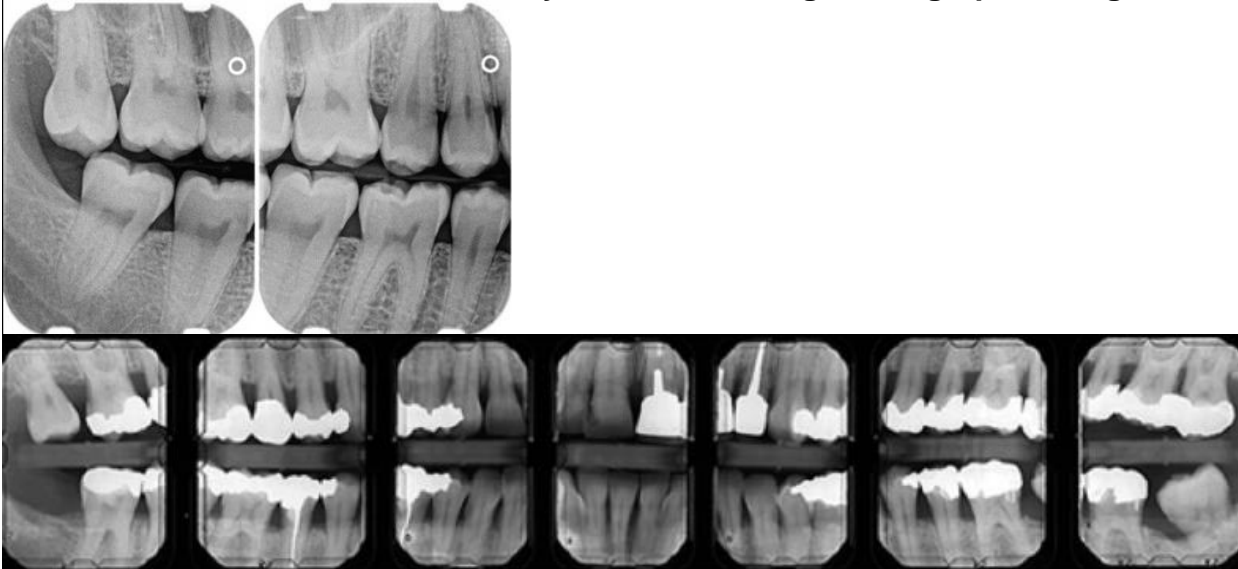
Examples of good diagnostic-quality panoramic radiographic images



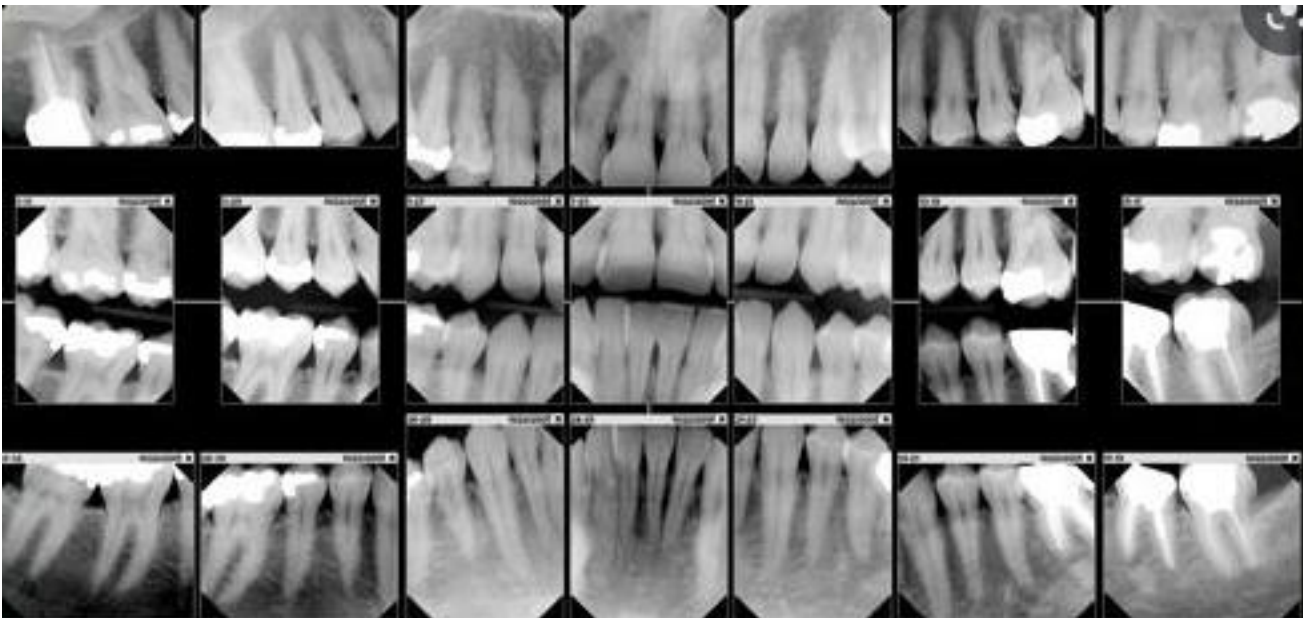
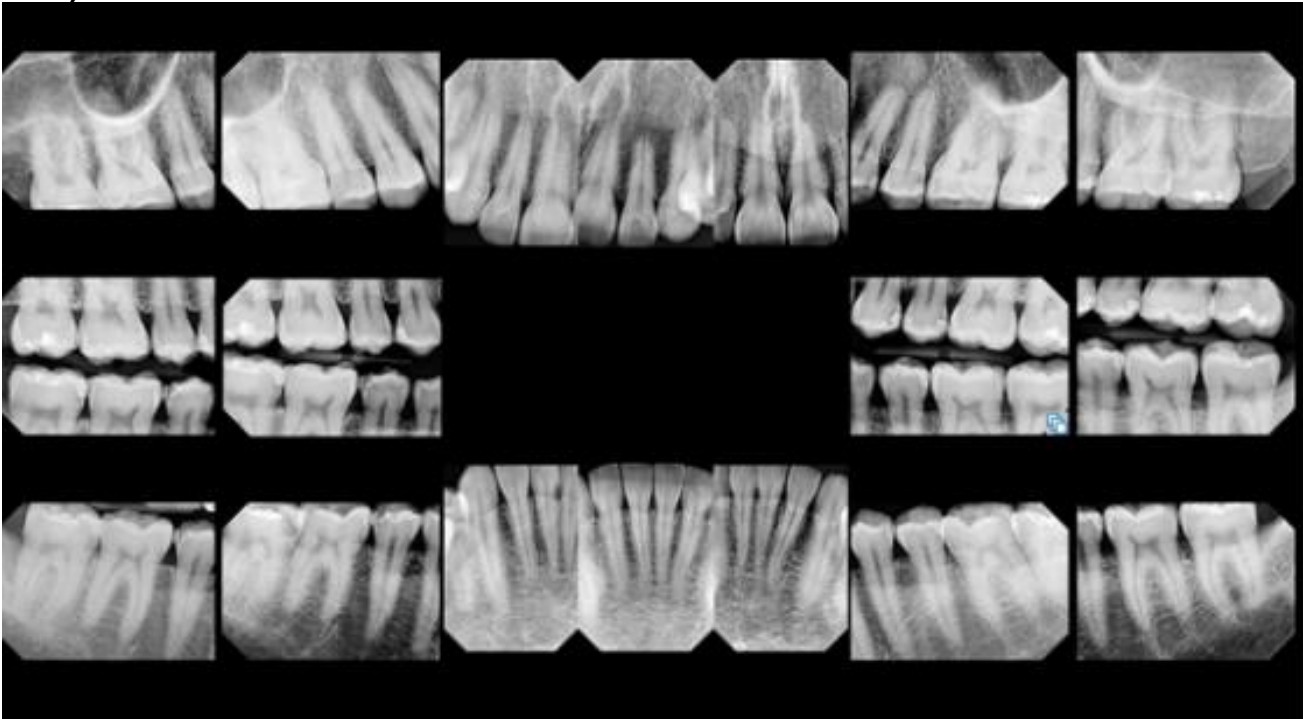
Examples of good diagnostic-quality bitewing radiographic images



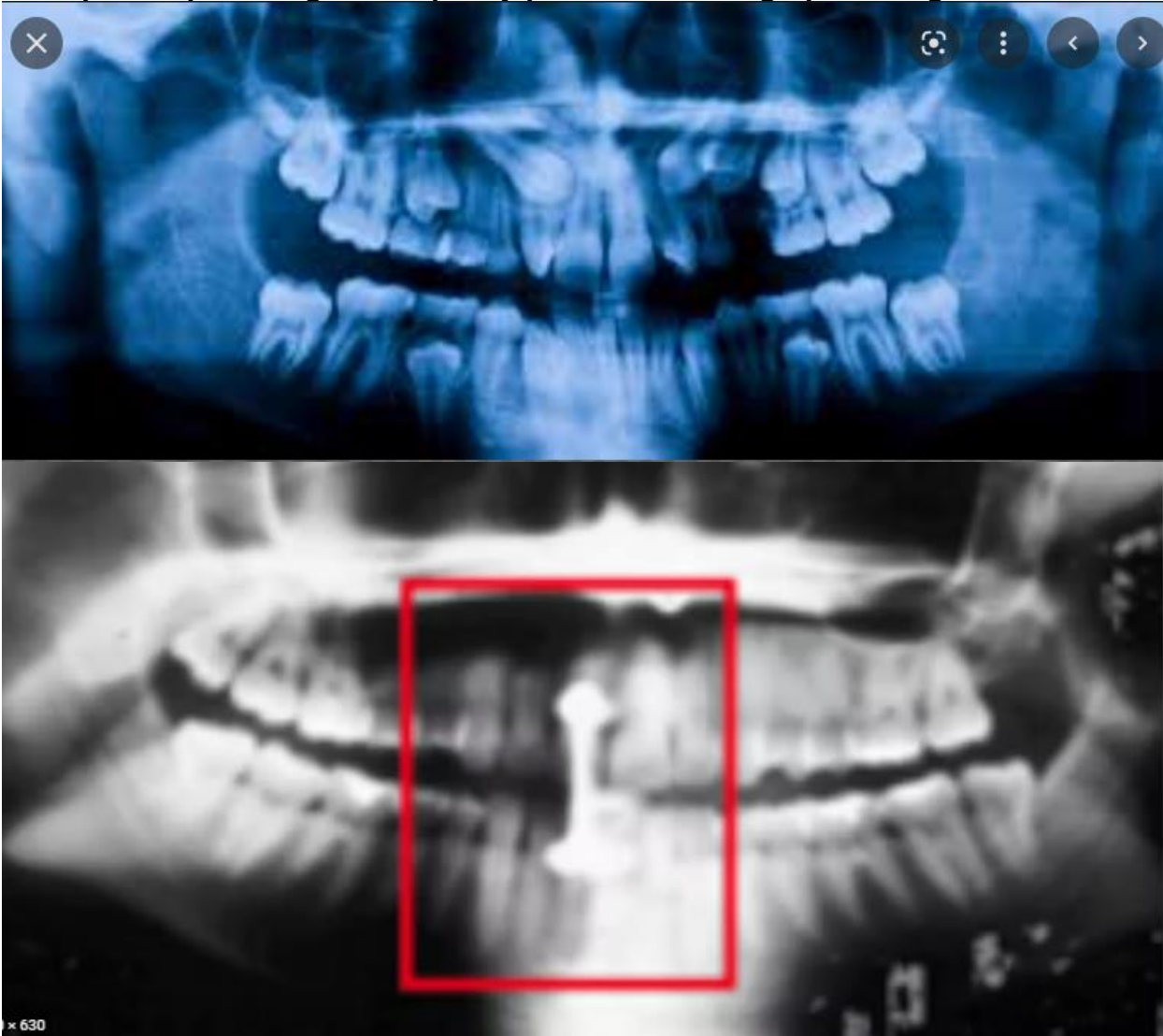
Examples of good diagnostic-quality vertical bitewings radiographic images



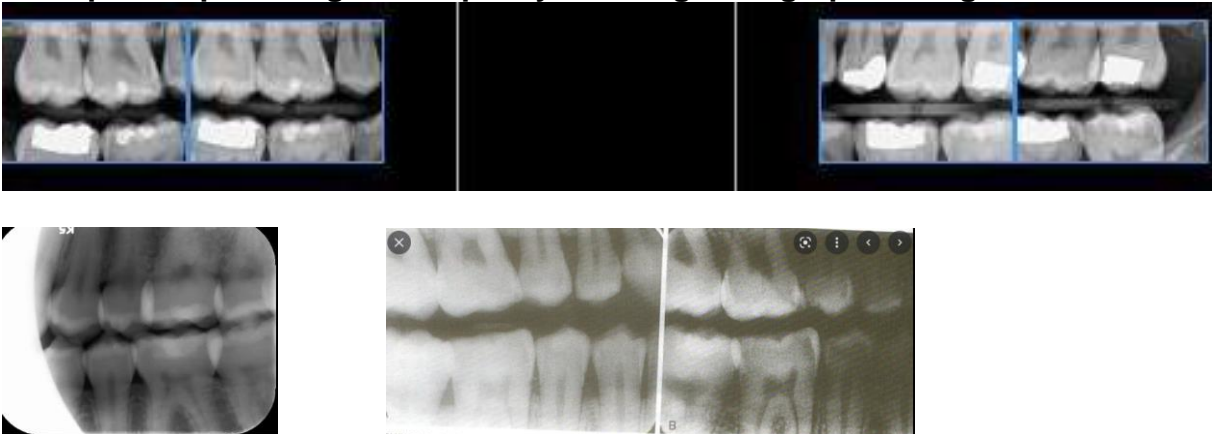
Examples of good diagnostic-quality intraoral – complete series of radiographic images (i.e., FMX)



Examples of poor diagnostic-quality panoramic radiographic images



Examples of poor diagnostic-quality bitewing radiographic images



Network Bulletin

Date: October 2023
From: Anna Huck, Director, Network Management, Dental
Subject: CDT® 2024 updates to the Dental Office Guide for DMO Primary Care Dentists
Applies to: Aetna DMO® (Dental Maintenance Organization) plans

This bulletin is part of your *Dental Office Guide*.

New CDT® 2024¹ codes

The American Dental Association has issued new Current Dental Terminology (CDT) codes starting **January 1, 2024**. We've listed them below.

We're here to help

If you have questions, call our National Dentist Line at **1-800-451-7715**. Thanks for your continued participation and support of Aetna Dental® plans.

CDT 2024 Code ¹	Nomenclature
D0100 - D0999	I. Diagnostic
D0396	3D printing of a 3D dental surface scan
D1000 - D1999	II. Preventive
D1301	immunization counseling
D2000 – D2999	III. Restorative
D2976	band stabilization – per tooth
D2989	excavation of a tooth resulting in the determination of non-restorability
D2991	application of hydroxyapatite regeneration medicament – per tooth

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DMO plans are insured by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc. (Aetna). Each insurer has sole financial responsibility for its own products.

D6000-D6199	VIII. Implant Services
D6089	accessing and retorquing loose implant screw - per screw
D7000-D7999	X. Oral and Maxillofacial Surgery
D7284	excisional biopsy of minor salivary glands
D7939	indexing for osteotomy using dynamic robotic assisted or dynamic navigation
D9000-D9999	XII. Adjunctive General Services
D9938	fabrication of a custom removable clear plastic temporary aesthetic appliance
D9939	placement of a custom removable clear plastic temporary aesthetic appliance
D9954	fabrication and delivery of oral appliance therapy (OAT) morning repositioning device
D9955	oral appliance therapy (OAT) titration visit
D9956	administration of home sleep apnea test
D9957	screening for sleep related breathing disorders

Patient coinsurance/copay information for the new codes

Follow the guides below to determine members' coinsurance percentages and fixed copayment amounts, by plan code, for the new CDT codes.

COINSURANCE PLAN CODES

A - M

ADA Code ¹	A	B	C	D	E	F	G	H	I	J Ji	K	L -LM Li	M Mi
D0396	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1301	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D2976	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D2989	0	0	0	0	0	0	0	0	0	0	0	0	0
D2991	0	0	0	0	0	0	0	0	0	0	0	0	0
D6089	10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%
D7284	0	0	0	0	0	0	0	0	0	0	0	0	0
D7939	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9938	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9939	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9954	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9955	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9956	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9957	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C

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COINSURANCE PLAN CODES

Q - U

ADA Code¹	Q	R	U Ui	UAB	UNJ
D0396	N/C	N/C	N/C	N/C	N/C
D1301	N/C	N/C	N/C	N/C	N/C
D2976	N/C	N/C	N/C	N/C	N/C
D2989	0	0	0	0	0
D2991	0	0	0	0	0
D6089	25%	N/C	0	0	0
D7284	0	0	0	0	0
D7939	N/C	N/C	N/C	N/C	N/C
D9938	N/C	N/C	N/C	N/C	N/C
D9939	N/C	N/C	N/C	N/C	N/C
D9954	N/C	N/C	N/C	N/C	N/C
D9955	N/C	N/C	N/C	N/C	N/C
D9956	N/C	N/C	N/C	N/C	N/C
D9957	N/C	N/C	N/C	N/C	N/C

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COINSURANCE PLAN CODES

1 – 14i

ADA Code¹	1 1i	2 2i	2BA	3	4	5	6	7	8 8i	10 10i	12	14i
D0396	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1301	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D2976	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D2989	20%	20%	20%	50%	20%	75%	50%	0	10%	20%	0	10%
D2991	0	0	0	0	0	0	0	0	0	0	0	0
D6089	40%	50%	50%	50%	40%	75%	75%	50%	40%	40%	50%	40%
D7284	0	0	0	0	0	0	0	0	0	0	0	0
D7939	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9938	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9939	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9954	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9955	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9956	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9957	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C

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COINSURANCE PLAN CODES**21 – 26**

ADA Code¹	21	22	23	24	25	26
D0396	N/C	N/C	N/C	N/C	N/C	N/C
D1301	N/C	N/C	N/C	N/C	N/C	N/C
D2976	N/C	N/C	N/C	N/C	N/C	N/C
D2989	10%	20%	10%	20%	0	0
D2991	0	0	10%	20%	0	0
D6089	10%	20%	10%	20%	25%	40%
D7284	0	0	10%	20%	0	0
D7939	N/C	N/C	N/C	N/C	N/C	N/C
D9938	N/C	N/C	N/C	N/C	N/C	N/C
D9939	N/C	N/C	N/C	N/C	N/C	N/C
D9954	N/C	N/C	N/C	N/C	N/C	N/C
D9955	N/C	N/C	N/C	N/C	N/C	N/C
D9956	N/C	N/C	N/C	N/C	N/C	N/C
D9957	N/C	N/C	N/C	N/C	N/C	N/C

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FIXED COPAY PLAN CODES
34 – 34C

ADA Code¹	34	34A	34B	34C
D0396	N/C	N/C	N/C	N/C
D1301	N/C	N/C	N/C	N/C
D2976	N/C	N/C	N/C	N/C
D2989	\$0	N/C	\$8	\$8
D2991	\$0	\$0	\$0	\$0
D6089	N/C	N/C	N/C	N/C
D7284	\$38	N/C	N/C	\$60
D7939	N/C	N/C	N/C	N/C
D9938	N/C	N/C	N/C	N/C
D9939	N/C	N/C	N/C	N/C
D9954	N/C	N/C	N/C	N/C
D9955	N/C	N/C	N/C	N/C
D9956	N/C	N/C	N/C	N/C
D9957	N/C	N/C	N/C	N/C

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FIXED COPAY PLAN CODES
41 – 59i

ADA Code¹	41	41S	42	51	52	53 53i	54	55 55A	56	56H	56X	57 57i	58	59i
D0396	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1301	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D2976	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D2989	\$11	\$0	\$11	\$11	\$10	\$8	\$5	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D2991	\$15	\$15	\$15	\$15	\$15	\$12	\$0	\$0	\$0	\$0	\$0	\$15	\$8	\$0
D6089	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D7284	\$150	\$150	\$150	\$150	\$135	\$120	\$45	\$30	\$30	\$30	\$30	\$120	\$45	\$30
D7939	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9938	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9939	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9954	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9955	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9956	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9957	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C

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FIXED COPAY PLAN CODES
63 – 68i

ADA Code¹	63 63i	64 64i	65 65i	66 66i	67 67i	68 68i
D0396	N/C	N/C	N/C	N/C	N/C	N/C
D1301	N/C	N/C	N/C	N/C	N/C	N/C
D2976	N/C	N/C	N/C	N/C	N/C	N/C
D2989	\$8	\$5	\$0	\$0	\$0	\$0
D2991	\$12	\$0	\$0	\$0	\$15	\$8
D6089	N/C	N/C	N/C	N/C	N/C	N/C
D7284	\$300	\$113	\$75	\$75	\$120	\$113
D7939	N/C	N/C	N/C	N/C	N/C	N/C
D9938	N/C	N/C	N/C	N/C	N/C	N/C
D9939	N/C	N/C	N/C	N/C	N/C	N/C
D9954	N/C	N/C	N/C	N/C	N/C	N/C
D9955	N/C	N/C	N/C	N/C	N/C	N/C
D9956	N/C	N/C	N/C	N/C	N/C	N/C
D9957	N/C	N/C	N/C	N/C	N/C	N/C

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FIXED COPAY PLAN CODES
73 – 78i, CAM/CMI, CAL/CLI, SFL/SFi

ADA Code¹	73 73i	73S	74 74i	75F	75 75i	76 76i	77 77i	78 78i	CAM CMI	CAL CLI	SFL SFi
D0396	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1301	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D2976	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D2989	\$10	\$0	\$6	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D2991	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8	\$15	\$0
D6089	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D7284	\$293	\$293	\$125	\$83	\$83	\$83	\$132	\$125	\$53	\$75	\$83
D7939	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9938	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9939	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9954	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9955	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9956	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9957	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C

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Network Bulletin

Date: October 2023

From: Anna Huck, Director, Dental Network Operations

Subject: DMO[®] plans – New Jersey State Health Benefits Program

Applies to: DMO[®] plans 34, 34A, 34B and 34C

This bulletin is part of your *Dental Office Guide*.

Starting January 1, 2024*

We're making changes to the New Jersey State Health Benefit Program (Plan 34) and the nationwide DMO Copay plans (34A, 34B, 34C) for retirees of the New Jersey State Health Benefit Program. These changes will start on January 1, 2024.

New CDT[®] 2024¹ codes

The American Dental Association has issued new Current Dental Terminology (CDT) codes starting **January 1, 2024**. Attached are the new copay schedules**.

We're here to help

Coverage for any service not specifically listed on the applicable charts will be as determined by Aetna in its discretion. Furthermore, additional codes may be added and codes may be deleted at our discretion. Except as specified otherwise, "codes" refer to codes of the American Dental Association ("ADA"). The appropriate code must be designated when billing or when submitting claims or encounter information.

If you have questions, call our National Dentist Line at **1-800-451-7715**. Thanks for your continued participation and support of Aetna Dental[®] plans.

* Eligibility for most employees will begin January 1, 2024.
The schedules are subject to change, contingent upon regulatory approval.

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DMO plans are insured by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc. (Aetna). Each insurer has sole financial responsibility for its own products.

ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D0120	Periodic Oral Evaluation - Established Patient	\$0	\$0	\$0	\$0
D0140	Limited Oral Evaluation - Problem Focused	\$0	\$0	\$0	\$0
D0145	Oral Evaluation for a Patient Under 3 Years of Age and Counseling with Primary Caregiver	\$0	\$0	\$0	\$0
D0150	Comprehensive Oral Evaluation – New or Established Patient	\$0	\$0	\$0	\$0
D0160	Detailed and Extensive Oral Evaluation – Problem Focused, by Report	\$0	\$0	\$0	\$0
D0210	Intraoral – Comprehensive Series of Radiographic Images	\$0	\$0	\$0	\$0
D0220	Intraoral – Periapical First Radiographic Image	\$0	\$0	\$0	\$0
D0230	Intraoral - Periapical Each Additional Radiographic Image	\$0	\$0	\$0	\$0
D0240	Intraoral – Occlusal Radiographic Image	\$0	\$0	\$0	\$0
D0250	Extra-oral – 2D Projection Image Created Using a Stationary Radiation Source, and Detector	\$0	\$0	\$0	\$0
D0251	Extra-oral Posterior Dental Radiographic Image	\$0	\$0	\$0	\$0
D0270	Bitewing - Single Radiographic Image	\$0	\$0	\$0	\$0
D0272	Bitewings - Two Radiographic Images	\$0	\$0	\$0	\$0
D0273	Bitewings - Three Radiographic Images	\$0	\$0	\$0	\$0
D0274	Bitewings - Four Radiographic Images	\$0	\$0	\$0	\$0
D0277	Vertical Bitewings – 7 to 8 Radiographic Images	\$0	\$0	\$0	\$0
D0330	Panoramic Radiographic Image	\$0	\$0	\$0	\$0
D0340	2D Cephalometric Radiographic Image – Acquisition, Measurement and Analysis	\$0	\$0	\$0	\$0
D0372	Intraoral Tomosynthesis – Comprehensive Series of Radiographic Images	\$0	\$0	\$0	\$0
D0373	Intraoral Tomosynthesis – Bitewing Radiographic Image	\$0	\$0	\$0	\$0
D0374	Intraoral Tomosynthesis – Periapical Radiographic Image	\$0	\$0	\$0	\$0
D0387	Intraoral Tomosynthesis – Comprehensive Series of Radiographic Images – Image Capture only	\$0	\$0	\$0	\$0
D0388	Intraoral Tomosynthesis – Bitewing Radiographic Image – Image Capture Only	\$0	\$0	\$0	\$0
D0389	Intraoral Tomosynthesis – Periapical Radiographic Image – Image Capture only	\$0	\$0	\$0	\$0
D0391	Interpretation of Diagnostic Image by a Practitioner Not Associated with Capture of the Image, Including Report	\$0	\$0	\$0	\$0
D0412	Blood Glucose Level Test – In-office using a Glucose Meter	N/C	N/C	N/C	N/C
D0414	Laboratory Processing of Microbial Specimen to Include Culture and Sensitivity Studies, Preparation and Transmission of Written Report	\$0	\$0	\$0	\$0
D0415	Collection of Microorganisms for Culture and Sensitivity	\$0	\$0	\$0	\$0
D0416	Viral Culture	\$0	\$0	\$0	\$0
D0419	Assessment of salivary flow by measurement	N/C	N/C	N/C	N/C
D0425	Caries Susceptibility Tests	\$0	\$0	\$0	\$0
D0460	Pulp Vitality Tests	\$0	\$0	\$0	\$0
D0470	Diagnostic Casts	\$0	\$0	\$0	\$0
D0600	Non-Ionizing Diagnostic Procedure Capable of Quantifying, Monitoring, and Recording Changes in Structure of Enamel, Dentin and Cementum	\$0	\$0	\$0	\$0
D0604	Antigen testing for a public health related pathogen, including coronavirus	N/C	N/C	N/C	N/C
D0605	Antibody testing for a public health related pathogen, including coronavirus	N/C	N/C	N/C	N/C
D0701	Panoramic radiographic image – image capture only	\$0	\$0	\$0	\$0
D0705	Extra-oral posterior dental radiographic image – image capture only	\$0	\$0	\$0	\$0
D0706	Intraoral – occlusal radiographic image – image capture only	\$0	\$0	\$0	\$0
D0707	Intraoral – periapical radiographic image – image capture only	\$0	\$0	\$0	\$0
D0708	Intraoral – bitewing radiographic image – image capture only	\$0	\$0	\$0	\$0
D0709	Intraoral – complete series of radiographic images – image capture only	\$0	\$0	\$0	\$0
D1110	Prophylaxis - Adult	\$0	\$0	\$0	\$0
D1120	Prophylaxis - Child	\$0	\$0	\$0	\$0

* The schedules are subject to change, contingent upon regulatory approval.

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² Covered only when performed by an anesthesiologist

ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D1206	Topical Application of Fluoride Varnish	\$0	\$0	\$0	\$0
D1208	Topical Application of Fluoride – Excluding Varnish	\$0	\$0	\$0	\$0
D1301	Immunization Counseling	N/C	N/C	N/C	N/C
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	N/C	N/C	N/C	N/C
D1330	Oral Hygiene Instructions	\$0	\$0	\$0	\$0
D1351	Sealant - Per Tooth	\$0	\$0	\$0	\$0
D1352	Preventive Resin Restoration in a Moderate to High Caries Risk Patient – Permanent Tooth	\$0	\$0	\$0	\$0
D1353	Sealant repair – Per Tooth	\$0	\$0	\$0	\$0
D1354	Application of Caries Arresting Medicament – per Tooth	\$0	\$0	\$0	\$0
D1355	Caries preventive medicament application – per tooth	\$0	\$0	\$0	\$0
D1510	Space Maintainer - Fixed - Unilateral	\$0	\$0	\$0	\$0
D1516	Space Maintainer - Fixed – Bilateral, Maxillary	\$0	\$0	\$0	\$0
D1517	Space Maintainer - Fixed – Bilateral, Mandibular	\$0	\$0	\$0	\$0
D1520	Space Maintainer - Removable - Unilateral	\$0	\$0	\$0	\$0
D1526	Space Maintainer - Removable – Bilateral, Maxillary	\$0	\$0	\$0	\$0
D1527	Space Maintainer - Removable – Bilateral, Mandibular	\$0	\$0	\$0	\$0
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	\$0	\$0	\$0	\$0
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	\$0	\$0	\$0	\$0
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	\$0	\$0	\$0	\$0
D1556	Removal of fixed unilateral space maintainer – per quadrant	\$0	\$0	\$0	\$0
D1557	Removal of fixed bilateral space maintainer – maxillary	\$0	\$0	\$0	\$0
D1558	Removal of fixed bilateral space maintainer – mandibular	\$0	\$0	\$0	\$0
D1575	Distal Shoe Space Maintainer – Fixed – Unilateral	\$0	\$0	\$0	\$0
D1708	Pfizer-BioNTech Covid-19 vaccine administration – third dose	N/C	N/C	N/C	N/C
D1709	Pfizer-BioNTech Covid-19 vaccine administration – booster dose	N/C	N/C	N/C	N/C
D1710	Moderna Covid-19 vaccine administration – third dose	N/C	N/C	N/C	N/C
D1711	Moderna Covid-19 vaccine administration – booster dose	N/C	N/C	N/C	N/C
D1712	Janssen Covid-19 vaccine administration - booster dose	N/C	N/C	N/C	N/C
D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – first dose	N/C	N/C	N/C	N/C
D1714	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – second dose	N/C	N/C	N/C	N/C
D1781	Vaccine Administration – Human Papillomavirus – Dose 1	N/C	N/C	N/C	N/C
D1782	Vaccine Administration – Human Papillomavirus – Dose 2	N/C	N/C	N/C	N/C
D1783	Vaccine Administration – Human Papillomavirus – Dose 3	N/C	N/C	N/C	N/C
D2140	Amalgam - One Surface, Primary or Permanent	\$0	N/C	\$15	\$15
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$0	N/C	\$20	\$20
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$0	N/C	\$25	\$25
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$0	N/C	\$30	\$30
D2330	Resin Based Composite – One Surface, Anterior	\$0	N/C	\$25	\$25
D2331	Resin Based Composite – Two Surfaces, Anterior	\$0	N/C	\$30	\$30
D2332	Resin Based Composite – Three Surfaces, Anterior	\$0	N/C	\$35	\$35
D2335	Resin Based Composite – Four or More Surfaces (Anterior)	\$0	N/C	\$45	\$45
D2390	Resin-Based Composite Crown, Anterior	\$35	N/C	\$55	\$55
D2391	Resin-Based Composite - One Surface, Posterior	\$15	N/C	\$25	\$25
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$25	N/C	\$40	\$40
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$35	N/C	\$55	\$55

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	\$45	N/C	\$70	\$70
D2510	Inlay - Metallic - One Surface	\$100	N/C	\$150	\$150
D2520	Inlay - Metallic - Two Surfaces	\$100	N/C	\$150	\$150
D2530	Inlay - Metallic - Three or More Surfaces	\$100	N/C	\$150	\$150
D2542	Onlay - Metallic - Two Surfaces	\$100	N/C	\$150	\$150
D2543	Onlay - Metallic - Three Surfaces	\$100	N/C	\$150	\$150
D2544	Onlay - Metallic – Four Or More Surfaces	\$100	N/C	\$150	\$150
D2610	Inlay - Porcelain/Ceramic – One Surface	\$115	N/C	\$175	\$175
D2620	Inlay - Porcelain/Ceramic – Two Surfaces	\$115	N/C	\$175	\$175
D2630	Inlay - Porcelain/Ceramic – Three Or More Surfaces	\$115	N/C	\$175	\$175
D2642	Onlay - Porcelain/Ceramic – Two Surfaces	\$115	N/C	\$175	\$175
D2643	Onlay - Porcelain/Ceramic – Three Surfaces	\$115	N/C	\$175	\$175
D2644	Onlay - Porcelain/Ceramic – Four or More Surfaces	\$115	N/C	\$175	\$175
D2650	Inlay – Resin-Based Composite – One Surface	\$115	N/C	\$160	\$160
D2651	Inlay - Resin-Based Composite – Two Surfaces	\$115	N/C	\$160	\$160
D2652	Inlay - Resin-Based Composite – Three Surfaces	\$115	N/C	\$160	\$160
D2662	Onlay - Resin-Based Composite – Two Surfaces	\$115	N/C	\$160	\$160
D2663	Onlay - Resin-Based Composite – Three Surfaces	\$115	N/C	\$160	\$160
D2664	Onlay - Resin-Based Composite – Four or More Surfaces	\$115	N/C	\$160	\$160
D2710	Crown - Resin-Based Composite (Indirect)	\$115	N/C	\$175	\$175
Note: There is no copayment for procedure D2710 when performed in conjunction with a permanent crown on the same tooth.					
D2720	Crown - Resin with High Noble Metal	\$150	N/C	\$235	\$235
D2721	Crown - Resin with Predominantly Base Metal	\$150	N/C	\$225	\$225
D2722	Crown - Resin with Noble Metal	\$150	N/C	\$225	\$225
D2740	Crown - Porcelain/Ceramic	\$200	N/C	\$295	\$295
D2750	Crown - Porcelain Fused to High Noble Metal	\$225	N/C	\$340	\$340
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$200	N/C	\$295	\$295
D2752	Crown - Porcelain Fused to Noble Metal	\$200	N/C	\$295	\$295
D2753	Crown - porcelain fused to titanium and titanium alloys	\$200	N/C	\$295	\$295
D2780	Crown - ¾ Cast High Noble Metal	\$225	N/C	\$340	\$340
D2781	Crown - ¾ Cast Predominantly Base Metal	\$200	N/C	\$295	\$295
D2790	Crown - Full Cast High Noble Metal	\$225	N/C	\$340	\$340
D2791	Crown - Full Cast Predominantly Metal	\$200	N/C	\$295	\$295
D2792	Crown - Full Cast Noble Metal	\$200	N/C	\$295	\$295
D2794	Crown - Titanium	\$225	N/C	\$340	\$340
D2799	Interim Crown – Further Treatment or Completion of Diagnosis Necessary Prior to Final Impression	\$0	N/C	\$0	\$0
D2910	Re-cement or Re-bond Inlay, Onlay, or Partial Coverage Restoration	\$0	N/C	\$15	\$15
D2915	Re-cement or Re-bond Cast or Prefabricated Post and Core	\$0	N/C	\$15	\$15
D2920	Re-cement or Re-bond Crown	\$0	N/C	\$15	\$15
D2921	Reattachment of Tooth Fragment, Incisal Edge or Cusp	\$0	N/C	\$0	\$0
D2928	Prefabricated Porcelain/Ceramic Crown - Permanent Tooth	\$49	N/C	\$69	\$69
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	\$49	N/C	\$69	\$69
D2930	Prefabricated Stainless Steel Crown – Primary Tooth	\$35	N/C	\$55	\$55
D2931	Prefabricated Stainless Steel Crown – Permanent Tooth	\$35	N/C	\$55	\$55
D2932	Prefabricated Resin Crown	\$35	N/C	\$55	\$55
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$35	N/C	\$55	\$55
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$35	N/C	\$55	\$55

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D2940	Protective Restoration	\$0	N/C	\$20	\$20
D2941	Interim Therapeutic Restoration - Primary Dentition	\$0	N/C	\$0	\$0
D2950	Core Buildup, Including Any Pins When Required	\$0	N/C	\$45	\$45
D2951	Pin Retention - Per Tooth, In Addition to Restoration	\$0	N/C	\$15	\$15
D2952	Cast Post and Core in Addition to Crown, Indirectly Fabricated	\$40	N/C	\$60	\$60
D2954	Prefabricated Post and Core, in Addition to Crown	\$40	N/C	\$60	\$60
D2955	Post removal	\$0	N/C	\$45	\$45
D2971	Additional Procedures to Customize a Crown to Fit under an Existing Partial Denture Framework	\$0	N/C	\$20	\$20
D2976	Band Stabilization – per tooth	N/C	N/C	N/C	N/C
D2980	Crown Repair Necessitated by Restorative Material Failure	\$0	N/C	\$15	\$15
D2981	Inlay Repair Necessitated by Restorative Material Failure	\$0	N/C	\$15	\$15
D2982	Onlay Repair Necessitated by Restorative Material Failure	\$0	N/C	\$15	\$15
D2983	Veneer Repair Necessitated by Restorative Material Failure	\$0	N/C	\$15	\$15
D2989	Excavation of a tooth resulting in the determination of non-restorability	\$0	N/C	\$8	\$8
D2990	Resin Infiltration of Incipient Smooth Surface Lesions	\$0	N/C	\$15	\$15
D2991	Application of Hydroxyapatite Regeneration Medicament – per tooth	\$0	\$0	\$0	\$0
D3110	Pulp Cap – Direct (Excluding Final Restoration)	\$0	N/C	N/C	\$15
D3120	Pulp Cap – Indirect (Excluding Final Restoration)	\$0	N/C	N/C	\$15
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) – Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	\$25	N/C	N/C	\$35
D3222	Partial Pulpotomy for Apexogenesis – Permanent Tooth with Incomplete Root Development	\$25	N/C	N/C	\$35
D3230	Pulpal Therapy (Resorbable Filling) – Anterior, Primary Tooth (Excluding Final Restoration)	\$20	N/C	N/C	\$35
D3240	Pulpal Therapy (Resorbable Filling) – Posterior, Primary Tooth (Excluding Final Restoration)	\$20	N/C	N/C	\$35
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$100	N/C	N/C	\$150
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	\$125	N/C	N/C	\$190
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	\$150	N/C	N/C	\$225
D3346	Retreatment of Previous Root Canal Therapy - Anterior	\$125	N/C		\$190
D3347	Retreatment of Previous Root Canal Therapy - Premolar	\$150	N/C	N/C	\$225
D3348	Retreatment of Previous Root Canal Therapy - Molar	\$175	N/C	N/C	\$265
D3351	Apexification/Recalcification - Initial Visit (apical closure / calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$35	N/C	N/C	\$55
D3352	Apexification/Recalcification - Interim Medication Replacement	\$35	N/C	N/C	\$55
D3353	Apexification/Recalcification - Final Visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$35	N/C	N/C	\$55
D3410	Apicoectomy – Anterior	\$90	N/C	N/C	\$135
D3421	Apicoectomy - Premolar (First Root)	\$90	N/C	N/C	\$135
D3425	Apicoectomy - Molar (First Root)	\$90	N/C	N/C	\$135
D3426	Apicoectomy (Each Additional Root)	\$40	N/C	N/C	\$60
D3430	Retrograde Filling – per Root	\$20	N/C	N/C	\$35
D3450	Root Amputation - per Root	\$40	N/C	N/C	\$60
D3471	Surgical repair of root resorption - anterior	\$54	N/C	N/C	\$81
D3472	Surgical repair of root resorption – premolar	\$72	N/C	N/C	\$108
D3473	Surgical repair of root resorption – molar	\$90	N/C	N/C	\$135
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	\$54	N/C	N/C	\$78
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	\$72	N/C	N/C	\$104

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D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	\$90	N/C	N/C	\$130
D3910	Surgical Procedure for Isolation of Tooth with Rubber Dam	\$0	N/C	N/C	\$15
D3911	Intraorifice Barrier	N/C	N/C	N/C	N/C
D3920	Hemisection (Including any Root Removal), Not Including Root Canal Therapy	\$60	N/C	N/C	\$80
D3921	Decoronation or Submergence of an Erupted Tooth	N/C	N/C	N/C	N/C
D4210	Gingivectomy/Gingivoplasty - Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$85	N/C	N/C	\$135
D4211	Gingivectomy/Gingivoplasty, One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$30	N/C	N/C	\$90
D4212	Gingivectomy or Gingivoplasty to Allow Access for Restorative Procedure, per Tooth	\$12	N/C	N/C	\$12
D4240	Gingival Flap Procedure Including Root Planing, Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$90	N/C	N/C	\$160
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$60	N/C	N/C	\$90
D4245	Apically Positioned Flap	\$90	N/C	N/C	\$130
D4249	Clinical Crown Lengthening - Hard Tissue	\$90	N/C	N/C	\$160
D4260	Osseous Surgery (including flap entry and closure) – Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$175	N/C	N/C	\$265
D4261	Osseous Surgery (including flap entry and closure) – One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$100	N/C	N/C	\$150
D4263	Bone Replacement Graft – Retained Natural Tooth – First Site in Quadrant Site	\$100	N/C	N/C	\$135
D4264	Bone Replacement Graft – Retained Natural Tooth – Each Additional Site in Quadrant	\$50	N/C	N/C	\$75
D4266	Guided Tissue Regeneration, Natural Teeth - Resorbable Barrier per Site	\$90	N/C	N/C	\$120
D4267	Guided Tissue Regeneration, Natural Teeth - Non-resorbable Barrier per Site (includes membrane removal)	\$90	N/C	N/C	\$135
D4270	Pedicle Soft Tissue Graft Procedure	\$175	N/C	N/C	\$235
D4273	Autogenous Connective Tissue Graft Procedures (Including Donor and Recipient Surgical Sites) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$175	N/C	N/C	\$250
D4274	Mesial/Distal Procedure, Single Tooth (When Not Performed in Conjunction with Surgical Procedures in the Same Anatomical Area)	\$40	N/C	N/C	\$100
D4275	Non-Autogenous Connective Tissue Graft (Including Recipient Site and Donor Material) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$175	N/C	N/C	\$235
D4276	Combined Connective Tissue and Pedicle Graft, per Tooth	\$175	N/C	N/C	\$235
D4277	Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Site) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$70	N/C	N/C	\$70
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	\$35	N/C	N/C	\$35
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	\$96	N/C	N/C	\$138
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	\$96	N/C	N/C	\$129
D4286	Removal of Non-resorbable Barrier	N/C	N/C	N/C	N/C
D4322	Splint – Intra-coronal; Natural Teeth or Prosthetic Crowns	\$0	N/C	N/C	\$25
D4323	Splint – Extra-coronal; Natural Teeth or Prosthetic Crowns	\$0	N/C	N/C	\$25
D4341	Periodontal Scaling and Root Planing, Four or More Teeth per Quadrant	\$55	N/C	N/C	\$70
D4342	Periodontal Scaling and Root Planing, One to Three Teeth per Quadrant	\$40	N/C	N/C	\$40
D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation – Full Mouth, After Oral Evaluation	\$28	N/C	N/C	\$20
D4355	Full Mouth Debridement to Enable a Comprehensive Periodontal Evaluation and Diagnosis on a Subsequent Visit	\$55	N/C	N/C	\$40
D4910	Periodontal Maintenance	\$30	N/C	N/C	\$40

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D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist or Their Staff)	\$0	N/C	N/C	\$15
D5110	Complete Denture - Maxillary	\$250	N/C	N/C	\$340
D5120	Complete Denture - Mandibular	\$250	N/C	N/C	\$340
D5130	Immediate Denture - Maxillary	\$275	N/C	N/C	\$370
D5140	Immediate Denture - Mandibular	\$275	N/C	N/C	\$370
D5211	Maxillary Partial Denture - Resin Base (Including any Conventional Clasps, Rests and Teeth)	\$250	N/C	N/C	\$370
D5212	Mandibular Partial Denture - Resin Base (Including any Conventional Clasps, Rests and Teeth)	\$250	N/C	N/C	\$370
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$275	N/C	N/C	\$405
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$275	N/C	N/C	\$405
D5221	Immediate Maxillary Partial Denture – Resin Base (Including Any Conventional Clasps, Rests and Teeth)	\$288	N/C	N/C	\$426
D5222	Immediate Mandibular Partial Denture – Resin Base (Including Any Conventional Clasps, Rests and Teeth)	\$288	N/C	N/C	\$426
D5223	Immediate Maxillary Partial Denture – Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth) Includes Limited Follow-up Care Only; Does Not Include Future Rebasing	\$316	N/C	N/C	\$466
D5224	Immediate Mandibular Partial Denture – Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	\$316	N/C	N/C	\$466
D5225	Maxillary Partial Denture – Flexible Base (Including any Clasps, Rests and Teeth)	\$300	N/C	N/C	\$445
D5226	Mandibular Partial Denture – Flexible Base (Including any Clasps, Rests and Teeth)	\$300	N/C	N/C	\$445
D5227	Immediate Maxillary Partial Denture - Flexible Base (including any clasps, rests and teeth)	\$300	N/C	N/C	\$445
D5228	Immediate Mandibular Partial Denture - Flexible Base (including any clasps, rests and teeth)	\$300	N/C	N/C	\$445
D5282	Removable Unilateral Partial Denture One Piece Cast Metal (Including Clasps and Teeth), Maxillary	\$125	N/C	N/C	\$205
D5283	Removable Unilateral Partial Denture One Piece Cast Metal (Including Clasps and Teeth), Mandibular	\$125	N/C	N/C	\$205
D5284	removable unilateral partial denture – one-piece flexible base (including clasps and teeth) – per quadrant	\$150	N/C	N/C	\$223
D5286	removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant	\$125	N/C	N/C	\$185
D5410	Adjust Complete Denture - Maxillary	\$0	N/C	N/C	\$15
D5411	Adjust Complete Denture - Mandibular	\$0	N/C	N/C	\$15
D5421	Adjust Partial Denture - Maxillary	\$0	N/C	N/C	\$15
D5422	Adjust Partial Denture - Mandibular	\$0	N/C	N/C	\$15
D5511	Repair Broken Complete Denture Base, Mandibular	\$35	N/C	N/C	\$55
D5512	Repair Broken Complete Denture Base, Maxillary	\$35	N/C	N/C	\$55
D5520	Replace Missing or Broken Teeth, Complete Denture (Each Tooth)	\$35	N/C	N/C	\$55
D5611	Repair Resin Partial Denture Base, Mandibular	\$35	N/C	N/C	\$55
D5612	Repair Resin Partial Denture Base, Maxillary	\$35	N/C	N/C	\$55
D5621	Repair Cast Partial Framework, Mandibular	\$35	N/C	N/C	\$55
D5622	Repair Cast Partial Framework, Maxillary	\$35	N/C	N/C	\$55
D5630	Repair Or Replace Broken Retentive/Clasping Materials – per Tooth	\$35	N/C	N/C	\$55
D5640	Replace Broken Teeth – per Tooth	\$35	N/C	N/C	\$55
D5650	Add Tooth to Existing Partial Denture	\$35	N/C	N/C	\$55
D5660	Add Clasp to Existing Partial Denture – per Tooth	\$35	N/C	N/C	\$55
D5710	Rebase Complete Maxillary Denture	\$85	N/C	N/C	\$130
D5711	Rebase Complete Mandibular Denture	\$85	N/C	N/C	\$130
D5720	Rebase Maxillary Partial Denture	\$85	N/C	N/C	\$130

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D5721	Rebase Mandibular Partial Denture	\$85	N/C	N/C	\$130
D5725	Rebase Hybrid Prosthesis	\$85	N/C	N/C	\$130
D5730	Reline Complete Maxillary Denture (Chairside)	\$40	N/C	N/C	\$60
D5731	Reline Complete Mandibular Denture (Chairside)	\$40	N/C	N/C	\$60
D5740	Reline Maxillary Partial Denture (Chairside)	\$40	N/C	N/C	\$60
D5741	Reline Mandibular Partial Denture (Chairside)	\$40	N/C	N/C	\$60
D5750	Reline Complete Maxillary Denture (Laboratory)	\$40	N/C	N/C	\$60
D5751	Reline Complete Mandibular Denture (Laboratory)	\$40	N/C	N/C	\$60
D5760	Reline Maxillary Partial Denture (Laboratory)	\$40	N/C	N/C	\$60
D5761	Reline Mandibular Partial Denture (Laboratory)	\$40	N/C	N/C	\$60
D5765	Soft Liner for Complete or Partial Removable Denture – Indirect	\$40	N/C	N/C	\$60
D5810	Interim Complete Denture (Maxillary)	\$40	N/C	N/C	\$75
D5811	Interim Complete Denture (Mandibular)	\$40	N/C	N/C	\$75
D5820	Interim Partial Denture - (Maxillary)	\$40	N/C	N/C	\$60
D5821	Interim Partial Denture - (Mandibular)	\$40	N/C	N/C	\$60
D5850	Tissue Conditioning, Maxillary	\$40	N/C	N/C	\$55
D5851	Tissue Conditioning, Mandibular	\$40	N/C	N/C	\$55
D5876	Add Metal Substructure to Acrylic Full Denture (per Arch)	\$35	N/C	N/C	\$55
D5995	Periodontal medicament carrier with peripheral seal – laboratory processed – maxillary	N/C	N/C	N/C	N/C
D5996	Periodontal medicament carrier with peripheral seal – laboratory processed – mandibular	N/C	N/C	N/C	N/C
D6082	Implant supported crown – porcelain fused to predominantly base alloys	N/C	N/C	N/C	N/C
D6083	Implant supported crown – porcelain fused to noble alloys	N/C	N/C	N/C	N/C
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys	N/C	N/C	N/C	N/C
D6086	Implant supported crown – predominantly base alloys	N/C	N/C	N/C	N/C
D6087	Implant supported crown – noble alloys	N/C	N/C	N/C	N/C
D6088	Implant supported crown – titanium and titanium alloys	N/C	N/C	N/C	N/C
D6089	Accessing and Retorquing Loose Implant Screw - per screw	N/C	N/C	N/C	N/C
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys	\$200	N/C	N/C	\$295
D6098	Implant supported retainer – porcelain fused to predominantly base alloys	N/C	N/C	N/C	N/C
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	N/C	N/C	N/C	N/C
D6106	Guided Tissue Regeneration – Resorbable Barrier, per Implant	N/C	N/C	N/C	N/C
D6107	Guided Tissue Regeneration – Non-resorbable Barrier, per Implant	N/C	N/C	N/C	N/C
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys	N/C	N/C	N/C	N/C
D6121	Implant supported retainer for metal FPD – predominantly base alloys	N/C	N/C	N/C	N/C
D6122	Implant supported retainer for metal FPD – noble alloys	N/C	N/C	N/C	N/C
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys	N/C	N/C	N/C	N/C
D6191	Semi-precision abutment – placement	N/C	N/C	N/C	N/C
D6192	Semi-precision attachment – placement	N/C	N/C	N/C	N/C
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys	N/C	N/C	N/C	N/C
D6197	Replacement of Restorative Material Used to Close an Access Opening of a Screw-retained Implant Supported Prosthesis, per Implant	\$15	N/C	\$25	\$25
D6210	Pontic - Cast High Noble Metal	\$225	N/C	N/C	\$340
D6211	Pontic - Cast Predominantly Base Metal	\$200	N/C	N/C	\$295
D6212	Pontic - Cast Noble Metal	\$200	N/C	N/C	\$295
D6214	Pontic – Titanium	\$225	N/C	N/C	\$340
D6240	Pontic - Porcelain Fused to High Noble Metal	\$225	N/C	N/C	\$340
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$200	N/C	N/C	\$295

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D6242	Pontic - Porcelain Fused to Noble Metal	\$200	N/C	N/C	\$295
D6243	Pontic – porcelain fused to titanium and titanium alloys	\$200	N/C	N/C	\$295
D6245	Pontic - Porcelain/Ceramic	\$200	N/C	N/C	\$295
D6250	Pontic - Resin with High Noble Metal	\$150	N/C	N/C	\$225
D6251	Pontic - Resin with Predominantly Base Metal	\$150	N/C	N/C	\$225
D6252	Pontic - Resin with Noble Metal	\$150	N/C	N/C	\$225
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis	\$100	N/C	N/C	\$150
D6549	Resin retainer – for resin bonded fixed prosthesis	\$75	N/C	N/C	\$75
D6602	Inlay - Cast High Noble Metal, Two Surfaces	\$175	N/C	N/C	\$265
D6603	Inlay - Cast High Noble Metal, Three or More Surfaces	\$175	N/C	N/C	\$265
D6604	Inlay - Cast Predominantly Base Metal, Two Surfaces	\$100	N/C	N/C	\$160
D6605	Inlay - Cast Predominantly Base Metal, Three or More Surfaces	\$100	N/C	N/C	\$160
D6606	Inlay - Cast Noble Metal, Two Surfaces	\$155	N/C	N/C	\$230
D6607	Retainer Inlay - Cast Noble Metal, Three or More Surfaces	\$155	N/C	N/C	\$230
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	\$185	N/C	N/C	\$275
D6611	Retainer Onlay - Cast High Noble Metal, Three or More Surfaces	\$185	N/C	N/C	\$275
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	\$100	N/C	N/C	\$160
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three or More Surfaces	\$100	N/C	N/C	\$160
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	\$175	N/C	N/C	\$265
D6615	Retainer Onlay - Cast Noble Metal, Three or More Surfaces	\$175	N/C	N/C	\$265
D6624	Retainer Inlay – Titanium	\$175	N/C	N/C	\$265
D6634	Retainer Onlay – Titanium	\$185	N/C	N/C	\$275
D6720	Retainer Crown - Resin with High Noble Metal	\$150	N/C	N/C	\$225
D6721	Retainer Crown - Resin with Predominantly Base Metal	\$150	N/C	N/C	\$225
D6722	Retainer Crown - Resin with Noble Metal	\$150	N/C	N/C	\$225
D6740	Retainer Crown - Porcelain/Ceramic	\$200	N/C	N/C	\$295
D6750	Retainer Crown - Porcelain Fused to High Noble Metal	\$225	N/C	N/C	\$340
D6751	Retainer Crown - Porcelain Fused to Predominantly Base Metal	\$200	N/C	N/C	\$295
D6752	Retainer Crown - Porcelain Fused to Noble Metal	\$200	N/C	N/C	\$295
D6753	Retainer Crown – Porcelain Fused to Titanium and Titanium Alloys	\$200	N/C	N/C	\$295
D6780	Retainer Crown - ¾ Cast High Noble Metal	\$225	N/C	N/C	\$340
D6781	Retainer Crown - ¾ Cast Predominantly Base Metal	\$200	N/C	N/C	\$295
D6782	Retainer Crown - ¾ Cast Noble Metal	\$200	N/C	N/C	\$295
D6783	Retainer Crown - ¾ Porcelain/Ceramic	\$200	N/C	N/C	\$295
D6784	Retainer Crown ¾ – Titanium and Titanium Alloys	\$200	N/C	N/C	\$295
D6790	Retainer Crown - Full Cast High Noble Metal	\$225	N/C	N/C	\$340
D6791	Retainer Crown - Full Cast Predominantly Base Metal	\$200	N/C	N/C	\$295
D6792	Retainer Crown - Full Cast Noble Metal	\$200	N/C	N/C	\$295
D6794	Retainer Crown – Titanium	\$225	N/C	N/C	\$340
D6930	Re-cement or Re-Bond Fixed Partial Denture	\$15	N/C	N/C	\$25
D6980	Fixed Partial Denture Repair Necessitated by Restorative Material Failure	\$25	N/C	N/C	\$45
D7111	Extraction - Coronal Remnants - Primary Tooth	\$10	N/C	N/C	\$20
D7140	Extraction - Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$20	N/C	N/C	\$35
D7210	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and including Elevation of Mucoperiosteal Flap if Indicated	\$30	N/C	N/C	\$45
D7220	Removal of Impacted Tooth - Soft Tissue	\$55	N/C	N/C	\$80
D7230	Removal of Impacted Tooth - Partially Bony	\$55	N/C	N/C	\$80
D7240	Removal of Impacted Tooth - Completely Bony	\$65	N/C	N/C	\$100

** The schedules are subject to change, contingent upon regulatory approval.

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² Covered only when performed by an anesthesiologist

ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D7241	Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	\$65	N/C	N/C	\$100
D7250	Removal of Residual Tooth Roots (Cutting Procedure)	\$30	N/C	N/C	\$45
D7251	Coronectomy – Intentional Partial Tooth Removal, Impacted Teeth Only	\$33	N/C	N/C	\$48
D7260	Oroantral Fistula Closure	\$100	N/C	N/C	\$150
D7261	Primary Closure of a Sinus Perforation	\$100	N/C	N/C	\$150
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	\$60	N/C	N/C	\$90
D7280	Exposure of an Unerupted Tooth	\$60	N/C	N/C	\$90
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	\$60	N/C	N/C	\$70
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$0	N/C	N/C	\$25
D7284	Excisional Biopsy of Minor Salivary Glands	\$38	N/C	N/C	\$60
D7285	Biopsy of Oral Tissue – Hard (Bone, Tooth)	\$60	N/C	N/C	\$95
D7286	Incisional Biopsy of Oral Tissue – Soft	\$25	N/C	N/C	\$40
D7287	Exfoliative Cytological Sample Collection	\$13	N/C	N/C	\$13
D7291	Transseptal Fiberotomy / Supra Crestal Fiberotomy, by Report	\$20	N/C	N/C	\$35
D7310	Alveoplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, per Quadrant	\$30	N/C	N/C	\$45
D7311	Alveoplasty in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, per Quadrant	\$15	N/C	N/C	\$25
D7320	Alveoplasty Not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, per Quadrant	\$35	N/C	N/C	\$55
D7321	Alveoplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, per Quadrant	\$20	N/C	N/C	\$35
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	\$60	N/C	N/C	\$90
D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm	\$60	N/C	N/C	\$90
D7460	Removal of Benign Non-Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	\$60	N/C	N/C	\$90
D7461	Removal of Benign Non-Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm	\$60	N/C	N/C	\$90
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	\$90	N/C	N/C	\$135
D7472	Removal of Torus Palatinus	\$90	N/C	N/C	\$135
D7473	Removal of Torus Mandibularis	\$90	N/C	N/C	\$135
D7485	Reduction of Osseous Tuberosity	\$90	N/C	N/C	\$135
D7509	Marsupialization of Odontogenic Cyst	\$60	N/C	N/C	\$90
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$25	N/C	N/C	\$40
D7511	Incision and Drainage of Abscess - Intraoral Soft Tissue, Complicated (Includes Drainage of Multiple Fascial Spaces)	\$30	N/C	N/C	\$45
D7520	Incision and Drainage of Abscess - Extraoral Soft Tissue	\$35	N/C	N/C	\$55
D7521	Incision and Drainage of Abscess - Extraoral Soft Tissue - Complicated (Includes Drainage of Multiple Fascial Spaces)	\$40	N/C	N/C	\$60
D7922	Placement of Intra-socket Biological Dressing to Aid in Hemostasis or Clot Stabilization, per Site	\$0	\$0	\$0	\$0
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation	N/C	N/C	N/C	N/C
D7953	Bone Replacement Graft for Ridge Preservation - Per Site	\$75	N/C	N/C	\$100
D7956	Guided Tissue Regeneration, Edentulous Area – Resorbable Barrier, per Site	N/C	N/C	N/C	N/C
D7957	Guided Tissue Regeneration, Edentulous Area – Non-resorbable Barrier, per Site	N/C	N/C	N/C	N/C
D7961	Buccal / labial frenectomy (frenulectomy)	\$60	N/C	N/C	\$90
D7962	Lingual frenectomy (frenulectomy)	\$60	N/C	N/C	\$90
D7963	Frenuloplasty	\$65	N/C	N/C	\$100
D7970	Excision of Hyperplastic Tissue - Per Arch	\$60	N/C	N/C	\$90
D7971	Excision of Pericoronal Gingiva	\$30	N/C	N/C	\$45

** The schedules are subject to change, contingent upon regulatory approval.

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D7972	Surgical Reduction of Fibrous Tuberosity	\$60	N/C	N/C	\$90
D9110	Palliative Treatment of Dental Pain, Per Visit	\$0	\$15	\$15	\$15
D9130	Temporomandibular Joint Dysfunction – Non-invasive Physical Therapies	N/C	N/C	N/C	N/C
D9211	Regional Block Anesthesia	\$0	N/C	N/C	\$5
D9212	Trigeminal Division Block Anesthesia	\$0	N/C	N/C	\$5
D9215	Local Anesthesia in Conjunction with Operative or Surgical Procedures	\$0	N/C	N/C	\$5
D9219 ²	Evaluation for Moderate Sedation, Deep Sedation or General Anesthesia	\$0	N/C	N/C	\$0
D9222	Deep Sedation/General Anesthesia – First 15 Minutes	\$25	N/C	N/C	\$38
D9223	Deep Sedation/General Anesthesia – Each Subsequent 15 Minute Increment	\$20	N/C	N/C	\$30
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	\$0	N/C	N/C	\$5
D9239	Intravenous Moderate (Conscious) Sedation/ Analgesia – First 15 Minutes	\$25	N/C	N/C	\$38
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia – Each Subsequent 15 Minute Increment	\$20	N/C	N/C	\$30
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician	\$0	N/C	N/C	\$5
D9311	Treating Dentist Consults with a Medical Health Care Professional Concerning Medical Issues that may Affect Patient's Planned Dental Treatment	\$0	N/C	N/C	\$5
D9430	Office Visit for Observation (During Regularly Scheduled Hours) – No Other Services Performed	\$0	N/C	N/C	\$0
D9440	Office Visit – After Regularly Scheduled Hours	\$0	N/C	N/C	\$0
D9610	Therapeutic Parenteral Drug, Single Administration	\$0	N/C	N/C	\$5
D9612	Therapeutic Parenteral Drugs, Two or More Administrations, Different Medications	\$0	N/C	N/C	\$0
D9613	Infiltration of Sustained Release Therapeutic Drug, per Quadrant	\$0	\$0	\$0	\$0
D9630	Drugs or Medicaments Dispensed in the Office for Home Use	\$0	N/C	N/C	\$5
D9910	Application of Desensitizing Medicament	\$0	N/C	N/C	\$5
D9912	Pre-visit Patient Screening	N/C	N/C	N/C	N/C
D9930	Treatment of Complications (Post-Surgical) – Unusual Circumstances, by Report	\$0	N/C	N/C	\$5
D9932	Cleaning and Inspection of a Removable Complete Denture, Maxillary	\$0	N/C	N/C	\$0
D9933	Cleaning and Inspection of a Removable Complete Denture, Mandibular	\$0	N/C	N/C	\$0
D9934	Cleaning and Inspection of a Removable Partial Denture, Maxillary	\$0	N/C	N/C	\$0
D9935	Cleaning and Inspection of a Removable Partial Denture, Mandibular	\$0	N/C	N/C	\$0
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance	N/C	N/C	N/C	N/C
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance	N/C	N/C	N/C	N/C
D9944	Occlusal Guard – Hard Appliance, Full Arch	\$46	N/C	N/C	\$69
D9945	Occlusal Guard – Soft Appliance, Full Arch	\$40	N/C	N/C	\$60
D9946	Occlusal Guard – Hard Appliance, Partial Arch	\$24	N/C	N/C	\$36
D9947	Custom Sleep Apnea Appliance Fabrication and Placement	N/C	N/C	N/C	N/C
D9948	Adjustment of Custom Sleep Apnea Appliance	N/C	N/C	N/C	N/C
D9949	Repair of Custom Sleep Apnea Appliance	N/C	N/C	N/C	N/C
D9942	Repair and/or Reline of Occlusal Guard	\$20	N/C	N/C	\$35
D9943	Occlusal Guard Adjustment	\$5	N/C	N/C	\$8
D9951	Occlusal Adjustment - Limited	\$0	N/C	N/C	\$5
D9952	Occlusal Adjustment - Complete	\$60	N/C	N/C	\$90
D9953	Reline Custom Sleep Apnea Appliance (Indirect)	N/C	N/C	N/C	N/C
D9954	Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device	N/C	N/C	N/C	N/C
D9955	Oral appliance therapy (OAT) titration visit	N/C	N/C	N/C	N/C
D9956	Administration of home sleep apnea test	N/C	N/C	N/C	N/C
D9957	Screening for sleep related breathing disorders	N/C	N/C	N/C	N/C

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D9961	Duplicate/Copy Patient's Records	N/C	N/C	N/C	N/C
D9990	Certified Translation or Sign-Language Services per Visit	N/C	N/C	N/C	N/C
D9997	Dental Case Management – Patients with Special Health Care Needs	\$0	\$0	\$0	\$0

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² Covered only when performed by an anesthesiologist

Network Bulletin

Date: October 2023
From: Anna Huck, Director, Network Management, Dental
Subject: New Current Dental Terminology (CDT®) 2024 codes
Applies to: Family Preventive, Basic Dental, Aetna Advantage™ Dental and Aetna Advantage™ Student Dental

This bulletin is part of your *Dental Office Guide*.

New CDT® 2024¹ codes

The American Dental Association has issued new CDT codes starting **January 1, 2024**. We've listed them below.

Fee information for the new CDT 2024 codes

Your rates for the new CDT codes are based on the fees found in your current schedule for existing procedures. Please follow the guide below to determine your reimbursement for the new CDT codes.

We're here to help

If you have questions, call our National Dentist Line at **1-800-451-7715**. Thanks for your continued participation and support of Aetna Dental® plans.

CDT 2024 Code ¹	Nomenclature	Contracted Fees for CDT 2024 codes are based on the following:
D0100 - D0999	I. Diagnostic	
D0396	3D printing of a 3D dental surface scan	If done in conjunction with ortho, part of total case fee. Otherwise, not covered.
D1000 - D1999	II. Preventive	
D1301	immunization counseling	Not Covered
D2000 – D2999	III. Restorative	
D2976	band stabilization – per tooth	Not Covered
D2989	excavation of a tooth resulting in the determination of non-restorability	50% of negotiated fee for D2140
D2991	application of hydroxyapatite regeneration medicament – per tooth	150% of negotiated fee for D1354

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Dental policies and plans are insured and/or administered by Aetna Life Insurance Company (Aetna).

CDT 2024 Code ¹	Nomenclature	Contracted Fees for CDT 2024 codes are based on the following:
D6000-D6199	VIII. Implant Services	
D6089	accessing and retorquing loose implant screw - per screw	40% of negotiated fee for D6096
D7000-D7999	X. Oral and Maxillofacial Surgery	
D7284	excisional biopsy of minor salivary glands	150% of negotiated fee for D7286
D7939	indexing for osteotomy using dynamic robotic assisted or dynamic navigation	Not Covered
D9000-D9999	XII. Adjunctive General Services	
D9938	fabrication of a custom removable clear plastic temporary aesthetic appliance	Not Covered
D9939	placement of a custom removable clear plastic temporary aesthetic appliance	Not Covered
D9954	fabrication and delivery of oral appliance therapy (OAT) morning repositioning device	Not Covered
D9955	oral appliance therapy (OAT) titration visit	Not Covered
D9956	administration of home sleep apnea test	Not Covered
D9957	screening for sleep related breathing disorders	Not Covered



Network Bulletin

Date: October 2023
From: Anna Huck, Lead Director, Network Management
Subject: 1) Discontinue upgrade for posterior resin/composite
 2) Discontinue of Initial placement rule

1) Effective January 1, 2024**, posterior resin/composite restorations will no longer be subject to an upgrade. DMO® patients will only be responsible for the copayment based on the service performed. This applies to percentage-based co-insurance plans and fixed copay plans.

Coinsurance plans are defined as A-Z and 1-26
Fixed copay plans are defined as 34-78 and CAM/CMI, CAL/CLI, SLF/SFI

For percentage-based co-insurance plans, Aetna will pay a supplemental benefit to your office for posterior resin/composite restorations as shown below:

CDT® Procedure Code	Reimbursement amount (paid to you by Aetna)
D2391	\$35
D2392	\$40
D2393	\$50
D2394	\$75

To receive the supplemental payment, you must submit an encounter.

2) Effective January 1, 2024**, Aetna has removed the initial placement rule – tooth missing but not replaced for removable complete or partial dentures, fixed bridges, and other prosthetic services for all DMO plans.

****WA effective February 1, 2024**

We're here to help

If you have questions, call us at **1-800-451-7715**. Thank you for your continued participation in and support of Aetna Dental® plans.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).

DMO insurance plans are offered, administered and/or underwritten Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc. (Aetna)

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Network Bulletin

Date: July 2023

From: Anna Huck, Lead Director, Network Management

Subject: Claims administration policy change

Applies to: All Aetna Dental® Plans

From time to time, we update our dental claims administration policies. This Bulletin is to let you know of the following change that will take effect for all Aetna Dental plans on November 1, 2023.

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D4355 – Full Mouth Debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit

- D4355 is no longer a separately eligible procedure when performed on same date of service as D0150, D0160, D0180, D1110, D1120, D4341, D4342 and D4366
- Members cannot be billed

We're here to help

If you have questions, call us at **1-800-451-7715**. You can also visit **[aetnadental.com](https://www.aetnadental.com)** to see updates to our Clinical Policy Bulletins.

Thank you for your continued participation in and support of Aetna Dental® plans.

Dental and DMO insurance policies and plans are insured and/or administered by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc. (Aetna). Each insurer has sole financial responsibility for its own products.

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MD-2173-21



Network Bulletin

Date: April 2023

From: Anna Huck, Lead Director, Network Management

Subject: Claims administration policy change

Applies to: All Aetna Dental® Plans

From time to time, we update our dental claims administration policies. This Bulletin is to let you know of the following change that will take effect for all Aetna Dental plans on August 1, 2023.

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D2975 – Coping. A thin covering of the coronal portion of a tooth, usually devoid of anatomic contour, that can be used as a definitive restoration.

Aetna considers D2975 inclusive to the primary restorative or prosthetic service. Members cannot be billed.

We're here to help

If you have questions, call us at **1-800-451-7715**. You can also visit **aetnadental.com** to see updates to our Clinical Policy Bulletins.

Thank you for your continued participation in and support of Aetna Dental® plans.

Dental and DMO insurance policies and plans are insured and/or administered by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc. (Aetna). Each insurer has sole financial responsibility for its own products.

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MD-2173-21



Network Bulletin

Date: December 2022

From: Anna Huck, Lead Director, Network Management

Subject: Claim administration policy change

Applies to: DMO® Plans

Effective 4/1/2023, D4341 and D4342 have been added to the DMO list of services that will be allowed for future D4910.

CDT* Code	Procedure
D4210	D4210 - Gingivectomy or Gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant (Dental in Nature)
D4211	D4211 - Gingivectomy or Gingivoplasty - one to three teeth contiguous teeth or tooth bounded spaces per quadrant (Dental in Nature)
D4240	D4240 - Gingival Flap Procedure, including Root Planing - four or more contiguous teeth or tooth bounded spaces per quadrant (Dental in Nature)
D4241	D4241 - Gingival Flap Procedure, including Root Planing - one to three contiguous teeth or tooth bounded spaces per quadrant (Dental in Nature)
D4260	D4260 - Osseous Surgery (Including flap entry and closure) - four or more contiguous teeth or tooth bounded teeth spaces per quadrant (Dental in Nature)
D4261	D4261 - Osseous Surgery (Including Flap Entry and Closure) - one to three teeth or tooth bounded spaces per quadrant (Dental in Nature)
D4341	D4341 - Periodontal Scaling and Root Planing, four or more teeth per quadrant
D4342	D4342 - Periodontal Scaling and Root Planing - one to three teeth per quadrant

We're here to help

If you have questions, call us at **1-800-451-7715**. You can also visit aetnadental.com to see updates to our Clinical Policy Bulletins.

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Network Bulletin

Date: November 2022
From: Anna Huck, Director, Network Management, Dental
Subject: CDT 2023 updates to the Dental Office Guide for DMO Primary Care Dentists
Applies to: Aetna DMO® (Dental Maintenance Organization) plans

This bulletin is part of your *Dental Office Guide*.

New CDT® 2023¹ codes

The American Dental Association has issued new Current Dental Terminology (CDT) codes starting **January 1, 2023**. We've listed them below.

We're here to help

If you have questions, call our National Dentist Line at **1-800-451-7715**. Thanks for your continued participation and support of Aetna Dental® plans.

CDT 2023 Code ¹	Nomenclature
D0100 - D0999	I. Diagnostic
D0372	intraoral tomosynthesis – comprehensive series of radiographic images
D0373	intraoral tomosynthesis – bitewing radiographic image
D0374	intraoral tomosynthesis – periapical radiographic image
D0387	intraoral tomosynthesis – comprehensive series of radiographic images – image capture only
D0388	intraoral tomosynthesis – bitewing radiographic image – image capture only
D0389	intraoral tomosynthesis – periapical radiographic image – image capture only
D0801	3D dental surface scan – direct
D0802	3D dental surface scan – indirect
D0803	3D facial surface scan – direct
D0804	3D facial surface scan – indirect

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CDT 2023 Code¹	Nomenclature
D1000 - D1999	II. Preventive
D1708	Pfizer-BioNTech Covid-19 vaccine administration – third dose
D1709	Moderna Covid-19 vaccine administration – third dose
D1710	Moderna Covid-19 vaccine administration – third dose
D1711	Moderna Covid-19 vaccine administration – booster dose
D1712	Janssen Covid-19 vaccine administration - booster dose
D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – first dose
D1714	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – second dose
D1781	vaccine administration – human papillomavirus – Dose 1
D1782	vaccine administration – human papillomavirus – Dose 2
D1783	vaccine administration – human papillomavirus – Dose 3
D4000-D4999	V. Periodontics
D4286	removal of non-resorbable barrier
D6000-D6199	VIII. Implant Services
D6105	removal of implant body not requiring bone removal or flap elevation
D6106	guided tissue regeneration – resorbable barrier, per implant
D6107	guided tissue regeneration – non-resorbable barrier, per implant
D6197	replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant
D7000-D7999	X. Oral and Maxillofacial Surgery
D7509	marsupialization of odontogenic cyst
D7956	guided tissue regeneration, edentulous area – resorbable barrier, per site
D7957	guided tissue regeneration, edentulous area – non-resorbable barrier, per site
D9000-D9999	XII. Adjunctive General Services
D9953	reline custom sleep apnea appliance (indirect)

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Patient coinsurance/copay information for the new codes

Follow the guides below to determine members' coinsurance percentages and fixed copayment amounts, by plan code, for the new CDT codes.

COINSURANCE PLAN CODES

A - M

ADA Code ¹	A	B	C	D	E	F	G	H	I	J Ji	K	L -LM Li	M Mi
D0372	0	0	0	0	0	0	0	0	0	0	0	0	0
D0373	0	0	0	0	0	0	0	0	0	0	0	0	0
D0374	0	0	0	0	0	0	0	0	0	0	0	0	0
D0387	0	0	0	0	0	0	0	0	0	0	0	0	0
D0388	0	0	0	0	0	0	0	0	0	0	0	0	0
D0389	0	0	0	0	0	0	0	0	0	0	0	0	0
D0801	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D0802	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D0803	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D0804	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1708	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1709	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1710	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1711	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1712	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1713	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1714	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1781	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1782	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1783	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D4286	0	0	0	0	0	0	0	0	0	0	0	0	0
D6105	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D6106	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D6107	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D6197	0	0	0	0	0	0	0	0	0	0	0	0	0
D7509	0	0	0	0	0	0	0	0	0	0	0	0	0
D7956	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D7957	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9953	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C

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COINSURANCE PLAN CODES

Q - U

ADA Code¹	Q	R	U Ui	UAB	UNJ
D0372	0	0	0	0	0
D0373	0	0	0	0	0
D0374	0	0	0	0	0
D0387	0	0	0	0	0
D0388	0	0	0	0	0
D0389	0	0	0	0	0
D0801	N/C	N/C	N/C	N/C	N/C
D0802	N/C	N/C	N/C	N/C	N/C
D0803	N/C	N/C	N/C	N/C	N/C
D0804	N/C	N/C	N/C	N/C	N/C
D1708	N/C	N/C	N/C	N/C	N/C
D1709	N/C	N/C	N/C	N/C	N/C
D1710	N/C	N/C	N/C	N/C	N/C
D1711	N/C	N/C	N/C	N/C	N/C
D1712	N/C	N/C	N/C	N/C	N/C
D1713	N/C	N/C	N/C	N/C	N/C
D1714	N/C	N/C	N/C	N/C	N/C
D1781	N/C	N/C	N/C	N/C	N/C
D1782	N/C	N/C	N/C	N/C	N/C
D1783	N/C	N/C	N/C	N/C	N/C
D4286	0	0	0	0	0
D6105	N/C	N/C	N/C	N/C	N/C
D6106	N/C	N/C	N/C	N/C	N/C
D6107	N/C	N/C	N/C	N/C	N/C
D6197	0	0	0	0	0
D7509	0	0	0	0	0
D7956	N/C	N/C	N/C	N/C	N/C
D7957	N/C	N/C	N/C	N/C	N/C
D9953	N/C	N/C	N/C	N/C	N/C

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COINSURANCE PLAN CODES

1 – 14i

ADA Code¹	1 1i	2 2i	2BA	3	4	5	6	7	8 8i	10 10i	12	14i
D0372	0	0	0	0	0	0	0	0	0	0	0	0
D0373	0	0	0	0	0	0	0	0	0	0	0	0
D0374	0	0	0	0	0	0	0	0	0	0	0	0
D0387	0	0	0	0	0	0	0	0	0	0	0	0
D0388	0	0	0	0	0	0	0	0	0	0	0	0
D0389	0	0	0	0	0	0	0	0	0	0	0	0
D0801	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D0802	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D0803	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D0804	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1708	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1709	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1710	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1711	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1712	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1713	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1714	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1781	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1782	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1783	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D4286	0	0	0	0	0	0	0	0	0	0	0	0
D6105	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D6106	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D6107	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D6197	20%	20%	20%	50%	20%	75%	50%	0	10%	20%	0	10%
D7509	20%	20%	20%	50%	20%	75%	50%	20%	10%	20%	0	10%
D7956	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D7957	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9953	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C

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COINSURANCE PLAN CODES

21 – 26

ADA Code¹	21	22	23	24	25	26
D0372	0	0	10%	20%	0	0
D0373	0	0	10%	20%	0	0
D0374	0	0	10%	20%	0	0
D0387	0	0	10%	20%	0	0
D0388	0	0	10%	20%	0	0
D0389	0	0	10%	20%	0	0
D0801	N/C	N/C	N/C	N/C	N/C	N/C
D0802	N/C	N/C	N/C	N/C	N/C	N/C
D0803	N/C	N/C	N/C	N/C	N/C	N/C
D0804	N/C	N/C	N/C	N/C	N/C	N/C
D1708	N/C	N/C	N/C	N/C	N/C	N/C
D1709	N/C	N/C	N/C	N/C	N/C	N/C
D1710	N/C	N/C	N/C	N/C	N/C	N/C
D1711	N/C	N/C	N/C	N/C	N/C	N/C
D1712	N/C	N/C	N/C	N/C	N/C	N/C
D1713	N/C	N/C	N/C	N/C	N/C	N/C
D1714	N/C	N/C	N/C	N/C	N/C	N/C
D1781	N/C	N/C	N/C	N/C	N/C	N/C
D1782	N/C	N/C	N/C	N/C	N/C	N/C
D1783	N/C	N/C	N/C	N/C	N/C	N/C
D4286	0	0	0	0	0	0
D6105	N/C	N/C	N/C	N/C	N/C	N/C
D6106	N/C	N/C	N/C	N/C	N/C	N/C
D6107	N/C	N/C	N/C	N/C	N/C	N/C
D6197	0	0	10%	20%	0	0
D7509	0	0	10%	20%	0	0
D7956	N/C	N/C	N/C	N/C	N/C	N/C
D7957	N/C	N/C	N/C	N/C	N/C	N/C
D9953	N/C	N/C	N/C	N/C	N/C	N/C

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FIXED COPAY PLAN CODES
34 – 34C

ADA Code¹	34	34A	34B	34C
D0372	\$0	\$0	\$0	\$0
D0373	\$0	\$0	\$0	\$0
D0374	\$0	\$0	\$0	\$0
D0387	\$0	\$0	\$0	\$0
D0388	\$0	\$0	\$0	\$0
D0389	\$0	\$0	\$0	\$0
D1708	N/C	N/C	N/C	N/C
D1709	N/C	N/C	N/C	N/C
D1710	N/C	N/C	N/C	N/C
D1711	N/C	N/C	N/C	N/C
D1712	N/C	N/C	N/C	N/C
D1713	N/C	N/C	N/C	N/C
D1714	N/C	N/C	N/C	N/C
D1781	N/C	N/C	N/C	N/C
D1782	N/C	N/C	N/C	N/C
D1783	N/C	N/C	N/C	N/C
D4286	N/C	N/C	N/C	N/C
D6106	N/C	N/C	N/C	N/C
D6107	N/C	N/C	N/C	N/C
D6197	\$15	N/C	\$25	\$25
D7509	\$60	N/C	N/C	\$90
D7956	N/C	N/C	N/C	N/C
D7957	N/C	N/C	N/C	N/C
D9953	N/C	N/C	N/C	N/C

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FIXED COPAY PLAN CODES

41 – 59i

ADA Code¹	41	41S	42	51	52	53 53i	54	55 55A	56	56H	56X	57 57i	58	59i
D0372	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0373	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0374	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0387	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0388	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0389	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0801	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D0802	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D0803	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D0804	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1708	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1709	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1710	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1711	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1712	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1713	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1714	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1781	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1782	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1783	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D4286	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D6105	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D6106	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D6107	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D6197	\$22	\$22	\$22	\$22	\$20	\$16	\$10	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D7509	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D7956	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D7957	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9953	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C

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FIXED COPAY PLAN CODES
63 – 68i

ADA Code¹	63 63i	64 64i	65 65i	66 66i	67 67i	68 68i
D0372	\$0	\$0	\$0	\$0	\$0	\$0
D0373	\$0	\$0	\$0	\$0	\$0	\$0
D0374	\$0	\$0	\$0	\$0	\$0	\$0
D0387	\$0	\$0	\$0	\$0	\$0	\$0
D0388	\$0	\$0	\$0	\$0	\$0	\$0
D0389	\$0	\$0	\$0	\$0	\$0	\$0
D0801	N/C	N/C	N/C	N/C	N/C	N/C
D0802	N/C	N/C	N/C	N/C	N/C	N/C
D0803	N/C	N/C	N/C	N/C	N/C	N/C
D0804	N/C	N/C	N/C	N/C	N/C	N/C
D1708	N/C	N/C	N/C	N/C	N/C	N/C
D1709	N/C	N/C	N/C	N/C	N/C	N/C
D1710	N/C	N/C	N/C	N/C	N/C	N/C
D1711	N/C	N/C	N/C	N/C	N/C	N/C
D1712	N/C	N/C	N/C	N/C	N/C	N/C
D1713	N/C	N/C	N/C	N/C	N/C	N/C
D1714	N/C	N/C	N/C	N/C	N/C	N/C
D1781	N/C	N/C	N/C	N/C	N/C	N/C
D1782	N/C	N/C	N/C	N/C	N/C	N/C
D1783	N/C	N/C	N/C	N/C	N/C	N/C
D4286	\$0	\$0	\$0	\$0	\$0	\$0
D6105	N/C	N/C	N/C	N/C	N/C	N/C
D6106	N/C	N/C	N/C	N/C	N/C	N/C
D6107	N/C	N/C	N/C	N/C	N/C	N/C
D6197	\$45	\$35	\$35	\$35	\$35	\$35
D7509	N/C	N/C	N/C	N/C	N/C	N/C
D7956	N/C	N/C	N/C	N/C	N/C	N/C
D7957	N/C	N/C	N/C	N/C	N/C	N/C
D9953	N/C	N/C	N/C	N/C	N/C	N/C

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FIXED COPAY PLAN CODES
73 – 78i, CAM/CMI, CAL/CLI, SFL/SFi

ADA Code¹	73 73i	73S	74 74i	75F	75 75i	76 76i	77 77i	78 78i	CAM CMI	CAL CLI	SFL SFi
D0372	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0373	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0374	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0387	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0388	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0389	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0801	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D0802	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D0803	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D0804	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1708	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1709	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1710	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1711	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1712	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1713	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1714	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1781	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1782	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1783	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D4286	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D6105	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D6106	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D6107	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D6197	\$63	\$63	\$49	\$46	\$49	\$49	\$49	\$49	\$20	\$35	\$30
D7509	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D7956	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D7957	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9953	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C

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Network Bulletin

Date: November 2022

From: Anna Huck, Director, Network Management, Dental

Subject: New Current Dental Terminology (CDT®) 2023 codes

Applies to: Family Preventive, Basic Dental, Aetna Advantage™ Dental and Aetna Advantage™ Student Dental

This bulletin is part of your *Dental Office Guide*.

New CDT 2023¹ codes

The American Dental Association has issued new CDT codes starting **January 1, 2023**. We've listed them below.

Fee information for the new CDT 2023 codes

Your negotiated rates for the new CDT codes are based on the fees found in your current schedule for existing procedures. Please follow the guide below to determine your reimbursement for the new CDT codes.

We're here to help

If you have questions, call our National Dentist Line at **1-800-451-7715**. Thanks for your continued participation and support of Aetna Dental® plans.

CDT 2023 Code ¹	Nomenclature	Contracted Fees for CDT 2023 codes are based on the following:
D0100 - D0999	I. Diagnostic	
D0372	intraoral tomosynthesis – comprehensive series of radiographic images	100% of negotiated fee for D0210
D0373	intraoral tomosynthesis – bitewing radiographic image	100% of negotiated fee for D0270
D0374	intraoral tomosynthesis – periapical radiographic image	100% of negotiated fee for D0220
D0387	intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	100% of negotiated fee for D0709
D0388	intraoral tomosynthesis – bitewing radiographic image – image capture only	100% of negotiated fee for D0708
D0389	intraoral tomosynthesis – periapical radiographic image – image capture only	100% of negotiated fee for D0707
D0801	3D dental surface scan – direct	If done in conjunction with ortho, part of total case fee. Otherwise, 100% of negotiated fee for D350.

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Dental policies and plans are insured and/or administered by Aetna Life Insurance Company (Aetna).

CDT 2023 Code ¹	Nomenclature	Contracted Fees for CDT 2023 codes are based on the following:
D0802	3D dental surface scan – indirect	If done in conjunction with ortho, part of total case fee. Otherwise, 100% of negotiated fee for D350.
D0803	3D facial surface scan – direct	If done in conjunction with ortho, part of total case fee. Otherwise, 100% of negotiated fee for D350.
D0804	3D facial surface scan – indirect	If done in conjunction with ortho, part of total case fee. Otherwise, 100% of negotiated fee for D350.
D1000 - D1999	II. Preventive	
D1708	Pfizer-BioNTech Covid-19 vaccine administration – third dose	\$0
D1709	Moderna Covid-19 vaccine administration – third dose	\$0
D1710	Moderna Covid-19 vaccine administration – third dose	\$0
D1711	Moderna Covid-19 vaccine administration – booster dose	\$0
D1712	Janssen Covid-19 vaccine administration - booster dose	\$0
D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – first dose	\$0
D1714	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – second dose	\$0
D1781	vaccine administration – human papillomavirus – Dose 1	\$0
D1782	vaccine administration – human papillomavirus – Dose 2	\$0
D1783	vaccine administration – human papillomavirus – Dose 3	\$0
D4000-D4999	V. Periodontics	
D4286	removal of non-resorbable barrier	Inclusive with D7957 - Guided Tissue Regeneration, Edentulous Area – Non-resorbable Barrier, per Site
D6000-D6199	VIII. Implant Services	
D6105	removal of implant body not requiring bone removal or flap elevation	50% of negotiated fee for D7140
D6106	guided tissue regeneration – resorbable barrier, per implant	100% of negotiated fee for D4266
D6107	guided tissue regeneration – non-resorbable barrier, per implant	100% of negotiated fee for D4267
D6197	replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	100% of negotiated fee for D2391

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CDT 2023 Code¹	Nomenclature	Contracted Fees for CDT 2023 codes are based on the following:
D7000-D7999	X. Oral and Maxillofacial Surgery	
D7509	marsupialization of odontogenic cyst	100% of negotiated fee for D7450
D7956	guided tissue regeneration, edentulous area – resorbable barrier, per site	100% of negotiated fee for D4266
D7957	guided tissue regeneration, edentulous area – non-resorbable barrier, per site	100% of negotiated fee for D4267
D9000-D9999	XII. Adjunctive General Services	
D9953	reline custom sleep apnea appliance (indirect)	100% of negotiated fee for D5751

Network Bulletin

Date: November 2022

From: Anna Huck, Director, Dental Network Operations

Subject: DMO[®] plans – New Jersey State Health Benefits Program

Applies to: DMO[®] plans 34, 34A, 34B and 34C

This bulletin is part of your *Dental Office Guide*.

Starting January 1, 2023*

We're making changes to the New Jersey State Health Benefit Program (Plan 34) and the nationwide DMO Copay plans (34A, 34B, 34C) for retirees of the New Jersey State Health Benefit Program. These changes will start on January 1, 2023.

New CDT[®] 2023¹ codes

The American Dental Association has issued new Current Dental Terminology (CDT) codes starting **January 1, 2023**. Attached are the new copay schedules**.

We're here to help

Coverage for any service not specifically listed on the applicable charts will be as determined by Aetna in its sole discretion. Furthermore, additional codes may be added and codes may be deleted at our discretion. Except as specified otherwise, "codes" refer to codes of the American Dental Association ("ADA"). The appropriate code must be designated when billing or when submitting claims or encounter information.

If you have questions, call our National Dentist Line at **1-800-451-7715**. Thanks for your continued participation and support of Aetna Dental[®] plans.

* Eligibility for most employees will begin January 1, 2023.
The schedules are subject to change, contingent upon regulatory approval.

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DMO plans are insured by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc. (Aetna). Each insurer has sole financial responsibility for its own products.

ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D0120	Periodic Oral Evaluation - Established Patient	\$0	\$0	\$0	\$0
D0140	Limited Oral Evaluation - Problem Focused	\$0	\$0	\$0	\$0
D0145	Oral Evaluation for a Patient Under 3 Years of Age and Counseling with Primary Caregiver	\$0	\$0	\$0	\$0
D0150	Comprehensive Oral Evaluation – New or Established Patient	\$0	\$0	\$0	\$0
D0160	Detailed and Extensive Oral Evaluation – Problem Focused, by Report	\$0	\$0	\$0	\$0
D0210	Intraoral – Comprehensive Series of Radiographic Images	\$0	\$0	\$0	\$0
D0220	Intraoral – Periapical First Radiographic Image	\$0	\$0	\$0	\$0
D0230	Intraoral - Periapical Each Additional Radiographic Image	\$0	\$0	\$0	\$0
D0240	Intraoral – Occlusal Radiographic Image	\$0	\$0	\$0	\$0
D0250	Extra-oral – 2D Projection Image Created Using a Stationary Radiation Source, and Detector	\$0	\$0	\$0	\$0
D0251	Extra-oral Posterior Dental Radiographic Image	\$0	\$0	\$0	\$0
D0270	Bitewing - Single Radiographic Image	\$0	\$0	\$0	\$0
D0272	Bitewings - Two Radiographic Images	\$0	\$0	\$0	\$0
D0273	Bitewings - Three Radiographic Images	\$0	\$0	\$0	\$0
D0274	Bitewings - Four Radiographic Images	\$0	\$0	\$0	\$0
D0277	Vertical Bitewings – 7 to 8 Radiographic Images	\$0	\$0	\$0	\$0
D0330	Panoramic Radiographic Image	\$0	\$0	\$0	\$0
D0340	2D Cephalometric Radiographic Image – Acquisition, Measurement and Analysis	\$0	\$0	\$0	\$0
D0372	Intraoral Tomosynthesis – Comprehensive Series of Radiographic Images	\$0	\$0	\$0	\$0
D0373	Intraoral Tomosynthesis – Bitewing Radiographic Image	\$0	\$0	\$0	\$0
D0374	Intraoral Tomosynthesis – Periapical Radiographic Image	\$0	\$0	\$0	\$0
D0387	Intraoral Tomosynthesis – Comprehensive Series of Radiographic Images – Image Capture only	\$0	\$0	\$0	\$0
D0388	Intraoral Tomosynthesis – Bitewing Radiographic Image – Image Capture Only	\$0	\$0	\$0	\$0
D0389	Intraoral Tomosynthesis – Periapical Radiographic Image – Image Capture only	\$0	\$0	\$0	\$0
D0391	Interpretation of Diagnostic Image by a Practitioner Not Associated with Capture of the Image, Including Report	\$0	\$0	\$0	\$0
D0412	Blood Glucose Level Test – In-office using a Glucose Meter	N/C	N/C	N/C	N/C
D0414	Laboratory Processing of Microbial Specimen to Include Culture and Sensitivity Studies, Preparation and Transmission of Written Report	\$0	\$0	\$0	\$0
D0415	Collection of Microorganisms for Culture and Sensitivity	\$0	\$0	\$0	\$0
D0416	Viral Culture	\$0	\$0	\$0	\$0
D0419	Assessment of salivary flow by measurement	N/C	N/C	N/C	N/C
D0425	Caries Susceptibility Tests	\$0	\$0	\$0	\$0
D0460	Pulp Vitality Tests	\$0	\$0	\$0	\$0
D0470	Diagnostic Casts	\$0	\$0	\$0	\$0
D0600	Non-Ionizing Diagnostic Procedure Capable of Quantifying, Monitoring, and Recording Changes in Structure of Enamel, Dentin and Cementum	\$0	\$0	\$0	\$0
D0604	Antigen testing for a public health related pathogen, including coronavirus	N/C	N/C	N/C	N/C
D0605	Antibody testing for a public health related pathogen, including coronavirus	N/C	N/C	N/C	N/C
D0701	Panoramic radiographic image – image capture only	\$0	\$0	\$0	\$0
D0705	Extra-oral posterior dental radiographic image – image capture only	\$0	\$0	\$0	\$0
D0706	Intraoral – occlusal radiographic image – image capture only	\$0	\$0	\$0	\$0
D0707	Intraoral – periapical radiographic image – image capture only	\$0	\$0	\$0	\$0
D0708	Intraoral – bitewing radiographic image – image capture only	\$0	\$0	\$0	\$0
D0709	Intraoral – complete series of radiographic images – image capture only	\$0	\$0	\$0	\$0
D1110	Prophylaxis - Adult	\$0	\$0	\$0	\$0
D1120	Prophylaxis - Child	\$0	\$0	\$0	\$0

* The schedules are subject to change, contingent upon regulatory approval.

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² Covered only when performed by an anesthesiologist

ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D1206	Topical Application of Fluoride Varnish	\$0	\$0	\$0	\$0
D1208	Topical Application of Fluoride – Excluding Varnish	\$0	\$0	\$0	\$0
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	N/C	N/C	N/C	N/C
D1330	Oral Hygiene Instructions	\$0	\$0	\$0	\$0
D1351	Sealant - Per Tooth	\$0	\$0	\$0	\$0
D1352	Preventive Resin Restoration in a Moderate to High Caries Risk Patient – Permanent Tooth	\$0	\$0	\$0	\$0
D1353	Sealant repair – Per Tooth	\$0	\$0	\$0	\$0
D1354	Application of Caries Arresting Medicament – per Tooth	\$0	\$0	\$0	\$0
D1355	Caries preventive medicament application – per tooth	\$0	\$0	\$0	\$0
D1510	Space Maintainer - Fixed - Unilateral	\$0	\$0	\$0	\$0
D1516	Space Maintainer - Fixed – Bilateral, Maxillary	\$0	\$0	\$0	\$0
D1517	Space Maintainer - Fixed – Bilateral, Mandibular	\$0	\$0	\$0	\$0
D1520	Space Maintainer - Removable - Unilateral	\$0	\$0	\$0	\$0
D1526	Space Maintainer - Removable – Bilateral, Maxillary	\$0	\$0	\$0	\$0
D1527	Space Maintainer - Removable – Bilateral, Mandibular	\$0	\$0	\$0	\$0
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	\$0	\$0	\$0	\$0
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	\$0	\$0	\$0	\$0
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	\$0	\$0	\$0	\$0
D1556	Removal of fixed unilateral space maintainer – per quadrant	\$0	\$0	\$0	\$0
D1557	Removal of fixed bilateral space maintainer – maxillary	\$0	\$0	\$0	\$0
D1558	Removal of fixed bilateral space maintainer – mandibular	\$0	\$0	\$0	\$0
D1575	Distal Shoe Space Maintainer – Fixed – Unilateral	\$0	\$0	\$0	\$0
D1708	Pfizer-BioNTech Covid-19 vaccine administration – third dose	N/C	N/C	N/C	N/C
D1709	Pfizer-BioNTech Covid-19 vaccine administration – booster dose	N/C	N/C	N/C	N/C
D1710	Moderna Covid-19 vaccine administration – third dose	N/C	N/C	N/C	N/C
D1711	Moderna Covid-19 vaccine administration – booster dose	N/C	N/C	N/C	N/C
D1712	Janssen Covid-19 vaccine administration - booster dose	N/C	N/C	N/C	N/C
D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – first dose	N/C	N/C	N/C	N/C
D1714	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – second dose	N/C	N/C	N/C	N/C
D1781	Vaccine Administration – Human Papillomavirus – Dose 1	N/C	N/C	N/C	N/C
D1782	Vaccine Administration – Human Papillomavirus – Dose 2	N/C	N/C	N/C	N/C
D1783	Vaccine Administration – Human Papillomavirus – Dose 3	N/C	N/C	N/C	N/C
D2140	Amalgam - One Surface, Primary or Permanent	\$0	N/C	\$15	\$15
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$0	N/C	\$20	\$20
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$0	N/C	\$25	\$25
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$0	N/C	\$30	\$30
D2330	Resin Based Composite – One Surface, Anterior	\$0	N/C	\$25	\$25
D2331	Resin Based Composite – Two Surfaces, Anterior	\$0	N/C	\$30	\$30
D2332	Resin Based Composite – Three Surfaces, Anterior	\$0	N/C	\$35	\$35
D2335	Resin Based Composite – Four or More Surfaces or Involving Incisal Angle (Anterior)	\$0	N/C	\$45	\$45
D2390	Resin-Based Composite Crown, Anterior	\$35	N/C	\$55	\$55
D2391	Resin-Based Composite - One Surface, Posterior	\$15	N/C	\$25	\$25
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$25	N/C	\$40	\$40
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$35	N/C	\$55	\$55
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	\$45	N/C	\$70	\$70

** The schedules are subject to change, contingent upon regulatory approval.

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² Covered only when performed by an anesthesiologist

ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D2510	Inlay - Metallic - One Surface	\$100	N/C	\$150	\$150
D2520	Inlay - Metallic - Two Surfaces	\$100	N/C	\$150	\$150
D2530	Inlay - Metallic - Three or More Surfaces	\$100	N/C	\$150	\$150
D2542	Onlay - Metallic - Two Surfaces	\$100	N/C	\$150	\$150
D2543	Onlay - Metallic - Three Surfaces	\$100	N/C	\$150	\$150
D2544	Onlay - Metallic – Four Or More Surfaces	\$100	N/C	\$150	\$150
D2610	Inlay - Porcelain/Ceramic – One Surface	\$115	N/C	\$175	\$175
D2620	Inlay - Porcelain/Ceramic – Two Surfaces	\$115	N/C	\$175	\$175
D2630	Inlay - Porcelain/Ceramic – Three Or More Surfaces	\$115	N/C	\$175	\$175
D2642	Onlay - Porcelain/Ceramic – Two Surfaces	\$115	N/C	\$175	\$175
D2643	Onlay - Porcelain/Ceramic – Three Surfaces	\$115	N/C	\$175	\$175
D2644	Onlay - Porcelain/Ceramic – Four or More Surfaces	\$115	N/C	\$175	\$175
D2650	Inlay – Resin-Based Composite – One Surface	\$115	N/C	\$160	\$160
D2651	Inlay - Resin-Based Composite – Two Surfaces	\$115	N/C	\$160	\$160
D2652	Inlay - Resin-Based Composite – Three Surfaces	\$115	N/C	\$160	\$160
D2662	Onlay - Resin-Based Composite – Two Surfaces	\$115	N/C	\$160	\$160
D2663	Onlay - Resin-Based Composite – Three Surfaces	\$115	N/C	\$160	\$160
D2664	Onlay - Resin-Based Composite – Four or More Surfaces	\$115	N/C	\$160	\$160
D2710	Crown - Resin-Based Composite (Indirect)	\$115	N/C	\$175	\$175
Note: There is no copayment for procedure D2710 when performed in conjunction with a permanent crown on the same tooth.					
D2720	Crown - Resin with High Noble Metal	\$150	N/C	\$235	\$235
D2721	Crown - Resin with Predominantly Base Metal	\$150	N/C	\$225	\$225
D2722	Crown - Resin with Noble Metal	\$150	N/C	\$225	\$225
D2740	Crown - Porcelain/Ceramic	\$200	N/C	\$295	\$295
D2750	Crown - Porcelain Fused to High Noble Metal	\$225	N/C	\$340	\$340
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$200	N/C	\$295	\$295
D2752	Crown - Porcelain Fused to Noble Metal	\$200	N/C	\$295	\$295
D2753	Crown - porcelain fused to titanium and titanium alloys	\$200	N/C	\$295	\$295
D2780	Crown - ¾ Cast High Noble Metal	\$225	N/C	\$340	\$340
D2781	Crown - ¾ Cast Predominantly Base Metal	\$200	N/C	\$295	\$295
D2790	Crown - Full Cast High Noble Metal	\$225	N/C	\$340	\$340
D2791	Crown - Full Cast Predominantly Metal	\$200	N/C	\$295	\$295
D2792	Crown - Full Cast Noble Metal	\$200	N/C	\$295	\$295
D2794	Crown - Titanium	\$225	N/C	\$340	\$340
D2799	Interim Crown – Further Treatment or Completion of Diagnosis Necessary Prior to Final Impression	\$0	N/C	\$0	\$0
D2910	Re-cement or Re-bond Inlay, Onlay, or Partial Coverage Restoration	\$0	N/C	\$15	\$15
D2915	Re-cement or Re-bond Cast or Prefabricated Post and Core	\$0	N/C	\$15	\$15
D2920	Re-cement or Re-bond Crown	\$0	N/C	\$15	\$15
D2921	Reattachment of Tooth Fragment, Incisal Edge or Cusp	\$0	N/C	\$0	\$0
D2928	Prefabricated Porcelain/Ceramic Crown - Permanent Tooth	\$49	N/C	\$69	\$69
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	\$49	N/C	\$69	\$69
D2930	Prefabricated Stainless Steel Crown – Primary Tooth	\$35	N/C	\$55	\$55
D2931	Prefabricated Stainless Steel Crown – Permanent Tooth	\$35	N/C	\$55	\$55
D2932	Prefabricated Resin Crown	\$35	N/C	\$55	\$55
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$35	N/C	\$55	\$55
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$35	N/C	\$55	\$55
D2940	Protective Restoration	\$0	N/C	\$20	\$20

** The schedules are subject to change, contingent upon regulatory approval.

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D2941	Interim Therapeutic Restoration - Primary Dentition	\$0	N/C	\$0	\$0
D2950	Core Buildup, Including Any Pins When Required	\$0	N/C	\$45	\$45
D2951	Pin Retention - Per Tooth, In Addition to Restoration	\$0	N/C	\$15	\$15
D2952	Cast Post and Core in Addition to Crown, Indirectly Fabricated	\$40	N/C	\$60	\$60
D2954	Prefabricated Post and Core, in Addition to Crown	\$40	N/C	\$60	\$60
D2955	Post removal	\$0	N/C	\$45	\$45
D2971	Additional Procedures to Customize a Crown to Fit under an Existing Partial Denture Framework	\$0	N/C	\$20	\$20
D2980	Crown Repair Necessitated by Restorative Material Failure	\$0	N/C	\$15	\$15
D2981	Inlay Repair Necessitated by Restorative Material Failure	\$0	N/C	\$15	\$15
D2982	Onlay Repair Necessitated by Restorative Material Failure	\$0	N/C	\$15	\$15
D2983	Veneer Repair Necessitated by Restorative Material Failure	\$0	N/C	\$15	\$15
D2990	Resin Infiltration of Incipient Smooth Surface Lesions	\$0	N/C	\$15	\$15
D3110	Pulp Cap – Direct (Excluding Final Restoration)	\$0	N/C	N/C	\$15
D3120	Pulp Cap – Indirect (Excluding Final Restoration)	\$0	N/C	N/C	\$15
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) – Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	\$25	N/C	N/C	\$35
D3222	Partial Pulpotomy for Apexogenesis – Permanent Tooth with Incomplete Root Development	\$25	N/C	N/C	\$35
D3230	Pulpal Therapy (Resorbable Filling) – Anterior, Primary Tooth (Excluding Final Restoration)	\$20	N/C	N/C	\$35
D3240	Pulpal Therapy (Resorbable Filling) – Posterior, Primary Tooth (Excluding Final Restoration)	\$20	N/C	N/C	\$35
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$100	N/C	N/C	\$150
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	\$125	N/C	N/C	\$190
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	\$150	N/C	N/C	\$225
D3346	Retreatment of Previous Root Canal Therapy - Anterior	\$125	N/C		\$190
D3347	Retreatment of Previous Root Canal Therapy - Premolar	\$150	N/C	N/C	\$225
D3348	Retreatment of Previous Root Canal Therapy - Molar	\$175	N/C	N/C	\$265
D3351	Apexification/Recalcification - Initial Visit (apical closure / calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$35	N/C	N/C	\$55
D3352	Apexification/Recalcification - Interim Medication Replacement	\$35	N/C	N/C	\$55
D3353	Apexification/Recalcification - Final Visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$35	N/C	N/C	\$55
D3410	Apicoectomy – Anterior	\$90	N/C	N/C	\$135
D3421	Apicoectomy - Premolar (First Root)	\$90	N/C	N/C	\$135
D3425	Apicoectomy - Molar (First Root)	\$90	N/C	N/C	\$135
D3426	Apicoectomy (Each Additional Root)	\$40	N/C	N/C	\$60
D3430	Retrograde Filling – per Root	\$20	N/C	N/C	\$35
D3450	Root Amputation - per Root	\$40	N/C	N/C	\$60
D3471	Surgical repair of root resorption - anterior	\$54	N/C	N/C	\$81
D3472	Surgical repair of root resorption – premolar	\$72	N/C	N/C	\$108
D3473	Surgical repair of root resorption – molar	\$90	N/C	N/C	\$135
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	\$54	N/C	N/C	\$78
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	\$72	N/C	N/C	\$104
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	\$90	N/C	N/C	\$130
D3910	Surgical Procedure for Isolation of Tooth with Rubber Dam	\$0	N/C	N/C	\$15
D3911	Intraorifice Barrier	N/C	N/C	N/C	N/C
D3920	Hemisection (Including any Root Removal), Not Including Root Canal Therapy	\$60	N/C	N/C	\$80
D3921	Decoronation or Submergence of an Erupted Tooth	N/C	N/C	N/C	N/C

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D4210	Gingivectomy/Gingivoplasty - Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$85	N/C	N/C	\$135
D4211	Gingivectomy/Gingivoplasty, One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$30	N/C	N/C	\$90
D4212	Gingivectomy or Gingivoplasty to Allow Access for Restorative Procedure, per Tooth	\$12	N/C	N/C	\$12
D4240	Gingival Flap Procedure Including Root Planing, Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$90	N/C	N/C	\$160
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$60	N/C	N/C	\$90
D4245	Apically Positioned Flap	\$90	N/C	N/C	\$130
D4249	Clinical Crown Lengthening - Hard Tissue	\$90	N/C	N/C	\$160
D4260	Osseous Surgery (including flap entry and closure) – Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$175	N/C	N/C	\$265
D4261	Osseous Surgery (including flap entry and closure) – One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$100	N/C	N/C	\$150
D4263	Bone Replacement Graft – Retained Natural Tooth – First Site in Quadrant Site	\$100	N/C	N/C	\$135
D4264	Bone Replacement Graft – Retained Natural Tooth – Each Additional Site in Quadrant	\$50	N/C	N/C	\$75
D4266	Guided Tissue Regeneration, Natural Teeth - Resorbable Barrier per Site	\$90	N/C	N/C	\$120
D4267	Guided Tissue Regeneration, Natural Teeth - Non-resorbable Barrier per Site (includes membrane removal)	\$90	N/C	N/C	\$135
D4270	Pedicle Soft Tissue Graft Procedure	\$175	N/C	N/C	\$235
D4273	Autogenous Connective Tissue Graft Procedures (Including Donor and Recipient Surgical Sites) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$175	N/C	N/C	\$250
D4274	Mesial/Distal Procedure, Single Tooth (When Not Performed in Conjunction with Surgical Procedures in the Same Anatomical Area)	\$40	N/C	N/C	\$100
D4275	Non-Autogenous Connective Tissue Graft (Including Recipient Site and Donor Material) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$175	N/C	N/C	\$235
D4276	Combined Connective Tissue and Pedicle Graft, per Tooth	\$175	N/C	N/C	\$235
D4277	Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Site) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$70	N/C	N/C	\$70
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	\$35	N/C	N/C	\$35
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	\$96	N/C	N/C	\$138
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	\$96	N/C	N/C	\$129
D4286	Removal of Non-resorbable Barrier	N/C	N/C	N/C	N/C
D4322	Splint – Intra-coronal; Natural Teeth or Prosthetic Crowns	\$0	N/C	N/C	\$25
D4323	Splint – Extra-coronal; Natural Teeth or Prosthetic Crowns	\$0	N/C	N/C	\$25
D4341	Periodontal Scaling and Root Planing, Four or More Teeth per Quadrant	\$55	N/C	N/C	\$70
D4342	Periodontal Scaling and Root Planing, One to Three Teeth per Quadrant	\$40	N/C	N/C	\$40
D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation – Full Mouth, After Oral Evaluation	\$28	N/C	N/C	\$20
D4355	Full Mouth Debridement to Enable a Comprehensive Periodontal Evaluation and Diagnosis on a Subsequent Visit	\$55	N/C	N/C	\$40
D4910	Periodontal Maintenance	\$30	N/C	N/C	\$40
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist or Their Staff)	\$0	N/C	N/C	\$15
D5110	Complete Denture - Maxillary	\$250	N/C	N/C	\$340
D5120	Complete Denture - Mandibular	\$250	N/C	N/C	\$340
D5130	Immediate Denture - Maxillary	\$275	N/C	N/C	\$370
D5140	Immediate Denture - Mandibular	\$275	N/C	N/C	\$370

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D5211	Maxillary Partial Denture - Resin Base (Including any Conventional Clasps, Rests and Teeth)	\$250	N/C	N/C	\$370
D5212	Mandibular Partial Denture - Resin Base (Including any Conventional Clasps, Rests and Teeth)	\$250	N/C	N/C	\$370
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$275	N/C	N/C	\$405
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$275	N/C	N/C	\$405
D5221	Immediate Maxillary Partial Denture – Resin Base (Including Any Conventional Clasps, Rests and Teeth)	\$288	N/C	N/C	\$426
D5222	Immediate Mandibular Partial Denture – Resin Base (Including Any Conventional Clasps, Rests and Teeth)	\$288	N/C	N/C	\$426
D5223	Immediate Maxillary Partial Denture – Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth) Includes Limited Follow-up Care Only; Does Not Include Future Rebasing	\$316	N/C	N/C	\$466
D5224	Immediate Mandibular Partial Denture – Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	\$316	N/C	N/C	\$466
D5225	Maxillary Partial Denture – Flexible Base (Including any Clasps, Rests and Teeth)	\$300	N/C	N/C	\$445
D5226	Mandibular Partial Denture – Flexible Base (Including any Clasps, Rests and Teeth)	\$300	N/C	N/C	\$445
D5227	Immediate Maxillary Partial Denture - Flexible Base (including any clasps, rests and teeth)	\$300	N/C	N/C	\$445
D5228	Immediate Mandibular Partial Denture - Flexible Base (including any clasps, rests and teeth)	\$300	N/C	N/C	\$445
D5282	Removable Unilateral Partial Denture One Piece Cast Metal (Including Clasps and Teeth), Maxillary	\$125	N/C	N/C	\$205
D5283	Removable Unilateral Partial Denture One Piece Cast Metal (Including Clasps and Teeth), Mandibular	\$125	N/C	N/C	\$205
D5284	removable unilateral partial denture – one-piece flexible base (including clasps and teeth) – per quadrant	\$150	N/C	N/C	\$223
D5286	removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant	\$125	N/C	N/C	\$185
D5410	Adjust Complete Denture - Maxillary	\$0	N/C	N/C	\$15
D5411	Adjust Complete Denture - Mandibular	\$0	N/C	N/C	\$15
D5421	Adjust Partial Denture - Maxillary	\$0	N/C	N/C	\$15
D5422	Adjust Partial Denture - Mandibular	\$0	N/C	N/C	\$15
D5511	Repair Broken Complete Denture Base, Mandibular	\$35	N/C	N/C	\$55
D5512	Repair Broken Complete Denture Base, Maxillary	\$35	N/C	N/C	\$55
D5520	Replace Missing or Broken Teeth, Complete Denture (Each Tooth)	\$35	N/C	N/C	\$55
D5611	Repair Resin Partial Denture Base, Mandibular	\$35	N/C	N/C	\$55
D5612	Repair Resin Partial Denture Base, Maxillary	\$35	N/C	N/C	\$55
D5621	Repair Cast Partial Framework, Mandibular	\$35	N/C	N/C	\$55
D5622	Repair Cast Partial Framework, Maxillary	\$35	N/C	N/C	\$55
D5630	Repair Or Replace Broken Retentive/Clasping Materials – per Tooth	\$35	N/C	N/C	\$55
D5640	Replace Broken Teeth – per Tooth	\$35	N/C	N/C	\$55
D5650	Add Tooth to Existing Partial Denture	\$35	N/C	N/C	\$55
D5660	Add Clasp to Existing Partial Denture – per Tooth	\$35	N/C	N/C	\$55
D5710	Rebase Complete Maxillary Denture	\$85	N/C	N/C	\$130
D5711	Rebase Complete Mandibular Denture	\$85	N/C	N/C	\$130
D5720	Rebase Maxillary Partial Denture	\$85	N/C	N/C	\$130
D5721	Rebase Mandibular Partial Denture	\$85	N/C	N/C	\$130
D5725	Rebase Hybrid Prosthesis	\$85	N/C	N/C	\$130
D5730	Reline Complete Maxillary Denture (Chairside)	\$40	N/C	N/C	\$60
D5731	Reline Complete Mandibular Denture (Chairside)	\$40	N/C	N/C	\$60
D5740	Reline Maxillary Partial Denture (Chairside)	\$40	N/C	N/C	\$60
D5741	Reline Mandibular Partial Denture (Chairside)	\$40	N/C	N/C	\$60

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D5750	Reline Complete Maxillary Denture (Laboratory)	\$40	N/C	N/C	\$60
D5751	Reline Complete Mandibular Denture (Laboratory)	\$40	N/C	N/C	\$60
D5760	Reline Maxillary Partial Denture (Laboratory)	\$40	N/C	N/C	\$60
D5761	Reline Mandibular Partial Denture (Laboratory)	\$40	N/C	N/C	\$60
D5765	Soft Liner for Complete or Partial Removable Denture – Indirect	\$40	N/C	N/C	\$60
D5810	Interim Complete Denture (Maxillary)	\$40	N/C	N/C	\$75
D5811	Interim Complete Denture (Mandibular)	\$40	N/C	N/C	\$75
D5820	Interim Partial Denture - (Maxillary)	\$40	N/C	N/C	\$60
D5821	Interim Partial Denture - (Mandibular)	\$40	N/C	N/C	\$60
D5850	Tissue Conditioning, Maxillary	\$40	N/C	N/C	\$55
D5851	Tissue Conditioning, Mandibular	\$40	N/C	N/C	\$55
D5876	Add Metal Substructure to Acrylic Full Denture (per Arch)	\$35	N/C	N/C	\$55
D5995	Periodontal medicament carrier with peripheral seal – laboratory processed – maxillary	N/C	N/C	N/C	N/C
D5996	Periodontal medicament carrier with peripheral seal – laboratory processed – mandibular	N/C	N/C	N/C	N/C
D6082	Implant supported crown – porcelain fused to predominantly base alloys	N/C	N/C	N/C	N/C
D6083	Implant supported crown – porcelain fused to noble alloys	N/C	N/C	N/C	N/C
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys	N/C	N/C	N/C	N/C
D6086	Implant supported crown – predominantly base alloys	N/C	N/C	N/C	N/C
D6087	Implant supported crown – noble alloys	N/C	N/C	N/C	N/C
D6088	Implant supported crown – titanium and titanium alloys	N/C	N/C	N/C	N/C
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys	\$200	N/C	N/C	\$295
D6098	Implant supported retainer – porcelain fused to predominantly base alloys	N/C	N/C	N/C	N/C
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	N/C	N/C	N/C	N/C
D6106	Guided Tissue Regeneration – Resorbable Barrier, per Implant	N/C	N/C	N/C	N/C
D6107	Guided Tissue Regeneration – Non-resorbable Barrier, per Implant	N/C	N/C	N/C	N/C
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys	N/C	N/C	N/C	N/C
D6121	Implant supported retainer for metal FPD – predominantly base alloys	N/C	N/C	N/C	N/C
D6122	Implant supported retainer for metal FPD – noble alloys	N/C	N/C	N/C	N/C
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys	N/C	N/C	N/C	N/C
D6191	Semi-precision abutment – placement	N/C	N/C	N/C	N/C
D6192	Semi-precision attachment – placement	N/C	N/C	N/C	N/C
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys	N/C	N/C	N/C	N/C
D6197	Replacement of Restorative Material Used to Close an Access Opening of a Screw-retained Implant Supported Prosthesis, per Implant	\$15	N/C	\$25	\$25
D6210	Pontic - Cast High Noble Metal	\$225	N/C	N/C	\$340
D6211	Pontic - Cast Predominantly Base Metal	\$200	N/C	N/C	\$295
D6212	Pontic - Cast Noble Metal	\$200	N/C	N/C	\$295
D6214	Pontic – Titanium	\$225	N/C	N/C	\$340
D6240	Pontic - Porcelain Fused to High Noble Metal	\$225	N/C	N/C	\$340
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$200	N/C	N/C	\$295
D6242	Pontic - Porcelain Fused to Noble Metal	\$200	N/C	N/C	\$295
D6243	Pontic – porcelain fused to titanium and titanium alloys	\$200	N/C	N/C	\$295
D6245	Pontic - Porcelain/Ceramic	\$200	N/C	N/C	\$295
D6250	Pontic - Resin with High Noble Metal	\$150	N/C	N/C	\$225
D6251	Pontic - Resin with Predominantly Base Metal	\$150	N/C	N/C	\$225
D6252	Pontic - Resin with Noble Metal	\$150	N/C	N/C	\$225
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis	\$100	N/C	N/C	\$150

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D6549	Resin retainer – for resin bonded fixed prosthesis	\$75	N/C	N/C	\$75
D6602	Inlay - Cast High Noble Metal, Two Surfaces	\$175	N/C	N/C	\$265
D6603	Inlay - Cast High Noble Metal, Three or More Surfaces	\$175	N/C	N/C	\$265
D6604	Inlay - Cast Predominantly Base Metal, Two Surfaces	\$100	N/C	N/C	\$160
D6605	Inlay - Cast Predominantly Base Metal, Three or More Surfaces	\$100	N/C	N/C	\$160
D6606	Inlay - Cast Noble Metal, Two Surfaces	\$155	N/C	N/C	\$230
D6607	Retainer Inlay - Cast Noble Metal, Three or More Surfaces	\$155	N/C	N/C	\$230
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	\$185	N/C	N/C	\$275
D6611	Retainer Onlay - Cast High Noble Metal, Three or More Surfaces	\$185	N/C	N/C	\$275
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	\$100	N/C	N/C	\$160
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three or More Surfaces	\$100	N/C	N/C	\$160
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	\$175	N/C	N/C	\$265
D6615	Retainer Onlay - Cast Noble Metal, Three or More Surfaces	\$175	N/C	N/C	\$265
D6624	Retainer Inlay – Titanium	\$175	N/C	N/C	\$265
D6634	Retainer Onlay – Titanium	\$185	N/C	N/C	\$275
D6720	Retainer Crown - Resin with High Noble Metal	\$150	N/C	N/C	\$225
D6721	Retainer Crown - Resin with Predominantly Base Metal	\$150	N/C	N/C	\$225
D6722	Retainer Crown - Resin with Noble Metal	\$150	N/C	N/C	\$225
D6740	Retainer Crown - Porcelain/Ceramic	\$200	N/C	N/C	\$295
D6750	Retainer Crown - Porcelain Fused to High Noble Metal	\$225	N/C	N/C	\$340
D6751	Retainer Crown - Porcelain Fused to Predominantly Base Metal	\$200	N/C	N/C	\$295
D6752	Retainer Crown - Porcelain Fused to Noble Metal	\$200	N/C	N/C	\$295
D6753	Retainer Crown – Porcelain Fused to Titanium and Titanium Alloys	\$200	N/C	N/C	\$295
D6780	Retainer Crown - ¾ Cast High Noble Metal	\$225	N/C	N/C	\$340
D6781	Retainer Crown - ¾ Cast Predominantly Base Metal	\$200	N/C	N/C	\$295
D6782	Retainer Crown - ¾ Cast Noble Metal	\$200	N/C	N/C	\$295
D6783	Retainer Crown - ¾ Porcelain/Ceramic	\$200	N/C	N/C	\$295
D6784	Retainer Crown ¾ – Titanium and Titanium Alloys	\$200	N/C	N/C	\$295
D6790	Retainer Crown - Full Cast High Noble Metal	\$225	N/C	N/C	\$340
D6791	Retainer Crown - Full Cast Predominantly Base Metal	\$200	N/C	N/C	\$295
D6792	Retainer Crown - Full Cast Noble Metal	\$200	N/C	N/C	\$295
D6794	Retainer Crown – Titanium	\$225	N/C	N/C	\$340
D6930	Re-cement or Re-Bond Fixed Partial Denture	\$15	N/C	N/C	\$25
D6980	Fixed Partial Denture Repair Necessitated by Restorative Material Failure	\$25	N/C	N/C	\$45
D7111	Extraction - Coronal Remnants - Primary Tooth	\$10	N/C	N/C	\$20
D7140	Extraction - Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$20	N/C	N/C	\$35
D7210	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and including Elevation of Mucoperiosteal Flap if Indicated	\$30	N/C	N/C	\$45
D7220	Removal of Impacted Tooth - Soft Tissue	\$55	N/C	N/C	\$80
D7230	Removal of Impacted Tooth - Partially Bony	\$55	N/C	N/C	\$80
D7240	Removal of Impacted Tooth - Completely Bony	\$65	N/C	N/C	\$100
D7241	Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	\$65	N/C	N/C	\$100
D7250	Removal of Residual Tooth Roots (Cutting Procedure)	\$30	N/C	N/C	\$45
D7251	Coronectomy – Intentional Partial Tooth Removal, Impacted Teeth Only	\$33	N/C	N/C	\$48
D7260	Oroantral Fistula Closure	\$100	N/C	N/C	\$150
D7261	Primary Closure of a Sinus Perforation	\$100	N/C	N/C	\$150
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	\$60	N/C	N/C	\$90

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D7280	Exposure of an Unerupted Tooth	\$60	N/C	N/C	\$90
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	\$60	N/C	N/C	\$70
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$0	N/C	N/C	\$25
D7285	Biopsy of Oral Tissue – Hard (Bone, Tooth)	\$60	N/C	N/C	\$95
D7286	Incisional Biopsy of Oral Tissue – Soft	\$25	N/C	N/C	\$40
D7287	Exfoliative Cytological Sample Collection	\$13	N/C	N/C	\$13
D7291	Transseptal Fiberotomy / Supra Crestal Fiberotomy, by Report	\$20	N/C	N/C	\$35
D7310	Alveoplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, per Quadrant	\$30	N/C	N/C	\$45
D7311	Alveoplasty in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, per Quadrant	\$15	N/C	N/C	\$25
D7320	Alveoplasty Not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, per Quadrant	\$35	N/C	N/C	\$55
D7321	Alveoplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, per Quadrant	\$20	N/C	N/C	\$35
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	\$60	N/C	N/C	\$90
D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm	\$60	N/C	N/C	\$90
D7460	Removal of Benign Non-Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	\$60	N/C	N/C	\$90
D7461	Removal of Benign Non-Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm	\$60	N/C	N/C	\$90
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	\$90	N/C	N/C	\$135
D7472	Removal of Torus Palatinus	\$90	N/C	N/C	\$135
D7473	Removal of Torus Mandibularis	\$90	N/C	N/C	\$135
D7485	Reduction of Osseous Tuberosity	\$90	N/C	N/C	\$135
D7509	Marsupialization of Odontogenic Cyst	\$60	N/C	N/C	\$90
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$25	N/C	N/C	\$40
D7511	Incision and Drainage of Abscess - Intraoral Soft Tissue, Complicated (Includes Drainage of Multiple Fascial Spaces)	\$30	N/C	N/C	\$45
D7520	Incision and Drainage of Abscess - Extraoral Soft Tissue	\$35	N/C	N/C	\$55
D7521	Incision and Drainage of Abscess - Extraoral Soft Tissue - Complicated (Includes Drainage of Multiple Fascial Spaces)	\$40	N/C	N/C	\$60
D7922	Placement of Intra-socket Biological Dressing to Aid in Hemostasis or Clot Stabilization, per Site	\$0	\$0	\$0	\$0
D7953	Bone Replacement Graft for Ridge Preservation - Per Site	\$75	N/C	N/C	\$100
D7956	Guided Tissue Regeneration, Edentulous Area – Resorbable Barrier, per Site	N/C	N/C	N/C	N/C
D7957	Guided Tissue Regeneration, Edentulous Area – Non-resorbable Barrier, per Site	N/C	N/C	N/C	N/C
D7961	Buccal / labial frenectomy (frenulectomy)	\$60	N/C	N/C	\$90
D7962	Lingual frenectomy (frenulectomy)	\$60	N/C	N/C	\$90
D7963	Frenuloplasty	\$65	N/C	N/C	\$100
D7970	Excision of Hyperplastic Tissue - Per Arch	\$60	N/C	N/C	\$90
D7971	Excision of Pericoronal Gingiva	\$30	N/C	N/C	\$45
D7972	Surgical Reduction of Fibrous Tuberosity	\$60	N/C	N/C	\$90
D9110	Palliative Treatment of Dental Pain, Per Visit	\$0	\$15	\$15	\$15
D9130	Temporomandibular Joint Dysfunction – Non-invasive Physical Therapies	N/C	N/C	N/C	N/C
D9211	Regional Block Anesthesia	\$0	N/C	N/C	\$5
D9212	Trigeminal Division Block Anesthesia	\$0	N/C	N/C	\$5
D9215	Local Anesthesia in Conjunction with Operative or Surgical Procedures	\$0	N/C	N/C	\$5
D9219 ²	Evaluation for Moderate Sedation, Deep Sedation or General Anesthesia	\$0	N/C	N/C	\$0
D9222	Deep Sedation/General Anesthesia – First 15 Minutes	\$25	N/C	N/C	\$38
D9223	Deep Sedation/General Anesthesia – Each Subsequent 15 Minute Increment	\$20	N/C	N/C	\$30

** The schedules are subject to change, contingent upon regulatory approval.

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² Covered only when performed by an anesthesiologist

ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	\$0	N/C	N/C	\$5
D9239	Intravenous Moderate (Conscious) Sedation/ Analgesia – First 15 Minutes	\$25	N/C	N/C	\$38
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia – Each Subsequent 15 Minute Increment	\$20	N/C	N/C	\$30
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician	\$0	N/C	N/C	\$5
D9311	Treating Dentist Consults with a Medical Health Care Professional Concerning Medical Issues that may Affect Patient's Planned Dental Treatment	\$0	N/C	N/C	\$5
D9430	Office Visit for Observation (During Regularly Scheduled Hours) – No Other Services Performed	\$0	N/C	N/C	\$0
D9440	Office Visit – After Regularly Scheduled Hours	\$0	N/C	N/C	\$0
D9610	Therapeutic Parenteral Drug, Single Administration	\$0	N/C	N/C	\$5
D9612	Therapeutic Parenteral Drugs, Two or More Administrations, Different Medications	\$0	N/C	N/C	\$0
D9613	Infiltration of Sustained Release Therapeutic Drug, per Quadrant	\$0	\$0	\$0	\$0
D9630	Drugs or Medicaments Dispensed in the Office for Home Use	\$0	N/C	N/C	\$5
D9910	Application of Desensitizing Medicament	\$0	N/C	N/C	\$5
D9912	Pre-visit Patient Screening	N/C	N/C	N/C	N/C
D9930	Treatment of Complications (Post-Surgical) – Unusual Circumstances, by Report	\$0	N/C	N/C	\$5
D9932	Cleaning and Inspection of a Removable Complete Denture, Maxillary	\$0	N/C	N/C	\$0
D9933	Cleaning and Inspection of a Removable Complete Denture, Mandibular	\$0	N/C	N/C	\$0
D9934	Cleaning and Inspection of a Removable Partial Denture, Maxillary	\$0	N/C	N/C	\$0
D9935	Cleaning and Inspection of a Removable Partial Denture, Mandibular	\$0	N/C	N/C	\$0
D9944	Occlusal Guard – Hard Appliance, Full Arch	\$46	N/C	N/C	\$69
D9945	Occlusal Guard – Soft Appliance, Full Arch	\$40	N/C	N/C	\$60
D9946	Occlusal Guard – Hard Appliance, Partial Arch	\$24	N/C	N/C	\$36
D9947	Custom Sleep Apnea Appliance Fabrication and Placement	N/C	N/C	N/C	N/C
D9948	Adjustment of Custom Sleep Apnea Appliance	N/C	N/C	N/C	N/C
D9949	Repair of Custom Sleep Apnea Appliance	N/C	N/C	N/C	N/C
D9942	Repair and/or Reline of Occlusal Guard	\$20	N/C	N/C	\$35
D9943	Occlusal Guard Adjustment	\$5	N/C	N/C	\$8
D9951	Occlusal Adjustment - Limited	\$0	N/C	N/C	\$5
D9952	Occlusal Adjustment - Complete	\$60	N/C	N/C	\$90
D9953	Reline Custom Sleep Apnea Appliance (Indirect)	N/C	N/C	N/C	N/C
D9961	Duplicate/Copy Patient's Records	N/C	N/C	N/C	N/C
D9990	Certified Translation or Sign-Language Services per Visit	N/C	N/C	N/C	N/C
D9997	Dental Case Management – Patients with Special Health Care Needs	\$0	\$0	\$0	\$0



Network Bulletin

Date: February 2022

From: Anna Huck, Lead Director, Network Management

Subject: Annual DMO PCD Fee profile policy change

Applies to: DMO® plan

Effective immediately, DMO Primary Care Dentists are no longer required to submit their Usual and Customary Fee (UCF) profile to Aetna.

For Percentage coinsurance: Member coinsurance is determined by applying the plan's coinsurance percentage to your current office Usual and Customary Fee (UCF) for each covered service provided.

For Fixed copayments: Members are responsible for their member fixed copayment amounts as outlined in the Dental Office Guide.

Should we find that your Usual and Customary Fee (UCF) is above the industry norm for your area, we will reach out to you to discuss.

We're here to help

If you have questions, call us at **1-800-451-7715**. Thank you for your continued participation in and support of Aetna Dental® plans.

DMO insurance plans are offered, administered and/or underwritten by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc. (Aetna)

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).

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MD-2173-21

Network Bulletin

Date: December 2021
From: Anna Huck, Director, Dental Network Operations
Subject: CDT 2022 updates to the Dental Office Guide for DMO Primary Care Dentists
Applies to: Aetna DMO® (Dental Maintenance Organization) plans

This bulletin is part of your *Dental Office Guide*.

New CDT® 2022¹ codes

The American Dental Association has issued new Current Dental Terminology (CDT) codes starting **January 1, 2022**. We've listed them below.

We're here to help

If you have questions, call our National Dentist Line at **1-800-451-7715**. Thanks for your continued participation and support of Aetna Dental® plans.

CDT 2022 Code ¹	Nomenclature
D3000-D3999	IV. Endodontics
D3911	Intraorifice Barrier
D3921	Decoronation or Submergence of an Erupted Tooth
D4000-D4999	V. Periodontics
D4322	Splint – Intra-coronal; Natural Teeth or Prosthetic Crowns
D4323	Splint – Extra-coronal; Natural Teeth or Prosthetic Crowns
D5000-D5999	VI. Prosthodontics (Removable)
D5227	Immediate Maxillary Partial Denture - Flexible Base (including any clasps, rests and teeth)
D5228	Immediate Mandibular Partial Denture - Flexible Base (including any clasps, rests and teeth)
D5725	Rebase Hybrid Prosthesis
D5765	Soft Liner for Complete or Partial Removable Denture – Indirect

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CDT 2022 Code ¹	Nomenclature
D6000-D6199	VIII. Implant Services
D6198	Remove Interim Implant Component
D7000-D7999	X. Oral and Maxillofacial Surgery
D7298	Removal of Temporary Anchorage Device [Screw Retained Plate], Requiring Flap
D7299	Removal of Temporary Anchorage Device, Requiring Flap
D7300	Removal of Temporary Anchorage Device Without Flap
D9000-D9999	XII. Adjunctive General Services
D9912	Pre-visit Patient Screening
D9947	Custom Sleep Apnea Appliance Fabrication and Placement
D9948	Adjustment of Custom Sleep Apnea Appliance
D9949	Repair of Custom Sleep Apnea Appliance

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Patient coinsurance/copay information for the new codes

Follow the guides below to determine members' coinsurance percentages and fixed copayment amounts, by plan code, for the new CDT codes.

COINSURANCE PLAN CODES A - M

ADA Code ¹	A	B	C	D	E	F	G	H	I	J Ji	K	L -LM Li	M Mi
D3911	0	0	0	0	0	0	0	0	0	0	0	0	0
D3921	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D4322	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D4323	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D5227	10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%
D5228	10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%
D5725	10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%
D5765	10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%
D6198	0	0	0	0	0	0	0	0	0	0	0	0	0
D7298	0	0	0	0	0	0	0	0	0	0	0	0	0
D7299	0	0	0	0	0	0	0	0	0	0	0	0	0
D7300	0	0	0	0	0	0	0	0	0	0	0	0	0
D9912	0	0	0	0	0	0	0	0	0	0	0	0	0
D9947	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9948	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9499	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C

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COINSURANCE PLAN CODES

Q - U

ADA Code¹	Q	R	U Ui	UAB	UNJ
D3911	0	0	0	0	0
D3921	N/C	N/C	N/C	N/C	N/C
D4322	N/C	N/C	N/C	N/C	N/C
D4323	N/C	N/C	N/C	N/C	N/C
D5227	25%	N/C	0	0	0
D5228	25%	N/C	0	0	0
D5725	25%	N/C	0	0	0
D5765	25%	N/C	0	0	0
D6198	0	0	0	0	0
D7298	0	0	0	0	0
D7299	0	0	0	0	0
D7300	0	0	0	0	0
D9912	0	0	0	0	0
D9947	N/C	N/C	N/C	N/C	N/C
D9948	N/C	N/C	N/C	N/C	N/C
D9499	N/C	N/C	N/C	N/C	N/C

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COINSURANCE PLAN CODES

1 – 14i

ADA Code¹	1 1i	2 2i	2BA	3	4	5	6	7	8 8i	10 10i	12	14i
D3911	0	0	0	0	0	0	0	0	0	0	0	0
D3921	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D4322	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D4323	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D5227	40%	50%	50%	50%	40%	75%	75%	50%	40%	40%	50%	40%
D5228	40%	50%	50%	50%	40%	75%	75%	50%	40%	40%	50%	40%
D5725	40%	50%	50%	50%	40%	75%	75%	50%	40%	40%	50%	40%
D5765	40%	50%	50%	50%	40%	75%	75%	50%	40%	40%	50%	40%
D6198	0	0	0	0	0	0	0	0	0	0	0	0
D7298	0	0	0	0	0	0	0	0	0	0	0	0
D7299	0	0	0	0	0	0	0	0	0	0	0	0
D7300	0	0	0	0	0	0	0	0	0	0	0	0
D9912	0	0	0	0	0	0	0	0	0	0	0	0
D9947	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9948	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9499	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C

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COINSURANCE PLAN CODES**21 – 26**

ADA Code¹	21	22	23	24	25	26
D3911	0	0	0	0	0	0
D3921	N/C	N/C	N/C	N/C	N/C	N/C
D4322	N/C	N/C	N/C	N/C	N/C	N/C
D4323	N/C	N/C	N/C	N/C	N/C	N/C
D5227	10%	20%	10%	20%	25%	40%
D5228	10%	20%	10%	20%	25%	40%
D5725	10%	20%	10%	20%	25%	40%
D5765	10%	20%	10%	20%	25%	40%
D6198	0	0	0	0	0	0
D7298	0	0	0	0	0	0
D7299	0	0	0	0	0	0
D7300	0	0	0	0	0	0
D9912	0	0	0	0	0	0
D9947	N/C	N/C	N/C	N/C	N/C	N/C
D9948	N/C	N/C	N/C	N/C	N/C	N/C
D9499	N/C	N/C	N/C	N/C	N/C	N/C

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FIXED COPAY PLAN CODES
34 – 34C

ADA Code¹	34	34A	34B	34C
D3911	\$0	\$0	\$0	\$0
D3921	N/C	N/C	N/C	N/C
D4322	\$0	N/C	N/C	\$25
D4323	\$0	N/C	N/C	\$25
D5227	\$300	N/C	N/C	\$445
D5228	\$300	N/C	N/C	\$445
D5725	\$85	N/C	N/C	\$130
D5765	\$40	N/C	N/C	\$60
D9912	\$0	\$0	\$0	\$0
D9947	N/C	N/C	N/C	N/C
D9948	N/C	N/C	N/C	N/C
D9499	N/C	N/C	N/C	N/C

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FIXED COPAY PLAN CODES
41 – 59i

ADA Code¹	41	41S	42	51	52	53 53i	54	55 55A	56	56H	56X	57 57i	58	59i
D3911	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D3921	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D4322	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D4323	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D5227	\$613	\$613	\$613	\$450	\$384	\$360	\$330	\$300	\$222	\$165	\$165	\$360	\$330	\$165
D5228	\$613	\$613	\$613	\$450	\$384	\$360	\$330	\$300	\$222	\$165	\$165	\$360	\$330	\$165
D5725	\$173	\$173	\$173	\$95	\$86	\$86	\$86	\$86	\$86	\$45	\$86	\$86	\$86	\$86
D5765	\$145	\$145	\$145	\$110	\$100	\$95	\$85	\$75	\$40	\$45	\$45	\$95	\$85	\$45
D6198	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D7298	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D7299	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D7300	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D9912	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D9947	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9948	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9499	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C

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FIXED COPAY PLAN CODES
63 – 68i

ADA Code¹	63 63i	64 64i	65 65i	66 66i	67 67i	68 68i
D3911	\$0	\$0	\$0	\$0	\$0	\$0
D3921	N/C	N/C	N/C	N/C	N/C	N/C
D4322	N/C	N/C	N/C	N/C	N/C	N/C
D4323	N/C	N/C	N/C	N/C	N/C	N/C
D5227	\$360	\$330	\$330	\$240	\$384	\$330
D5228	\$360	\$330	\$330	\$240	\$384	\$330
D5725	\$100	\$100	\$100	\$100	\$100	\$100
D5765	\$114	\$102	\$90	\$48	\$100	\$102
D6198	\$0	\$0	\$0	\$0	\$0	\$0
D7298	\$0	\$0	\$0	\$0	\$0	\$0
D7299	\$0	\$0	\$0	\$0	\$0	\$0
D7300	\$0	\$0	\$0	\$0	\$0	\$0
D9912	\$0	\$0	\$0	\$0	\$0	\$0
D9947	N/C	N/C	N/C	N/C	N/C	N/C
D9948	N/C	N/C	N/C	N/C	N/C	N/C
D9499	N/C	N/C	N/C	N/C	N/C	N/C

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FIXED COPAY PLAN CODES
73 – 78i, CAM/CMI, CAL/CLI, SFL/SFi

ADA Code¹	73 73i	73S	74 74i	75F	75 75i	76 76i	77 77i	78 78i	CAM CMI	CAL CLI	SFL SFi
D3911	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D3921	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D4322	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D4323	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D5227	\$396	\$396	\$363	\$363	\$363	\$264	\$422	\$363	\$150	\$175	\$394
D5228	\$396	\$396	\$363	\$363	\$363	\$264	\$422	\$363	\$150	\$175	\$394
D5725	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$50	\$95	\$160
D5765	\$125	\$125	\$112	\$35	\$99	\$53	\$110	\$112	\$40	\$50	\$90
D6198	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D7298	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D7299	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D7300	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D9912	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D9947	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9948	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9499	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C

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Network Bulletin

Date: December 2021

From: Anna Huck, Director, Network Management

Subject: New CDT 2022 codes

Applies to: Family Preventive, Basic Dental, Aetna Advantage™ Dental and Aetna Advantage™ Student Dental

This bulletin is part of your *Dental Office Guide*.

New CDT® 2022¹ codes

The American Dental Association has issued new Current Dental Terminology (CDT) codes starting **January 1, 2022**. We've listed them below.

Fee information for the new CDT 2022 codes

Your negotiated rates for the new CDT codes are based on the fees found in your current schedule for existing procedures. Please follow the guide below to determine your reimbursement for the new CDT codes.

We're here to help

If you have questions, call our National Dentist Line at **1-800-451-7715**. Thanks for your continued participation and support of Aetna Dental® plans.

CDT 2022 Code ¹	Nomenclature	Contracted Fees for CDT 2022 codes are based on the following:
D3000-D3999	IV. Endodontics	
D3911	Intraorifice Barrier	Inclusive to root canals
D3921	Decoronation or Submergence of an Erupted Tooth	Not Covered
D4000-D4999	V. Periodontics	
D4322	Splint – Intra-coronal; Natural Teeth or Prosthetic Crowns	Not Covered
D4323	Splint – Extra-coronal; Natural Teeth or Prosthetic Crowns	Not Covered

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CDT 2022 Code¹	Nomenclature	Contracted Fees for CDT 2022 codes are based on the following:
D5000-D5999	VI. Prosthodontics (Removable)	
D5227	Immediate Maxillary Partial Denture - Flexible Base (including any clasps, rests and teeth)	100% of negotiated fee for D5225
D5228	Immediate Mandibular Partial Denture - Flexible Base (including any clasps, rests and teeth)	100% of negotiated fee for D5226
D5725	Rebase Hybrid Prosthesis	100% of negotiated fee for D5720
D5765	Soft Liner for Complete or Partial Removable Denture – Indirect	100% of negotiated fee midpoint for D5750/D5760
D6000-D6199	VIII. Implant Services	
D6198	Remove Interim Implant Component	Inclusive to permanent restoration
D7000-D7999	X. Oral and Maxillofacial Surgery	
D7298	Removal of Temporary Anchorage Device [Screw Retained Plate], Requiring Flap	Inclusive to placement of temporary anchorage device (D7292, D7293 & D7294)
D7299	Removal of Temporary Anchorage Device, Requiring Flap	Inclusive to placement of temporary anchorage device (D7292, D7293 & D7294)
D7300	Removal of Temporary Anchorage Device Without Flap	Inclusive to placement of temporary anchorage device (D7292, D7293 & D7294)
D9000-D9999	XII. Adjunctive General Services	
D9912	Pre-visit Patient Screening	Inclusive with record keeping requirements
D9947	Custom Sleep Apnea Appliance Fabrication and Placement	Not Covered
D9948	Adjustment of Custom Sleep Apnea Appliance	Not Covered
D9949	Repair of Custom Sleep Apnea Appliance	Not Covered

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Network Bulletin

Date: October 2021

From: Anna Huck, Director, Network Management

Subject: New Dental Maintenance Organization (DMO[®]) Copay plans 41S and 73S

Applies to: DMO[®] plan

Starting **January 1, 2022**, we're offering two new DMO Copay plans (41S and 73S).

Log on to our website at: **Aetnadental.com** to review the DMO[®] Dental Office Guide Procedure Guidelines for the complete list of member copayments associated with this plan.

We're here to help

If you have questions, call us at **1-800-451-7715**. Thank you for your continued participation in and support of Aetna Dental[®] plans.

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MD-2173-21



Network Bulletin

Date: September 2021

From: Anna Huck, Director, Network Management

Subject: Claim administration policy change

Applies to: All Aetna Dental® Plans

From time to time, we update our dental claims administration policies. This Bulletin is to let you know of the following changes that will take effect for all Aetna Dental® plans on **January 1, 2022:**

D9910 – Application of desensitizing medicament - Includes in-office treatment for root sensitivity. Typically reported on a “per visit” basis for application of topical fluoride. This code is not to be used for bases, liners or adhesives used under restorations.

Based on above descriptor, we consider D9910 inclusive with the restoration being performed on the same day of service. Members cannot be billed for this service.

We’re here to help

If you have questions, call us at **1-800-451-7715**. You can also visit aetnadental.com to see updates to our Clinical Policy Bulletins.

Thank you for your continued participation in and support of Aetna Dental® plans.



Network Bulletin

Date: July 2021

From: Anna Huck, Director, Network Management

Subject: New Dental Maintenance Organization (DMO[®]) Copay plan 57i and 59i

Applies to: DMO[®] plan

Starting **October 1, 2021**, we're offering two new DMO Copay plans (57i and 59i).

Log on to our website at: aetnadental.com to review the DMO[®] Dental Office Guide Procedure Guidelines for the complete list of member copayments associated with this plan.

We're here to help

If you have questions, call us at **1-800-451-7715**. Thank you for your continued participation in and support of Aetna Dental[®] plans.

Network Bulletin

Date: October 2020
From: Michelle Neuman, Senior Director, Dental Network Operations
Subject: CDT 2021 updates to the Dental Office Guide for DMO Primary Care Dentists
Applies to: Aetna DMO® (Dental Maintenance Organization) plans

This bulletin is part of your *Dental Office Guide*.

New CDT® 2021¹ codes

The American Dental Association has issued new Current Dental Terminology (CDT) codes starting **January 1, 2021**. We've listed them below.

We're here to help

If you have questions, call our National Dentist Line at **1-800-451-7715**. Thanks for your continued participation and support of Aetna Dental® plans.

CDT 2021 Code ¹	Nomenclature
D0100 - D0999	I. Diagnostic
D0604	Antigen testing for a public health related pathogen including coronavirus
D0605	Antibody testing for a public health related pathogen including coronavirus
D0701	Panoramic radiographic image – image capture only
D0702	2-D cephalometric radiographic image – image capture only
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only
D0704	3-D photographic image – image capture only
D0705	Extra-oral posterior dental radiographic image – image capture only
D0706	Intraoral – occlusal radiographic image – image capture only
D0707	Intraoral – periapical radiographic image – image capture only
D0708	Intraoral – bitewing radiographic image – image capture only
D0709	Intraoral – complete series of radiographic images – image capture only

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MD-2035-20

CDT 2021 Code¹	Nomenclature
D1000 - D1999	II. Preventive
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use
D1355	Caries preventive medicament application – per tooth
D2000-D2999	III. Restorative
D2928	Prefabricated porcelain/ceramic crown – permanent tooth
D3000-D3999	IV. Endodontics
D3471	Surgical repair of root resorption - anterior
D3472	Surgical repair of root resorption – premolar
D3473	Surgical repair of root resorption – molar
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar
D5000-D5999	VI. Prosthodontics (Removable)
D5995	Periodontal medicament carrier with peripheral seal – laboratory processed – maxillary
D5996	Periodontal medicament carrier with peripheral seal – laboratory processed – mandibular
D6000-D6199	VIII. Implant Services
D6191	Semi-precision abutment – placement
D6192	Semi-precision attachment – placement
D7000-D7999	X. Oral and Maxillofacial Surgery
D7961	Buccal / labial frenectomy (frenulectomy)
D7962	Lingual frenectomy (frenulectomy)

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Patient coinsurance/copay information for the new codes

Follow the guides below to determine members' coinsurance percentages and fixed copayment amounts, by plan code, for the new CDT codes.

COINSURANCE PLAN CODES A - M

ADA Code ¹	A	B	C	D	E	F	G	H	I	J Ji	K	L -LM Li	M Mi
D0604	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D0605	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D0701	0	0	0	0	0	0	0	0	0	0	0	0	0
D0702	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D0703	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D0704	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D0705	0	0	0	0	0	0	0	0	0	0	0	0	0
D0706	0	0	0	0	0	0	0	0	0	0	0	0	0
D0707	0	0	0	0	0	0	0	0	0	0	0	0	0
D0708	0	0	0	0	0	0	0	0	0	0	0	0	0
D0709	0	0	0	0	0	0	0	0	0	0	0	0	0
D1321	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1355	0	0	0	0	0	0	0	0	0	0	0	0	0
D2928	0	0	0	0	0	0	0	0	0	0	0	0	0
D3471	0	0	0	0	0	0	0	0	0	0	0	0	0
D3472	0	0	0	0	0	0	0	0	0	0	0	0	0
D3473	0	0	0	0	0	0	0	0	0	0	0	0	0
D3501	0	0	0	0	0	0	0	0	0	0	0	0	0
D3502	0	0	0	0	0	0	0	0	0	0	0	0	0
D3503	0	0	0	0	0	0	0	0	0	0	0	0	0
D5995	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D5996	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D6191	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D6192	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D7961	0	0	0	0	0	0	0	0	0	0	0	0	0
D7962	0	0	0	0	0	0	0	0	0	0	0	0	0

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COINSURANCE PLAN CODES

Q - U

ADA Code¹	Q	R	U Ui	UAB	UNJ
D0604	N/C	N/C	N/C	N/C	N/C
D0605	N/C	N/C	N/C	N/C	N/C
D0701	0	0	0	0	0
D0702	N/C	N/C	N/C	N/C	N/C
D0703	N/C	N/C	N/C	N/C	N/C
D0704	N/C	N/C	N/C	N/C	N/C
D0705	0	0	0	0	0
D0706	0	0	0	0	0
D0707	0	0	0	0	0
D0708	0	0	0	0	0
D0709	0	0	0	0	0
D1321	N/C	N/C	N/C	N/C	N/C
D1355	0	0	0	0	0
D2928	0	0	0	0	0
D3471	0	0	0	0	0
D3472	0	0	0	0	0
D3473	0	0	0	0	0
D3501	0	0	0	0	0
D3502	0	0	0	0	0
D3503	0	0	0	0	0
D5995	N/C	N/C	N/C	N/C	N/C
D5996	N/C	N/C	N/C	N/C	N/C
D6191	N/C	N/C	N/C	N/C	N/C
D6192	N/C	N/C	N/C	N/C	N/C
D7961	0	0	0	0	0
D7962	0	0	0	0	0

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COINSURANCE PLAN CODES

1 – 14

ADA Code¹	1 1i	2 2i	2BA	3	4	5	6	7	8 8i	10 10i	12	14i
D0604	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D0605	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D0701	0	0	0	0	0	0	0	0	0	0	0	0
D0702	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D0703	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D0704	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D0705	0	0	0	0	0	0	0	0	0	0	0	0
D0706	0	0	0	0	0	0	0	0	0	0	0	0
D0707	0	0	0	0	0	0	0	0	0	0	0	0
D0708	0	0	0	0	0	0	0	0	0	0	0	0
D0709	0	0	0	0	0	0	0	0	0	0	0	0
D1321	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1355	0	0	0	0	0	0	0	0	0	0	0	0
D2928	0	0	0	0	0	0	0	0	0	0	0	0
D3471	20%	20%	20%	50%	20%	75%	50%	20%	10%	20%	0	10%
D3472	20%	20%	20%	50%	20%	75%	50%	20%	10%	20%	0	10%
D3473	20%	20%	20%	50%	20%	75%	50%	20%	10%	20%	0	10%
D3501	20%	20%	20%	50%	20%	75%	50%	20%	10%	20%	0	10%
D3502	20%	20%	20%	50%	20%	75%	50%	20%	10%	20%	0	10%
D3503	20%	20%	20%	50%	20%	75%	50%	20%	10%	20%	0	10%
D5995	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D5996	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D6191	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D6192	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D7961	20%	20%	20%	50%	20%	75%	50%	20%	10%	20%	0	10%
D7962	20%	20%	20%	50%	20%	75%	50%	20%	10%	20%	0	10%

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COINSURANCE PLAN CODES

21 – 26

ADA Code¹	21	22	23	24	25	26
D0604	N/C	N/C	N/C	N/C	N/C	N/C
D0605	N/C	N/C	N/C	N/C	N/C	N/C
D0701	0	0	10%	20%	0	0
D0702	N/C	N/C	N/C	N/C	N/C	N/C
D0703	N/C	N/C	N/C	N/C	N/C	N/C
D0704	N/C	N/C	N/C	N/C	N/C	N/C
D0705	0	0	10%	20%	0	0
D0706	0	0	10%	20%	0	0
D0707	0	0	10%	20%	0	0
D0708	0	0	10%	20%	0	0
D0709	0	0	10%	20%	0	0
D1321	N/C	N/C	N/C	N/C	N/C	N/C
D1355	0	0	10%	20%	0	0
D2928	0	0	0	0	0	0
D3471	10%	20%	10%	20%	0	0
D3472	10%	20%	10%	20%	0	0
D3473	10%	20%	10%	20%	0	0
D3501	10%	20%	10%	20%	0	0
D3502	10%	20%	10%	20%	0	0
D3503	10%	20%	10%	20%	0	0
D5995	N/C	N/C	N/C	N/C	N/C	N/C
D5996	N/C	N/C	N/C	N/C	N/C	N/C
D6191	N/C	N/C	N/C	N/C	N/C	N/C
D6192	N/C	N/C	N/C	N/C	N/C	N/C
D7961	10%	20%	10%	20%	0	0
D7962	10%	20%	10%	20%	0	0

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FIXED COPAY PLAN CODES
34 – 34C

ADA Code¹	34	34A	34B	34C
D0604	N/C	N/C	N/C	N/C
D0605	N/C	N/C	N/C	N/C
D0701	\$0	\$0	\$0	\$0
D0705	\$0	\$0	\$0	\$0
D0706	\$0	\$0	\$0	\$0
D0707	\$0	\$0	\$0	\$0
D0708	\$0	\$0	\$0	\$0
D0709	\$0	\$0	\$0	\$0
D1321	N/C	N/C	N/C	N/C
D1355	\$0	\$0	\$0	\$0
D2928	\$49	N/C	\$69	\$69
D3471	\$54	N/C	N/C	\$81
D3472	\$72	N/C	N/C	\$108
D3473	\$90	N/C	N/C	\$135
D3501	\$54	N/C	N/C	\$78
D3502	\$72	N/C	N/C	\$104
D3503	\$90	N/C	N/C	\$130
D5995	N/C	N/C	N/C	N/C
D5996	N/C	N/C	N/C	N/C
D6191	N/C	N/C	N/C	N/C
D6192	N/C	N/C	N/C	N/C
D7961	\$60	N/C	N/C	\$90
D7962	\$60	N/C	N/C	\$90

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FIXED COPAY PLAN CODES

41 – 58

ADA Code¹	41	42	51	52	53 53i	54	55 55A	56	56H	56X	57	58
D0604	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D0605	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D0701	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0702	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D0703	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D0704	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D0705	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0706	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0707	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0708	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0709	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D1321	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1355	\$8	\$8	\$8	\$8	\$6	\$0	\$0	\$0	\$0	\$0	\$8	\$4
D2928	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D3471	\$70	\$70	\$70	\$63	\$59	\$38	\$27	\$0	\$0	\$0	\$59	\$38
D3472	\$94	\$94	\$94	\$84	\$78	\$51	\$36	\$0	\$0	\$0	\$78	\$51
D3473	\$117	\$117	\$117	\$105	\$98	\$64	\$45	\$0	\$0	\$0	\$98	\$64
D3501	\$120	\$120	\$120	\$96	\$84	\$66	\$54	\$42	\$0	\$42	\$84	\$66
D3502	\$160	\$160	\$160	\$128	\$112	\$88	\$72	\$56	\$0	\$56	\$112	\$88
D3503	\$200	\$200	\$200	\$160	\$140	\$110	\$90	\$70	\$0	\$70	\$140	\$110
D5995	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D5996	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D6191	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D6192	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D7961	\$128	\$128	\$128	\$110	\$90	\$34	\$24	\$24	\$0	\$0	\$90	\$34
D7962	\$128	\$128	\$128	\$110	\$90	\$34	\$24	\$24	\$0	\$0	\$90	\$34

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**FIXED COPAY PLAN CODES
63 – 68i**

ADA Code¹	63 63i	64 64i	65 65i	66 66i	67 67i	68 68i
D0604	N/C	N/C	N/C	N/C	N/C	N/C
D0605	N/C	N/C	N/C	N/C	N/C	N/C
D0701	\$0	\$0	\$0	\$0	\$0	\$0
D0702	N/C	N/C	N/C	N/C	N/C	N/C
D0703	N/C	N/C	N/C	N/C	N/C	N/C
D0704	N/C	N/C	N/C	N/C	N/C	N/C
D0705	\$0	\$0	\$0	\$0	\$0	\$0
D0706	\$0	\$0	\$0	\$0	\$0	\$0
D0707	\$0	\$0	\$0	\$0	\$0	\$0
D0708	\$0	\$0	\$0	\$0	\$0	\$0
D0709	\$0	\$0	\$0	\$0	\$0	\$0
D1321	N/C	N/C	N/C	N/C	N/C	N/C
D1355	\$6	\$0	\$0	\$0	\$8	\$4
D2928	\$0	\$0	\$0	\$0	\$0	\$0
D3471	\$64	\$41	\$29	\$0	\$77	\$41
D3472	\$85	\$55	\$39	\$0	\$102	\$55
D3473	\$106	\$69	\$49	\$0	\$128	\$69
D3501	\$84	\$66	\$54	\$42	\$84	\$66
D3502	\$112	\$88	\$72	\$56	\$112	\$88
D3503	\$140	\$110	\$90	\$70	\$140	\$110
D5995	N/C	N/C	N/C	N/C	N/C	N/C
D5996	N/C	N/C	N/C	N/C	N/C	N/C
D6191	N/C	N/C	N/C	N/C	N/C	N/C
D6192	N/C	N/C	N/C	N/C	N/C	N/C
D7961	\$90	\$34	\$24	\$24	\$90	\$34
D7962	\$90	\$34	\$24	\$24	\$90	\$34

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FIXED COPAY PLAN CODES
73 – 78i, CAM/CMI, CAL/CLI, SFL/SFi

ADA Code¹	73 73i	74 74i	75F	75 75i	76 76i	77 77i	78 78i	CAM CMI	CAL CLI	SFL SFi
D0604	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D0605	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D0701	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0702	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D0703	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D0704	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D0705	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0706	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0707	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0708	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0709	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D1321	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1355	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4	\$8	\$0
D2928	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D3471	\$67	\$44	\$31	\$31	\$0	\$80	\$44	\$0	\$0	\$43
D3472	\$89	\$58	\$41	\$41	\$0	\$107	\$58	\$0	\$0	\$57
D3473	\$111	\$73	\$51	\$51	\$0	\$134	\$73	\$0	\$0	\$71
D3501	\$88	\$70	\$57	\$57	\$44	\$88	\$70	\$36	\$54	\$99
D3502	\$118	\$93	\$76	\$76	\$59	\$118	\$93	\$48	\$72	\$132
D3503	\$147	\$116	\$95	\$95	\$74	\$147	\$116	\$60	\$90	\$165
D5995	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D5996	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D6191	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D6192	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D7961	\$99	\$37	\$26	\$26	\$26	\$99	\$37	\$30	\$50	\$50
D7962	\$99	\$37	\$26	\$26	\$26	\$99	\$37	\$30	\$50	\$50

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Network Bulletin

Date: October 2020
From: Michelle Neuman, Senior Director, Dental Network Operations
Subject: New CDT 2021 codes
Applies to: Family Preventive, Basic Dental, Aetna Advantage™ Dental and Aetna Advantage™ Student Dental

This bulletin is part of your *Dental Office Guide*.

New CDT® 2021¹ codes

The American Dental Association has issued new Current Dental Terminology (CDT) codes starting **January 1, 2021**. We've listed them below.

Fee information for the new CDT 2021 codes

Your negotiated rates for the new CDT codes are based on the fees found in your current schedule for existing procedures. Please follow the guide below to determine your reimbursement for the new CDT codes.

We're here to help

If you have questions, call our National Dentist Line at **1-800-451-7715**. Thanks for your continued participation and support of Aetna Dental® plans.

CDT 2021 Code ¹	Nomenclature	Contracted Fees for CDT 2021 codes are based on the following:
D0100 - D0999	I. Diagnostic	
D0604	Antigen testing for a public health related pathogen including coronavirus	Not Covered
D0605	Antibody testing for a public health related pathogen including coronavirus	Not Covered
D0701	Panoramic radiographic image – image capture only	40% of negotiated fee for D0330
D0702	2-D cephalometric radiographic image – image capture only	40% of negotiated fee for D0340
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	40% of negotiated fee for D0350
D0704	3-D photographic image – image capture only	40% of negotiated fee for D0351

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MD-2037-20

CDT 2021 Code¹	Nomenclature	Contracted Fees for CDT 2021 codes are based on the following:
D0705	Extra-oral posterior dental radiographic image – image capture only	10% of negotiated fee for D0251
D0706	Intraoral – occlusal radiographic image – image capture only	10% of negotiated fee for D0240
D0707	Intraoral – periapical radiographic image – image capture only	5% of negotiated fee for D0220
D0708	Intraoral – bitewing radiographic image – image capture only	10% of negotiated fee for D0708
D0709	Intraoral – complete series of radiographic images – image capture only	40% of negotiated fee for D0210
D1000 - D1999	II. Preventive	
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	20% discount off usual fee
D1355	Caries preventive medicament application – per tooth	80% of negotiated fee for D1354
D2000 – D2999	II. Restorative	
D2928	Prefabricated porcelain/ceramic crown – permanent tooth	Inclusive in permanent crown fee when used as an interim restoration during the fabrication of the permanent restoration.
D3000 – D3999	IV. Endodontics	
D3471	Surgical repair of root resorption – anterior	60% of negotiated fee for D3427
D3472	Surgical repair of root resorption – premolar	80% of negotiated fee for D3427
D3473	Surgical repair of root resorption – molar	100% of negotiated fee for D3427
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	60% of negotiated fee for D4245
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	80% of negotiated fee for D4245
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	100% of negotiated fee for D4245
D5000-D5899	VI. Prosthodontics (Removable)	
D5995	Periodontal medicament carrier with peripheral seal – laboratory processed – maxillary	Not Covered
D5996	Periodontal medicament carrier with peripheral seal – laboratory processed – mandibular	Not Covered

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CDT 2021 Code¹	Nomenclature	Contracted Fees for CDT 2021 codes are based on the following:
D6000-D6199	VIII. Implant Services	
D6191	Semi-precision abutment – placement	Not Covered
D6192	Semi-precision attachment – placement	Not Covered
D7000-D7999	X. Oral and Maxillofacial Surgery	
D7961	Buccal / labial frenectomy (frenulectomy)	100% of negotiated fee for D7960
D7962	Lingual frenectomy (frenulectomy)	100% of negotiated fee for D7960

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Network Bulletin

Date: October 2020

From: Michelle Neuman, Senior Director, Dental Network Operations

Subject: Nationwide DMO® plans – New Jersey State Health Benefits Program

Applies to: DMO® plans 34, 34A, 34B and 34C

This bulletin is part of your *Dental Office Guide*.

Starting January 1, 2021*

We're making changes to the New Jersey State Health Benefit Program (Plan 34) and the nationwide DMO Copay plans (34A, 34B, 34C) for retirees of the New Jersey State Health Benefit Program. These changes will start on January 1, 2021.

New CDT® 2021¹ codes

The American Dental Association has issued new Current Dental Terminology (CDT) codes starting **January 1, 2021**. Attached are the new copay schedules**.

We're here to help

Coverage for any service not specifically listed on the applicable charts will be as determined by Aetna in its sole discretion. Furthermore, additional codes may be added and codes may be deleted at our discretion. Except as specified otherwise, "codes" refer to codes of the American Dental Association ("ADA"). The appropriate code must be designated when billing or when submitting claims or encounter information.

If you have questions, call our National Dentist Line at **1-800-451-7715**. Thanks for your continued participation and support of Aetna Dental® plans.

* Eligibility for most employees will begin January 1, 2021.
The schedules are subject to change, pending regulatory approval.

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D0120	Periodic Oral Evaluation - Established Patient	\$0	\$0	\$0	\$0
D0140	Limited Oral Evaluation - Problem Focused	\$0	\$0	\$0	\$0
D0145	Oral Evaluation for a Patient Under 3 Years of Age and Counseling with Primary Caregiver	\$0	\$0	\$0	\$0
D0150	Comprehensive Oral Evaluation – New or Established Patient	\$0	\$0	\$0	\$0
D0160	Detailed and Extensive Oral Evaluation – Problem Focused, by Report	\$0	\$0	\$0	\$0
D0210	Intraoral – Complete Series of Radiographic Images	\$0	\$0	\$0	\$0
D0220	Intraoral – Periapical First Radiographic Image	\$0	\$0	\$0	\$0
D0230	Intraoral - Periapical Each Additional Radiographic Image	\$0	\$0	\$0	\$0
D0240	Intraoral – Occlusal Radiographic Image	\$0	\$0	\$0	\$0
D0250	Extra-oral – 2D Projection Image Created Using a Stationary Radiation Source, and Detector	\$0	\$0	\$0	\$0
D0251	Extra-oral Posterior Dental Radiographic Image	\$0	\$0	\$0	\$0
D0270	Bitewing - Single Radiographic Image	\$0	\$0	\$0	\$0
D0272	Bitewings - Two Radiographic Images	\$0	\$0	\$0	\$0
D0273	Bitewings - Three Radiographic Images	\$0	\$0	\$0	\$0
D0274	Bitewings - Four Radiographic Images	\$0	\$0	\$0	\$0
D0277	Vertical Bitewings – 7 to 8 Radiographic Images	\$0	\$0	\$0	\$0
D0330	Panoramic Radiographic Image	\$0	\$0	\$0	\$0
D0340	2D Cephalometric Radiographic Image – Acquisition, Measurement and Analysis	\$0	\$0	\$0	\$0
D0391	Interpretation of Diagnostic Image by a Practitioner Not Associated with Capture of the Image, Including Report	\$0	\$0	\$0	\$0
D0412	Blood Glucose Level Test – In-office using a Glucose Meter	N/C	N/C	N/C	N/C
D0414	Laboratory Processing of Microbial Specimen to Include Culture and Sensitivity Studies, Preparation and Transmission of Written Report	\$0	\$0	\$0	\$0
D0415	Collection of Microorganisms for Culture and Sensitivity	\$0	\$0	\$0	\$0
D0416	Viral Culture	\$0	\$0	\$0	\$0
D0419	Assessment of salivary flow by measurement	N/C	N/C	N/C	N/C
D0425	Caries Susceptibility Tests	\$0	\$0	\$0	\$0
D0460	Pulp Vitality Tests	\$0	\$0	\$0	\$0
D0470	Diagnostic Casts	\$0	\$0	\$0	\$0
D0600	Non-ionizing Diagnostic Procedure Capable of Quantifying, Monitoring, and Recording Changes in Structure of Enamel, Dentin and Cementum	\$0	\$0	\$0	\$0
D0604	Antigen testing for a public health related pathogen, including coronavirus	N/C	N/C	N/C	N/C
D0605	Antibody testing for a public health related pathogen, including coronavirus	N/C	N/C	N/C	N/C
D0701	Panoramic radiographic image – image capture only	\$0	\$0	\$0	\$0
D0705	Extra-oral posterior dental radiographic image – image capture only	\$0	\$0	\$0	\$0
D0706	Intraoral – occlusal radiographic image – image capture only	\$0	\$0	\$0	\$0
D0707	Intraoral – periapical radiographic image – image capture only	\$0	\$0	\$0	\$0
D0708	Intraoral – bitewing radiographic image – image capture only	\$0	\$0	\$0	\$0
D0709	Intraoral – complete series of radiographic images – image capture only	\$0	\$0	\$0	\$0
D1110	Prophylaxis - Adult	\$0	\$0	\$0	\$0
D1120	Prophylaxis - Child	\$0	\$0	\$0	\$0
D1206	Topical Application of Fluoride Varnish	\$0	\$0	\$0	\$0
D1208	Topical Application of Fluoride – Excluding Varnish	\$0	\$0	\$0	\$0
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	N/C	N/C	N/C	N/C
D1330	Oral Hygiene Instructions	\$0	\$0	\$0	\$0
D1351	Sealant - Per Tooth	\$0	\$0	\$0	\$0

¹ The schedules are subject to change, pending regulatory approval.

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² Covered only when performed by an anesthesiologist

ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D1352	Preventive Resin Restoration in a Moderate to High Caries Risk Patient – Permanent Tooth	\$0	\$0	\$0	\$0
D1353	Sealant repair – Per Tooth	\$0	\$0	\$0	\$0
D1354	Interim Caries Arresting Medicament Application – per tooth	\$0	\$0	\$0	\$0
D1355	Caries preventive medicament application – per tooth	\$0	\$0	\$0	\$0
D1510	Space Maintainer - Fixed - Unilateral	\$0	\$0	\$0	\$0
D1516	Space Maintainer - Fixed – Bilateral, Maxillary	\$0	\$0	\$0	\$0
D1517	Space Maintainer - Fixed – Bilateral, Mandibular	\$0	\$0	\$0	\$0
D1520	Space Maintainer - Removable - Unilateral	\$0	\$0	\$0	\$0
D1526	Space Maintainer - Removable – Bilateral, Maxillary	\$0	\$0	\$0	\$0
D1527	Space Maintainer - Removable – Bilateral, Mandibular	\$0	\$0	\$0	\$0
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	\$0	\$0	\$0	\$0
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	\$0	\$0	\$0	\$0
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	\$0	\$0	\$0	\$0
D1556	Removal of fixed unilateral space maintainer – per quadrant	\$0	\$0	\$0	\$0
D1557	Removal of fixed bilateral space maintainer – maxillary	\$0	\$0	\$0	\$0
D1558	Removal of fixed bilateral space maintainer – mandibular	\$0	\$0	\$0	\$0
D1575	Distal Shoe Space Maintainer – Fixed – Unilateral	\$0	\$0	\$0	\$0
D2140	Amalgam - One Surface, Primary or Permanent	\$0	N/C	\$15	\$15
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$0	N/C	\$20	\$20
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$0	N/C	\$25	\$25
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$0	N/C	\$30	\$30
D2330	Resin Based Composite – One Surface, Anterior	\$0	N/C	\$25	\$25
D2331	Resin Based Composite – Two Surfaces, Anterior	\$0	N/C	\$30	\$30
D2332	Resin Based Composite – Three Surfaces, Anterior	\$0	N/C	\$35	\$35
D2335	Resin Based Composite – Four or More Surfaces or Involving Incisal Angle (Anterior)	\$0	N/C	\$45	\$45
D2390	Resin-Based Composite Crown, Anterior	\$35	N/C	\$55	\$55
D2391	Resin-Based Composite - One Surface, Posterior	\$15	N/C	\$25	\$25
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$25	N/C	\$40	\$40
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$35	N/C	\$55	\$55
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	\$45	N/C	\$70	\$70
D2510	Inlay - Metallic - One Surface	\$100	N/C	\$150	\$150
D2520	Inlay - Metallic - Two Surfaces	\$100	N/C	\$150	\$150
D2530	Inlay - Metallic - Three or More Surfaces	\$100	N/C	\$150	\$150
D2542	Onlay - Metallic - Two Surfaces	\$100	N/C	\$150	\$150
D2543	Onlay - Metallic - Three Surfaces	\$100	N/C	\$150	\$150
D2544	Onlay - Metallic – Four Or More Surfaces	\$100	N/C	\$150	\$150
D2610	Inlay - Porcelain/Ceramic – One Surface	\$115	N/C	\$175	\$175
D2620	Inlay - Porcelain/Ceramic – Two Surfaces	\$115	N/C	\$175	\$175
D2630	Inlay - Porcelain/Ceramic – Three Or More Surfaces	\$115	N/C	\$175	\$175
D2642	Onlay - Porcelain/Ceramic – Two Surfaces	\$115	N/C	\$175	\$175
D2643	Onlay - Porcelain/Ceramic – Three Surfaces	\$115	N/C	\$175	\$175
D2644	Onlay - Porcelain/Ceramic – Four or More Surfaces	\$115	N/C	\$175	\$175
D2650	Inlay – Resin-Based Composite – One Surface	\$115	N/C	\$160	\$160
D2651	Inlay - Resin-Based Composite – Two Surfaces	\$115	N/C	\$160	\$160
D2652	Inlay - Resin-Based Composite – Three Surfaces	\$115	N/C	\$160	\$160
D2662	Onlay - Resin-Based Composite – Two Surfaces	\$115	N/C	\$160	\$160

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D2663	Onlay - Resin-Based Composite – Three Surfaces	\$115	N/C	\$160	\$160
D2664	Onlay - Resin-Based Composite – Four or More Surfaces	\$115	N/C	\$160	\$160
D2710	Crown - Resin-Based Composite (Indirect)	\$115	N/C	\$175	\$175
D2720	Crown - Resin with High Noble Metal	\$150	N/C	\$235	\$235
D2721	Crown - Resin with Predominantly Base Metal	\$150	N/C	\$225	\$225
D2722	Crown - Resin with Noble Metal	\$150	N/C	\$225	\$225
D2740	Crown - Porcelain/Ceramic	\$200	N/C	\$295	\$295
D2750	Crown - Porcelain Fused to High Noble Metal	\$225	N/C	\$340	\$340
D2751	Crown -Porcelain Fused to Predominantly Base Metal	\$200	N/C	\$295	\$295
D2752	Crown - Porcelain Fused to Noble Metal	\$200	N/C	\$295	\$295
D2753	Crown - porcelain fused to titanium and titanium alloys	\$200	N/C	\$295	\$295
D2780	Crown - ¾ Cast High Noble Metal	\$225	N/C	\$340	\$340
D2781	Crown - ¾ Cast Predominantly Base Metal	\$200	N/C	\$295	\$295
D2790	Crown - Full Cast High Noble Metal	\$225	N/C	\$340	\$340
D2791	Crown - Full Cast Predominantly Metal	\$200	N/C	\$295	\$295
D2792	Crown - Full Cast Noble Metal	\$200	N/C	\$295	\$295
D2794	Crown - Titanium	\$225	N/C	\$340	\$340
D2910	Re-cement or Re-bond Inlay, Onlay, or Partial Coverage Restoration	\$0	N/C	\$15	\$15
D2915	Re-cement or Re-bond Cast or Prefabricated Post And Core	\$0	N/C	\$15	\$15
D2920	Re-cement or Re-bond Crown	\$0	N/C	\$15	\$15
D2921	Reattachment of Tooth Fragment, Incisal Edge or Cusp	\$0	N/C	\$0	\$0
D2928	Prefabricated Porcelain/Ceramic Crown - Permanent Tooth	\$49	N/C	\$69	\$69
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	\$49	N/C	\$69	\$69
D2930	Prefabricated Stainless Steel Crown – Primary Tooth	\$35	N/C	\$55	\$55
D2931	Prefabricated Stainless Steel Crown – Permanent Tooth	\$35	N/C	\$55	\$55
D2932	Prefabricated Resin Crown	\$35	N/C	\$55	\$55
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$35	N/C	\$55	\$55
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$35	N/C	\$55	\$55
D2940	Protective Restoration	\$0	N/C	\$20	\$20
D2941	Interim Therapeutic Restoration - Primary Dentition	\$0	N/C	\$0	\$0
D2950	Core Buildup, Including Any Pins When Required	\$0	N/C	\$45	\$45
D2951	Pin Retention - Per Tooth, In Addition to Restoration	\$0	N/C	\$15	\$15
D2952	Cast Post and Core In Addition to Crown, Indirectly Fabricated	\$40	N/C	\$60	\$60
D2954	Prefabricated Post and Core, in Addition to Crown	\$40	N/C	\$60	\$60
D2955	Post removal	\$0	N/C	\$45	\$45
D2971	Additional Procedures to Construct New Crown Under Existing Partial Denture Framework	\$0	N/C	\$20	\$20
D2980	Crown Repair Necessitated by Restorative Material Failure	\$0	N/C	\$15	\$15
D2981	Inlay Repair Necessitated by Restorative Material Failure	\$0	N/C	\$15	\$15
D2982	Onlay Repair Necessitated by Restorative Material Failure	\$0	N/C	\$15	\$15
D2983	Veneer Repair Necessitated by Restorative Material Failure	\$0	N/C	\$15	\$15
D2990	Resin Infiltration of Incipient Smooth Surface Lesions	\$0	N/C	\$15	\$15
D3110	Pulp Cap – Direct (Excluding Final Restoration)	\$0	N/C	N/C	\$15
D3120	Pulp Cap – Indirect (Excluding Final Restoration)	\$0	N/C	N/C	\$15
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) – Removal of Pulp Coronal to the Dentinoenamel Junction and Application of Medicament	\$25	N/C	N/C	\$35
D3222	Partial Pulpotomy for Apexogenesis – Permanent Tooth with Incomplete Root Development	\$25	N/C	N/C	\$35

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² Covered only when performed by an anesthesiologist

ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D3230	Pulpal Therapy (Resorbable Filling) – Anterior, Primary Tooth (Excluding Final Restoration)	\$20	N/C	N/C	\$35
D3240	Pulpal Therapy (Resorbable Filling) – Posterior, Primary Tooth (Excluding Final Restoration)	\$20	N/C	N/C	\$35
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$100	N/C	N/C	\$150
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	\$125	N/C	N/C	\$190
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	\$150	N/C	N/C	\$225
D3346	Retreatment of Previous Root Canal Therapy - Anterior	\$125	N/C		\$190
D3347	Retreatment of Previous Root Canal Therapy - Premolar	\$150	N/C	N/C	\$225
D3348	Retreatment of Previous Root Canal Therapy - Molar	\$175	N/C	N/C	\$265
D3351	Apexification/Recalcification - Initial Visit (apical closure / calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$35	N/C	N/C	\$55
D3352	Apexification/Recalcification - Interim Medication Replacement	\$35	N/C	N/C	\$55
D3353	Apexification/Recalcification - Final Visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$35	N/C	N/C	\$55
D3410	Apicoectomy – Anterior	\$90	N/C	N/C	\$135
D3421	Apicoectomy - Premolar (First Root)	\$90	N/C	N/C	\$135
D3425	Apicoectomy - Molar (First Root)	\$90	N/C	N/C	\$135
D3426	Apicoectomy (Each Additional Root)	\$40	N/C	N/C	\$60
D3430	Retrograde Filling – per Root	\$20	N/C	N/C	\$35
D3450	Root Amputation - per Root	\$40	N/C	N/C	\$60
D3471	Surgical repair of root resorption - anterior	\$54	N/C	N/C	\$81
D3472	Surgical repair of root resorption – premolar	\$72	N/C	N/C	\$108
D3473	Surgical repair of root resorption – molar	\$90	N/C	N/C	\$135
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	\$54	N/C	N/C	\$78
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	\$72	N/C	N/C	\$104
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	\$90	N/C	N/C	\$130
D3910	Surgical Procedure for Isolation of Tooth with Rubber Dam	\$0	N/C	N/C	\$15
D3920	Hemisection (Including any Root Removal), Not Including Root Canal Therapy	\$60	N/C	N/C	\$80
D4210	Gingivectomy/Gingivoplasty - Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$85	N/C	N/C	\$135
D4211	Gingivectomy/Gingivoplasty, One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$30	N/C	N/C	\$90
D4212	Gingivectomy or Gingivoplasty to Allow Access for Restorative Procedure, per Tooth	\$12	N/C	N/C	\$12
D4240	Gingival Flap Procedure Including Root Planing, Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$90	N/C	N/C	\$160
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$60	N/C	N/C	\$90
D4245	Apically Positioned Flap	\$90	N/C	N/C	\$130
D4249	Clinical Crown Lengthening - Hard Tissue	\$90	N/C	N/C	\$160
D4260	Osseous Surgery (including flap entry and closure) – Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$175	N/C	N/C	\$265
D4261	Osseous Surgery (including flap entry and closure) – One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$100	N/C	N/C	\$150
D4263	Bone Replacement Graft – Retained Natural Tooth – First Site In Quadrant Site	\$100	N/C	N/C	\$135
D4264	Bone Replacement Graft – Retained Natural Tooth – Each Additional Site In Quadrant	\$50	N/C	N/C	\$75
D4266	Guided Tissue Regeneration - Resorbable Barrier per Site	\$90	N/C	N/C	\$120
D4267	Guided Tissue Regeneration - Non-resorbable Barrier per Site (includes membrane removal)	\$90	N/C	N/C	\$135
D4270	Pedicle Soft Tissue Graft Procedure	\$175	N/C	N/C	\$235

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D4273	Autogenous Connective Tissue Graft Procedures (Including Donor and Recipient Surgical Sites) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$175	N/C	N/C	\$250
D4274	Mesial/Distal Procedure, Single Tooth (When Not Performed in Conjunction with Surgical Procedures in the Same Anatomical Area)	\$40	N/C	N/C	\$100
D4275	Non-Autogenous Connective Tissue Graft (Including Recipient Site and Donor Material) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$175	N/C	N/C	\$235
D4276	Combined Connective Tissue and Double Pedicle Graft , per Tooth	\$175	N/C	N/C	\$235
D4277	Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Site) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$70	N/C	N/C	\$70
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	\$35	N/C	N/C	\$35
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	\$96	N/C	N/C	\$138
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	\$96	N/C	N/C	\$129
D4320	Provisional Splinting - Intracoronal	\$0	N/C	N/C	\$25
D4321	Provisional Splinting - Extracoronal	\$0	N/C	N/C	\$25
D4341	Periodontal Scaling and Root Planing, Four or More Teeth per Quadrant	\$55	N/C	N/C	\$70
D4342	Periodontal Scaling and Root Planing, One to Three Teeth per Quadrant	\$40	N/C	N/C	\$40
D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation – Full Mouth, After Oral Evaluation	\$28	N/C	N/C	\$20
D4355	Full Mouth Debridement to Enable a Comprehensive Oral Evaluation and Diagnosis on a Subsequent Visit	\$55	N/C	N/C	\$40
D4910	Periodontal Maintenance	\$30	N/C	N/C	\$40
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist or Their Staff)	\$0	N/C	N/C	\$15
D5110	Complete Denture - Maxillary	\$250	N/C	N/C	\$340
D5120	Complete Denture - Mandibular	\$250	N/C	N/C	\$340
D5130	Immediate Denture - Maxillary	\$275	N/C	N/C	\$370
D5140	Immediate Denture - Mandibular	\$275	N/C	N/C	\$370
D5211	Maxillary Partial Denture - Resin Base (Including any Conventional Clasps, Rests and Teeth)	\$250	N/C	N/C	\$370
D5212	Mandibular Partial Denture - Resin Base (Including any Conventional Clasps, Rests and Teeth)	\$250	N/C	N/C	\$370
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$275	N/C	N/C	\$405
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$275	N/C	N/C	\$405
D5221	Immediate Maxillary Partial Denture – Resin Base (Including Any Conventional Clasps, Rests and Teeth)	\$288	N/C	N/C	\$426
D5222	Immediate Mandibular Partial Denture – Resin Base (Including Any Conventional Clasps, Rests and Teeth)	\$288	N/C	N/C	\$426
D5223	Immediate Maxillary Partial Denture – Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth) Includes Limited Follow-up Care Only; Does Not Include Future Rebasings	\$316	N/C	N/C	\$466
D5224	Immediate Mandibular Partial Denture – Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	\$316	N/C	N/C	\$466
D5225	Maxillary Partial Denture – Flexible Base (Including any Clasps, Rests and Teeth)	\$300	N/C	N/C	\$445
D5226	Mandibular Partial Denture – Flexible Base (Including any Clasps, Rests and Teeth)	\$300	N/C	N/C	\$445
D5282	Removable Unilateral Partial Denture One Piece Cast Metal (Including Clasps and Teeth), Maxillary	\$125	N/C	N/C	\$205
D5283	Removable Unilateral Partial Denture One Piece Cast Metal (Including Clasps and Teeth), Mandibular	\$125	N/C	N/C	\$205
D5284	removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	\$150	N/C	N/C	\$223

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D5286	removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant	\$125	N/C	N/C	\$185
D5410	Adjust Complete Denture - Maxillary	\$0	N/C	N/C	\$15
D5411	Adjust Complete Denture - Mandibular	\$0	N/C	N/C	\$15
D5421	Adjust Partial Denture - Maxillary	\$0	N/C	N/C	\$15
D5422	Adjust Partial Denture - Mandibular	\$0	N/C	N/C	\$15
D5511	Repair Broken Complete Denture Base, Mandibular	\$35	N/C	N/C	\$55
D5512	Repair Broken Complete Denture Base, Maxillary	\$35	N/C	N/C	\$55
D5520	Replace Missing or Broken Teeth, Complete Denture (Each Tooth)	\$35	N/C	N/C	\$55
D5611	Repair Resin Partial Denture Base, Mandibular	\$35	N/C	N/C	\$55
D5612	Repair Resin Partial Denture Base, Maxillary	\$35	N/C	N/C	\$55
D5621	Repair Cast Partial Framework, Mandibular	\$35	N/C	N/C	\$55
D5622	Repair Cast Partial Framework, Maxillary	\$35	N/C	N/C	\$55
D5630	Repair or Replace Broken Retentive/Clasping Materials – per Tooth	\$35	N/C	N/C	\$55
D5640	Replace Broken Teeth – per Tooth	\$35	N/C	N/C	\$55
D5650	Add Tooth to Existing Partial Denture	\$35	N/C	N/C	\$55
D5660	Add Clasp to Existing Partial Denture – per Tooth	\$35	N/C	N/C	\$55
D5710	Rebase Complete Maxillary Denture	\$85	N/C	N/C	\$130
D5711	Rebase Complete Mandibular Denture	\$85	N/C	N/C	\$130
D5720	Rebase Maxillary Partial Denture	\$85	N/C	N/C	\$130
D5721	Rebase Mandibular Partial Denture	\$85	N/C	N/C	\$130
D5730	Reline Complete Maxillary Denture (Chairside)	\$40	N/C	N/C	\$60
D5731	Reline Complete Mandibular Denture (Chairside)	\$40	N/C	N/C	\$60
D5740	Reline Maxillary Partial Denture (Chairside)	\$40	N/C	N/C	\$60
D5741	Reline Mandibular Partial Denture (Chairside)	\$40	N/C	N/C	\$60
D5750	Reline Complete Maxillary Denture (Laboratory)	\$40	N/C	N/C	\$60
D5751	Reline Complete Mandibular Denture (Laboratory)	\$40	N/C	N/C	\$60
D5760	Reline Maxillary Partial Denture (Laboratory)	\$40	N/C	N/C	\$60
D5761	Reline Mandibular Partial Denture (Laboratory)	\$40	N/C	N/C	\$60
D5810	Interim Complete Denture (Maxillary)	\$40	N/C	N/C	\$75
D5811	Interim Complete Denture (Mandibular)	\$40	N/C	N/C	\$75
D5820	Interim Partial Denture - (Maxillary)	\$40	N/C	N/C	\$60
D5821	Interim Partial Denture - (Mandibular)	\$40	N/C	N/C	\$60
D5850	Tissue Conditioning, Maxillary	\$40	N/C	N/C	\$55
D5851	Tissue Conditioning, Mandibular	\$40	N/C	N/C	\$55
D5876	Add Metal Substructure to Acrylic Full Denture (per Arch)	\$35	N/C	N/C	\$55
D5995	Periodontal medicament carrier with peripheral seal – laboratory processed – maxillary	N/C	N/C	N/C	N/C
D5996	Periodontal medicament carrier with peripheral seal – laboratory processed – mandibular	N/C	N/C	N/C	N/C
D6082	Implant supported crown – porcelain fused to predominantly base alloys	N/C	N/C	N/C	N/C
D6083	Implant supported crown – porcelain fused to noble alloys	N/C	N/C	N/C	N/C
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys	N/C	N/C	N/C	N/C
D6086	Implant supported crown – predominantly base alloys	N/C	N/C	N/C	N/C
D6087	Implant supported crown – noble alloys	N/C	N/C	N/C	N/C
D6088	Implant supported crown – titanium and titanium alloys	N/C	N/C	N/C	N/C
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys	\$200	N/C	N/C	\$295
D6098	Implant supported retainer – porcelain fused to predominantly base alloys	N/C	N/C	N/C	N/C
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	N/C	N/C	N/C	N/C

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D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys	N/C	N/C	N/C	N/C
D6121	Implant supported retainer for metal FPD – predominantly base alloys	N/C	N/C	N/C	N/C
D6122	Implant supported retainer for metal FPD – noble alloys	N/C	N/C	N/C	N/C
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys	N/C	N/C	N/C	N/C
D6191	Semi-precision abutment – placement	N/C	N/C	N/C	N/C
D6192	Semi-precision attachment – placement	N/C	N/C	N/C	N/C
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys	N/C	N/C	N/C	N/C
D6210	Pontic - Cast High Noble Metal	\$225	N/C	N/C	\$340
D6211	Pontic - Cast Predominantly Base Metal	\$200	N/C	N/C	\$295
D6212	Pontic - Cast Noble Metal	\$200	N/C	N/C	\$295
D6214	Pontic – Titanium	\$225	N/C	N/C	\$340
D6240	Pontic - Porcelain Fused to High Noble Metal	\$225	N/C	N/C	\$340
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$200	N/C	N/C	\$295
D6242	Pontic - Porcelain Fused to Noble Metal	\$200	N/C	N/C	\$295
D6243	Pontic – porcelain fused to titanium and titanium alloys	\$200	N/C	N/C	\$295
D6245	Pontic - Porcelain/Ceramic	\$200	N/C	N/C	\$295
D6250	Pontic - Resin with High Noble Metal	\$150	N/C	N/C	\$225
D6251	Pontic - Resin with Predominantly Base Metal	\$150	N/C	N/C	\$225
D6252	Pontic - Resin with Noble Metal	\$150	N/C	N/C	\$225
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis	\$100	N/C	N/C	\$150
D6549	Resin retainer – for resin bonded fixed prosthesis	\$75	N/C	N/C	\$75
D6602	Inlay - Cast High Noble Metal, Two Surfaces	\$175	N/C	N/C	\$265
D6603	Inlay - Cast High Noble Metal, Three or More Surfaces	\$175	N/C	N/C	\$265
D6604	Inlay - Cast Predominantly Base Metal, Two Surfaces	\$100	N/C	N/C	\$160
D6605	Inlay - Cast Predominantly Base Metal, Three or More Surfaces	\$100	N/C	N/C	\$160
D6606	Inlay - Cast Noble Metal, Two Surfaces	\$155	N/C	N/C	\$230
D6607	Retainer Inlay - Cast Noble Metal, Three or More Surfaces	\$155	N/C	N/C	\$230
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	\$185	N/C	N/C	\$275
D6611	Retainer Onlay - Cast High Noble Metal, Three or More Surfaces	\$185	N/C	N/C	\$275
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	\$100	N/C	N/C	\$160
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three or More Surfaces	\$100	N/C	N/C	\$160
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	\$175	N/C	N/C	\$265
D6615	Retainer Onlay - Cast Noble Metal, Three or More Surfaces	\$175	N/C	N/C	\$265
D6624	Retainer Inlay – Titanium	\$175	N/C	N/C	\$265
D6634	Retainer Onlay – Titanium	\$185	N/C	N/C	\$275
D6720	Retainer Crown - Resin with High Noble Metal	\$150	N/C	N/C	\$225
D6721	Retainer Crown - Resin with Predominantly Base Metal	\$150	N/C	N/C	\$225
D6722	Retainer Crown - Resin with Noble Metal	\$150	N/C	N/C	\$225
D6740	Retainer Crown - Porcelain/Ceramic	\$200	N/C	N/C	\$295
D6750	Retainer Crown - Porcelain Fused to High Noble Metal	\$225	N/C	N/C	\$340
D6751	Retainer Crown - Porcelain Fused to Predominantly Base Metal	\$200	N/C	N/C	\$295
D6752	Retainer Crown - Porcelain Fused to Noble Metal	\$200	N/C	N/C	\$295
D6753	Retainer Crown – Porcelain Fused to Titanium and Titanium Alloys	\$200	N/C	N/C	\$295
D6780	Retainer Crown - ¾ Cast High Noble Metal	\$225	N/C	N/C	\$340
D6781	Retainer Crown - ¾ Cast Predominantly Base Metal	\$200	N/C	N/C	\$295
D6782	Retainer Crown - ¾ Cast Noble Metal	\$200	N/C	N/C	\$295
D6783	Retainer Crown - ¾ Porcelain/Ceramic	\$200	N/C	N/C	\$295

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D6784	Retainer Crown ¾ – Titanium and Titanium Alloys	\$200	N/C	N/C	\$295
D6790	Retainer Crown - Full Cast High Noble Metal	\$225	N/C	N/C	\$340
D6791	Retainer Crown - Full Cast Predominantly Base Metal	\$200	N/C	N/C	\$295
D6792	Retainer Crown - Full Cast Noble Metal	\$200	N/C	N/C	\$295
D6794	Retainer Crown – Titanium	\$225	N/C	N/C	\$340
D6930	Re-cement or Re-Bond Fixed Partial Denture	\$15	N/C	N/C	\$25
D6980	Fixed Partial Denture Repair Necessitated by Restorative Material Failure	\$25	N/C	N/C	\$45
D7111	Extraction - Coronal Remnants - Primary Tooth	\$10	N/C	N/C	\$20
D7140	Extraction - Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$20	N/C	N/C	\$35
D7210	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and including Elevation of Mucoperiosteal Flap if Indicated	\$30	N/C	N/C	\$45
D7220	Removal of Impacted Tooth - Soft Tissue	\$55	N/C	N/C	\$80
D7230	Removal of Impacted Tooth - Partially Bony	\$55	N/C	N/C	\$80
D7240	Removal of Impacted Tooth - Completely Bony	\$65	N/C	N/C	\$100
D7241	Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	\$65	N/C	N/C	\$100
D7250	Removal of Residual Tooth Roots (Cutting Procedure)	\$30	N/C	N/C	\$45
D7251	Coronectomy – Intentional Partial Tooth Removal	\$33	N/C	N/C	\$48
D7260	Oroantral Fistula Closure	\$100	N/C	N/C	\$150
D7261	Primary Closure of a Sinus Perforation	\$100	N/C	N/C	\$150
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	\$60	N/C	N/C	\$90
D7280	Exposure of an Unerupted Tooth	\$60	N/C	N/C	\$90
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	\$60	N/C	N/C	\$70
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$0	N/C	N/C	\$25
D7285	Biopsy of Oral Tissue – Hard (Bone, Tooth)	\$60	N/C	N/C	\$95
D7286	Incisional Biopsy of Oral Tissue – Soft	\$25	N/C	N/C	\$40
D7287	Exfoliative Cytological Sample Collection	\$13	N/C	N/C	\$13
D7291	Transseptal Fiberotomy / Supra Crestal Fiberotomy, by Report	\$20	N/C	N/C	\$35
D7310	Alveoplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, per Quadrant	\$30	N/C	N/C	\$45
D7311	Alveoplasty in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, per Quadrant	\$15	N/C	N/C	\$25
D7320	Alveoplasty Not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, per Quadrant	\$35	N/C	N/C	\$55
D7321	Alveoplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, per Quadrant	\$20	N/C	N/C	\$35
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	\$60	N/C	N/C	\$90
D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm	\$60	N/C	N/C	\$90
D7460	Removal of Benign Non-Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	\$60	N/C	N/C	\$90
D7461	Removal of Benign Non-Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm	\$60	N/C	N/C	\$90
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	\$90	N/C	N/C	\$135
D7472	Removal of Torus Palatinus	\$90	N/C	N/C	\$135
D7473	Removal of Torus Mandibularis	\$90	N/C	N/C	\$135
D7485	Reduction of Osseous Tuberosity	\$90	N/C	N/C	\$135
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$25	N/C	N/C	\$40
D7511	Incision and Drainage of Abscess - Intraoral Soft Tissue, Complicated (Includes Drainage of Multiple Fascial Spaces)	\$30	N/C	N/C	\$45
D7520	Incision and Drainage of Abscess - Extraoral Soft Tissue	\$35	N/C	N/C	\$55

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D7521	Incision and Drainage of Abscess - Extraoral Soft Tissue - Complicated (Includes Drainage of Multiple Fascial Spaces)	\$40	N/C	N/C	\$60
D7922	Placement of Intra-socket Biological Dressing to Aid in Hemostasis or Clot Stabilization, per Site	\$0	\$0	\$0	\$0
D7953	Bone Replacement Graft for Ridge Preservation - Per Site	\$75	N/C	N/C	\$100
D7961	Buccal / labial frenectomy (frenulectomy)	\$60	N/C	N/C	\$90
D7962	Lingual frenectomy (frenulectomy)	\$60	N/C	N/C	\$90
D7963	Frenuloplasty	\$65	N/C	N/C	\$100
D7970	Excision of Hyperplastic Tissue - Per Arch	\$60	N/C	N/C	\$90
D7971	Excision of Pericoronal Gingiva	\$30	N/C	N/C	\$45
D7972	Surgical Reduction of Fibrous Tuberosity	\$60	N/C	N/C	\$90
D9110	Palliative (Emergency) Treatment of Dental Pain, Minor Procedure	\$0	\$15	\$15	\$15
D9130	Temporomandibular Joint Dysfunction – Non-invasive Physical Therapies	N/C	N/C	N/C	N/C
D9211	Regional Block Anesthesia	\$0	N/C	N/C	\$5
D9212	Trigeminal Division Block Anesthesia	\$0	N/C	N/C	\$5
D9215	Local Anesthesia in Conjunction with Operative or Surgical Procedures	\$0	N/C	N/C	\$5
D9219 ²	Evaluation for Moderate Sedation, Deep Sedation or General Anesthesia	\$0	N/C	N/C	\$0
D9222	Deep Sedation/General Anesthesia – First 15 Minutes	\$25	N/C	N/C	\$38
D9223	Deep Sedation/General Anesthesia – Each Subsequent 15 Minute Increment	\$20	N/C	N/C	\$30
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	\$0	N/C	N/C	\$5
D9239	Intravenous Moderate (Conscious) Sedation/ Analgesia – First 15 Minutes	\$25	N/C	N/C	\$38
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia – Each Subsequent 15 Minute Increment	\$20	N/C	N/C	\$30
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician	\$0	N/C	N/C	\$5
D9311	Treating Dentist Consults with a Medical Health Care Professional Concerning Medical Issues that may Affect Patient's Planned Dental Treatment	\$0	N/C	N/C	\$5
D9430	Office Visit for Observation (During Regularly Scheduled Hours) – No Other Services Performed	\$0	N/C	N/C	\$0
D9440	Office Visit – After Regularly Scheduled Hours	\$0	N/C	N/C	\$0
D9610	Therapeutic Parenteral Drug, Single Administration	\$0	N/C	N/C	\$5
D9612	Therapeutic Parenteral Drugs, Two or More Administrations, Different Medications	\$0	N/C	N/C	\$0
D9613	Infiltration of Sustained Release Therapeutic Drug – Single or Multiple Sites	\$0	\$0	\$0	\$0
D9630	Drugs or Medicaments Dispensed in the Office for Home Use	\$0	N/C	N/C	\$5
D9910	Application of Desensitizing Medicament	\$0	N/C	N/C	\$5
D9930	Treatment of Complications (Post-Surgical) – Unusual Circumstances, by Report	\$0	N/C	N/C	\$5
D9932	Cleaning and Inspection of a Removable Complete Denture, Maxillary	\$0	N/C	N/C	\$0
D9933	Cleaning and Inspection of a Removable Complete Denture, Mandibular	\$0	N/C	N/C	\$0
D9934	Cleaning and Inspection of a Removable Partial Denture, Maxillary	\$0	N/C	N/C	\$0
D9935	Cleaning and Inspection of a Removable Partial Denture, Mandibular	\$0	N/C	N/C	\$0
D9944	Occlusal Guard – Hard Appliance, Full Arch	\$46	N/C	N/C	\$69
D9945	Occlusal Guard – Soft Appliance, Full Arch	\$40	N/C	N/C	\$60
D9946	Occlusal Guard – Hard Appliance, Partial Arch	\$24	N/C	N/C	\$36
D9942	Repair and/or Reline of Occlusal Guard	\$20	N/C	N/C	\$35
D9943	Occlusal Guard Adjustment	\$5	N/C	N/C	\$8
D9951	Occlusal Adjustment - Limited	\$0	N/C	N/C	\$5
D9952	Occlusal Adjustment - Complete	\$60	N/C	N/C	\$90
D9961	Duplicate/Copy Patient's Records	N/C	N/C	N/C	N/C
D9990	Certified Translation or Sign-Language Services per Visit	N/C	N/C	N/C	N/C
D9997	Dental Case Management – Patients with Special Health Care Needs	\$0	\$0	\$0	\$0

** The schedules are subject to change, pending regulatory approval.

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² Covered only when performed by an anesthesiologist



Network Bulletin

Date: May 1, 2020

From: Michelle Neuman, Senior Director, Dental Network Operations

Subject: Claim administration policy changes

Applies to: All Aetna Dental® Plans

From time to time, we update our dental claims administration policies. The following changes will start on **August 1, 2020** for all Aetna Dental® plans:

D0431 - ADJUNCTIVE PRE-DIAGNOSTIC TEST THAT AIDS IN DETECTION OF MUCOSAL ABNORMALITIES INCLUDING PREMALIGNANT AND MALIGNANT LESIONS, NOT TO INCLUDE CYTOLOGY OR BIOPSY PROCEDURES.

We consider the use of any tools and/or devices that assist in a diagnosis to be an adjunctive technique that is part of the oral evaluation or primary service. Members cannot be billed for this service.

D4355 - DEBRIDEMENT, FULL MOUTH TO ENABLE COMPREHENSIVE PERIODONTAL EVALUATION AND DIAGNOSIS

To align with the ADA descriptor of D4355, the following changes are being made to our claim processing policies:

- D0150, D0160 and D0180 will be denied when performed on the same date of service as D4355.
- D1110, D1120, D4341, D4342 and D4346 will be denied when performed on the same date of service as D4355.

We're here to help

If you have questions, call us at **1-800-451-7715**. You can also visit **aetnadental.com** to see updates to our Clinical Policy Bulletins.

Thank you for your continued participation in and support of Aetna Dental plans.

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Network Bulletin

Date: November 2019
From: Michelle Neuman, Sr. Director, Network Management
Subject: DMO® Member Copayment Change
Applies to: DMO Plans

Aetna reviews copay schedules and from time to time makes changes to ensure our plans remain competitive and compliant. The following DMO plan codes will have new copay amounts for the procedure codes listed below effective **2/1/2020**.

Procedure Code*	Plans CAM CMI	Plans CAL CLI
D6110	\$125	\$175
D6111	\$125	\$175
D6112	\$125	\$175
D6113	\$125	\$175

We're here to help

If you have questions, call us at **1-800-451-7715**. You can also visit aetnadental.com to see updates to our claim administration policies.

Thank you for your continued participation in and support of Aetna Dental plans.

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Network Bulletin

Date: November 2019

From: Lawrence Walsh, Sr. Director, Network Management

Subject: New Dental Maintenance Organization (DMO®) Copay plan -LM

Applies to: DMO® plan

Starting **February 1, 2020**, we're offering a new DMO Copay plan (-LM).

Log on to our website at: aetnadental.com to review the DMO® Dental Office Guide Procedure Guidelines for the complete list of member copayments associated with this plan. Please note that this plan will not apply the initial placement rule – tooth missing but not replaced.

We're here to help

If you have questions, call us at **1-800-451-7715**. Thank you for your continued participation in and support of Aetna Dental® plans.

Network Bulletin

Date: October 2019
From: Michelle Neuman and Larry Walsh, Senior Directors, Dental Network Operations
Subject: CDT 2020 updates to the Dental Office Guide for DMO Primary Care Dentists
Applies to: Aetna DMO® (Dental Maintenance Organization) plans

This bulletin is part of your *Dental Office Guide*.

New CDT® 2020¹ codes

The American Dental Association has issued new Current Dental Terminology (CDT) codes starting **January 1, 2020**. We've listed them below.

We're here to help

If you have questions, call our National Dentist Line at **1-800-451-7715**. Thanks for your continued participation and support of Aetna Dental® plans.

CDT 2020 Code ¹	Nomenclature
D0100 - D0999	I. Diagnostic
D0419	Assessment of salivary flow by measurement
D1000 - D1999	II. Preventive
D1551	Re-cement or re-bond bilateral space maintainer – maxillary
D1552	Re-cement or re-bond bilateral space maintainer – mandibular
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant
D1556	Removal of fixed unilateral space maintainer – per quadrant
D1557	Removal of fixed bilateral space maintainer – maxillary
D1558	Removal of fixed bilateral space maintainer – mandibular
D2000-D2999	III. Restorative
D2753	Crown - porcelain fused to titanium and titanium alloys
D5000-D5999	VI. Prosthodontics (Removable)
D5284	Removable unilateral partial denture – one-piece flexible base (including clasps and teeth) – per quadrant

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CDT 2020 Code ¹	Nomenclature
D5286	Removable unilateral partial denture – one-piece resin (including clasps and teeth) – per quadrant
D6000-D6199	VIII. Implant Services
D6082	Implant supported crown – porcelain fused to predominantly base alloys
D6083	Implant supported crown – porcelain fused to noble alloys
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys
D6086	Implant supported crown – predominantly base alloys
D6087	Implant supported crown – noble alloys
D6088	Implant supported crown – titanium and titanium alloys
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys
D6098	Implant supported retainer – porcelain fused to predominantly base alloys
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys
D6121	Implant supported retainer for metal FPD – predominantly base alloys
D6122	Implant supported retainer for metal FPD – noble alloys
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys
D6200-D6999	IX. Prosthodontics, fixed
D6243	Pontic – porcelain fused to titanium and titanium alloys
D6753	Retainer crown – porcelain fused to titanium and titanium alloys
D6784	Retainer crown $\frac{3}{4}$ – titanium and titanium alloys
D7000-D7999	X. Oral and Maxillofacial Surgery
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site
D9000-D9999	XII. Adjunctive General Services
D9997	Dental case management – patients with special health care needs

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Patient coinsurance/copay information for the new codes

Follow the guides below to determine members' coinsurance percentages and fixed copayment amounts, by plan code, for the new CDT codes.

COINSURANCE PLAN CODES

A - M

ADA Code ¹	A	B	C	D	E	F	G	H	I	J Ji	K	L Li	M Mi
D0419	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1551	0	0	0	0	0	0	0	0	0	0	0	0	0
D1552	0	0	0	0	0	0	0	0	0	0	0	0	0
D1553	0	0	0	0	0	0	0	0	0	0	0	0	0
D1556	0	0	0	0	0	0	0	0	0	0	0	0	0
D1557	0	0	0	0	0	0	0	0	0	0	0	0	0
D1558	0	0	0	0	0	0	0	0	0	0	0	0	0
D2753	10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%
D5284	10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%
D5286	10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%
D6082	10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%
D6083	10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%
D6084	10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%
D6086	10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%
D6087	10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%
D6088	10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%
D6097	10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%
D6098	10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%
D6099	10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%
D6120	10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%
D6121	10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%
D6122	10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%
D6123	10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%
D6195	10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%
D6243	10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%
D6753	10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%
D6784	10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%
D7922	0	0	0	0	0	0	0	0	0	0	0	0	0
D9997	0	0	0	0	0	0	0	0	0	0	0	0	0

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COINSURANCE PLAN CODES

Q - U

ADA Code¹	Q	R	U Ui	UAB	UNJ
D0419	N/C	N/C	N/C	N/C	N/C
D1551	0	0	0	0	0
D1552	0	0	0	0	0
D1553	0	0	0	0	0
D1556	0	0	0	0	0
D1557	0	0	0	0	0
D1558	0	0	0	0	0
D2753	25%	N/C	0	0	0
D5284	25%	N/C	0	0	0
D5286	25%	N/C	0	0	0
D6082	25%	N/C	0	0	0
D6083	25%	N/C	0	0	0
D6084	25%	N/C	0	0	0
D6086	25%	N/C	0	0	0
D6087	25%	N/C	0	0	0
D6088	25%	N/C	0	0	0
D6097	25%	N/C	0	0	0
D6098	25%	N/C	0	0	0
D6099	25%	N/C	0	0	0
D6120	25%	N/C	0	0	0
D6121	25%	N/C	0	0	0
D6122	25%	N/C	0	0	0
D6123	25%	N/C	0	0	0
D6195	25%	N/C	0	0	0
D6243	25%	N/C	0	0	0
D6753	25%	N/C	0	0	0
D6784	25%	N/C	0	0	0
D7922	0	0	0	0	0
D9997	0	0	0	0	0

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COINSURANCE PLAN CODES

1 – 14

ADA Code¹	1 1i	2 2i	2BA	3	4	5	6	7	8 8i	10 10i	12	14i
D0419	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1551	20%	20%	20%	50%	20%	75%	50%	20%	10%	20%	0	10%
D1552	20%	20%	20%	50%	20%	75%	50%	20%	10%	20%	0	10%
D1553	20%	20%	20%	50%	20%	75%	50%	20%	10%	20%	0	10%
D1556	20%	20%	20%	50%	20%	75%	50%	20%	10%	20%	0	10%
D1557	20%	20%	20%	50%	20%	75%	50%	20%	10%	20%	0	10%
D1558	20%	20%	20%	50%	20%	75%	50%	20%	10%	20%	0	10%
D2753	40%	50%	50%	50%	40%	75%	75%	20%	40%	40%	50%	40%
D5284	40%	50%	50%	50%	40%	75%	75%	50%	40%	40%	50%	40%
D5286	40%	50%	50%	50%	40%	75%	75%	50%	40%	40%	50%	40%
D6082	40%	50%	50%	50%	40%	75%	75%	50%	40%	40%	50%	40%
D6083	40%	50%	50%	50%	40%	75%	75%	50%	40%	40%	50%	40%
D6084	40%	50%	50%	50%	40%	75%	75%	50%	40%	40%	50%	40%
D6086	40%	50%	50%	50%	40%	75%	75%	50%	40%	40%	50%	40%
D6087	40%	50%	50%	50%	40%	75%	75%	50%	40%	40%	50%	40%
D6088	40%	50%	50%	50%	40%	75%	75%	50%	40%	40%	50%	40%
D6097	40%	50%	50%	50%	40%	75%	75%	50%	40%	40%	50%	40%
D6098	40%	50%	50%	50%	40%	75%	75%	50%	40%	40%	50%	40%
D6099	40%	50%	50%	50%	40%	75%	75%	50%	40%	40%	50%	40%
D6120	40%	50%	50%	50%	40%	75%	75%	50%	40%	40%	50%	40%
D6121	40%	50%	50%	50%	40%	75%	75%	50%	40%	40%	50%	40%
D6122	40%	50%	50%	50%	40%	75%	75%	50%	40%	40%	50%	40%
D6123	40%	50%	50%	50%	40%	75%	75%	50%	40%	40%	50%	40%
D6195	40%	50%	50%	50%	40%	75%	75%	50%	40%	40%	50%	40%
D6243	40%	50%	50%	50%	40%	75%	75%	50%	40%	40%	50%	40%
D6753	40%	50%	50%	50%	40%	75%	75%	50%	40%	40%	50%	40%
D6784	40%	50%	50%	50%	40%	75%	75%	50%	40%	40%	50%	40%
D7922	0	0	0	0	0	0	0	0	0	0	0	0
D9997	0	0	0	0	0	0	0	0	0	0	0	0

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COINSURANCE PLAN CODES

21 – 26

ADA Code¹	21	22	23	24	25	26
D0419	N/C	N/C	N/C	N/C	N/C	N/C
D1551	10%	20%	10%	20%	0	0
D1552	10%	20%	10%	20%	0	0
D1553	10%	20%	10%	20%	0	0
D1556	10%	20%	10%	20%	0	0
D1557	10%	20%	10%	20%	0	0
D1558	10%	20%	10%	20%	0	0
D2753	10%	20%	10%	20%	25%	40%
D5284	10%	20%	10%	20%	25%	40%
D5286	10%	20%	10%	20%	25%	40%
D6082	10%	20%	10%	20%	25%	40%
D6083	10%	20%	10%	20%	25%	40%
D6084	10%	20%	10%	20%	25%	40%
D6086	10%	20%	10%	20%	25%	40%
D6087	10%	20%	10%	20%	25%	40%
D6088	10%	20%	10%	20%	25%	40%
D6097	10%	20%	10%	20%	25%	40%
D6098	10%	20%	10%	20%	25%	40%
D6099	10%	20%	10%	20%	25%	40%
D6120	10%	20%	10%	20%	25%	40%
D6121	10%	20%	10%	20%	25%	40%
D6122	10%	20%	10%	20%	25%	40%
D6123	10%	20%	10%	20%	25%	40%
D6195	10%	20%	10%	20%	25%	40%
D6243	10%	20%	10%	20%	25%	40%
D6753	10%	20%	10%	20%	25%	40%
D6784	10%	20%	10%	20%	25%	40%
D7922	0	0	0	0	0	0
D9997	0	0	0	0	0	0

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FIXED COPAY PLAN CODES

34 – 34C

ADA Code¹	34	34A	34B	34C
D0419	N/C	N/C	N/C	N/C
D1551	\$0	\$0	\$0	\$0
D1552	\$0	\$0	\$0	\$0
D1553	\$0	\$0	\$0	\$0
D1556	\$0	\$0	\$0	\$0
D1557	\$0	\$0	\$0	\$0
D1558	\$0	\$0	\$0	\$0
D2753	\$200	N/C	\$295	\$295
D5284	\$150	N/C	N/C	\$223
D5286	\$125	N/C	N/C	\$185
D6082	N/C	N/C	N/C	N/C
D6083	N/C	N/C	N/C	N/C
D6084	N/C	N/C	N/C	N/C
D6086	N/C	N/C	N/C	N/C
D6087	N/C	N/C	N/C	N/C
D6088	N/C	N/C	N/C	N/C
D6097	\$200	N/C	N/C	\$295
D6098	N/C	N/C	N/C	N/C
D6099	N/C	N/C	N/C	N/C
D6120	N/C	N/C	N/C	N/C
D6121	N/C	N/C	N/C	N/C
D6122	N/C	N/C	N/C	N/C
D6123	N/C	N/C	N/C	N/C
D6195	N/C	N/C	N/C	N/C
D6243	\$200	N/C	N/C	\$295
D6753	\$200	N/C	N/C	\$295
D6784	\$200	N/C	N/C	\$295
D7922	\$0	\$0	\$0	\$0
D9997	\$0	\$0	\$0	\$0

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FIXED COPAY PLAN CODES

41 – 58

ADA Code¹	41	42	51	52	53 53i	54	55 55A	56	56H	56X	57	58
D0419	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1551	\$15	\$15	\$15	\$15	\$15	\$12	\$12	\$12	\$0	\$0	\$15	\$12
D1552	\$15	\$15	\$15	\$15	\$15	\$12	\$12	\$12	\$0	\$0	\$15	\$12
D1553	\$8	\$8	\$8	\$8	\$8	\$6	\$6	\$6	\$0	\$0	\$8	\$6
D1556	\$8	\$8	\$8	\$8	\$8	\$6	\$6	\$6	\$6	\$6	\$8	\$6
D1557	\$15	\$15	\$15	\$15	\$15	\$12	\$12	\$12	\$12	\$12	\$15	\$12
D1558	\$15	\$15	\$15	\$15	\$15	\$12	\$12	\$12	\$12	\$12	\$15	\$12
D2753	\$488	\$488	\$325	\$300	\$260	\$210	\$185	\$150	\$150	\$150	\$260	\$210
D5284	\$307	\$307	\$225	\$192	\$180	\$165	\$150	\$111	\$83	\$83	\$180	\$165
D5286	\$257	\$257	\$188	\$160	\$150	\$138	\$125	\$93	\$83	\$83	\$150	\$138
D6082	\$488	\$488	\$325	\$300	\$260	\$210	\$185	\$150	\$150	\$150	\$260	\$210
D6083	\$488	\$488	\$325	\$300	\$260	\$210	\$185	\$150	\$150	\$150	\$260	\$210
D6084	\$488	\$488	\$325	\$300	\$260	\$210	\$185	\$150	\$210	\$150	\$260	\$210
D6086	\$488	\$488	\$325	\$300	\$260	\$210	\$185	\$150	\$150	\$150	\$260	\$210
D6087	\$488	\$488	\$325	\$300	\$260	\$210	\$185	\$150	\$150	\$150	\$260	\$210
D6088	\$488	\$488	\$325	\$300	\$260	\$210	\$185	\$150	\$150	\$150	\$260	\$210
D6097	\$488	\$488	\$325	\$300	\$260	\$210	\$185	\$150	\$210	\$150	\$260	\$210
D6098	\$488	\$488	\$325	\$300	\$260	\$210	\$185	\$150	\$150	\$150	\$260	\$210
D6099	\$488	\$488	\$325	\$300	\$260	\$210	\$185	\$150	\$150	\$150	\$260	\$210
D6120	\$488	\$488	\$325	\$300	\$260	\$210	\$185	\$150	\$210	\$150	\$260	\$210
D6121	\$488	\$488	\$325	\$300	\$260	\$210	\$185	\$150	\$150	\$150	\$260	\$210
D6122	\$488	\$488	\$325	\$300	\$260	\$210	\$185	\$150	\$150	\$150	\$260	\$210
D6123	\$488	\$488	\$325	\$300	\$260	\$210	\$185	\$150	\$150	\$150	\$260	\$210
D6195	\$488	\$488	\$325	\$300	\$260	\$210	\$185	\$150	\$210	\$150	\$260	\$210
D6243	\$488	\$488	\$325	\$300	\$260	\$210	\$185	\$150	\$150	\$150	\$260	\$210
D6753	\$488	\$488	\$325	\$300	\$260	\$210	\$185	\$150	\$210	\$150	\$260	\$210
D6784	\$488	\$488	\$325	\$300	\$260	\$210	\$185	\$150	\$210	\$150	\$260	\$210
D7922	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D9997	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

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FIXED COPAY PLAN CODES

63 – 78i, SFI – CLI

ADA Code¹	63 63i	64 64i	65 65i	66 66i	67 67i	68 68i	73 73i	74 74i	75 75i	76 76i	77 77i	78 78i	CAM CMI	CAL CLI	SFL SFi
D0419	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1551	\$15	\$12	\$12	\$12	\$15	\$12	\$15	\$12	\$12	\$12	\$15	\$12	\$10	\$15	\$12
D1552	\$15	\$12	\$12	\$12	\$15	\$12	\$15	\$12	\$12	\$12	\$15	\$12	\$10	\$15	\$12
D1553	\$8	\$6	\$6	\$6	\$8	\$6	\$8	\$6	\$6	\$6	\$8	\$6	\$5	\$8	\$6
D1556	\$8	\$6	\$6	\$6	\$8	\$6	\$8	\$6	\$6	\$6	\$8	\$6	\$5	\$8	\$6
D1557	\$15	\$12	\$12	\$12	\$15	\$12	\$15	\$12	\$12	\$12	\$15	\$12	\$10	\$15	\$12
D1558	\$15	\$12	\$12	\$12	\$15	\$12	\$15	\$12	\$12	\$12	\$15	\$12	\$10	\$15	\$12
D2753	\$315	\$255	\$225	\$180	\$315	\$255	\$362	\$293	\$259	\$207	\$362	\$293	\$125	\$175	\$250
D5284	\$180	\$165	\$165	\$120	\$192	\$165	\$198	\$182	\$182	\$132	\$211	\$182	\$75	\$88	\$197
D5286	\$150	\$138	\$138	\$100	\$160	\$138	\$174	\$159	\$159	\$116	\$185	\$159	\$63	\$88	\$195
D6082	\$315	\$255	\$225	\$180	\$315	\$255	\$362	\$293	\$259	\$207	\$362	\$293	\$200	\$200	\$250
D6083	\$315	\$255	\$225	\$180	\$315	\$255	\$362	\$293	\$259	\$207	\$362	\$293	\$200	\$200	\$250
D6084	\$315	\$255	\$225	\$180	\$315	\$255	\$362	\$293	\$259	\$207	\$362	\$293	\$125	\$175	\$250
D6086	\$315	\$255	\$225	\$180	\$315	\$255	\$362	\$293	\$259	\$207	\$362	\$293	\$200	\$200	\$250
D6087	\$315	\$255	\$225	\$180	\$315	\$255	\$362	\$293	\$259	\$207	\$362	\$293	\$200	\$200	\$250
D6088	\$315	\$255	\$225	\$180	\$315	\$255	\$362	\$293	\$259	\$207	\$362	\$293	\$200	\$200	\$250
D6097	\$315	\$255	\$225	\$180	\$315	\$255	\$362	\$293	\$259	\$207	\$362	\$293	\$125	\$175	\$250
D6098	\$315	\$255	\$225	\$180	\$315	\$255	\$362	\$293	\$259	\$207	\$362	\$293	\$200	\$200	\$250
D6099	\$315	\$255	\$225	\$180	\$315	\$255	\$362	\$293	\$259	\$207	\$362	\$293	\$200	\$200	\$250
D6120	\$315	\$255	\$225	\$180	\$315	\$255	\$362	\$293	\$259	\$207	\$362	\$293	\$125	\$175	\$250
D6121	\$315	\$255	\$225	\$180	\$315	\$255	\$362	\$293	\$259	\$207	\$362	\$293	\$200	\$200	\$250
D6122	\$315	\$255	\$225	\$180	\$315	\$255	\$362	\$293	\$259	\$207	\$362	\$293	\$200	\$200	\$250
D6123	\$315	\$255	\$225	\$180	\$315	\$255	\$362	\$293	\$259	\$207	\$362	\$293	\$200	\$200	\$250
D6195	\$315	\$255	\$225	\$180	\$315	\$255	\$362	\$293	\$259	\$207	\$362	\$293	\$125	\$175	\$250
D6243	\$315	\$255	\$225	\$180	\$315	\$255	\$362	\$293	\$259	\$207	\$362	\$293	\$125	\$175	\$250
D6753	\$315	\$255	\$225	\$180	\$315	\$255	\$362	\$293	\$259	\$207	\$362	\$293	\$125	\$175	\$250
D6784	\$315	\$255	\$225	\$180	\$315	\$255	\$362	\$293	\$259	\$207	\$362	\$293	\$125	\$175	\$250
D7922	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D9997	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

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Network Bulletin

Date: October 2019
From: Michelle Neuman and Larry Walsh, Senior Directors, Dental Network Operations
Subject: New CDT 2020 codes
Applies to: Family Preventive, Basic Dental, Aetna Advantage™ Dental and Aetna Advantage™ Student Dental

This bulletin is part of your *Dental Office Guide*.

New CDT® 2020¹ codes

The American Dental Association has issued new Current Dental Terminology (CDT) codes starting **January 1, 2020**. We've listed them below.

Fee information for the new CDT 2020 codes

Your negotiated rates for the new CDT codes are based on the fees found in your current schedule for existing procedures. Please follow the guide below to determine your reimbursement for the new CDT codes.

We're here to help

If you have questions, call our National Dentist Line at **1-800-451-7715**. Thanks for your continued participation and support of Aetna Dental® plans.

CDT 2020 Code ¹	Nomenclature	Contracted Fees for CDT 2020 codes are based on the following:
D0100 - D0999	I. Diagnostic	
D0419	Assessment of salivary flow by measurement	20% discount off usual fee
D1000 - D1999	II. Preventive	
D1551	re-cement or re-bond bilateral space maintainer – maxillary	100% of negotiated fee for D1550
D1552	re-cement or re-bond bilateral space maintainer – mandibular	100% of negotiated fee for D1550
D1553	re-cement or re-bond unilateral space maintainer – per quadrant	50% of negotiated fee for D1550
D1556	removal of fixed unilateral space maintainer – per quadrant	50% of negotiated fee for D1555
D1557	removal of fixed bilateral space maintainer – maxillary	50% of negotiated fee for D1555

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DMO insurance plans are offered, administered and/or underwritten Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc. (Aetna)

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).

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CDT 2020 Code¹	Nomenclature	Contracted Fees for CDT 2020 codes are based on the following:
D1558	removal of fixed bilateral space maintainer – mandibular	50% of negotiated fee for D1555
D2000 – D2999	II. Restorative	
D2753	crown - porcelain fused to titanium and titanium alloys	100% of negotiated fee for D2751
D5000-D5899	VI. Prosthodontics (Removable)	
D5284	removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	50% of negotiated fee for D5225
D5286	removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant	50% of negotiated fee for D5211
D6000-D6199	VIII. Implant Services	
D6082	implant supported crown – porcelain fused to predominantly base alloys	100% of negotiated fee for D6060
D6083	implant supported crown – porcelain fused to noble alloys	100% of negotiated fee for D6061
D6084	implant supported crown – porcelain fused to titanium and titanium	100% of negotiated fee for D6066
D6086	implant supported crown – predominantly base alloys	100% of negotiated fee for D6063
D6087	implant supported crown – noble alloys	100% of negotiated fee for D6061
D6088	implant supported crown – titanium and titanium alloys	100% of negotiated fee for D6063
D6097	abutment supported crown – porcelain fused to titanium and titanium	100% of negotiated fee for D6751
D6098	implant supported retainer – porcelain fused to predominantly base	100% of negotiated fee for D6073
D6099	implant supported retainer for FPD – porcelain fused to noble alloys	100% of negotiated fee for D6061
D6120	implant supported retainer – porcelain fused to titanium and titanium alloys	100% of negotiated fee for D6084
D6121	implant supported retainer for metal FPD – predominantly base alloys	100% of negotiated fee for D6086
D6122	implant supported retainer for metal FPD – noble alloys	100% of negotiated fee for D6087

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CDT 2020 Code¹	Nomenclature	Contracted Fees for CDT 2020 codes are based on the following:
D6123	implant supported retainer for metal FPD – titanium and titanium alloys	100% of negotiated fee for D6088
D6195	abutment supported retainer – porcelain fused to titanium and titanium	100% of negotiated fee for D6120
D6200-D6999	VI. Prosthodontics, fixed	
D6243	pontic – porcelain fused to titanium and titanium alloys	100% of negotiated fee for D6241
D6753	retainer crown – porcelain fused to titanium and titanium alloys	100% of negotiated fee for D6751
D6784	retainer crown $\frac{3}{4}$ – titanium and titanium alloys	100% of negotiated fee for D6781
D7000-D7999	X. Oral and Maxillofacial Surgery	
D7922	placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	20% discount off usual fee
D8000-D8999	XI. Orthodontics	
D8696	repair of orthodontic appliance – maxillary	100% of negotiated fee for D8691
D8697	repair of orthodontic appliance – mandibular	100% of negotiated fee for D8691
D8698	re-cement or re-bond fixed retainer – maxillary	100% of negotiated fee for D8693
D8699	re-cement or re-bond fixed retainer – mandibular	100% of negotiated fee for D8693
D8701	repair of fixed retainer, includes reattachment – maxillary	100% of negotiated fee for D8694
D8702	repair of fixed retainer, includes reattachment – mandibular	100% of negotiated fee for D8694
D8703	replacement of lost or broken retainer – maxillary	100% of negotiated fee for D8692
D8704	replacement of lost or broken retainer – mandibular	100% of negotiated fee for D8692
D9000-D9999	XII. Adjunctive General Services	
D9997	dental case management – patients with special health care needs	20% discount off usual fee

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Network Bulletin

Date: October 2019

From: Michelle Neuman and Larry Walsh, Senior Directors, Dental Network Operations

Subject: Nationwide DMO® plans – New Jersey State Health Benefits Program

Applies to: DMO® plans 34, 34A, 34B and 34C

This bulletin is part of your *Dental Office Guide*.

Starting January 1, 2020*

We're making changes to the New Jersey State Health Benefit Program (Plan 34) and the nationwide DMO Copay plans (34A, 34B, 34C) for retirees of the New Jersey State Health Benefit Program. These changes will start on **January 1, 2020**.

New CDT® 2020¹ codes

The American Dental Association has issued new Current Dental Terminology (CDT) codes starting January 1, 2020. Attached are the new copay schedules**.

We're here to help

Coverage for any service not specifically listed on the applicable charts will be as determined by Aetna in its sole discretion. Furthermore, additional codes may be added and codes may be deleted at our discretion. Except as specified otherwise, "codes" refer to codes of the American Dental Association ("ADA"). The appropriate code must be designated when billing or when submitting claims or encounter information.

If you have questions, call our National Dentist Line at **1-800-451-7715**. Thanks for your continued participation and support of Aetna Dental® plans.

* Eligibility for most employees will begin January 1, 2020.
The schedules are subject to change, pending regulatory approval.

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D0120	Periodic Oral Evaluation - Established Patient	\$0	\$0	\$0	\$0
D0140	Limited Oral Evaluation - Problem Focused	\$0	\$0	\$0	\$0
D0145	Oral Evaluation for a Patient Under 3 Years of Age and Counseling with Primary Caregiver	\$0	\$0	\$0	\$0
D0150	Comprehensive Oral Evaluation – New or Established Patient	\$0	\$0	\$0	\$0
D0160	Detailed and Extensive Oral Evaluation – Problem Focused, by Report	\$0	\$0	\$0	\$0
D0210	Intraoral – Complete Series of Radiographic Images	\$0	\$0	\$0	\$0
D0220	Intraoral – Periapical First Radiographic Image	\$0	\$0	\$0	\$0
D0230	Intraoral - Periapical Each Additional Radiographic Image	\$0	\$0	\$0	\$0
D0240	Intraoral – Occlusal Radiographic Image	\$0	\$0	\$0	\$0
D0250	Extra-oral – 2D Projection Image Created Using a Stationary Radiation Source, and Detector	\$0	\$0	\$0	\$0
D0251	Extra-oral Posterior Dental Radiographic Image	\$0	\$0	\$0	\$0
D0270	Bitewing - Single Radiographic Image	\$0	\$0	\$0	\$0
D0272	Bitewings - Two Radiographic Images	\$0	\$0	\$0	\$0
D0273	Bitewings - Three Radiographic Images	\$0	\$0	\$0	\$0
D0274	Bitewings - Four Radiographic Images	\$0	\$0	\$0	\$0
D0277	Vertical Bitewings – 7 to 8 Radiographic Images	\$0	\$0	\$0	\$0
D0330	Panoramic Radiographic Image	\$0	\$0	\$0	\$0
D0340	2D Cephalometric Radiographic Image – Acquisition, Measurement and Analysis	\$0	\$0	\$0	\$0
D0391	Interpretation of Diagnostic Image by a Practitioner Not Associated with Capture of the Image, Including Report	\$0	\$0	\$0	\$0
D0412	Blood Glucose Level Test – In-office using a Glucose Meter	N/C	N/C	N/C	N/C
D0414	Laboratory Processing of Microbial Specimen to Include Culture and Sensitivity Studies, Preparation and Transmission of Written Report	\$0	\$0	\$0	\$0
D0415	Collection of Microorganisms for Culture and Sensitivity	\$0	\$0	\$0	\$0
D0416	Viral Culture	\$0	\$0	\$0	\$0
D0419	Assessment of salivary flow by measurement	N/C	N/C	N/C	N/C
D0425	Caries Susceptibility Tests	\$0	\$0	\$0	\$0
D0460	Pulp Vitality Tests	\$0	\$0	\$0	\$0
D0470	Diagnostic Casts	\$0	\$0	\$0	\$0
D0600	Non-Ionizing Diagnostic Procedure Capable of Quantifying, Monitoring, and Recording Changes in Structure of Enamel, Dentin and Cementum	\$0	\$0	\$0	\$0
D1110	Prophylaxis - Adult	\$0	\$0	\$0	\$0
D1120	Prophylaxis - Child	\$0	\$0	\$0	\$0
D1206	Topical Application of Fluoride Varnish	\$0	\$0	\$0	\$0
D1208	Topical Application of Fluoride – Excluding Varnish	\$0	\$0	\$0	\$0
D1330	Oral Hygiene Instructions	\$0	\$0	\$0	\$0
D1351	Sealant - Per Tooth	\$0	\$0	\$0	\$0
D1352	Preventive Resin Restoration in a Moderate to High Caries Risk Patient – Permanent Tooth	\$0	\$0	\$0	\$0
D1353	Sealant repair – Per Tooth	\$0	\$0	\$0	\$0
D1354	Interim Caries Arresting Medicament Application – per tooth	\$0	\$0	\$0	\$0
D1510	Space Maintainer - Fixed - Unilateral	\$0	\$0	\$0	\$0
D1516	Space Maintainer - Fixed – Bilateral, Maxillary	\$0	\$0	\$0	\$0
D1517	Space Maintainer - Fixed – Bilateral, Mandibular	\$0	\$0	\$0	\$0
D1520	Space Maintainer - Removable - Unilateral	\$0	\$0	\$0	\$0
D1526	Space Maintainer - Removable – Bilateral, Maxillary	\$0	\$0	\$0	\$0
D1527	Space Maintainer - Removable – Bilateral, Mandibular	\$0	\$0	\$0	\$0
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	\$0	\$0	\$0	\$0

¹ The schedules are subject to change, pending regulatory approval.

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² Covered only when performed by an anesthesiologist

ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	\$0	\$0	\$0	\$0
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	\$0	\$0	\$0	\$0
D1556	Removal of fixed unilateral space maintainer – per quadrant	\$0	\$0	\$0	\$0
D1557	Removal of fixed bilateral space maintainer – maxillary	\$0	\$0	\$0	\$0
D1558	Removal of fixed bilateral space maintainer – mandibular	\$0	\$0	\$0	\$0
D1575	Distal Shoe Space Maintainer – Fixed – Unilateral	\$0	\$0	\$0	\$0
D2140	Amalgam - One Surface, Primary or Permanent	\$0	N/C	\$15	\$15
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$0	N/C	\$20	\$20
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$0	N/C	\$25	\$25
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$0	N/C	\$30	\$30
D2330	Resin Based Composite – One Surface, Anterior	\$0	N/C	\$25	\$25
D2331	Resin Based Composite – Two Surfaces, Anterior	\$0	N/C	\$30	\$30
D2332	Resin Based Composite – Three Surfaces, Anterior	\$0	N/C	\$35	\$35
D2335	Resin Based Composite – Four or More Surfaces or Involving Incisal Angle (Anterior)	\$0	N/C	\$45	\$45
D2390	Resin-Based Composite Crown, Anterior	\$35	N/C	\$55	\$55
D2391	Resin-Based Composite - One Surface, Posterior	\$15	N/C	\$25	\$25
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$25	N/C	\$40	\$40
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$35	N/C	\$55	\$55
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	\$45	N/C	\$70	\$70
D2510	Inlay - Metallic - One Surface	\$100	N/C	\$150	\$150
D2520	Inlay - Metallic - Two Surfaces	\$100	N/C	\$150	\$150
D2530	Inlay - Metallic - Three or More Surfaces	\$100	N/C	\$150	\$150
D2542	Onlay - Metallic - Two Surfaces	\$100	N/C	\$150	\$150
D2543	Onlay - Metallic - Three Surfaces	\$100	N/C	\$150	\$150
D2544	Onlay - Metallic – Four Or More Surfaces	\$100	N/C	\$150	\$150
D2610	Inlay - Porcelain/Ceramic – One Surface	\$115	N/C	\$175	\$175
D2620	Inlay - Porcelain/Ceramic – Two Surfaces	\$115	N/C	\$175	\$175
D2630	Inlay - Porcelain/Ceramic – Three Or More Surfaces	\$115	N/C	\$175	\$175
D2642	Onlay - Porcelain/Ceramic – Two Surfaces	\$115	N/C	\$175	\$175
D2643	Onlay - Porcelain/Ceramic – Three Surfaces	\$115	N/C	\$175	\$175
D2644	Onlay - Porcelain/Ceramic – Four or More Surfaces	\$115	N/C	\$175	\$175
D2650	Inlay – Resin-Based Composite – One Surface	\$115	N/C	\$160	\$160
D2651	Inlay - Resin-Based Composite – Two Surfaces	\$115	N/C	\$160	\$160
D2652	Inlay - Resin-Based Composite – Three Surfaces	\$115	N/C	\$160	\$160
D2662	Onlay - Resin-Based Composite – Two Surfaces	\$115	N/C	\$160	\$160
D2663	Onlay - Resin-Based Composite – Three Surfaces	\$115	N/C	\$160	\$160
D2664	Onlay - Resin-Based Composite – Four or More Surfaces	\$115	N/C	\$160	\$160
D2710	Crown - Resin-Based Composite (Indirect)	\$115	N/C	\$175	\$175
D2720	Crown - Resin with High Noble Metal	\$150	N/C	\$235	\$235
D2721	Crown - Resin with Predominantly Base Metal	\$150	N/C	\$225	\$225
D2722	Crown - Resin with Noble Metal	\$150	N/C	\$225	\$225
D2740	Crown - Porcelain/Ceramic	\$200	N/C	\$295	\$295
D2750	Crown - Porcelain Fused to High Noble Metal	\$225	N/C	\$340	\$340
D2751	Crown -Porcelain Fused to Predominantly Base Metal	\$200	N/C	\$295	\$295
D2752	Crown - Porcelain Fused to Noble Metal	\$200	N/C	\$295	\$295
D2753	Crown - porcelain fused to titanium and titanium alloys	\$200	N/C	\$295	\$295
D2780	Crown - ¾ Cast High Noble Metal	\$225	N/C	\$340	\$340

** The schedules are subject to change, pending regulatory approval.

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² Covered only when performed by an anesthesiologist

ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D2781	Crown - ¾ Cast Predominantly Base Metal	\$200	N/C	\$295	\$295
D2790	Crown - Full Cast High Noble Metal	\$225	N/C	\$340	\$340
D2791	Crown - Full Cast Predominantly Metal	\$200	N/C	\$295	\$295
D2792	Crown - Full Cast Noble Metal	\$200	N/C	\$295	\$295
D2794	Crown - Titanium	\$225	N/C	\$340	\$340
D2910	Re-cement or Re-bond Inlay, Onlay, or Partial Coverage Restoration	\$0	N/C	\$15	\$15
D2915	Re-cement or Re-bond Cast or Prefabricated Post and Core	\$0	N/C	\$15	\$15
D2920	Re-cement or Re-bond Crown	\$0	N/C	\$15	\$15
D2921	Reattachment of Tooth Fragment, Incisal Edge or Cusp	\$0	N/C	\$0	\$0
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	\$49	N/C	\$69	\$69
D2930	Prefabricated Stainless Steel Crown – Primary Tooth	\$35	N/C	\$55	\$55
D2931	Prefabricated Stainless Steel Crown – Permanent Tooth	\$35	N/C	\$55	\$55
D2932	Prefabricated Resin Crown	\$35	N/C	\$55	\$55
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$35	N/C	\$55	\$55
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$35	N/C	\$55	\$55
D2940	Protective Restoration	\$0	N/C	\$20	\$20
D2941	Interim Therapeutic Restoration - Primary Dentition	\$0	N/C	\$0	\$0
D2950	Core Buildup, Including Any Pins When Required	\$0	N/C	\$45	\$45
D2951	Pin Retention - Per Tooth, In Addition to Restoration	\$0	N/C	\$15	\$15
D2952	Cast Post and Core In Addition to Crown, Indirectly Fabricated	\$40	N/C	\$60	\$60
D2954	Prefabricated Post and Core, in Addition to Crown	\$40	N/C	\$60	\$60
D2955	Post removal	\$0	N/C	\$45	\$45
D2971	Additional Procedures to Construct New Crown Under Existing Partial Denture Framework	\$0	N/C	\$20	\$20
D2980	Crown Repair Necessitated by Restorative Material Failure	\$0	N/C	\$15	\$15
D2981	Inlay Repair Necessitated by Restorative Material Failure	\$0	N/C	\$15	\$15
D2982	Onlay Repair Necessitated by Restorative Material Failure	\$0	N/C	\$15	\$15
D2983	Veneer Repair Necessitated by Restorative Material Failure	\$0	N/C	\$15	\$15
D2990	Resin Infiltration of Incipient Smooth Surface Lesions	\$0	N/C	\$15	\$15
D3110	Pulp Cap – Direct (Excluding Final Restoration)	\$0	N/C	N/C	\$15
D3120	Pulp Cap – Indirect (Excluding Final Restoration)	\$0	N/C	N/C	\$15
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) – Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	\$25	N/C	N/C	\$35
D3222	Partial Pulpotomy for Apexogenesis – Permanent Tooth with Incomplete Root Development	\$25	N/C	N/C	\$35
D3230	Pulpal Therapy (Resorbable Filling) – Anterior, Primary Tooth (Excluding Final Restoration)	\$20	N/C	N/C	\$35
D3240	Pulpal Therapy (Resorbable Filling) – Posterior, Primary Tooth (Excluding Final Restoration)	\$20	N/C	N/C	\$35
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$100	N/C	N/C	\$150
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	\$125	N/C	N/C	\$190
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	\$150	N/C	N/C	\$225
D3346	Retreatment of Previous Root Canal Therapy - Anterior	\$125	N/C		\$190
D3347	Retreatment of Previous Root Canal Therapy - Premolar	\$150	N/C	N/C	\$225
D3348	Retreatment of Previous Root Canal Therapy - Molar	\$175	N/C	N/C	\$265
D3351	Apexification/Recalcification - Initial Visit (apical closure / calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$35	N/C	N/C	\$55
D3352	Apexification/Recalcification - Interim Medication Replacement	\$35	N/C	N/C	\$55
D3353	Apexification/Recalcification - Final Visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$35	N/C	N/C	\$55
D3410	Apicoectomy – Anterior	\$90	N/C	N/C	\$135

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D3421	Apicoectomy - Premolar (First Root)	\$90	N/C	N/C	\$135
D3425	Apicoectomy - Molar (First Root)	\$90	N/C	N/C	\$135
D3426	Apicoectomy (Each Additional Root)	\$40	N/C	N/C	\$60
D3427	Periradicular Surgery Without Apicoectomy	\$90	N/C	N/C	\$135
D3430	Retrograde Filling – per Root	\$20	N/C	N/C	\$35
D3450	Root Amputation - per Root	\$40	N/C	N/C	\$60
D3910	Surgical Procedure for Isolation of Tooth with Rubber Dam	\$0	N/C	N/C	\$15
D3920	Hemisection (Including any Root Removal), Not Including Root Canal Therapy	\$60	N/C	N/C	\$80
D4210	Gingivectomy/Gingivoplasty - Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$85	N/C	N/C	\$135
D4211	Gingivectomy/Gingivoplasty, One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$30	N/C	N/C	\$90
D4212	Gingivectomy or Gingivoplasty to Allow Access for Restorative Procedure, per Tooth	\$12	N/C	N/C	\$12
D4240	Gingival Flap Procedure Including Root Planing, Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$90	N/C	N/C	\$160
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$60	N/C	N/C	\$90
D4245	Apically Positioned Flap	\$90	N/C	N/C	\$130
D4249	Clinical Crown Lengthening - Hard Tissue	\$90	N/C	N/C	\$160
D4260	Osseous Surgery (including flap entry and closure) – Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$175	N/C	N/C	\$265
D4261	Osseous Surgery (including flap entry and closure) – One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$100	N/C	N/C	\$150
D4263	Bone Replacement Graft – Retained Natural Tooth – First Site in Quadrant Site	\$100	N/C	N/C	\$135
D4264	Bone Replacement Graft – Retained Natural Tooth – Each Additional Site in Quadrant	\$50	N/C	N/C	\$75
D4266	Guided Tissue Regeneration - Resorbable Barrier per Site	\$90	N/C	N/C	\$120
D4267	Guided Tissue Regeneration - Non-resorbable Barrier per Site (includes membrane removal)	\$90	N/C	N/C	\$135
D4270	Pedicle Soft Tissue Graft Procedure	\$175	N/C	N/C	\$235
D4273	Autogenous Connective Tissue Graft Procedures (Including Donor and Recipient Surgical Sites) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$175	N/C	N/C	\$250
D4274	Mesial/Distal Procedure, Single Tooth (When Not Performed in Conjunction with Surgical Procedures in the Same Anatomical Area)	\$40	N/C	N/C	\$100
D4275	Non-Autogenous Connective Tissue Graft (Including Recipient Site and Donor Material) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$175	N/C	N/C	\$235
D4276	Combined Connective Tissue and Double Pedicle Graft, per Tooth	\$175	N/C	N/C	\$235
D4277	Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Site) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$70	N/C	N/C	\$70
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	\$35	N/C	N/C	\$35
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	\$96	N/C	N/C	\$138
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	\$96	N/C	N/C	\$129
D4320	Provisional Splinting - Intracoronal	\$0	N/C	N/C	\$25
D4321	Provisional Splinting - Extracoronal	\$0	N/C	N/C	\$25
D4341	Periodontal Scaling and Root Planing, Four or More Teeth per Quadrant	\$55	N/C	N/C	\$70
D4342	Periodontal Scaling and Root Planing, One to Three Teeth per Quadrant	\$40	N/C	N/C	\$40
D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation – Full Mouth, After Oral Evaluation	\$28	N/C	N/C	\$20

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D4355	Full Mouth Debridement to Enable a Comprehensive Oral Evaluation and Diagnosis on a Subsequent Visit	\$55	N/C	N/C	\$40
D4910	Periodontal Maintenance	\$30	N/C	N/C	\$40
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist or Their Staff)	\$0	N/C	N/C	\$15
D5110	Complete Denture - Maxillary	\$250	N/C	N/C	\$340
D5120	Complete Denture - Mandibular	\$250	N/C	N/C	\$340
D5130	Immediate Denture - Maxillary	\$275	N/C	N/C	\$370
D5140	Immediate Denture - Mandibular	\$275	N/C	N/C	\$370
D5211	Maxillary Partial Denture - Resin Base (Including any Conventional Clasps, Rests and Teeth)	\$250	N/C	N/C	\$370
D5212	Mandibular Partial Denture - Resin Base (Including any Conventional Clasps, Rests and Teeth)	\$250	N/C	N/C	\$370
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$275	N/C	N/C	\$405
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$275	N/C	N/C	\$405
D5221	Immediate Maxillary Partial Denture – Resin Base (Including Any Conventional Clasps, Rests and Teeth)	\$288	N/C	N/C	\$426
D5222	Immediate Mandibular Partial Denture – Resin Base (Including Any Conventional Clasps, Rests and Teeth)	\$288	N/C	N/C	\$426
D5223	Immediate Maxillary Partial Denture – Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth) Includes Limited Follow-up Care Only; Does Not Include Future Rebasings	\$316	N/C	N/C	\$466
D5224	Immediate Mandibular Partial Denture – Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	\$316	N/C	N/C	\$466
D5225	Maxillary Partial Denture – Flexible Base (Including any Clasps, Rests and Teeth)	\$300	N/C	N/C	\$445
D5226	Mandibular Partial Denture – Flexible Base (Including any Clasps, Rests and Teeth)	\$300	N/C	N/C	\$445
D5282	Removable Unilateral Partial Denture One Piece Cast Metal (Including Clasps and Teeth), Maxillary	\$125	N/C	N/C	\$205
D5283	Removable Unilateral Partial Denture One Piece Cast Metal (Including Clasps and Teeth), Mandibular	\$125	N/C	N/C	\$205
D5284	removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	\$150	N/C	N/C	\$223
D5286	removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant	\$125	N/C	N/C	\$185
D5410	Adjust Complete Denture - Maxillary	\$0	N/C	N/C	\$15
D5411	Adjust Complete Denture - Mandibular	\$0	N/C	N/C	\$15
D5421	Adjust Partial Denture - Maxillary	\$0	N/C	N/C	\$15
D5422	Adjust Partial Denture - Mandibular	\$0	N/C	N/C	\$15
D5511	Repair Broken Complete Denture Base, Mandibular	\$35	N/C	N/C	\$55
D5512	Repair Broken Complete Denture Base, Maxillary	\$35	N/C	N/C	\$55
D5520	Replace Missing or Broken Teeth, Complete Denture (Each Tooth)	\$35	N/C	N/C	\$55
D5611	Repair Resin Partial Denture Base, Mandibular	\$35	N/C	N/C	\$55
D5612	Repair Resin Partial Denture Base, Maxillary	\$35	N/C	N/C	\$55
D5621	Repair Cast Partial Framework, Mandibular	\$35	N/C	N/C	\$55
D5622	Repair Cast Partial Framework, Maxillary	\$35	N/C	N/C	\$55
D5630	Repair or Replace Broken Retentive/Clasping Materials – per Tooth	\$35	N/C	N/C	\$55
D5640	Replace Broken Teeth – per Tooth	\$35	N/C	N/C	\$55
D5650	Add Tooth to Existing Partial Denture	\$35	N/C	N/C	\$55
D5660	Add Clasp to Existing Partial Denture – per Tooth	\$35	N/C	N/C	\$55
D5710	Rebase Complete Maxillary Denture	\$85	N/C	N/C	\$130
D5711	Rebase Complete Mandibular Denture	\$85	N/C	N/C	\$130
D5720	Rebase Maxillary Partial Denture	\$85	N/C	N/C	\$130

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D5721	Rebase Mandibular Partial Denture	\$85	N/C	N/C	\$130
D5730	Reline Complete Maxillary Denture (Chairside)	\$40	N/C	N/C	\$60
D5731	Reline Complete Mandibular Denture (Chairside)	\$40	N/C	N/C	\$60
D5740	Reline Maxillary Partial Denture (Chairside)	\$40	N/C	N/C	\$60
D5741	Reline Mandibular Partial Denture (Chairside)	\$40	N/C	N/C	\$60
D5750	Reline Complete Maxillary Denture (Laboratory)	\$40	N/C	N/C	\$60
D5751	Reline Complete Mandibular Denture (Laboratory)	\$40	N/C	N/C	\$60
D5760	Reline Maxillary Partial Denture (Laboratory)	\$40	N/C	N/C	\$60
D5761	Reline Mandibular Partial Denture (Laboratory)	\$40	N/C	N/C	\$60
D5810	Interim Complete Denture (Maxillary)	\$40	N/C	N/C	\$75
D5811	Interim Complete Denture (Mandibular)	\$40	N/C	N/C	\$75
D5820	Interim Partial Denture - (Maxillary)	\$40	N/C	N/C	\$60
D5821	Interim Partial Denture - (Mandibular)	\$40	N/C	N/C	\$60
D5850	Tissue Conditioning, Maxillary	\$40	N/C	N/C	\$55
D5851	Tissue Conditioning, Mandibular	\$40	N/C	N/C	\$55
D5876	Add Metal Substructure to Acrylic Full Denture (per Arch)	\$35	N/C	N/C	\$55
D6082	Implant supported crown – porcelain fused to predominantly base alloys	N/C	N/C	N/C	N/C
D6083	Implant supported crown – porcelain fused to noble alloys	N/C	N/C	N/C	N/C
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys	N/C	N/C	N/C	N/C
D6086	Implant supported crown – predominantly base alloys	N/C	N/C	N/C	N/C
D6087	Implant supported crown – noble alloys	N/C	N/C	N/C	N/C
D6088	Implant supported crown – titanium and titanium alloys	N/C	N/C	N/C	N/C
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys	\$200	N/C	N/C	\$295
D6098	Implant supported retainer – porcelain fused to predominantly base alloys	N/C	N/C	N/C	N/C
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	N/C	N/C	N/C	N/C
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys	N/C	N/C	N/C	N/C
D6121	Implant supported retainer for metal FPD – predominantly base alloys	N/C	N/C	N/C	N/C
D6122	Implant supported retainer for metal FPD – noble alloys	N/C	N/C	N/C	N/C
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys	N/C	N/C	N/C	N/C
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys	N/C	N/C	N/C	N/C
D6210	Pontic - Cast High Noble Metal	\$225	N/C	N/C	\$340
D6211	Pontic - Cast Predominantly Base Metal	\$200	N/C	N/C	\$295
D6212	Pontic - Cast Noble Metal	\$200	N/C	N/C	\$295
D6214	Pontic – Titanium	\$225	N/C	N/C	\$340
D6240	Pontic - Porcelain Fused to High Noble Metal	\$225	N/C	N/C	\$340
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$200	N/C	N/C	\$295
D6242	Pontic - Porcelain Fused to Noble Metal	\$200	N/C	N/C	\$295
D6243	Pontic – porcelain fused to titanium and titanium alloys	\$200	N/C	N/C	\$295
D6245	Pontic - Porcelain/Ceramic	\$200	N/C	N/C	\$295
D6250	Pontic - Resin with High Noble Metal	\$150	N/C	N/C	\$225
D6251	Pontic - Resin with Predominantly Base Metal	\$150	N/C	N/C	\$225
D6252	Pontic - Resin with Noble Metal	\$150	N/C	N/C	\$225
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis	\$100	N/C	N/C	\$150
D6549	Resin retainer – for resin bonded fixed prosthesis	\$75	N/C	N/C	\$75
D6602	Inlay - Cast High Noble Metal, Two Surfaces	\$175	N/C	N/C	\$265
D6603	Inlay - Cast High Noble Metal, Three or More Surfaces	\$175	N/C	N/C	\$265
D6604	Inlay - Cast Predominantly Base Metal, Two Surfaces	\$100	N/C	N/C	\$160

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D6605	Inlay - Cast Predominantly Base Metal, Three or More Surfaces	\$100	N/C	N/C	\$160
D6606	Inlay - Cast Noble Metal, Two Surfaces	\$155	N/C	N/C	\$230
D6607	Retainer Inlay - Cast Noble Metal, Three or More Surfaces	\$155	N/C	N/C	\$230
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	\$185	N/C	N/C	\$275
D6611	Retainer Onlay - Cast High Noble Metal, Three or More Surfaces	\$185	N/C	N/C	\$275
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	\$100	N/C	N/C	\$160
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three or More Surfaces	\$100	N/C	N/C	\$160
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	\$175	N/C	N/C	\$265
D6615	Retainer Onlay - Cast Noble Metal, Three or More Surfaces	\$175	N/C	N/C	\$265
D6624	Retainer Inlay – Titanium	\$175	N/C	N/C	\$265
D6634	Retainer Onlay – Titanium	\$185	N/C	N/C	\$275
D6720	Retainer Crown - Resin with High Noble Metal	\$150	N/C	N/C	\$225
D6721	Retainer Crown - Resin with Predominantly Base Metal	\$150	N/C	N/C	\$225
D6722	Retainer Crown - Resin with Noble Metal	\$150	N/C	N/C	\$225
D6740	Retainer Crown - Porcelain/Ceramic	\$200	N/C	N/C	\$295
D6750	Retainer Crown - Porcelain Fused to High Noble Metal	\$225	N/C	N/C	\$340
D6751	Retainer Crown - Porcelain Fused to Predominantly Base Metal	\$200	N/C	N/C	\$295
D6752	Retainer Crown - Porcelain Fused to Noble Metal	\$200	N/C	N/C	\$295
D6753	Retainer Crown – Porcelain Fused to Titanium and Titanium Alloys	\$200	N/C	N/C	\$295
D6780	Retainer Crown - ¾ Cast High Noble Metal	\$225	N/C	N/C	\$340
D6781	Retainer Crown - ¾ Cast Predominantly Base Metal	\$200	N/C	N/C	\$295
D6782	Retainer Crown - ¾ Cast Noble Metal	\$200	N/C	N/C	\$295
D6783	Retainer Crown - ¾ Porcelain/Ceramic	\$200	N/C	N/C	\$295
D6784	Retainer Crown ¾ – Titanium and Titanium Alloys	\$200	N/C	N/C	\$295
D6790	Retainer Crown - Full Cast High Noble Metal	\$225	N/C	N/C	\$340
D6791	Retainer Crown - Full Cast Predominantly Base Metal	\$200	N/C	N/C	\$295
D6792	Retainer Crown - Full Cast Noble Metal	\$200	N/C	N/C	\$295
D6794	Retainer Crown – Titanium	\$225	N/C	N/C	\$340
D6930	Re-cement or Re-Bond Fixed Partial Denture	\$15	N/C	N/C	\$25
D6980	Fixed Partial Denture Repair Necessitated by Restorative Material Failure	\$25	N/C	N/C	\$45
D7111	Extraction - Coronal Remnants - Primary Tooth	\$10	N/C	N/C	\$20
D7140	Extraction - Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$20	N/C	N/C	\$35
D7210	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and including Elevation of Mucoperiosteal Flap if Indicated	\$30	N/C	N/C	\$45
D7220	Removal of Impacted Tooth - Soft Tissue	\$55	N/C	N/C	\$80
D7230	Removal of Impacted Tooth - Partially Bony	\$55	N/C	N/C	\$80
D7240	Removal of Impacted Tooth - Completely Bony	\$65	N/C	N/C	\$100
D7241	Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	\$65	N/C	N/C	\$100
D7250	Removal of Residual Tooth Roots (Cutting Procedure)	\$30	N/C	N/C	\$45
D7251	Coronectomy – Intentional Partial Tooth Removal	\$33	N/C	N/C	\$48
D7260	Oroantral Fistula Closure	\$100	N/C	N/C	\$150
D7261	Primary Closure of a Sinus Perforation	\$100	N/C	N/C	\$150
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	\$60	N/C	N/C	\$90
D7280	Exposure of an Unerupted Tooth	\$60	N/C	N/C	\$90
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	\$60	N/C	N/C	\$70
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$0	N/C	N/C	\$25

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D7285	Biopsy of Oral Tissue – Hard (Bone, Tooth)	\$60	N/C	N/C	\$95
D7286	Incisional Biopsy of Oral Tissue – Soft	\$25	N/C	N/C	\$40
D7287	Exfoliative Cytological Sample Collection	\$13	N/C	N/C	\$13
D7291	Transseptal Fiberotomy / Supra Crestal Fiberotomy, by Report	\$20	N/C	N/C	\$35
D7310	Alveoplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, per Quadrant	\$30	N/C	N/C	\$45
D7311	Alveoplasty in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, per Quadrant	\$15	N/C	N/C	\$25
D7320	Alveoplasty Not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, per Quadrant	\$35	N/C	N/C	\$55
D7321	Alveoplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, per Quadrant	\$20	N/C	N/C	\$35
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	\$60	N/C	N/C	\$90
D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm	\$60	N/C	N/C	\$90
D7460	Removal of Benign Non-Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	\$60	N/C	N/C	\$90
D7461	Removal of Benign Non-Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm	\$60	N/C	N/C	\$90
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	\$90	N/C	N/C	\$135
D7472	Removal of Torus Palatinus	\$90	N/C	N/C	\$135
D7473	Removal of Torus Mandibularis	\$90	N/C	N/C	\$135
D7485	Reduction of Osseous Tuberosity	\$90	N/C	N/C	\$135
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$25	N/C	N/C	\$40
D7511	Incision and Drainage of Abscess - Intraoral Soft Tissue, Complicated (Includes Drainage of Multiple Fascial Spaces)	\$30	N/C	N/C	\$45
D7520	Incision and Drainage of Abscess - Extraoral Soft Tissue	\$35	N/C	N/C	\$55
D7521	Incision and Drainage of Abscess - Extraoral Soft Tissue - Complicated (Includes Drainage of Multiple Fascial Spaces)	\$40	N/C	N/C	\$60
D7922	Placement of Intra-socket Biological Dressing to Aid in Hemostasis or Clot Stabilization, per Site	\$0	\$0	\$0	\$0
D7953	Bone Replacement Graft for Ridge Preservation - Per Site	\$75	N/C	N/C	\$100
D7960	Frenulectomy - Also Known as Frenectomy or Frenotomy - Separate Procedure Not Incidental to Another Procedure	\$60	N/C	N/C	\$90
D7963	Frenuloplasty	\$65	N/C	N/C	\$100
D7970	Excision of Hyperplastic Tissue - Per Arch	\$60	N/C	N/C	\$90
D7971	Excision of Pericoronal Gingiva	\$30	N/C	N/C	\$45
D7972	Surgical Reduction of Fibrous Tuberosity	\$60	N/C	N/C	\$90
D9110	Palliative (Emergency) Treatment of Dental Pain, Minor Procedure	\$0	\$15	\$15	\$15
D9130	Temporomandibular Joint Dysfunction – Non-invasive Physical Therapies	N/C	N/C	N/C	N/C
D9211	Regional Block Anesthesia	\$0	N/C	N/C	\$5
D9212	Trigeminal Division Block Anesthesia	\$0	N/C	N/C	\$5
D9215	Local Anesthesia in Conjunction with Operative or Surgical Procedures	\$0	N/C	N/C	\$5
D9219 ²	Evaluation for Moderate Sedation, Deep Sedation or General Anesthesia	\$0	N/C	N/C	\$0
D9222	Deep Sedation/General Anesthesia – First 15 Minutes	\$25	N/C	N/C	\$38
D9223	Deep Sedation/General Anesthesia – Each Subsequent 15 Minute Increment	\$20	N/C	N/C	\$30
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	\$0	N/C	N/C	\$5
D9239	Intravenous Moderate (Conscious) Sedation/ Analgesia – First 15 Minutes	\$25	N/C	N/C	\$38
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia – Each Subsequent 15 Minute Increment	\$20	N/C	N/C	\$30
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician	\$0	N/C	N/C	\$5
D9311	Treating Dentist Consults with a Medical Health Care Professional Concerning Medical Issues that may Affect Patient's Planned Dental Treatment	\$0	N/C	N/C	\$5

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D9430	Office Visit for Observation (During Regularly Scheduled Hours) – No Other Services Performed	\$0	N/C	N/C	\$0
D9440	Office Visit – After Regularly Scheduled Hours	\$0	N/C	N/C	\$0
D9610	Therapeutic Parenteral Drug, Single Administration	\$0	N/C	N/C	\$5
D9612	Therapeutic Parenteral Drugs, Two or More Administrations, Different Medications	\$0	N/C	N/C	\$0
D9613	Infiltration of Sustained Release Therapeutic Drug – Single or Multiple Sites	\$0	\$0	\$0	\$0
D9630	Drugs or Medicaments Dispensed in the Office for Home Use	\$0	N/C	N/C	\$5
D9910	Application of Desensitizing Medicament	\$0	N/C	N/C	\$5
D9930	Treatment of Complications (Post-Surgical) – Unusual Circumstances, by Report	\$0	N/C	N/C	\$5
D9932	Cleaning and Inspection of a Removable Complete Denture, Maxillary	\$0	N/C	N/C	\$0
D9933	Cleaning and Inspection of a Removable Complete Denture, Mandibular	\$0	N/C	N/C	\$0
D9934	Cleaning and Inspection of a Removable Partial Denture, Maxillary	\$0	N/C	N/C	\$0
D9935	Cleaning and Inspection of a Removable Partial Denture, Mandibular	\$0	N/C	N/C	\$0
D9944	Occlusal Guard – Hard Appliance, Full Arch	\$46	N/C	N/C	\$69
D9945	Occlusal Guard – Soft Appliance, Full Arch	\$40	N/C	N/C	\$60
D9946	Occlusal Guard – Hard Appliance, Partial Arch	\$24	N/C	N/C	\$36
D9942	Repair and/or Reline of Occlusal Guard	\$20	N/C	N/C	\$35
D9943	Occlusal Guard Adjustment	\$5	N/C	N/C	\$8
D9951	Occlusal Adjustment - Limited	\$0	N/C	N/C	\$5
D9952	Occlusal Adjustment - Complete	\$60	N/C	N/C	\$90
D9961	Duplicate/Copy Patient's Records	N/C	N/C	N/C	N/C
D9990	Certified Translation or Sign-Language Services per Visit	N/C	N/C	N/C	N/C
D9997	Dental Case Management – Patients with Special Health Care Needs	\$0	\$0	\$0	\$0

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² Covered only when performed by an anesthesiologist



Network Bulletin

Date: July 2019

From: Lawrence Walsh, Sr. Director, Network Management

Subject: New Dental Maintenance Organization (DMO[®]) Copay plan 56h

Applies to: DMO[®] plan

Starting **October 1, 2019**, we're offering a new DMO Copay plan (56h).

Log on to our website at: aetnadental.com to review the DMO[®] Dental Office Guide Procedure Guidelines for the complete list of member copayments associated with this plan.

We're here to help

If you have questions, call us at **1-800-451-7715**. Thank you for your continued participation in and support of Aetna Dental[®] plans.

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Network Bulletin

Date: December 2018

Subject: Pre-Determination of Benefits for All Aetna California DMO® Providers

From: Michelle Neuman, Senior Director, Dental Network Management

To: Participating DMO Dentists

Applies to: Dental Office Guide and Specialty Dental Office Guide

This bulletin is part of your Dental Office Guide or Specialty Dental Office Guide. After you review this information, place it in the Network Bulletin section of your guide for future reference.

No More Pre-Determinations for Aetna California DMO® plans

Starting January 1, 2019, we'll no longer accept pre-determination requests for dental benefits for members in Aetna Dental of California, Inc.'s DMO plans. Any claim received with undated claim lines (signifying a request for pre-determination) will be rejected.

The Dental Office Guide and Specialty Dental Office Guide have detailed information about members' DMO® benefits, including exclusions, limitations and co-payment amounts.

We're here to help

If you have questions, call us at **1-800-451-7715**. You can also visit **aetnadental.com** to see updates to our claim administration policies.

Thank you for your continued participation in and support of Aetna Dental plans.

Network Bulletin

Date: October 2018

From: Michelle Neuman and Larry Walsh, Senior Directors, Dental Network Operations

Subject: Nationwide DMO® plans – New Jersey State Health Benefits Program

Applies to: DMO® plans 34, 34A, 34B and 34C

This bulletin is part of your *Dental Office Guide*.

Starting January 1, 2019*

We're making changes to the New Jersey State Health Benefit Program (Plan 34) and the nationwide DMO Copay plans (34A, 34B, 34C) for retirees of the New Jersey State Health Benefit Program. These changes will start on January 1, 2019.

New CDT® 2019¹ codes

The American Dental Association has issued new Current Dental Terminology (CDT) codes starting **January 1, 2019**. Attached are the new copay schedules**.

We're here to help

If you have questions, call our National Dentist Line at **1-800-451-7715**. Thanks for your continued participation and support of Aetna Dental® plans.

* Eligibility for most employees will begin January 1, 2019, though some may be eligible as early as December 15, 2018.

** The schedules are subject to change, pending regulatory approval.

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D0120	Periodic Oral Evaluation - Established Patient	\$0	\$0	\$0	\$0
D0140	Limited Oral Evaluation - Problem Focused	\$0	\$0	\$0	\$0
D0145	Oral Evaluation for a Patient Under 3 Years of Age and Counseling with Primary Caregiver	\$0	\$0	\$0	\$0
D0150	Comprehensive Oral Evaluation – New or Established Patient	\$0	\$0	\$0	\$0
D0160	Detailed and Extensive Oral Evaluation – Problem Focused, by Report	\$0	\$0	\$0	\$0
D0210	Intraoral – Complete Series of Radiographic Images	\$0	\$0	\$0	\$0
D0220	Intraoral – Periapical First Radiographic Image	\$0	\$0	\$0	\$0
D0230	Intraoral - Periapical Each Additional Radiographic Image	\$0	\$0	\$0	\$0
D0240	Intraoral – Occlusal Radiographic Image	\$0	\$0	\$0	\$0
D0250	Extra-oral – 2D Projection Image Created Using a Stationary Radiation Source, and Detector	\$0	\$0	\$0	\$0
D0251	Extra-oral Posterior Dental Radiographic Image	\$0	\$0	\$0	\$0
D0270	Bitewing - Single Radiographic Image	\$0	\$0	\$0	\$0
D0272	Bitewings - Two Radiographic Images	\$0	\$0	\$0	\$0
D0273	Bitewings - Three Radiographic Images	\$0	\$0	\$0	\$0
D0274	Bitewings - Four Radiographic Images	\$0	\$0	\$0	\$0
D0277	Vertical Bitewings – 7 to 8 Radiographic Images	\$0	\$0	\$0	\$0
D0330	Panoramic Radiographic Image	\$0	\$0	\$0	\$0
D0340	2D Cephalometric Radiographic Image – Acquisition, Measurement and Analysis	\$0	\$0	\$0	\$0
D0391	Interpretation of Diagnostic Image by a Practitioner Not Associated with Capture of the Image, Including Report	\$0	\$0	\$0	\$0
D0412	Blood Glucose Level Test – In-office using a Glucose Meter	N/C	N/C	N/C	N/C
D0414	Laboratory Processing of Microbial Specimen to Include Culture and Sensitivity Studies, Preparation and Transmission of Written Report	\$0	\$0	\$0	\$0
D0415	Collection of Microorganisms for Culture and Sensitivity	\$0	\$0	\$0	\$0
D0416	Viral Culture	\$0	\$0	\$0	\$0
D0425	Caries Susceptibility Tests	\$0	\$0	\$0	\$0
D0460	Pulp Vitality Tests	\$0	\$0	\$0	\$0
D0470	Diagnostic Casts	\$0	\$0	\$0	\$0
D0600	Non-Ionizing Diagnostic Procedure Capable of Quantifying, Monitoring, and Recording Changes in Structure of Enamel, Dentin and Cementum	\$0	\$0	\$0	\$0
D1110	Prophylaxis - Adult	\$0	\$0	\$0	\$0
D1120	Prophylaxis - Child	\$0	\$0	\$0	\$0
D1206	Topical Application of Fluoride Varnish	\$0	\$0	\$0	\$0
D1208	Topical Application of Fluoride – Excluding Varnish	\$0	\$0	\$0	\$0
D1330	Oral Hygiene Instructions	\$0	\$0	\$0	\$0
D1351	Sealant - Per Tooth	\$0	\$0	\$0	\$0
D1352	Preventive Resin Restoration in a Moderate to High Caries Risk Patient – Permanent Tooth	\$0	\$0	\$0	\$0
D1353	Sealant repair – Per Tooth	\$0	\$0	\$0	\$0
D1354	Interim Caries Arresting Medicament Application – per tooth	\$0	\$0	\$0	\$0
D1510	Space Maintainer - Fixed - Unilateral	\$0	\$0	\$0	\$0
D1516	Space Maintainer - Fixed – Bilateral, Maxillary	\$0	\$0	\$0	\$0
D1517	Space Maintainer - Fixed – Bilateral, Mandibular	\$0	\$0	\$0	\$0
D1520	Space Maintainer - Removable - Unilateral	\$0	\$0	\$0	\$0
D1526	Space Maintainer - Removable – Bilateral, Maxillary	\$0	\$0	\$0	\$0
D1527	Space Maintainer - Removable – Bilateral, Mandibular	\$0	\$0	\$0	\$0
D1550	Re-cement or Re-bond Space Maintainer	\$0	\$0	\$0	\$0
D1555	Removal of Fixed Space Maintainer	\$0	\$0	\$0	\$0

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D1575	Distal Shoe Space Maintainer – Fixed – Unilateral	\$0	\$0	\$0	\$0
D2140	Amalgam - One Surface, Primary or Permanent	\$0	N/C	\$15	\$15
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$0	N/C	\$20	\$20
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$0	N/C	\$25	\$25
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$0	N/C	\$30	\$30
D2330	Resin Based Composite – One Surface, Anterior	\$0	N/C	\$25	\$25
D2331	Resin Based Composite – Two Surfaces, Anterior	\$0	N/C	\$30	\$30
D2332	Resin Based Composite – Three Surfaces, Anterior	\$0	N/C	\$35	\$35
D2335	Resin Based Composite – Four or More Surfaces or Involving Incisal Angle (Anterior)	\$0	N/C	\$45	\$45
D2390	Resin-Based Composite Crown, Anterior	\$35	N/C	\$55	\$55
D2391	Resin-Based Composite - One Surface, Posterior	\$15	N/C	\$25	\$25
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$25	N/C	\$40	\$40
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$35	N/C	\$55	\$55
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	\$45	N/C	\$70	\$70
D2510	Inlay - Metallic - One Surface	\$100	N/C	\$150	\$150
D2520	Inlay - Metallic - Two Surfaces	\$100	N/C	\$150	\$150
D2530	Inlay - Metallic - Three or More Surfaces	\$100	N/C	\$150	\$150
D2542	Onlay - Metallic - Two Surfaces	\$100	N/C	\$150	\$150
D2543	Onlay - Metallic - Three Surfaces	\$100	N/C	\$150	\$150
D2544	Onlay - Metallic – Four Or More Surfaces	\$100	N/C	\$150	\$150
D2610	Inlay - Porcelain/Ceramic – One Surface	\$115	N/C	\$175	\$175
D2620	Inlay - Porcelain/Ceramic – Two Surfaces	\$115	N/C	\$175	\$175
D2630	Inlay - Porcelain/Ceramic – Three Or More Surfaces	\$115	N/C	\$175	\$175
D2642	Onlay - Porcelain/Ceramic – Two Surfaces	\$115	N/C	\$175	\$175
D2643	Onlay - Porcelain/Ceramic – Three Surfaces	\$115	N/C	\$175	\$175
D2644	Onlay - Porcelain/Ceramic – Four or More Surfaces	\$115	N/C	\$175	\$175
D2650	Inlay – Resin-Based Composite – One Surface	\$115	N/C	\$160	\$160
D2651	Inlay - Resin-Based Composite – Two Surfaces	\$115	N/C	\$160	\$160
D2652	Inlay - Resin-Based Composite – Three Surfaces	\$115	N/C	\$160	\$160
D2662	Onlay - Resin-Based Composite – Two Surfaces	\$115	N/C	\$160	\$160
D2663	Onlay - Resin-Based Composite – Three Surfaces	\$115	N/C	\$160	\$160
D2664	Onlay - Resin-Based Composite – Four or More Surfaces	\$115	N/C	\$160	\$160
D2710	Crown - Resin-Based Composite (Indirect)	\$115	N/C	\$175	\$175
D2720	Crown - Resin with High Noble Metal	\$150	N/C	\$235	\$235
D2721	Crown - Resin with Predominantly Base Metal	\$150	N/C	\$225	\$225
D2722	Crown - Resin with Noble Metal	\$150	N/C	\$225	\$225
D2740	Crown - Porcelain/Ceramic	\$200	N/C	\$295	\$295
D2750	Crown - Porcelain Fused to High Noble Metal	\$225	N/C	\$340	\$340
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$200	N/C	\$295	\$295
D2752	Crown - Porcelain Fused to Noble Metal	\$200	N/C	\$295	\$295
D2780	Crown - ¾ Cast High Noble Metal	\$225	N/C	\$340	\$340
D2781	Crown - ¾ Cast Predominantly Base Metal	\$200	N/C	\$295	\$295
D2790	Crown - Full Cast High Noble Metal	\$225	N/C	\$340	\$340
D2791	Crown - Full Cast Predominantly Metal	\$200	N/C	\$295	\$295
D2792	Crown - Full Cast Noble Metal	\$200	N/C	\$295	\$295
D2794	Crown - Titanium	\$225	N/C	\$340	\$340
D2910	Re-cement or Re-bond Inlay, Onlay, or Partial Coverage Restoration	\$0	N/C	\$15	\$15

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D2915	Re-cement or Re-bond Cast or Prefabricated Post And Core	\$0	N/C	\$15	\$15
D2920	Re-cement or Re-bond Crown	\$0	N/C	\$15	\$15
D2921	Reattachment of Tooth Fragment, Incisal Edge or Cusp	\$0	N/C	\$0	\$0
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	\$49	N/C	\$69	\$69
D2930	Prefabricated Stainless Steel Crown – Primary Tooth	\$35	N/C	\$55	\$55
D2931	Prefabricated Stainless Steel Crown – Permanent Tooth	\$35	N/C	\$55	\$55
D2932	Prefabricated Resin Crown	\$35	N/C	\$55	\$55
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$35	N/C	\$55	\$55
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$35	N/C	\$55	\$55
D2940	Protective Restoration	\$0	N/C	\$20	\$20
D2941	Interim Therapeutic Restoration - Primary Dentition	\$0	N/C	\$0	\$0
D2950	Core Buildup, Including Any Pins When Required	\$0	N/C	\$45	\$45
D2951	Pin Retention - Per Tooth, In Addition to Restoration	\$0	N/C	\$15	\$15
D2952	Cast Post and Core In Addition to Crown, Indirectly Fabricated	\$40	N/C	\$60	\$60
D2954	Prefabricated Post and Core, in Addition to Crown	\$40	N/C	\$60	\$60
D2955	Post removal	\$0	N/C	\$45	\$45
D2971	Additional Procedures to Construct New Crown Under Existing Partial Denture Framework	\$0	N/C	\$20	\$20
D2980	Crown Repair Necessitated by Restorative Material Failure	\$0	N/C	\$15	\$15
D2981	Inlay Repair Necessitated by Restorative Material Failure	\$0	N/C	\$15	\$15
D2982	Onlay Repair Necessitated by Restorative Material Failure	\$0	N/C	\$15	\$15
D2983	Veneer Repair Necessitated by Restorative Material Failure	\$0	N/C	\$15	\$15
D2990	Resin Infiltration of Incipient Smooth Surface Lesions	\$0	N/C	\$15	\$15
D3110	Pulp Cap – Direct (Excluding Final Restoration)	\$0	N/C	N/C	\$15
D3120	Pulp Cap – Indirect (Excluding Final Restoration)	\$0	N/C	N/C	\$15
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) – Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	\$25	N/C	N/C	\$35
D3222	Partial Pulpotomy for Apexogenesis – Permanent Tooth with Incomplete Root Development	\$25	N/C	N/C	\$35
D3230	Pulpal Therapy (Resorbable Filling) – Anterior, Primary Tooth (Excluding Final Restoration)	\$20	N/C	N/C	\$35
D3240	Pulpal Therapy (Resorbable Filling) – Posterior, Primary Tooth (Excluding Final Restoration)	\$20	N/C	N/C	\$35
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$100	N/C	N/C	\$150
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	\$125	N/C	N/C	\$190
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	\$150	N/C	N/C	\$225
D3346	Retreatment of Previous Root Canal Therapy - Anterior	\$125	N/C		\$190
D3347	Retreatment of Previous Root Canal Therapy - Premolar	\$150	N/C	N/C	\$225
D3348	Retreatment of Previous Root Canal Therapy - Molar	\$175	N/C	N/C	\$265
D3351	Apexification/Recalcification - Initial Visit (apical closure / calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$35	N/C	N/C	\$55
D3352	Apexification/Recalcification - Interim Medication Replacement	\$35	N/C	N/C	\$55
D3353	Apexification/Recalcification - Final Visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$35	N/C	N/C	\$55
D3410	Apicoectomy – Anterior	\$90	N/C	N/C	\$135
D3421	Apicoectomy - Premolar (First Root)	\$90	N/C	N/C	\$135
D3425	Apicoectomy - Molar (First Root)	\$90	N/C	N/C	\$135
D3426	Apicoectomy (Each Additional Root)	\$40	N/C	N/C	\$60
D3427	Periradicular Surgery Without Apicoectomy	\$90	N/C	N/C	\$135
D3430	Retrograde Filling – per Root	\$20	N/C	N/C	\$35
D3450	Root Amputation - per Root	\$40	N/C	N/C	\$60
D3910	Surgical Procedure for Isolation of Tooth with Rubber Dam	\$0	N/C	N/C	\$15

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D3920	Hemisection (Including any Root Removal), Not Including Root Canal Therapy	\$60	N/C	N/C	\$80
D4210	Gingivectomy/Gingivoplasty - Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$85	N/C	N/C	\$135
D4211	Gingivectomy/Gingivoplasty, One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$30	N/C	N/C	\$90
D4212	Gingivectomy or Gingivoplasty to Allow Access for Restorative Procedure, per Tooth	\$12	N/C	N/C	\$12
D4240	Gingival Flap Procedure Including Root Planing, Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$90	N/C	N/C	\$160
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$60	N/C	N/C	\$90
D4245	Apically Positioned Flap	\$90	N/C	N/C	\$130
D4249	Clinical Crown Lengthening - Hard Tissue	\$90	N/C	N/C	\$160
D4260	Osseous Surgery (including flap entry and closure) – Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$175	N/C	N/C	\$265
D4261	Osseous Surgery (including flap entry and closure) – One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$100	N/C	N/C	\$150
D4263	Bone Replacement Graft – Retained Natural Tooth – First Site In Quadrant Site	\$100	N/C	N/C	\$135
D4264	Bone Replacement Graft – Retained Natural Tooth – Each Additional Site In Quadrant	\$50	N/C	N/C	\$75
D4266	Guided Tissue Regeneration - Resorbable Barrier per Site	\$90	N/C	N/C	\$120
D4267	Guided Tissue Regeneration - Non-resorbable Barrier per Site (includes membrane removal)	\$90	N/C	N/C	\$135
D4270	Pedicle Soft Tissue Graft Procedure	\$175	N/C	N/C	\$235
D4273	Autogenous Connective Tissue Graft Procedures (Including Donor and Recipient Surgical Sites) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$175	N/C	N/C	\$250
D4274	Mesial/Distal Procedure, Single Tooth (When Not Performed in Conjunction with Surgical Procedures in the Same Anatomical Area)	\$40	N/C	N/C	\$100
D4275	Non-Autogenous Connective Tissue Graft (Including Recipient Site and Donor Material) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$175	N/C	N/C	\$235
D4276	Combined Connective Tissue and Double Pedicle Graft , per Tooth	\$175	N/C	N/C	\$235
D4277	Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Site) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$70	N/C	N/C	\$70
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	\$35	N/C	N/C	\$35
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	\$96	N/C	N/C	\$138
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	\$96	N/C	N/C	\$129
D4320	Provisional Splinting - Intracoronal	\$0	N/C	N/C	\$25
D4321	Provisional Splinting - Extracoronal	\$0	N/C	N/C	\$25
D4341	Periodontal Scaling And Root Planing, Four or More Teeth per Quadrant	\$55	N/C	N/C	\$70
D4342	Periodontal Scaling And Root Planing, One to Three Teeth per Quadrant	\$40	N/C	N/C	\$40
D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation – Full Mouth, After Oral Evaluation	\$28	N/C	N/C	\$20
D4355	Full Mouth Debridement to Enable a Comprehensive Oral Evaluation and Diagnosis on a Subsequent Visit	\$55	N/C	N/C	\$40
D4910	Periodontal Maintenance	\$30	N/C	N/C	\$40
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist or Their Staff)	\$0	N/C	N/C	\$15
D5110	Complete Denture - Maxillary	\$250	N/C	N/C	\$340
D5120	Complete Denture - Mandibular	\$250	N/C	N/C	\$340
D5130	Immediate Denture - Maxillary	\$275	N/C	N/C	\$370
D5140	Immediate Denture - Mandibular	\$275	N/C	N/C	\$370

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D5211	Maxillary Partial Denture - Resin Base (Including any Conventional Clasps, Rests and Teeth)	\$250	N/C	N/C	\$370
D5212	Mandibular Partial Denture - Resin Base (Including any Conventional Clasps, Rests and Teeth)	\$250	N/C	N/C	\$370
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$275	N/C	N/C	\$405
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$275	N/C	N/C	\$405
D5221	Immediate Maxillary Partial Denture – Resin Base (Including Any Conventional Clasps, Rests and Teeth)	\$288	N/C	N/C	\$426
D5222	Immediate Mandibular Partial Denture – Resin Base (Including Any Conventional Clasps, Rests and Teeth)	\$288	N/C	N/C	\$426
D5223	Immediate Maxillary Partial Denture – Cast Metal Framework With Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth) Includes Limited Follow-up Care Only; Does Not Include Future Rebasings	\$316	N/C	N/C	\$466
D5224	Immediate Mandibular Partial Denture – Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	\$316	N/C	N/C	\$466
D5225	Maxillary Partial Denture – Flexible Base (Including any Clasps, Rests and Teeth)	\$300	N/C	N/C	\$445
D5226	Mandibular Partial Denture – Flexible Base (Including any Clasps, Rests and Teeth)	\$300	N/C	N/C	\$445
D5282	Removable Unilateral Partial Denture One Piece Cast Metal (Including Clasps and Teeth), Maxillary	\$125	N/C	N/C	\$205
D5283	Removable Unilateral Partial Denture One Piece Cast Metal (Including Clasps and Teeth), Mandibular	\$125	N/C	N/C	\$205
D5410	Adjust Complete Denture - Maxillary	\$0	N/C	N/C	\$15
D5411	Adjust Complete Denture - Mandibular	\$0	N/C	N/C	\$15
D5421	Adjust Partial Denture - Maxillary	\$0	N/C	N/C	\$15
D5422	Adjust Partial Denture - Mandibular	\$0	N/C	N/C	\$15
D5511	Repair Broken Complete Denture Base, Mandibular	\$35	N/C	N/C	\$55
D5512	Repair Broken Complete Denture Base, Maxillary	\$35	N/C	N/C	\$55
D5520	Replace Missing or Broken Teeth, Complete Denture (Each Tooth)	\$35	N/C	N/C	\$55
D5611	Repair Resin Partial Denture Base, Mandibular	\$35	N/C	N/C	\$55
D5612	Repair Resin Partial Denture Base, Maxillary	\$35	N/C	N/C	\$55
D5621	Repair Cast Partial Framework, Mandibular	\$35	N/C	N/C	\$55
D5622	Repair Cast Partial Framework, Maxillary	\$35	N/C	N/C	\$55
D5630	Repair Or Replace Broken Retentive/Clasping Materials – per Tooth	\$35	N/C	N/C	\$55
D5640	Replace Broken Teeth – per Tooth	\$35	N/C	N/C	\$55
D5650	Add Tooth to Existing Partial Denture	\$35	N/C	N/C	\$55
D5660	Add Clasp to Existing Partial Denture – per Tooth	\$35	N/C	N/C	\$55
D5710	Rebase Complete Maxillary Denture	\$85	N/C	N/C	\$130
D5711	Rebase Complete Mandibular Denture	\$85	N/C	N/C	\$130
D5720	Rebase Maxillary Partial Denture	\$85	N/C	N/C	\$130
D5721	Rebase Mandibular Partial Denture	\$85	N/C	N/C	\$130
D5730	Reline Complete Maxillary Denture (Chairside)	\$40	N/C	N/C	\$60
D5731	Reline Complete Mandibular Denture (Chairside)	\$40	N/C	N/C	\$60
D5740	Reline Maxillary Partial Denture (Chairside)	\$40	N/C	N/C	\$60
D5741	Reline Mandibular Partial Denture (Chairside)	\$40	N/C	N/C	\$60
D5750	Reline Complete Maxillary Denture (Laboratory)	\$40	N/C	N/C	\$60
D5751	Reline Complete Mandibular Denture (Laboratory)	\$40	N/C	N/C	\$60
D5760	Reline Maxillary Partial Denture (Laboratory)	\$40	N/C	N/C	\$60
D5761	Reline Mandibular Partial Denture (Laboratory)	\$40	N/C	N/C	\$60
D5810	Interim Complete Denture (Maxillary)	\$40	N/C	N/C	\$75
D5811	Interim Complete Denture (Mandibular)	\$40	N/C	N/C	\$75
D5820	Interim Partial Denture - (Maxillary)	\$40	N/C	N/C	\$60

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D5821	Interim Partial Denture - (Mandibular)	\$40	N/C	N/C	\$60
D5850	Tissue Conditioning, Maxillary	\$40	N/C	N/C	\$55
D5851	Tissue Conditioning, Mandibular	\$40	N/C	N/C	\$55
D5876	Add Metal Substructure to Acrylic Full Denture (per Arch)	\$35	N/C	N/C	\$55
D6210	Pontic - Cast High Noble Metal	\$225	N/C	N/C	\$340
D6211	Pontic - Cast Predominantly Base Metal	\$200	N/C	N/C	\$295
D6212	Pontic - Cast Noble Metal	\$200	N/C	N/C	\$295
D6214	Pontic – Titanium	\$225	N/C	N/C	\$340
D6240	Pontic - Porcelain Fused to High Noble Metal	\$225	N/C	N/C	\$340
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$200	N/C	N/C	\$295
D6242	Pontic - Porcelain Fused to Noble Metal	\$200	N/C	N/C	\$295
D6245	Pontic - Porcelain/Ceramic	\$200	N/C	N/C	\$295
D6250	Pontic - Resin with High Noble Metal	\$150	N/C	N/C	\$225
D6251	Pontic - Resin with Predominantly Base Metal	\$150	N/C	N/C	\$225
D6252	Pontic - Resin with Noble Metal	\$150	N/C	N/C	\$225
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis	\$100	N/C	N/C	\$150
D6549	Resin retainer – for resin bonded fixed prosthesis	\$75	N/C	N/C	\$75
D6602	Inlay - Cast High Noble Metal, Two Surfaces	\$175	N/C	N/C	\$265
D6603	Inlay - Cast High Noble Metal, Three or More Surfaces	\$175	N/C	N/C	\$265
D6604	Inlay - Cast Predominantly Base Metal, Two Surfaces	\$100	N/C	N/C	\$160
D6605	Inlay - Cast Predominantly Base Metal, Three or More Surfaces	\$100	N/C	N/C	\$160
D6606	Inlay - Cast Noble Metal, Two Surfaces	\$155	N/C	N/C	\$230
D6607	Retainer Inlay - Cast Noble Metal, Three or More Surfaces	\$155	N/C	N/C	\$230
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	\$185	N/C	N/C	\$275
D6611	Retainer Onlay - Cast High Noble Metal, Three or More Surfaces	\$185	N/C	N/C	\$275
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	\$100	N/C	N/C	\$160
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three or More Surfaces	\$100	N/C	N/C	\$160
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	\$175	N/C	N/C	\$265
D6615	Retainer Onlay - Cast Noble Metal, Three or More Surfaces	\$175	N/C	N/C	\$265
D6624	Retainer Inlay – Titanium	\$175	N/C	N/C	\$265
D6634	Retainer Onlay – Titanium	\$185	N/C	N/C	\$275
D6720	Retainer Crown - Resin with High Noble Metal	\$150	N/C	N/C	\$225
D6721	Retainer Crown - Resin with Predominantly Base Metal	\$150	N/C	N/C	\$225
D6722	Retainer Crown - Resin with Noble Metal	\$150	N/C	N/C	\$225
D6740	Retainer Crown - Porcelain/Ceramic	\$200	N/C	N/C	\$295
D6750	Retainer Crown - Porcelain Fused to High Noble Metal	\$225	N/C	N/C	\$340
D6751	Retainer Crown - Porcelain Fused to Predominantly Base Metal	\$200	N/C	N/C	\$295
D6752	Retainer Crown - Porcelain Fused to Noble Metal	\$200	N/C	N/C	\$295
D6780	Retainer Crown - ¾ Cast High Noble Metal	\$225	N/C	N/C	\$340
D6781	Retainer Crown - ¾ Cast Predominantly Base Metal	\$200	N/C	N/C	\$295
D6782	Retainer Crown - ¾ Cast Noble Metal	\$200	N/C	N/C	\$295
D6783	Retainer Crown - ¾ Porcelain/Ceramic	\$200	N/C	N/C	\$295
D6790	Retainer Crown - Full Cast High Noble Metal	\$225	N/C	N/C	\$340
D6791	Retainer Crown - Full Cast Predominantly Base Metal	\$200	N/C	N/C	\$295
D6792	Retainer Crown - Full Cast Noble Metal	\$200	N/C	N/C	\$295
D6794	Retainer Crown – Titanium	\$225	N/C	N/C	\$340
D6930	Re-cement or Re-Bond Fixed Partial Denture	\$15	N/C	N/C	\$25
D6980	Fixed Partial Denture Repair Necessitated by Restorative Material Failure	\$25	N/C	N/C	\$45

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D7111	Extraction - Coronal Remnants - Primary Tooth	\$10	N/C	N/C	\$20
D7140	Extraction - Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$20	N/C	N/C	\$35
D7210	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and including Elevation of Mucoperiosteal Flap if Indicated	\$30	N/C	N/C	\$45
D7220	Removal of Impacted Tooth - Soft Tissue	\$55	N/C	N/C	\$80
D7230	Removal Of Impacted Tooth - Partially Bony	\$55	N/C	N/C	\$80
D7240	Removal Of Impacted Tooth - Completely Bony	\$65	N/C	N/C	\$100
D7241	Removal Of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	\$65	N/C	N/C	\$100
D7250	Removal of Residual Tooth Roots (Cutting Procedure)	\$30	N/C	N/C	\$45
D7251	Coronectomy – Intentional Partial Tooth Removal	\$33	N/C	N/C	\$48
D7260	Oroantral Fistula Closure	\$100	N/C	N/C	\$150
D7261	Primary Closure of a Sinus Perforation	\$100	N/C	N/C	\$150
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	\$60	N/C	N/C	\$90
D7280	Exposure of an Unerupted Tooth	\$60	N/C	N/C	\$90
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	\$60	N/C	N/C	\$70
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$0	N/C	N/C	\$25
D7285	Biopsy of Oral Tissue – Hard (Bone, Tooth)	\$60	N/C	N/C	\$95
D7286	Incisional Biopsy of Oral Tissue – Soft	\$25	N/C	N/C	\$40
D7287	Exfoliative Cytological Sample Collection	\$13	N/C	N/C	\$13
D7291	Transseptal Fiberotomy / Supra Crestal Fiberotomy, by Report	\$20	N/C	N/C	\$35
D7310	Alveoloplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, per Quadrant	\$30	N/C	N/C	\$45
D7311	Alveoloplasty in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, per Quadrant	\$15	N/C	N/C	\$25
D7320	Alveoloplasty Not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, per Quadrant	\$35	N/C	N/C	\$55
D7321	Alveoloplasty Not In Conjunction with Extractions - One to Three Teeth or Tooth Spaces, per Quadrant	\$20	N/C	N/C	\$35
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	\$60	N/C	N/C	\$90
D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm	\$60	N/C	N/C	\$90
D7460	Removal of Benign Non-Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	\$60	N/C	N/C	\$90
D7461	Removal of Benign Non-Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm	\$60	N/C	N/C	\$90
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	\$90	N/C	N/C	\$135
D7472	Removal of Torus Palatinus	\$90	N/C	N/C	\$135
D7473	Removal of Torus Mandibularis	\$90	N/C	N/C	\$135
D7485	Reduction of Osseous Tuberosity	\$90	N/C	N/C	\$135
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$25	N/C	N/C	\$40
D7511	Incision and Drainage of Abscess - Intraoral Soft Tissue, Complicated (Includes Drainage of Multiple Fascial Spaces)	\$30	N/C	N/C	\$45
D7520	Incision and Drainage of Abscess - Extraoral Soft Tissue	\$35	N/C	N/C	\$55
D7521	Incision and Drainage of Abscess - Extraoral Soft Tissue - Complicated (Includes Drainage of Multiple Fascial Spaces)	\$40	N/C	N/C	\$60
D7953	Bone Replacement Graft for Ridge Preservation - Per Site	\$75	N/C	N/C	\$100
D7960	Frenulectomy - Also Known as Frenectomy or Frenotomy - Separate Procedure Not Incidental to Another Procedure	\$60	N/C	N/C	\$90
D7963	Frenuloplasty	\$65	N/C	N/C	\$100
D7970	Excision of Hyperplastic Tissue - Per Arch	\$60	N/C	N/C	\$90
D7971	Excision of Pericoronal Gingiva	\$30	N/C	N/C	\$45
D7972	Surgical Reduction of Fibrous Tuberosity	\$60	N/C	N/C	\$90

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D9110	Palliative (Emergency) Treatment of Dental Pain, Minor Procedure	\$0	\$15	\$15	\$15
D9130	Temporomandibular Joint Dysfunction – Non-invasive Physical Therapies	N/C	N/C	N/C	N/C
D9211	Regional Block Anesthesia	\$0	N/C	N/C	\$5
D9212	Trigeminal Division Block Anesthesia	\$0	N/C	N/C	\$5
D9215	Local Anesthesia in Conjunction with Operative or Surgical Procedures	\$0	N/C	N/C	\$5
D9219 ²	Evaluation for Moderate Sedation, Deep Sedation or General Anesthesia	\$0	N/C	N/C	\$0
D9222	Deep Sedation/General Anesthesia – First 15 Minutes	\$25	N/C	N/C	\$38
D9223	Deep Sedation/General Anesthesia – Each Subsequent 15 Minute Increment	\$20	N/C	N/C	\$30
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	\$0	N/C	N/C	\$5
D9239	Intravenous Moderate (Conscious) Sedation/ Analgesia – First 15 Minutes	\$25	N/C	N/C	\$38
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia – Each Subsequent 15 Minute Increment	\$20	N/C	N/C	\$30
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician	\$0	N/C	N/C	\$5
D9311	Treating Dentist Consults with a Medical Health Care Professional Concerning Medical Issues that may Affect Patient's Planned Dental Treatment	\$0	N/C	N/C	\$5
D9430	Office Visit for Observation (During Regularly Scheduled Hours) – No Other Services Performed	\$0	N/C	N/C	\$0
D9440	Office Visit – After Regularly Scheduled Hours	\$0	N/C	N/C	\$0
D9610	Therapeutic Parenteral Drug, Single Administration	\$0	N/C	N/C	\$5
D9612	Therapeutic Parenteral Drugs, Two or More Administrations, Different Medications	\$0	N/C	N/C	\$0
D9613	Infiltration of Sustained Release Therapeutic Drug – Single or Multiple Sites	\$0	\$0	\$0	\$0
D9630	Drugs or Medicaments Dispensed in the Office for Home Use	\$0	N/C	N/C	\$5
D9910	Application of Desensitizing Medicament	\$0	N/C	N/C	\$5
D9930	Treatment of Complications (Post-Surgical) – Unusual Circumstances, by Report	\$0	N/C	N/C	\$5
D9932	Cleaning and Inspection of a Removable Complete Denture, Maxillary	\$0	N/C	N/C	\$0
D9933	Cleaning and Inspection of a Removable Complete Denture, Mandibular	\$0	N/C	N/C	\$0
D9934	Cleaning and Inspection of a Removable Partial Denture, Maxillary	\$0	N/C	N/C	\$0
D9935	Cleaning and Inspection of a Removable Partial Denture, Mandibular	\$0	N/C	N/C	\$0
D9944	Occlusal Guard – Hard Appliance, Full Arch	\$46	N/C	N/C	\$69
D9945	Occlusal Guard – Soft Appliance, Full Arch	\$40	N/C	N/C	\$60
D9946	Occlusal Guard – Hard Appliance, Partial Arch	\$24	N/C	N/C	\$36
D9942	Repair and/or Reline of Occlusal Guard	\$20	N/C	N/C	\$35
D9943	Occlusal Guard Adjustment	\$5	N/C	N/C	\$8
D9951	Occlusal Adjustment - Limited	\$0	N/C	N/C	\$5
D9952	Occlusal Adjustment - Complete	\$60	N/C	N/C	\$90
D9961	Duplicate/Copy Patient's Records	N/C	N/C	N/C	N/C
D9990	Certified Translation or Sign-Language Services per Visit	N/C	N/C	N/C	N/C

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Network Bulletin

Date: September 2018
From: Michelle Neuman and Larry Walsh, Senior Directors, Dental Network Operations
Subject: CDT 2019 updates to the Dental Office Guide for DMO Primary Care Dentists
Applies to: Aetna DMO® (Dental Maintenance Organization) plans

This bulletin is part of your *Dental Office Guide*.

New CDT® 2019¹ codes

The American Dental Association has issued new Current Dental Terminology (CDT) codes starting **January 1, 2019**. We've listed them below.

We're here to help

If you have questions, call our National Dentist Line at **1-800-451-7715**. Thanks for your continued participation and support of Aetna Dental® plans.

CDT 2019 Code ¹	Nomenclature
D0100 - D0999	I. Diagnostic
D0412	Blood glucose level test – in-office using a glucose meter
D1000 - D1999	II. Preventive
D1516	Space maintainer – fixed – bilateral, maxillary
D1517	Space maintainer – fixed – bilateral, mandibular
D1526	Space maintainer – removable – bilateral, maxillary
D1527	Space maintainer – removable – bilateral, mandibular
D5000-D5899	VI. Prosthodontics (Removable)
D5282	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary
D5283	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular

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Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).

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CDT 2019 Code ¹	Nomenclature
D5876	Add metal substructure to acrylic full denture (per arch)
D9000-D9999	XII. Adjunctive General Services
D9130	Temporomandibular joint dysfunction – non-invasive physical therapies
D9613	Infiltration of sustained release therapeutic drug – single or multiple sites
D9944	Occlusal guard – hard appliance, full arch
D9945	Occlusal guard – soft appliance, full arch
D9946	Occlusal guard – hard appliance, partial arch
D9961	Duplicate/copy patient's records
D9990	Certified translation or sign-language services per visit

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Patient coinsurance/copay information for the new codes

Follow the guides below to determine members' coinsurance percentages and fixed copayment amounts, by plan code, for the new CDT codes.

COINSURANCE PLAN CODES

A - U

ADA Code ¹		A	B	C	D	E	F	G	H	I	J	K	L Li	M Mi	Q	R	U
D0412		N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1516	* #	10% 0	20% 0	25% 0	30% 0	40% 0	50% 0	30% 0	10% 0	20% 0	25% 0	30% 0	40% 0	50% 0	0 0	N/C N/C	0 0
D1517	* #	10% 0	20% 0	25% 0	30% 0	40% 0	50% 0	30% 0	10% 0	20% 0	25% 0	30% 0	40% 0	50% 0	0 0	N/C N/C	0 0
D1526	* #	10% 0	20% 0	25% 0	30% 0	40% 0	50% 0	30% 0	10% 0	20% 0	25% 0	30% 0	40% 0	50% 0	0 0	N/C N/C	0 0
D1527	* #	10% 0	20% 0	25% 0	30% 0	40% 0	50% 0	30% 0	10% 0	20% 0	25% 0	30% 0	40% 0	50% 0	0 0	N/C N/C	0 0
D5282		10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%	25%	N/C	0
D5283		10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%	25%	N/C	0
D5876		10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%	25%	N/C	0
D9130		N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9613		10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%	25%	N/C	0
D9944		10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%	25%	N/C	0
D9945		10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%	25%	N/C	0
D9946		10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%	25%	N/C	0
D9961		N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9990		N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C

* Pre-Nov 2000 Plans (*) = 1st Copay

DMO Standard Plans (#) = 2nd Copay

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COINSURANCE PLAN CODES

1 – 26

ADA Code ¹		1	2 2i	3	4	5	6	7	8 8i	10 10i	12	21	22	23	24	25	26
D0412		N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1516	* #	40% 0	50% 0	50% 0	40% 0	75% 0	75% 0	50% 0	40% 0	0 0	50% 0	10% 0	20% 0	10% 10%	20% 20%	25% 0	40% 0
D1517	* #	40% 0	50% 0	50% 0	40% 0	75% 0	75% 0	50% 0	40% 0	0 0	50% 0	10% 0	20% 0	10% 10%	20% 20%	25% 0	40% 0
D1526	* #	40% 0	50% 0	50% 0	40% 0	75% 0	75% 0	50% 0	40% 0	0 0	50% 0	10% 0	20% 0	10% 10%	20% 20%	25% 0	40% 0
D1527	* #	40% 0	50% 0	50% 0	40% 0	75% 0	75% 0	50% 0	40% 0	0 0	50% 0	10% 0	20% 0	10% 10%	20% 20%	25% 0	40% 0
D5282		40%	50%	50%	40%	75%	75%	50%	40%	40%	50%	10%	20%	10%	20%	25%	40%
D5283		40%	50%	50%	40%	75%	75%	50%	40%	40%	50%	10%	20%	10%	20%	25%	40%
D5876		40%	50%	50%	40%	75%	75%	50%	40%	40%	50%	10%	20%	10%	20%	25%	40%
D9130		N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9613		40%	50%	50%	40%	75%	75%	50%	40%	40%	50%	10%	20%	10%	20%	25%	40%
D9944		40%	50%	50%	40%	75%	75%	50%	40%	40%	50%	10%	20%	10%	20%	25%	40%
D9945		40%	50%	50%	40%	75%	75%	50%	40%	40%	50%	10%	20%	10%	20%	25%	40%
D9946		40%	50%	50%	40%	75%	75%	50%	40%	40%	50%	10%	20%	10%	20%	25%	40%
D9961		N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9990		N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C

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FIXED COPAY PLAN CODES

41 – 58

ADA Code¹	41	42	51	52	53	54	55	56	57	58
D0412	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1516	\$100	\$100	\$100	\$85	\$65	\$60	\$0	\$0	\$65	\$60
D1517	\$100	\$100	\$100	\$85	\$65	\$60	\$0	\$0	\$65	\$60
D1526	\$100	\$100	\$100	\$95	\$80	\$70	\$0	\$0	\$80	\$70
D1527	\$100	\$100	\$100	\$95	\$80	\$70	\$0	\$0	\$80	\$70
D5282	\$513	\$513	\$375	\$320	\$300	\$275	\$250	\$185	\$300	\$275
D5283	\$513	\$513	\$375	\$320	\$300	\$275	\$250	\$185	\$300	\$275
D5876	\$45	\$45	\$35	\$30	\$30	\$25	\$25	\$25	\$30	\$25
D9130	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9613	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D9944	\$210	\$210	\$104	\$81	\$81	\$81	\$81	\$81	\$81	\$81
D9945	\$183	\$183	\$90	\$70	\$70	\$70	\$70	\$70	\$70	\$70
D9946	\$110	\$110	\$54	\$42	\$42	\$42	\$42	\$42	\$42	\$42
D9961	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9990	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C

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FIXED COPAY PLAN CODES
63 – 78i, SFI – CLI

ADA Code¹	63 63i	64 64i	65 65i	66 66i	67 67i	68 68i	73 73i	74 74i	75 75i	76 76i	77 77i	78 78i	SFL SFI	CAM CMI	CAL CLI
D0412	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D1516	\$80	\$75	\$0	\$0	\$80	\$75	\$92	\$86	\$0	\$0	\$92	\$86	\$0	\$25	\$60
D1517	\$80	\$75	\$0	\$0	\$80	\$75	\$92	\$86	\$0	\$0	\$92	\$86	\$0	\$25	\$60
D1526	\$80	\$70	\$0	\$0	\$80	\$70	\$92	\$86	\$0	\$0	\$92	\$80	\$0	\$25	\$60
D1527	\$80	\$70	\$0	\$0	\$80	\$70	\$92	\$86	\$0	\$0	\$92	\$80	\$0	\$25	\$60
D5282	\$300	\$275	\$275	\$200	\$320	\$275	\$347	\$318	\$318	\$231	\$370	\$318	\$390	\$125	\$175
D5283	\$300	\$275	\$275	\$200	\$320	\$275	\$347	\$318	\$318	\$231	\$370	\$318	\$390	\$125	\$175
D5876	\$36	\$30	\$30	\$30	\$40	\$30	\$40	\$40	\$40	\$35	\$45	\$40	\$40	\$20	\$30
D9130	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9613	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D9944	\$150	\$115	\$115	\$115	\$150	\$115	\$224	\$173	\$173	\$173	\$224	\$173	\$184	\$144	\$201
D9945	\$130	\$100	\$100	\$100	\$130	\$100	\$195	\$150	\$150	\$150	\$195	\$150	\$160	\$125	\$175
D9946	\$78	\$60	\$60	\$60	\$78	\$60	\$117	\$90	\$90	\$90	\$117	\$90	\$96	\$75	\$105
D9961	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D9990	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C

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Network Bulletin

Date: September, 2018
From: Michelle Neuman and Larry Walsh, Senior Directors, Dental Network Operations
Subject: New CDT 2019 codes
Applies to: Family Preventive, Basic Dental, Aetna Advantage™ Dental and Aetna Advantage™ Student Dental

This bulletin is part of your *Dental Office Guide*.

New CDT® 2019¹ codes

The American Dental Association has issued new Current Dental Terminology (CDT) codes starting **January 1, 2019**. We've listed them below.

Fee information for the new CDT-2019 codes

Your negotiated rates for the new CDT codes are based on the fees found in your current schedule for existing procedures. Please follow the guide below to determine your reimbursement for the new CDT codes.

We're here to help

If you have questions, call our National Dentist Line at **1-800-451-7715**. Thanks for your continued participation and support of Aetna Dental® plans.

CDT 2019 Code ¹	Nomenclature	Contracted Fees for CDT 2019 codes are based on the following:
D0100 - D0999	I. Diagnostic	
D0412	Blood glucose level test – in-office using a glucose meter	20% discount of usual fee
D1000 - D1999	II. Preventive	
D1516	Space maintainer – fixed – bilateral, maxillary	100% of negotiated fee for D1515
D1517	Space maintainer – fixed – bilateral, mandibular	100% of negotiated fee for D1515
D1526	Space maintainer – removable – bilateral, maxillary	100% of negotiated fee for D1525

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Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).

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CDT 2019 Code¹	Nomenclature	Contracted Fees for CDT 2019 codes are based on the following:
D1527	Space maintainer – removable – bilateral, mandibular	100% of negotiated fee for D1525
D5000-D5899	VI. Prosthodontics (Removable)	
D5282	Removable unilateral partial denture one piece cast metal (including clasps and teeth), maxillary	100% of negotiated fee for D5281
D5283	Removable unilateral partial denture one piece cast metal (including clasps and teeth), mandibular	100% of negotiated fee for D5281
D5876	Add metal substructure to acrylic full denture (per arch)	100% of negotiated fee for D5512
D9000-D9999	XII. Adjunctive General Services	
D9130	Temporomandibular joint dysfunction – non-invasive physical therapies	130% of negotiated fee for D7881
D9613	Infiltration of sustained release therapeutic drug – single or multiple sites	\$170
D9944	Occlusal guard – hard appliance, full arch	115% of negotiated fee for D9940
D9945	Occlusal guard – soft appliance, full arch	100% of negotiated fee for D9940
D9946	Occlusal guard – hard appliance, partial arch	60% of negotiated fee for D9940
D9961	Duplicate/copy patient's records	20% discount of usual fee
D9990	Certified translation or sign-language services per visit	20% discount of usual fee

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Network Bulletin

Date: June 18, 2018
From: Michelle Neuman and Larry Walsh, Senior Directors, Dental Network Operations
Subject: Claim administration policy changes
Applies to: All Aetna Dental® plans

From time to time, we update our dental claims administration policies. The following changes will start on September 18, 2018 for all Aetna Dental® plans:

D2940* – Protective Restoration Direct placement of a restorative material to protect tooth and/or tissue form. This procedure may be used to relieve pain, promote healing, or prevent further deterioration. Not to be used for endodontic access closure, or as a base or liner under a restoration.

D2940 is no longer a separately eligible procedure when performed in conjunction with endodontic therapy on the same date of service. This procedure is included in the primary procedure and is therefore considered incidental to that procedure and does not warrant separate reimbursement. Members should not be billed for this service.

D7260* -- Oroantral Fistula Closure Excision of fistulous tract between maxillary sinus and oral cavity and closure by advancement flap.

According to ADA CDT code nomenclature, D7260 - Oroantral Fistula Closure should not be billed when repairing a perforation on the same date as an extraction. The correct code would be D7261 – Primary Closure of a Sinus Perforation. Aetna will not reimburse D7260 when billed in conjunction with extraction(s) on the same date of service.

D7261* -- Primary Closure of a Sinus Perforation Subsequent to surgical removal of tooth, exposure of sinus requiring repair, or immediate closure of oroantral or oralnasal communication in absence of fistulus tract.

D7261 is a separately eligible procedure when performed in conjunction with extraction(s) on the same date of service.

D4320* – Provisional Splinting- Intracoronal - This is an interim stabilization of mobile teeth. A variety of methods and appliances may be employed for this purpose. Identify the teeth involved.
D4321* -- Provisional Splinting- Extracoronal - This is an interim stabilization of mobile teeth. A variety of methods and appliances may be employed for this purpose. Identify the teeth involved.

D4320 and D4321 will no longer be reimbursed per tooth, but per span. Please include the teeth numbers within the span when submitting either of these codes.

* Washington state providers: Starred (*) items are subject to Washington state insurance regulatory requirements. Washington providers will receive a separate communication.

We're here to help

If you have questions, call us at **1-800-451-7715**. You can visit **[aetnadental.com](https://www.aetnadental.com)** to see updates to our claim administration policies.

Thank you for your continued participation in and support of Aetna Dental plans.

Network Bulletin

Date: October 2017

From: Lisa Stepanian, Executive Director, Dental Network Operations

Subject: Nationwide DMO® plans – New Jersey State Health Benefits Program

Applies to: DMO® plans 34, 34A, 34B and 34C

This bulletin is part of your *Dental Office Guide*. After reviewing this information, please keep it with your guide for future reference.

Starting January 1, 2018*

We're making changes to the New Jersey State Health Benefit Program (Plan 34) and the nationwide DMO Copay plans (34A, 34B, 34C) for retirees of the New Jersey State Health Benefit Program. These changes will start on January 1, 2018.

Attached are the new copay schedules**.

We're here to help

If you have questions, call our National Dentist Line at **1-800-451-7715**. Thanks for your continued participation and support of Aetna Dental® plans.

* Eligibility for most employees will begin January 1, 2018, though some may be eligible as early as December 15, 2017.

** The schedules are subject to change, pending regulatory approval.

ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D0120	Periodic Oral Evaluation - Established Patient	\$0	\$0	\$0	\$0
D0140	Limited Oral Evaluation - Problem Focused	\$0	\$0	\$0	\$0
D0145	Oral Evaluation for a Patient Under 3 Years of Age and Counseling with Primary Caregiver	\$0	\$0	\$0	\$0
D0150	Comprehensive Oral Evaluation – New or Established Patient	\$0	\$0	\$0	\$0
D0160	Detailed and Extensive Oral Evaluation – Problem Focused, by Report	\$0	\$0	\$0	\$0
D0210	Intraoral – Complete Series of Radiographic Images	\$0	\$0	\$0	\$0
D0220	Intraoral – Periapical First Radiographic Image	\$0	\$0	\$0	\$0
D0230	Intraoral - Periapical Each Additional Radiographic Image	\$0	\$0	\$0	\$0
D0240	Intraoral – Occlusal Radiographic Image	\$0	\$0	\$0	\$0
D0250	Extra-oral – 2D Projection Image Created Using a Stationary Radiation Source, and Detector	\$0	\$0	\$0	\$0
D0251	Extra-oral Posterior Dental Radiographic Image	\$0	\$0	\$0	\$0
D0270	Bitewing - Single Radiographic Image	\$0	\$0	\$0	\$0
D0272	Bitewings - Two Radiographic Images	\$0	\$0	\$0	\$0
D0273	Bitewings - Three Radiographic Images	\$0	\$0	\$0	\$0
D0274	Bitewings - Four Radiographic Images	\$0	\$0	\$0	\$0
D0277	Vertical Bitewings – 7 to 8 Radiographic Images	\$0	\$0	\$0	\$0
D0330	Panoramic Radiographic Image	\$0	\$0	\$0	\$0
D0340	2D Cephalometric Radiographic Image – Acquisition, Measurement and Analysis	\$0	\$0	\$0	\$0
D0391	Interpretation of Diagnostic Image by a Practitioner Not Associated with Capture of the Image, Including Report	\$0	\$0	\$0	\$0
D0414	Laboratory Processing of Microbial Specimen to Include Culture and Sensitivity Studies, Preparation and Transmission of Written Report	\$0	\$0	\$0	\$0
D0415	Collection of Microorganisms for Culture and Sensitivity	\$0	\$0	\$0	\$0
D0416	Viral Culture	\$0	\$0	\$0	\$0
D0425	Caries Susceptibility Tests	\$0	\$0	\$0	\$0
D0460	Pulp Vitality Tests	\$0	\$0	\$0	\$0
D0470	Diagnostic Casts	\$0	\$0	\$0	\$0
D0600	Non-Ionizing Diagnostic Procedure Capable of Quantifying, Monitoring, and Recording Changes in Structure of Enamel, Dentin and Cementum	\$0	\$0	\$0	\$0
D1110	Prophylaxis - Adult	\$0	\$0	\$0	\$0
D1120	Prophylaxis - Child	\$0	\$0	\$0	\$0
D1206	Topical Application of Fluoride Varnish	\$0	\$0	\$0	\$0
D1208	Topical Application of Fluoride – Excluding Varnish	\$0	\$0	\$0	\$0
D1330	Oral Hygiene Instructions	\$0	\$0	\$0	\$0
D1351	Sealant - Per Tooth	\$0	\$0	\$0	\$0
D1352	Preventive Resin Restoration in a Moderate to High Caries Risk Patient – Permanent Tooth	\$0	\$0	\$0	\$0
D1353	Sealant repair – Per Tooth	\$0	\$0	\$0	\$0
D1354	Interim Caries Arresting Medicament Application – per tooth	\$0	\$0	\$0	\$0
D1510	Space Maintainer - Fixed - Unilateral	\$0	\$0	\$0	\$0
D1515	Space Maintainer - Fixed - Bilateral	\$0	\$0	\$0	\$0
D1520	Space Maintainer - Removable - Unilateral	\$0	\$0	\$0	\$0
D1525	Space Maintainer - Removable - Bilateral	\$0	\$0	\$0	\$0
D1550	Re-cement or Re-bond Space Maintainer	\$0	\$0	\$0	\$0
D1555	Removal of Fixed Space Maintainer	\$0	\$0	\$0	\$0
D1575	Distal Shoe Space Maintainer – Fixed – Unilateral	\$0	\$0	\$0	\$0
D2140	Amalgam - One Surface, Primary or Permanent	\$0	N/C	\$15	\$15

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² Covered only when performed by an anesthesiologist

ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$0	N/C	\$20	\$20
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$0	N/C	\$25	\$25
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$0	N/C	\$30	\$30
D2330	Resin Based Composite – One Surface, Anterior	\$0	N/C	\$25	\$25
D2331	Resin Based Composite – Two Surfaces, Anterior	\$0	N/C	\$30	\$30
D2332	Resin Based Composite – Three Surfaces, Anterior	\$0	N/C	\$35	\$35
D2335	Resin Based Composite – Four or More Surfaces or Involving Incisal Angle (Anterior)	\$0	N/C	\$45	\$45
D2390	Resin-Based Composite Crown, Anterior	\$35	N/C	\$55	\$55
D2391	Resin-Based Composite - One Surface, Posterior	\$15	N/C	\$25	\$25
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$25	N/C	\$40	\$40
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$35	N/C	\$55	\$55
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	\$45	N/C	\$70	\$70
D2510	Inlay - Metallic - One Surface	\$100	N/C	\$150	\$150
D2520	Inlay - Metallic - Two Surfaces	\$100	N/C	\$150	\$150
D2530	Inlay - Metallic - Three or More Surfaces	\$100	N/C	\$150	\$150
D2542	Onlay - Metallic - Two Surfaces	\$100	N/C	\$150	\$150
D2543	Onlay - Metallic - Three Surfaces	\$100	N/C	\$150	\$150
D2544	Onlay - Metallic – Four Or More Surfaces	\$100	N/C	\$150	\$150
D2610	Inlay - Porcelain/Ceramic – One Surface	\$115	N/C	\$175	\$175
D2620	Inlay - Porcelain/Ceramic – Two Surfaces	\$115	N/C	\$175	\$175
D2630	Inlay - Porcelain/Ceramic – Three Or More Surfaces	\$115	N/C	\$175	\$175
D2642	Onlay - Porcelain/Ceramic – Two Surfaces	\$115	N/C	\$175	\$175
D2643	Onlay - Porcelain/Ceramic – Three Surfaces	\$115	N/C	\$175	\$175
D2644	Onlay - Porcelain/Ceramic – Four or More Surfaces	\$115	N/C	\$175	\$175
D2650	Inlay – Resin-Based Composite – One Surface	\$115	N/C	\$160	\$160
D2651	Inlay - Resin-Based Composite – Two Surfaces	\$115	N/C	\$160	\$160
D2652	Inlay - Resin-Based Composite – Three Surfaces	\$115	N/C	\$160	\$160
D2662	Onlay - Resin-Based Composite – Two Surfaces	\$115	N/C	\$160	\$160
D2663	Onlay - Resin-Based Composite – Three Surfaces	\$115	N/C	\$160	\$160
D2664	Onlay - Resin-Based Composite – Four or More Surfaces	\$115	N/C	\$160	\$160
D2710	Crown - Resin-Based Composite (Indirect)	\$115	N/C	\$175	\$175
D2720	Crown - Resin with High Noble Metal	\$150	N/C	\$235	\$235
D2721	Crown - Resin with Predominantly Base Metal	\$150	N/C	\$225	\$225
D2722	Crown - Resin with Noble Metal	\$150	N/C	\$225	\$225
D2740	Crown - Porcelain/Ceramic	\$200	N/C	\$295	\$295
D2750	Crown - Porcelain Fused to High Noble Metal	\$225	N/C	\$340	\$340
D2751	Crown -Porcelain Fused to Predominantly Base Metal	\$200	N/C	\$295	\$295
D2752	Crown - Porcelain Fused to Noble Metal	\$200	N/C	\$295	\$295
D2780	Crown - ¾ Cast High Noble Metal	\$225	N/C	\$340	\$340
D2781	Crown - ¾ Cast Predominantly Base Metal	\$200	N/C	\$295	\$295
D2790	Crown - Full Cast High Noble Metal	\$225	N/C	\$340	\$340
D2791	Crown - Full Cast Predominantly Metal	\$200	N/C	\$295	\$295
D2792	Crown - Full Cast Noble Metal	\$200	N/C	\$295	\$295
D2794	Crown - Titanium	\$225	N/C	\$340	\$340
D2910	Re-cement or Re-bond Inlay, Onlay, or Partial Coverage Restoration	\$0	N/C	\$15	\$15

** The schedules are subject to change, pending regulatory approval.

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² Covered only when performed by an anesthesiologist

ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D2915	Re-cement or Re-bond Cast or Prefabricated Post And Core	\$0	N/C	\$15	\$15
D2920	Re-cement or Re-bond Crown	\$0	N/C	\$15	\$15
D2921	Reattachment of Tooth Fragment, Incisal Edge or Cusp	\$0	N/C	\$0	\$0
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	\$49	N/C	\$69	\$69
D2930	Prefabricated Stainless Steel Crown – Primary Tooth	\$35	N/C	\$55	\$55
D2931	Prefabricated Stainless Steel Crown – Permanent Tooth	\$35	N/C	\$55	\$55
D2932	Prefabricated Resin Crown	\$35	N/C	\$55	\$55
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$35	N/C	\$55	\$55
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$35	N/C	\$55	\$55
D2940	Protective Restoration	\$0	N/C	\$20	\$20
D2941	Interim Therapeutic Restoration - Primary Dentition	\$0	N/C	\$0	\$0
D2950	Core Buildup, Including Any Pins When Required	\$0	N/C	\$45	\$45
D2951	Pin Retention - Per Tooth, In Addition to Restoration	\$0	N/C	\$15	\$15
D2952	Cast Post and Core In Addition to Crown, Indirectly Fabricated	\$40	N/C	\$60	\$60
D2954	Prefabricated Post and Core, in Addition to Crown	\$40	N/C	\$60	\$60
D2955	Post removal	\$0	N/C	\$45	\$45
D2971	Additional Procedures to Construct New Crown Under Existing Partial Denture Framework	\$0	N/C	\$20	\$20
D2980	Crown Repair Necessitated by Restorative Material Failure	\$0	N/C	\$15	\$15
D2981	Inlay Repair Necessitated by Restorative Material Failure	\$0	N/C	\$15	\$15
D2982	Onlay Repair Necessitated by Restorative Material Failure	\$0	N/C	\$15	\$15
D2983	Veneer Repair Necessitated by Restorative Material Failure	\$0	N/C	\$15	\$15
D2990	Resin Infiltration of Incipient Smooth Surface Lesions	\$0	N/C	\$15	\$15
D3110	Pulp Cap – Direct (Excluding Final Restoration)	\$0	N/C	N/C	\$15
D3120	Pulp Cap – Indirect (Excluding Final Restoration)	\$0	N/C	N/C	\$15
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) – Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	\$25	N/C	N/C	\$35
D3222	Partial Pulpotomy for Apexogenesis – Permanent Tooth with Incomplete Root Development	\$25	N/C	N/C	\$35
D3230	Pulpal Therapy (Resorbable Filling) – Anterior, Primary Tooth (Excluding Final Restoration)	\$20	N/C	N/C	\$35
D3240	Pulpal Therapy (Resorbable Filling) – Posterior, Primary Tooth (Excluding Final Restoration)	\$20	N/C	N/C	\$35
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$100	N/C	N/C	\$150
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	\$125	N/C	N/C	\$190
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	\$150	N/C	N/C	\$225
D3346	Retreatment of Previous Root Canal Therapy - Anterior	\$125	N/C		\$190
D3347	Retreatment of Previous Root Canal Therapy - Premolar	\$150	N/C	N/C	\$225
D3348	Retreatment of Previous Root Canal Therapy - Molar	\$175	N/C	N/C	\$265
D3351	Apexification/Recalcification - Initial Visit (apical closure / calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$35	N/C	N/C	\$55
D3352	Apexification/Recalcification - Interim Medication Replacement	\$35	N/C	N/C	\$55
D3353	Apexification/Recalcification - Final Visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$35	N/C	N/C	\$55
D3410	Apicoectomy – Anterior	\$90	N/C	N/C	\$135
D3421	Apicoectomy - Premolar (First Root)	\$90	N/C	N/C	\$135
D3425	Apicoectomy - Molar (First Root)	\$90	N/C	N/C	\$135
D3426	Apicoectomy (Each Additional Root)	\$40	N/C	N/C	\$60
D3427	Periradicular Surgery Without Apicoectomy	\$90	N/C	N/C	\$135
D3430	Retrograde Filling – per Root	\$20	N/C	N/C	\$35

** The schedules are subject to change, pending regulatory approval.

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D3450	Root Amputation - per Root	\$40	N/C	N/C	\$60
D3910	Surgical Procedure for Isolation of Tooth with Rubber Dam	\$0	N/C	N/C	\$15
D3920	Hemisection (Including any Root Removal), Not Including Root Canal Therapy	\$60	N/C	N/C	\$80
D4210	Gingivectomy/Gingivoplasty - Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$85	N/C	N/C	\$135
D4211	Gingivectomy/Gingivoplasty, One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$30	N/C	N/C	\$90
D4212	Gingivectomy or Gingivoplasty to Allow Access for Restorative Procedure, per Tooth	\$12	N/C	N/C	\$12
D4240	Gingival Flap Procedure Including Root Planing, Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$90	N/C	N/C	\$160
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$60	N/C	N/C	\$90
D4245	Apically Positioned Flap	\$90	N/C	N/C	\$130
D4249	Clinical Crown Lengthening - Hard Tissue	\$90	N/C	N/C	\$160
D4260	Osseous Surgery (including flap entry and closure) – Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$175	N/C	N/C	\$265
D4261	Osseous Surgery (including flap entry and closure) – One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$100	N/C	N/C	\$150
D4263	Bone Replacement Graft – Retained Natural Tooth – First Site In Quadrant Site	\$100	N/C	N/C	\$135
D4264	Bone Replacement Graft – Retained Natural Tooth – Each Additional Site In Quadrant	\$50	N/C	N/C	\$75
D4266	Guided Tissue Regeneration - Resorbable Barrier per Site	\$90	N/C	N/C	\$120
D4267	Guided Tissue Regeneration - Non-resorbable Barrier per Site (includes membrane removal)	\$90	N/C	N/C	\$135
D4270	Pedicle Soft Tissue Graft Procedure	\$175	N/C	N/C	\$235
D4273	Autogenous Connective Tissue Graft Procedures (Including Donor and Recipient Surgical Sites) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$175	N/C	N/C	\$250
D4274	Mesial/Distal Procedure, Single Tooth (When Not Performed in Conjunction with Surgical Procedures in the Same Anatomical Area)	\$40	N/C	N/C	\$100
D4275	Non-Autogenous Connective Tissue Graft (Including Recipient Site and Donor Material) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$175	N/C	N/C	\$235
D4276	Combined Connective Tissue and Double Pedicle Graft , per Tooth	\$175	N/C	N/C	\$235
D4277	Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Site) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$70	N/C	N/C	\$70
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	\$35	N/C	N/C	\$35
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	\$96	N/C	N/C	\$138
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	\$96	N/C	N/C	\$129
D4320	Provisional Splinting - Intracoronal	\$0	N/C	N/C	\$25
D4321	Provisional Splinting - Extracoronal	\$0	N/C	N/C	\$25
D4341	Periodontal Scaling And Root Planing, Four or More Teeth per Quadrant	\$55	N/C	N/C	\$70
D4342	Periodontal Scaling And Root Planing, One to Three Teeth per Quadrant	\$40	N/C	N/C	\$40
D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation – Full Mouth, After Oral Evaluation	\$28	N/C	N/C	\$20
D4355	Full Mouth Debridement to Enable a Comprehensive Oral Evaluation and Diagnosis on a Subsequent Visit	\$55	N/C	N/C	\$40
D4910	Periodontal Maintenance	\$30	N/C	N/C	\$40
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist or Their Staff)	\$0	N/C	N/C	\$15

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D5110	Complete Denture - Maxillary	\$250	N/C	N/C	\$340
D5120	Complete Denture - Mandibular	\$250	N/C	N/C	\$340
D5130	Immediate Denture - Maxillary	\$275	N/C	N/C	\$370
D5140	Immediate Denture - Mandibular	\$275	N/C	N/C	\$370
D5211	Maxillary Partial Denture - Resin Base (Including any Conventional Clasps, Rests and Teeth)	\$250	N/C	N/C	\$370
D5212	Mandibular Partial Denture - Resin Base (Including any Conventional Clasps, Rests and Teeth)	\$250	N/C	N/C	\$370
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$275	N/C	N/C	\$405
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$275	N/C	N/C	\$405
D5221	Immediate Maxillary Partial Denture – Resin Base (Including Any Conventional Clasps, Rests and Teeth)	\$288	N/C	N/C	\$426
D5222	Immediate Mandibular Partial Denture – Resin Base (Including Any Conventional Clasps, Rests and Teeth)	\$288	N/C	N/C	\$426
D5223	Immediate Maxillary Partial Denture – Cast Metal Framework With Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth) Includes Limited Follow-up Care Only; Does Not Include Future Rebasings	\$316	N/C	N/C	\$466
D5224	Immediate Mandibular Partial Denture – Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	\$316	N/C	N/C	\$466
D5225	Maxillary Partial Denture – Flexible Base (Including any Clasps, Rests and Teeth)	\$300	N/C	N/C	\$445
D5226	Mandibular Partial Denture – Flexible Base (Including any Clasps, Rests and Teeth)	\$300	N/C	N/C	\$445
D5281	Removable Unilateral Partial Denture – One Piece Cast Metal (Including any Clasps, Rests and Teeth)	\$125	N/C	N/C	\$205
D5410	Adjust Complete Denture - Maxillary	\$0	N/C	N/C	\$15
D5411	Adjust Complete Denture - Mandibular	\$0	N/C	N/C	\$15
D5421	Adjust Partial Denture - Maxillary	\$0	N/C	N/C	\$15
D5422	Adjust Partial Denture - Mandibular	\$0	N/C	N/C	\$15
D5511	Repair Broken Complete Denture Base, Mandibular	\$35	N/C	N/C	\$55
D5512	Repair Broken Complete Denture Base, Maxillary	\$35	N/C	N/C	\$55
D5520	Replace Missing or Broken Teeth, Complete Denture (Each Tooth)	\$35	N/C	N/C	\$55
D5611	Repair Resin Partial Denture Base, Mandibular	\$35	N/C	N/C	\$55
D5612	Repair Resin Partial Denture Base, Maxillary	\$35	N/C	N/C	\$55
D5621	Repair Cast Partial Framework, Mandibular	\$35	N/C	N/C	\$55
D5622	Repair Cast Partial Framework, Maxillary	\$35	N/C	N/C	\$55
D5630	Repair Or Replace Broken Clasp – per Tooth	\$35	N/C	N/C	\$55
D5640	Replace Broken Teeth – per Tooth	\$35	N/C	N/C	\$55
D5650	Add Tooth to Existing Partial Denture	\$35	N/C	N/C	\$55
D5660	Add Clasp to Existing Partial Denture – per Tooth	\$35	N/C	N/C	\$55
D5710	Rebase Complete Maxillary Denture	\$85	N/C	N/C	\$130
D5711	Rebase Complete Mandibular Denture	\$85	N/C	N/C	\$130
D5720	Rebase Maxillary Partial Denture	\$85	N/C	N/C	\$130
D5721	Rebase Mandibular Partial Denture	\$85	N/C	N/C	\$130
D5730	Reline Complete Maxillary Denture (Chairside)	\$40	N/C	N/C	\$60
D5731	Reline Complete Mandibular Denture (Chairside)	\$40	N/C	N/C	\$60
D5740	Reline Maxillary Partial Denture (Chairside)	\$40	N/C	N/C	\$60
D5741	Reline Mandibular Partial Denture (Chairside)	\$40	N/C	N/C	\$60
D5750	Reline Complete Maxillary Denture (Laboratory)	\$40	N/C	N/C	\$60
D5751	Reline Complete Mandibular Denture (Laboratory)	\$40	N/C	N/C	\$60

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D5760	Reline Maxillary Partial Denture (Laboratory)	\$40	N/C	N/C	\$60
D5761	Reline Mandibular Partial Denture (Laboratory)	\$40	N/C	N/C	\$60
D5810	Interim Complete Denture (Maxillary)	\$40	N/C	N/C	\$75
D5811	Interim Complete Denture (Mandibular)	\$40	N/C	N/C	\$75
D5820	Interim Partial Denture - (Maxillary)	\$40	N/C	N/C	\$60
D5821	Interim Partial Denture - (Mandibular)	\$40	N/C	N/C	\$60
D5850	Tissue Conditioning, Maxillary	\$40	N/C	N/C	\$55
D5851	Tissue Conditioning, Mandibular	\$40	N/C	N/C	\$55
D6210	Pontic - Cast High Noble Metal	\$225	N/C	N/C	\$340
D6211	Pontic - Cast Predominantly Base Metal	\$200	N/C	N/C	\$295
D6212	Pontic - Cast Noble Metal	\$200	N/C	N/C	\$295
D6214	Pontic – Titanium	\$225	N/C	N/C	\$340
D6240	Pontic - Porcelain Fused to High Noble Metal	\$225	N/C	N/C	\$340
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$200	N/C	N/C	\$295
D6242	Pontic - Porcelain Fused to Noble Metal	\$200	N/C	N/C	\$295
D6245	Pontic - Porcelain/Ceramic	\$200	N/C	N/C	\$295
D6250	Pontic - Resin with High Noble Metal	\$150	N/C	N/C	\$225
D6251	Pontic - Resin with Predominantly Base Metal	\$150	N/C	N/C	\$225
D6252	Pontic - Resin with Noble Metal	\$150	N/C	N/C	\$225
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis	\$100	N/C	N/C	\$150
D6549	Resin retainer – for resin bonded fixed prosthesis	\$75	N/C	N/C	\$75
D6602	Inlay - Cast High Noble Metal, Two Surfaces	\$175	N/C	N/C	\$265
D6603	Inlay - Cast High Noble Metal, Three or More Surfaces	\$175	N/C	N/C	\$265
D6604	Inlay - Cast Predominantly Base Metal, Two Surfaces	\$100	N/C	N/C	\$160
D6605	Inlay - Cast Predominantly Base Metal, Three or More Surfaces	\$100	N/C	N/C	\$160
D6606	Inlay - Cast Noble Metal, Two Surfaces	\$155	N/C	N/C	\$230
D6607	Retainer Inlay - Cast Noble Metal, Three or More Surfaces	\$155	N/C	N/C	\$230
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	\$185	N/C	N/C	\$275
D6611	Retainer Onlay - Cast High Noble Metal, Three or More Surfaces	\$185	N/C	N/C	\$275
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	\$100	N/C	N/C	\$160
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three or More Surfaces	\$100	N/C	N/C	\$160
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	\$175	N/C	N/C	\$265
D6615	Retainer Onlay - Cast Noble Metal, Three or More Surfaces	\$175	N/C	N/C	\$265
D6624	Retainer Inlay – Titanium	\$175	N/C	N/C	\$265
D6634	Retainer Onlay – Titanium	\$185	N/C	N/C	\$275
D6720	Retainer Crown - Resin with High Noble Metal	\$150	N/C	N/C	\$225
D6721	Retainer Crown - Resin with Predominantly Base Metal	\$150	N/C	N/C	\$225
D6722	Retainer Crown - Resin with Noble Metal	\$150	N/C	N/C	\$225
D6740	Retainer Crown - Porcelain/Ceramic	\$200	N/C	N/C	\$295
D6750	Retainer Crown - Porcelain Fused to High Noble Metal	\$225	N/C	N/C	\$340
D6751	Retainer Crown - Porcelain Fused to Predominantly Base Metal	\$200	N/C	N/C	\$295
D6752	Retainer Crown - Porcelain Fused to Noble Metal	\$200	N/C	N/C	\$295
D6780	Retainer Crown - ¾ Cast High Noble Metal	\$225	N/C	N/C	\$340
D6781	Retainer Crown - ¾ Cast Predominantly Base Metal	\$200	N/C	N/C	\$295
D6782	Retainer Crown - ¾ Cast Noble Metal	\$200	N/C	N/C	\$295
D6783	Retainer Crown - ¾ Porcelain/Ceramic	\$200	N/C	N/C	\$295

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D6790	Retainer Crown - Full Cast High Noble Metal	\$225	N/C	N/C	\$340
D6791	Retainer Crown - Full Cast Predominantly Base Metal	\$200	N/C	N/C	\$295
D6792	Retainer Crown - Full Cast Noble Metal	\$200	N/C	N/C	\$295
D6794	Retainer Crown – Titanium	\$225	N/C	N/C	\$340
D6930	Re-cement or Re-Bond Fixed Partial Denture	\$15	N/C	N/C	\$25
D6980	Fixed Partial Denture Repair Necessitated by Restorative Material Failure	\$25	N/C	N/C	\$45
D7111	Extraction - Coronal Remnants - Primary Tooth	\$10	N/C	N/C	\$20
D7140	Extraction - Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$20	N/C	N/C	\$35
D7210	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and including Elevation of Mucoperiosteal Flap if Indicated	\$30	N/C	N/C	\$45
D7220	Removal of Impacted Tooth - Soft Tissue	\$55	N/C	N/C	\$80
D7230	Removal Of Impacted Tooth - Partially Bony	\$55	N/C	N/C	\$80
D7240	Removal Of Impacted Tooth - Completely Bony	\$65	N/C	N/C	\$100
D7241	Removal Of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	\$65	N/C	N/C	\$100
D7250	Removal of Residual Tooth Roots (Cutting Procedure)	\$30	N/C	N/C	\$45
D7251	Coronectomy – Intentional Partial Tooth Removal	\$33	N/C	N/C	\$48
D7260	Oroantral Fistula Closure	\$100	N/C	N/C	\$150
D7261	Primary Closure of a Sinus Perforation	\$100	N/C	N/C	\$150
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	\$60	N/C	N/C	\$90
D7280	Exposure of an Unerupted Tooth	\$60	N/C	N/C	\$90
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	\$60	N/C	N/C	\$70
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$0	N/C	N/C	\$25
D7285	Biopsy of Oral Tissue – Hard (Bone, Tooth)	\$60	N/C	N/C	\$95
D7286	Incisional Biopsy of Oral Tissue – Soft	\$25	N/C	N/C	\$40
D7287	Exfoliative Cytological Sample Collection	\$13	N/C	N/C	\$13
D7291	Transseptal Fiberotomy / Supra Crestal Fiberotomy, by Report	\$20	N/C	N/C	\$35
D7310	Alveoloplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, per Quadrant	\$30	N/C	N/C	\$45
D7311	Alveoloplasty in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, per Quadrant	\$15	N/C	N/C	\$25
D7320	Alveoloplasty Not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, per Quadrant	\$35	N/C	N/C	\$55
D7321	Alveoloplasty Not In Conjunction with Extractions - One to Three Teeth or Tooth Spaces, per Quadrant	\$20	N/C	N/C	\$35
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	\$60	N/C	N/C	\$90
D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm	\$60	N/C	N/C	\$90
D7460	Removal of Benign Non-Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	\$60	N/C	N/C	\$90
D7461	Removal of Benign Non-Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm	\$60	N/C	N/C	\$90
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	\$90	N/C	N/C	\$135
D7472	Removal of Torus Palatinus	\$90	N/C	N/C	\$135
D7473	Removal of Torus Mandibularis	\$90	N/C	N/C	\$135
D7485	Reduction of Osseous Tuberosity	\$90	N/C	N/C	\$135
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$25	N/C	N/C	\$40
D7511	Incision and Drainage of Abscess - Intraoral Soft Tissue, Complicated (Includes Drainage of Multiple Fascial Spaces)	\$30	N/C	N/C	\$45
D7520	Incision and Drainage of Abscess - Extraoral Soft Tissue	\$35	N/C	N/C	\$55

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D7521	Incision and Drainage of Abscess - Extraoral Soft Tissue - Complicated (Includes Drainage of Multiple Fascial Spaces)	\$40	N/C	N/C	\$60
D7953	Bone Replacement Graft for Ridge Preservation - Per Site	\$75	N/C	N/C	\$100
D7960	Frenulectomy - Also Known as Frenectomy or Frenotomy - Separate Procedure Not Incidental to Another Procedure	\$60	N/C	N/C	\$90
D7963	Frenuloplasty	\$65	N/C	N/C	\$100
D7970	Excision of Hyperplastic Tissue - Per Arch	\$60	N/C	N/C	\$90
D7971	Excision of Pericoronal Gingiva	\$30	N/C	N/C	\$45
D7972	Surgical Reduction of Fibrous Tuberosity	\$60	N/C	N/C	\$90
D9110	Palliative (Emergency) Treatment of Dental Pain, Minor Procedure	\$0	\$15	\$15	\$15
D9211	Regional Block Anesthesia	\$0	N/C	N/C	\$5
D9212	Trigeminal Division Block Anesthesia	\$0	N/C	N/C	\$5
D9215	Local Anesthesia in Conjunction with Operative or Surgical Procedures	\$0	N/C	N/C	\$5
D9219 ²	Evaluation for deep sedation or general anesthesia	\$0	N/C	N/C	\$0
D9222	Deep Sedation/General Anesthesia – First 15 Minutes	\$25	N/C	N/C	\$38
D9223	Deep Sedation/General Anesthesia – Each Subsequent 15 Minute Increment	\$20	N/C	N/C	\$30
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	\$0	N/C	N/C	\$5
D9239	Intravenous Moderate (Conscious) Sedation/Anesthesia – First 15 Minutes	\$25	N/C	N/C	\$38
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia – Each Subsequent 15 Minute Increment	\$20	N/C	N/C	\$30
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician	\$0	N/C	N/C	\$5
D9311	Treating Dentist Consults with a Medical Health Care Professional Concerning Medical Issues that may Affect Patient's Planned Dental Treatment	\$0	N/C	N/C	\$5
D9430	Office Visit for Observation (During Regularly Scheduled Hours) – No Other Services Performed	\$0	N/C	N/C	\$0
D9440	Office Visit – After Regularly Scheduled Hours	\$0	N/C	N/C	\$0
D9610	Therapeutic Parenteral Drug, Single Administration	\$0	N/C	N/C	\$5
D9612	Therapeutic Parenteral Drugs, Two or More Administrations, Different Medications	\$0	N/C	N/C	\$0
D9630	Drugs or Medicaments Dispensed in the Office for Home Use	\$0	N/C	N/C	\$5
D9910	Application of Desensitizing Medicament	\$0	N/C	N/C	\$5
D9930	Treatment of Complications (Post-Surgical) – Unusual Circumstances, by Report	\$0	N/C	N/C	\$5
D9932	Cleaning and Inspection of a Removable Complete Denture, Maxillary	\$0	N/C	N/C	\$0
D9933	Cleaning and Inspection of a Removable Complete Denture, Mandibular	\$0	N/C	N/C	\$0
D9934	Cleaning and Inspection of a Removable Partial Denture, Maxillary	\$0	N/C	N/C	\$0
D9935	Cleaning and Inspection of a Removable Partial Denture, Mandibular	\$0	N/C	N/C	\$0
D9940	Occlusal Guard, by Report	\$40	N/C	N/C	\$60
D9942	Repair and/or Reline of Occlusal Guard	\$20	N/C	N/C	\$35
D9943	Occlusal Guard Adjustment	\$5	N/C	N/C	\$8
D9951	Occlusal Adjustment - Limited	\$0	N/C	N/C	\$5
D9952	Occlusal Adjustment - Complete	\$60	N/C	N/C	\$90

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Network Bulletin

Date: September 2017

From: Lisa Stepanian, Executive Director, Dental Network Operations

Subject: CDT 2018 updates to the Dental Office Guide for DMO Primary Care Dentists

Applies to: Aetna DMO® (Dental Maintenance Organization) plans

This bulletin is part of your *Dental Office Guide*. After reviewing this information, please keep it with your guide for future reference.

New CDT® 2018 codes

The American Dental Association has issued new Current Dental Terminology (CDT) codes effective January 1, 2018. We've listed them below.

We're here to help

If you have questions, call our National Dentist Line at **1-800-451-7715**. Thanks for your continued participation and support of Aetna Dental® plans.

CDT 2018 Code	Nomenclature
D0100 - D0999	I. Diagnostic
D0411	HbA1c in-office point of service testing
D5000-D5899	VI. Prosthodontics (Removable)
D5511	repair broken complete denture base, mandibular
D5512	repair broken complete denture base, maxillary
D5611	repair resin partial denture base, mandibular
D5612	repair resin partial denture base, maxillary
D5621	repair cast partial framework, mandibular

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DMO insurance plans are offered, administered and/or underwritten Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc. (Aetna)

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CDT 2018 Code	Nomenclature
D5622	repair cast partial framework, maxillary
D6000-D6999	VIII. Implant Services
D6096	remove broken implant retaining screw
D6118	implant/abutment supported interim fixed denture for edentulous arch – mandibular
D6119	implant/abutment supported interim fixed denture for edentulous arch – maxillary
D7000-D7999	X. Oral and Maxillofacial Surgery
D7296	corticotomy - one to three teeth or tooth spaces, per quadrant
D7297	corticotomy – four or more teeth or tooth spaces, per quadrant
D7979	non-surgical sialolithotomy
D8000-D8999	XI. Orthodontics
D8695	removal of fixed orthodontic appliances for reasons other than completion of treatment
D9000-D9999	XII. Adjunctive General Services
D9222	deep sedation/general anesthesia – first 15 minutes
D9239	intravenous moderate (conscious) sedation/anesthesia – first 15 minutes
D9995	teledentistry – synchronous; real-time encounter
D9996	teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review

Patient coinsurance/copay information for the new codes

Please follow the guides below to determine members' coinsurance percentages and fixed copayment amounts, by plan code, for the new CDT codes.

COINSURANCE PLAN CODES A - U

ADA Code ¹	A	B	C	D	E	F	G	H	I	J	K	L Li	M Mi	Q	R	U
D0411	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D5511	10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%	25%	N/C	0
D5512	10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%	25%	N/C	0
D5611	10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%	25%	N/C	0
D5612	10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%	25%	N/C	0
D5621	10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%	25%	N/C	0
D5622	10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%	25%	N/C	0
D6096	10%	20%	25%	30%	40%	50%	30%	10%	20%	25%	30%	40%	50%	25%	N/C	0
D6118	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D6119	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D7296	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D7297	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D7979	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
D8695	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D9222	50%	50%	50%	50%	50%	50%	50%	10%	20%	25%	30%	40%	50%	25%	50%	0
D9239	50%	50%	50%	50%	50%	50%	50%	10%	20%	25%	30%	40%	50%	25%	50%	0
D9995	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D9996	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC

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COINSURANCE PLAN CODES 1 – 26

ADA Code¹	1	2 2i	3	4	5	6	7	8 8i	10 10i	12	21	22	23	24	25	26
D0411	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D5511	40%	50%	50%	40%	75%	75%	50%	40%	40%	50%	10%	20%	10%	20%	25%	40%
D5512	40%	50%	50%	40%	75%	75%	50%	40%	40%	50%	10%	20%	10%	20%	25%	40%
D5611	40%	50%	50%	40%	75%	75%	50%	40%	40%	50%	10%	20%	10%	20%	25%	40%
D5611	40%	50%	50%	40%	75%	75%	50%	40%	40%	50%	10%	20%	10%	20%	25%	40%
D5621	40%	50%	50%	40%	75%	75%	50%	40%	40%	50%	10%	20%	10%	20%	25%	40%
D5622	40%	50%	50%	40%	75%	75%	50%	40%	40%	50%	10%	20%	10%	20%	25%	40%
D6096	40%	50%	50%	40%	75%	75%	50%	40%	40%	50%	10%	20%	10%	20%	25%	40%
D6118	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D6119	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D7296	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D7297	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D7979	20%	20%	50%	20%	75%	50%	20%	10%	20%	0	10%	20%	10%	20%	0	0
D8695	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D9222	40%	50%	50%	20%	75%	75%	20%	40%	20%	0	10%	20%	10%	20%	20%	20%
D9239	40%	50%	50%	20%	75%	75%	20%	40%	20%	0	10%	20%	10%	20%	20%	20%
D9995	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D9996	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC

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FIXED COPAY PLAN CODES 41 – 58

ADA Code¹	41	42	51	52	53	54	55	56	57	58
D0411	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D5511	\$45	\$45	\$35	\$30	\$30	\$25	\$25	\$25	\$30	\$25
D5512	\$45	\$45	\$35	\$30	\$30	\$25	\$25	\$25	\$30	\$25
D5611	\$63	\$63	\$45	\$30	\$35	\$35	\$35	\$30	\$35	\$35
D5612	\$63	\$63	\$45	\$30	\$35	\$35	\$35	\$30	\$35	\$35
D5621	\$68	\$68	\$45	\$30	\$35	\$35	\$35	\$30	\$35	\$35
D5622	\$68	\$68	\$45	\$30	\$35	\$35	\$35	\$30	\$35	\$35
D6096	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D6118	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D6119	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D7296	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D7297	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D7979	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D8695	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D9222	\$104	\$104 ⁶	\$104	\$104	\$104	\$104	\$104	\$104	\$104	\$104
D9239	\$104	\$104 ⁶	\$104	\$104	\$104	\$104	\$104	\$104	\$104	\$104
D9995	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D9996	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC

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⁶ Copay noted applies only when performed by the PCD. This procedure is not covered when performed by a Specialist; it is available to the member at the Specialist's negotiated fee.

FIXED COPAY PLAN CODES 63 – 78i, SFI – CLI

ADA Code¹	63 63i	64 64i	65 65i	66 66i	67 67i	68 68i	73 73i	74 74i	75 75i	76 76i	77 77i	78 78i	SFL SFI	CAM CMI	CAL CLI
D0411	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D5511	\$36	\$30	\$30	\$30	\$40	\$30	\$40	\$40	\$40	\$35	\$45	\$40	\$40	\$20	\$30
D5512	\$36	\$30	\$30	\$30	\$40	\$30	\$40	\$40	\$40	\$35	\$45	\$40	\$40	\$20	\$30
D5611	\$35	\$35	\$35	\$30	\$40	\$35	\$40	\$40	\$40	\$35	\$45	\$40	\$40	\$20	\$30
D5512	\$35	\$35	\$35	\$30	\$40	\$35	\$40	\$40	\$40	\$35	\$45	\$40	\$40	\$20	\$30
D5621	\$35	\$35	\$35	\$30	\$40	\$35	\$40	\$40	\$40	\$35	\$45	\$40	\$40	\$20	\$30
D5622	\$35	\$35	\$35	\$30	\$40	\$35	\$40	\$40	\$40	\$35	\$45	\$40	\$40	\$20	\$30
D6096	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D6118	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D6119	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D7296	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D7297	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D7979	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D8695	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D9222	\$104	\$104	\$104	\$104	\$104	\$104	\$109	\$109	\$109	\$109	\$109	\$109	\$94	\$100	\$104
D9239	\$104	\$104	\$104	\$104	\$104	\$104	\$109	\$109	\$109	\$109	\$109	\$109	\$94	\$100	\$104
D9995	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D9996	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC

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Network Bulletin

Date: September 2017

From: Lisa Stepanian, Executive Director, Dental Network Operations

Subject: New CDT 2018 Codes

Applies to: Family Preventive, Basic Dental, Aetna Advantage™ Dental and Aetna Advantage™ Student Dental

This bulletin is part of your *Dental Office Guide*. After reviewing this information, please keep it with your guide for future reference.

New CDT® 2018 codes

The American Dental Association has issued new Current Dental Terminology (CDT) codes effective January 1, 2018. We've listed them below.

We're here to help

If you have questions, call our National Dentist Line at **1-800-451-7715**. Thanks for your continued participation and support of Aetna Dental® plans.

CDT 2018 Code	Nomenclature	Contracted Fees for CDT 2018 codes are based on the following:
D0100 - D0999	I. Diagnostic	
D0411	HbA1c in-office point of service testing	Not covered
D5000-D5899	VI. Prosthodontics (Removable)	
D5511	repair broken complete denture base, mandibular	100% of negotiated fee for D5510
D5512	repair broken complete denture base, maxillary	100% of negotiated fee for D5510
D5611	repair resin partial denture base, mandibular	100% of negotiated fee for D5610
D5612	repair resin partial denture base, maxillary	100% of negotiated fee for D5610
D5621	repair cast partial framework, mandibular	100% of negotiated fee for D5620
D5622	repair cast partial framework, maxillary	100% of negotiated fee for D5620

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* In Texas, the dental PPO is known as the participating dental network (PDN). DMO insurance plans are offered, administered and/or underwritten Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc. (Aetna) Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna). ©2017 Aetna Inc. tA-16256-17

CDT 2018 Code	Nomenclature	Contracted Fees for CDT 2018 codes are based on the following:
D6000-D6999	VIII. Implant Services	
D6096	remove broken implant retaining screw	50% of negotiated fee for D6090, with a minimum allowance of \$50.00
D6118	implant/abutment supported interim fixed denture for edentulous arch – mandibular	Not covered
D6119	implant/abutment supported interim fixed denture for edentulous arch – maxillary	Not covered
D7000-D7999	X. Oral and Maxillofacial Surgery	
D7296	corticotomy - one to three teeth or tooth spaces, per quadrant	Not covered
D7297	corticotomy – four or more teeth or tooth spaces, per quadrant	Not covered
D7979	non-surgical sialolithotomy	50% of negotiated fee for D7980
D8000-D8999	XI. Orthodontics	
D8695	removal of fixed orthodontic appliances for reasons other than completion of treatment	Not covered
D9000-D9999	XII. Adjunctive General Services	
D9222	deep sedation/general anesthesia – first 15 minutes	125% of negotiated fee for D9223
D9239	intravenous moderate (conscious) sedation/anesthesia – first 15 minutes	125% of negotiated fee for D9243
D9995	teledentistry – synchronous; real-time encounter	Inclusive to the procedure performed
D9996	teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	Inclusive to the procedure performed

Network Bulletin

Date: April 17, 2017

From: Lisa Stepanian, Executive Director, Dental Network Operations

Subject: Claim administration policy changes

Applies to: All Aetna Dental® Plans

From time to time, we update our dental claims administration policies. This Bulletin is to let you know of the following changes that will take effect for all Aetna Dental® plans on **July 17, 2017**:

D4355 - Debridement, full mouth to enable comprehensive periodontal evaluation and diagnosis

To align with the ADA descriptor of D4355, the following changes are being made to our claim processing policies:

- D4355 will be denied when performed on the same date of service as D0120.
- D0145, D0150, D0160 and D0180 will be denied when performed on the same date of service as D4355.
- D1110, D1120, D4910, D4341, D4342 and D4346 will be denied when performed on the same date of service as D4355.

D0210 - Intraoral - complete series of radiographic images

To align with the ADA descriptor of D0210, additional intraoral periapical D0220 & D0230 and bitewing radiographic images D0270, D0272, D0273, D0274 and D0277 will not be separately eligible when performed on the same date of service as D0210.

D0277 - Vertical bitewings - 7 to 8 radiographic images

Bitewing radiographic images D0270, D0272, D0273 and D0274 will be denied when performed on the same date of service as D0277.

D3310, D3320, D3330, D3331, D3332 and D3333 – Endodontic therapy with intraoral periapical radiographic images

To align with the ADA nomenclature for endodontic therapy, periapical radiographic images D0230 will be denied when performed in conjunction with endodontic therapy on the same date of service. D0230 is part of the endodontic therapy. Diagnostic evaluation and images are not part of the endodontic therapy.

D3310, D3320 and D3330 – Endodontic therapy

Claims submitted for D3310, D3320 or D3330 will be denied if there is a history of Root Canal Therapy on the same tooth. Endodontic retreatment should be submitted under codes D3346, D3347 and D3348 for consideration.

D4910 - Periodontal maintenance and D4341/D4342 - Periodontal scaling and root planing

The descriptor for D4910 periodontal maintenance includes removal of bacterial plaque and calculus from supragingival and subgingival regions, site specific scaling and root planing as well as polishing where indicated. D4341/D4342 periodontal scaling and root planing is not separately eligible when performed on the same day as a D4910.

Reminder - D2950 - Core build up, including any pins when required

To assure that benefits are being applied appropriately, and to gather data on submitted buildups to inform future plan designs, we now require pre-and post-operative radiographic images or photographs that illustrates the need for and placement of a buildup.

We're here to help

If you have questions, call us at **1-800-451-7715**. You can visit **aetnadental.com** to see updates to our claim administration policies.

Thank you for your continued participation in and support of Aetna Dental plans.

Current Dental Terminology (CDT) (including procedure code, nomenclature, descriptors and other data contained therein) is copyright by the American Dental Association.

Network Bulletin

Date: January 2017

From: Lisa Stepanian, Executive Director, Dental Network Operations

Subject: Changes to the provider appeal process

Applies to: All Aetna Dental® Plans

Starting May 1, 2017, the provider appeal policy for members enrolled in commercial plans is changing. Here are the changes:

- Elimination of Level 2 appeals for practitioner
- Require the use of a specific form when submitting appeal requests

If you want to appeal a claim

Submit it in writing using the [Practitioner and Provider Complaint and Appeal Request form](#). There is only **one** opportunity to appeal, so be sure to include all supporting documentation.

The form will not be required until **May 1, 2017**, but we encourage you to start using it now.

Why the changes

This will eliminate unnecessary steps and help ensure that we have the information we need to do a full review of the request. These changes apply to all providers, participating and nonparticipating.

What's not changing

You can still ask for an informal reconsideration of your claim before you file a formal appeal.

Also, the member's appeal rights have not changed. If you are filing an appeal as a member's designated representative, the member still has the number of appeals set forth in the member's plan documents.

We're here to help

If you have questions, call us at **1-800-451-7715**. Thank you for your continued participation in and support of Aetna Dental plans.

Network Bulletin

Date: 12/01/2016

From: Joel Hodge, Head of Dental Networks and Administration

Subject: DMO Pediatric Protocols – Change in Age Limit

Applies to: DMO® plans

DMO plans – add this to your Dental Office Guide

This bulletin is part of your *Dental Office Guide*. After reviewing this information, it should be placed in your guide for future reference.

What's changing?

Starting January 1, 2017, the age limit for direct referral of a child to a pediatric dental specialist is changing from under age 6 to under age 7.

Here are the new guidelines:

Pediatric protocols

The Primary Care Dentist may directly refer to a participating specialty dentist for consultation or problem-focused examination of children under age 7 if (a) the Primary Care Dentist has documented at least one unsuccessful attempt to treat the child, and (b) at least one of the following conditions is present. The child:

- Has an existing medical condition or is developmentally disabled. (Please include a physician's statement of condition, such as multiple sclerosis, Down's syndrome, etc.)
- Presents a behavioral management problem
- Has rampant caries
- Requires emergency care that is beyond the scope or ability of the Primary Care Dentist

Once a child is referred by the Primary Care Dentist to a contracted pediatric dentist, the child may continue to be treated by the pediatric dentist until the age of 7, without additional referrals from the Primary Care Dentist.

All other conditions or procedures not indicated must be approved in advance by Aetna. This includes referrals for children age 7 or older with a medical condition, significant behavioral management problem and/or severe caries that may require referral to a specialty dentist. **The parent should be instructed that until the referral is approved, only the consultation will be covered.**

We're here to help

If you have questions, call us at **1-800-451-7715**. Thank you for your continued participation in and support of Aetna Dental® plans.



Network Bulletin

Date: September, 2016

From: Joel Hodge, Head of Dental Networks and Administration

Subject: Nationwide DMO® plans – New Jersey State Health Benefits Program

Applies to: DMO® plans 34, 34A, 34B and 34C

DMO plan updates – add this to your Dental Office Guide

This bulletin is part of your *Dental Office Guide*. After reviewing this information, it should be placed in your guide for future reference.

Starting January 1, 2017*

We're making changes to the New Jersey State Health Benefit Program (Plan 34) and the nationwide DMO Copay plans (34A, 34B, 34C) for retirees of the New Jersey State Health Benefit Program. These changes will be effective January 1, 2017.

Attached are the new copay schedules[#].

We're here to help

If you have questions, please call us at **1-800-451-7715**. Thank you for your continued participation in and support of Aetna Dental® plans.

* Eligibility for most employees will begin January 1, 2017, though some may be eligible as early as December 15, 2016.

[#] The schedules are subject to change, pending regulatory approval.

ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D0120	Periodic Oral Evaluation - Established Patient	\$0	\$0	\$0	\$0
D0140	Limited Oral Evaluation - Problem Focused	\$0	\$0	\$0	\$0
D0145	Oral Evaluation for a Patient Under 3 Years of Age and Counseling with Primary Caregiver	\$0	\$0	\$0	\$0
D0150	Comprehensive Oral Evaluation – New or Established Patient	\$0	\$0	\$0	\$0
D0160	Detailed and Extensive Oral Evaluation – Problem Focused, by Report	\$0	\$0	\$0	\$0
D0210	Intraoral – Complete Series of Radiographic Images	\$0	\$0	\$0	\$0
D0220	Intraoral – Periapical First Radiographic Image	\$0	\$0	\$0	\$0
D0230	Intraoral - Periapical Each Additional Radiographic Image	\$0	\$0	\$0	\$0
D0240	Intraoral – Occlusal Radiographic Image	\$0	\$0	\$0	\$0
D0250	Extra-oral – 2D Projection Image Created Using a Stationary Radiation Source, and Detector	\$0	\$0	\$0	\$0
D0251	Extra-oral Posterior Dental Radiographic Image	\$0	\$0	\$0	\$0
D0270	Bitewing - Single Radiographic Image	\$0	\$0	\$0	\$0
D0272	Bitewings - Two Radiographic Images	\$0	\$0	\$0	\$0
D0273	Bitewings - Three Radiographic Images	\$0	\$0	\$0	\$0
D0274	Bitewings - Four Radiographic Images	\$0	\$0	\$0	\$0
D0277	Vertical Bitewings – 7 to 8 Radiographic Images	\$0	\$0	\$0	\$0
D0330	Panoramic Radiographic Image	\$0	\$0	\$0	\$0
D0340	2D Cephalometric Radiographic Image – Acquisition, Measurement and Analysis	\$0	\$0	\$0	\$0
D0391	Interpretation of Diagnostic Image by a Practitioner Not Associated with Capture of the Image, Including Report	\$0	\$0	\$0	\$0
D0414	Laboratory Processing of Microbial Specimen to Include Culture and Sensitivity Studies, Preparation and Transmission of Written Report	\$0	\$0	\$0	\$0
D0415	Collection of Microorganisms for Culture and Sensitivity	\$0	\$0	\$0	\$0
D0416	Viral Culture	\$0	\$0	\$0	\$0
D0425	Caries Susceptibility Tests	\$0	\$0	\$0	\$0
D0460	Pulp Vitality Tests	\$0	\$0	\$0	\$0
D0470	Diagnostic Casts	\$0	\$0	\$0	\$0
D0600	Non-Ionizing Diagnostic Procedure Capable of Quantifying, Monitoring, and Recording Changes in Structure of Enamel, Dentin and Cementum	\$0	\$0	\$0	\$0
D1110	Prophylaxis - Adult	\$0	\$0	\$0	\$0
D1120	Prophylaxis - Child	\$0	\$0	\$0	\$0
D1206	Topical Application of Fluoride Varnish	\$0	\$0	\$0	\$0
D1208	Topical Application of Fluoride – Excluding Varnish	\$0	\$0	\$0	\$0
D1330	Oral Hygiene Instructions	\$0	\$0	\$0	\$0
D1351	Sealant - Per Tooth	\$0	\$0	\$0	\$0
D1352	Preventive Resin Restoration in a Moderate to High Caries Risk Patient – Permanent Tooth	\$0	\$0	\$0	\$0
D1353	Sealant repair – Per Tooth	\$0	\$0	\$0	\$0
D1354	Interim Caries Arresting Medicament Application	\$0	\$0	\$0	\$0
D1510	Space Maintainer - Fixed - Unilateral	\$0	\$0	\$0	\$0
D1515	Space Maintainer - Fixed - Bilateral	\$0	\$0	\$0	\$0
D1520	Space Maintainer - Removable - Unilateral	\$0	\$0	\$0	\$0
D1525	Space Maintainer - Removable - Bilateral	\$0	\$0	\$0	\$0
D1550	Re-cement or Re-bond Space Maintainer	\$0	\$0	\$0	\$0
D1555	Removal of Fixed Space Maintainer	\$0	\$0	\$0	\$0
D1575	Distal Shoe Space Maintainer – Fixed – Unilateral	\$0	\$0	\$0	\$0

The schedules are subject to change, pending regulatory approval.

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² Covered only when performed by an anesthesiologist

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D2140	Amalgam - One Surface, Primary or Permanent	\$0	N/C	\$15	\$15
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$0	N/C	\$20	\$20
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$0	N/C	\$25	\$25
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$0	N/C	\$30	\$30
D2330	Resin Based Composite – One Surface, Anterior	\$0	N/C	\$25	\$25
D2331	Resin Based Composite – Two Surfaces, Anterior	\$0	N/C	\$30	\$30
D2332	Resin Based Composite – Three Surfaces, Anterior	\$0	N/C	\$35	\$35
D2335	Resin Based Composite – Four or More Surfaces or Involving Incisal Angle (Anterior)	\$0	N/C	\$45	\$45
D2390	Resin-Based Composite Crown, Anterior	\$35	N/C	\$55	\$55
D2391	Resin-Based Composite - One Surface, Posterior	\$15	N/C	\$25	\$25
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$25	N/C	\$40	\$40
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$35	N/C	\$55	\$55
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	\$45	N/C	\$70	\$70
D2510	Inlay - Metallic - One Surface	\$100	N/C	\$150	\$150
D2520	Inlay - Metallic - Two Surfaces	\$100	N/C	\$150	\$150
D2530	Inlay - Metallic - Three or More Surfaces	\$100	N/C	\$150	\$150
D2542	Onlay - Metallic - Two Surfaces	\$100	N/C	\$150	\$150
D2543	Onlay - Metallic - Three Surfaces	\$100	N/C	\$150	\$150
D2544	Onlay - Metallic – Four Or More Surfaces	\$100	N/C	\$150	\$150
D2610	Inlay - Porcelain/Ceramic – One Surface	\$115	N/C	\$175	\$175
D2620	Inlay - Porcelain/Ceramic – Two Surfaces	\$115	N/C	\$175	\$175
D2630	Inlay - Porcelain/Ceramic – Three Or More Surfaces	\$115	N/C	\$175	\$175
D2642	Onlay - Porcelain/Ceramic – Two Surfaces	\$115	N/C	\$175	\$175
D2643	Onlay - Porcelain/Ceramic – Three Surfaces	\$115	N/C	\$175	\$175
D2644	Onlay - Porcelain/Ceramic – Four or More Surfaces	\$115	N/C	\$175	\$175
D2650	Inlay – Resin-Based Composite – One Surface	\$115	N/C	\$160	\$160
D2651	Inlay - Resin-Based Composite – Two Surfaces	\$115	N/C	\$160	\$160
D2652	Inlay - Resin-Based Composite – Three Surfaces	\$115	N/C	\$160	\$160
D2662	Onlay - Resin-Based Composite – Two Surfaces	\$115	N/C	\$160	\$160
D2663	Onlay - Resin-Based Composite – Three Surfaces	\$115	N/C	\$160	\$160
D2664	Onlay - Resin-Based Composite – Four or More Surfaces	\$115	N/C	\$160	\$160
D2710	Crown - Resin-Based Composite (Indirect)	\$115	N/C	\$175	\$175
D2720	Crown - Resin with High Noble Metal	\$150	N/C	\$235	\$235
D2721	Crown - Resin with Predominantly Base Metal	\$150	N/C	\$225	\$225
D2722	Crown - Resin with Noble Metal	\$150	N/C	\$225	\$225
D2740	Crown - Porcelain/Ceramic Substrate	\$200	N/C	\$295	\$295
D2750	Crown - Porcelain Fused to High Noble Metal	\$225	N/C	\$340	\$340
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$200	N/C	\$295	\$295
D2752	Crown - Porcelain Fused to Noble Metal	\$200	N/C	\$295	\$295
D2780	Crown - ¾ Cast High Noble Metal	\$225	N/C	\$340	\$340
D2781	Crown - ¾ Cast Predominantly Base Metal	\$200	N/C	\$295	\$295
D2790	Crown - Full Cast High Noble Metal	\$225	N/C	\$340	\$340
D2791	Crown - Full Cast Predominantly Metal	\$200	N/C	\$295	\$295
D2792	Crown - Full Cast Noble Metal	\$200	N/C	\$295	\$295
D2794	Crown - Titanium	\$225	N/C	\$340	\$340

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D2910	Re-cement or Re-bond Inlay, Onlay, or Partial Coverage Restoration	\$0	N/C	\$15	\$15
D2915	Re-cement or Re-bond Cast or Prefabricated Post And Core	\$0	N/C	\$15	\$15
D2920	Re-cement or Re-bond Crown	\$0	N/C	\$15	\$15
D2921	Reattachment of Tooth Fragment, Incisal Edge or Cusp	\$0	N/C	\$0	\$0
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	\$49	N/C	\$69	\$69
D2930	Prefabricated Stainless Steel Crown – Primary Tooth	\$35	N/C	\$55	\$55
D2931	Prefabricated Stainless Steel Crown – Permanent Tooth	\$35	N/C	\$55	\$55
D2932	Prefabricated Resin Crown	\$35	N/C	\$55	\$55
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$35	N/C	\$55	\$55
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$35	N/C	\$55	\$55
D2940	Protective Restoration	\$0	N/C	\$20	\$20
D2941	Interim Therapeutic Restoration - Primary Dentition	\$0	N/C	\$0	\$0
D2950	Core Buildup, Including Any Pins When Required	\$0	N/C	\$45	\$45
D2951	Pin Retention - Per Tooth, In Addition to Restoration	\$0	N/C	\$15	\$15
D2952	Cast Post and Core In Addition to Crown, Indirectly Fabricated	\$40	N/C	\$60	\$60
D2954	Prefabricated Post and Core, in Addition to Crown	\$40	N/C	\$60	\$60
D2955	Post removal	\$0	N/C	\$45	\$45
D2971	Additional Procedures to Construct New Crown Under Existing Partial Denture Framework	\$0	N/C	\$20	\$20
D2980	Crown Repair Necessitated by Restorative Material Failure	\$0	N/C	\$15	\$15
D2981	Inlay Repair Necessitated by Restorative Material Failure	\$0	N/C	\$15	\$15
D2982	Onlay Repair Necessitated by Restorative Material Failure	\$0	N/C	\$15	\$15
D2983	Veneer Repair Necessitated by Restorative Material Failure	\$0	N/C	\$15	\$15
D2990	Resin Infiltration of Incipient Smooth Surface Lesions	\$0	N/C	\$15	\$15
D3110	Pulp Cap – Direct (Excluding Final Restoration)	\$0	N/C	N/C	\$15
D3120	Pulp Cap – Indirect (Excluding Final Restoration)	\$0	N/C	N/C	\$15
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) – Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	\$25	N/C	N/C	\$35
D3222	Partial Pulpotomy for Apexogenesis – Permanent Tooth with Incomplete Root Development	\$25	N/C	N/C	\$35
D3230	Pulpal Therapy (Resorbable Filling) – Anterior, Primary Tooth (Excluding Final Restoration)	\$20	N/C	N/C	\$35
D3240	Pulpal Therapy (Resorbable Filling) – Posterior, Primary Tooth (Excluding Final Restoration)	\$20	N/C	N/C	\$35
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$100	N/C	N/C	\$150
D3320	Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration)	\$125	N/C	N/C	\$190
D3330	Endodontic Therapy, Molar (Excluding Final Restoration)	\$150	N/C	N/C	\$225
D3346	Retreatment of Previous Root Canal Therapy - Anterior	\$125	N/C		\$190
D3347	Retreatment of Previous Root Canal Therapy - Bicuspid	\$150	N/C	N/C	\$225
D3348	Retreatment of Previous Root Canal Therapy - Molar	\$175	N/C	N/C	\$265
D3351	Apexification/Recalcification - Initial Visit (apical closure / calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$35	N/C	N/C	\$55
D3352	Apexification/Recalcification - Interim Medication Replacement	\$35	N/C	N/C	\$55
D3353	Apexification/Recalcification - Final Visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$35	N/C	N/C	\$55
D3410	Apicoectomy – Anterior	\$90	N/C	N/C	\$135
D3421	Apicoectomy - Bicuspid (First Root)	\$90	N/C	N/C	\$135
D3425	Apicoectomy - Molar (First Root)	\$90	N/C	N/C	\$135
D3426	Apicoectomy (Each Additional Root)	\$40	N/C	N/C	\$60

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D3427	Periradicular Surgery Without Apicoectomy	\$90	N/C	N/C	\$135
D3430	Retrograde Filling – per Root	\$20	N/C	N/C	\$35
D3450	Root Amputation - per Root	\$40	N/C	N/C	\$60
D3910	Surgical Procedure for Isolation of Tooth with Rubber Dam	\$0	N/C	N/C	\$15
D3920	Hemisection (Including any Root Removal), Not Including Root Canal Therapy	\$60	N/C	N/C	\$80
D4210	Gingivectomy/Gingivoplasty - Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$85	N/C	N/C	\$135
D4211	Gingivectomy/Gingivoplasty, One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$30	N/C	N/C	\$90
D4212	Gingivectomy or Gingivoplasty to Allow Access for Restorative Procedure, per Tooth	\$12	N/C	N/C	\$12
D4240	Gingival Flap Procedure Including Root Planing, Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$90	N/C	N/C	\$160
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$60	N/C	N/C	\$90
D4245	Apically Positioned Flap	\$90	N/C	N/C	\$130
D4249	Clinical Crown Lengthening - Hard Tissue	\$90	N/C	N/C	\$160
D4260	Osseous Surgery (including flap entry and closure) – Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$175	N/C	N/C	\$265
D4261	Osseous Surgery (including flap entry and closure) – One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$100	N/C	N/C	\$150
D4263	Bone Replacement Graft – Retained Natural Tooth – First Site In Quadrant Site	\$100	N/C	N/C	\$135
D4264	Bone Replacement Graft – Retained Natural Tooth – Each Additional Site In Quadrant	\$50	N/C	N/C	\$75
D4266	Guided Tissue Regeneration - Resorbable Barrier per Site	\$90	N/C	N/C	\$120
D4267	Guided Tissue Regeneration - Non-resorbable Barrier per Site (includes membrane removal)	\$90	N/C	N/C	\$135
D4270	Pedicle Soft Tissue Graft Procedure	\$175	N/C	N/C	\$235
D4273	Autogenous Connective Tissue Graft Procedures (Including Donor and Recipient Surgical Sites) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$175	N/C	N/C	\$250
D4274	Mesial/Distal Procedure, Single Tooth (When Not Performed in Conjunction with Surgical Procedures in the Same Anatomical Area)	\$40	N/C	N/C	\$100
D4275	Non-Autogenous Connective Tissue Graft (Including Recipient Site and Donor Material) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$175	N/C	N/C	\$235
D4276	Combined Connective Tissue and Double Pedicle Graft , per Tooth	\$175	N/C	N/C	\$235
D4277	Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Site) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$70	N/C	N/C	\$70
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	\$35	N/C	N/C	\$35
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	\$96	N/C	N/C	\$138
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	\$96	N/C	N/C	\$129
D4320	Provisional Splinting - Intracoronal	\$0	N/C	N/C	\$25
D4321	Provisional Splinting - Extracoronal	\$0	N/C	N/C	\$25
D4341	Periodontal Scaling And Root Planing, Four or More Teeth per Quadrant	\$55	N/C	N/C	\$70
D4342	Periodontal Scaling And Root Planing, One to Three Teeth per Quadrant	\$40	N/C	N/C	\$40
D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation – Full Mouth, After Oral Evaluation	\$28	N/C	N/C	\$20
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	\$55	N/C	N/C	\$40

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D4910	Periodontal Maintenance	\$30	N/C	N/C	\$40
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist or Their Staff)	\$0	N/C	N/C	\$15
D5110	Complete Denture - Maxillary	\$250	N/C	N/C	\$340
D5120	Complete Denture - Mandibular	\$250	N/C	N/C	\$340
D5130	Immediate Denture - Maxillary	\$275	N/C	N/C	\$370
D5140	Immediate Denture - Mandibular	\$275	N/C	N/C	\$370
D5211	Maxillary Partial Denture - Resin Base (Including any Conventional Clasps, Rests and Teeth)	\$250	N/C	N/C	\$370
D5212	Mandibular Partial Denture - Resin Base (Including any Conventional Clasps, Rests and Teeth)	\$250	N/C	N/C	\$370
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$275	N/C	N/C	\$405
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$275	N/C	N/C	\$405
D5221	Immediate Maxillary Partial Denture – Resin Base (Including Any Conventional Clasps, Rests and Teeth)	\$288	N/C	N/C	\$426
D5222	Immediate Mandibular Partial Denture – Resin Base (Including Any Conventional Clasps, Rests and Teeth)	\$288	N/C	N/C	\$426
D5223	Immediate Maxillary Partial Denture – Cast Metal Framework With Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth) Includes Limited Follow-up Care Only; Does Not Include Future Rebasing	\$316	N/C	N/C	\$466
D5224	Immediate Mandibular Partial Denture – Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	\$316	N/C	N/C	\$466
D5225	Maxillary Partial Denture – Flexible Base (Including any Clasps, Rests and Teeth)	\$300	N/C	N/C	\$445
D5226	Mandibular Partial Denture – Flexible Base (Including any Clasps, Rests and Teeth)	\$300	N/C	N/C	\$445
D5281	Removable Unilateral Partial Denture – One Piece Cast Metal (Including any Clasps, Rests and Teeth)	\$125	N/C	N/C	\$205
D5410	Adjust Complete Denture - Maxillary	\$0	N/C	N/C	\$15
D5411	Adjust Complete Denture - Mandibular	\$0	N/C	N/C	\$15
D5421	Adjust Partial Denture - Maxillary	\$0	N/C	N/C	\$15
D5422	Adjust Partial Denture - Mandibular	\$0	N/C	N/C	\$15
D5510	Repair Broken Complete Denture Base	\$35	N/C	N/C	\$55
D5520	Replace Missing or Broken Teeth, Complete Denture (Each Tooth)	\$35	N/C	N/C	\$55
D5610	Repair Resin Denture Base	\$35	N/C	N/C	\$55
D5620	Repair Cast Framework	\$35	N/C	N/C	\$55
D5630	Repair Or Replace Broken Clasp – per Tooth	\$35	N/C	N/C	\$55
D5640	Replace Broken Teeth – per Tooth	\$35	N/C	N/C	\$55
D5650	Add Tooth to Existing Partial Denture	\$35	N/C	N/C	\$55
D5660	Add Clasp to Existing Partial Denture – per Tooth	\$35	N/C	N/C	\$55
D5710	Rebase Complete Maxillary Denture	\$85	N/C	N/C	\$130
D5711	Rebase Complete Mandibular Denture	\$85	N/C	N/C	\$130
D5720	Rebase Maxillary Partial Denture	\$85	N/C	N/C	\$130
D5721	Rebase Mandibular Partial Denture	\$85	N/C	N/C	\$130
D5730	Reline Complete Maxillary Denture (Chairside)	\$40	N/C	N/C	\$60
D5731	Reline Complete Mandibular Denture (Chairside)	\$40	N/C	N/C	\$60
D5740	Reline Maxillary Partial Denture (Chairside)	\$40	N/C	N/C	\$60
D5741	Reline Mandibular Partial Denture (Chairside)	\$40	N/C	N/C	\$60
D5750	Reline Complete Maxillary Denture (Laboratory)	\$40	N/C	N/C	\$60
D5751	Reline Complete Mandibular Denture (Laboratory)	\$40	N/C	N/C	\$60

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D5760	Reline Maxillary Partial Denture (Laboratory)	\$40	N/C	N/C	\$60
D5761	Reline Mandibular Partial Denture (Laboratory)	\$40	N/C	N/C	\$60
D5810	Interim Complete Denture (Maxillary)	\$40	N/C	N/C	\$75
D5811	Interim Complete Denture (Mandibular)	\$40	N/C	N/C	\$75
D5820	Interim Partial Denture - (Maxillary)	\$40	N/C	N/C	\$60
D5821	Interim Partial Denture - (Mandibular)	\$40	N/C	N/C	\$60
D5850	Tissue Conditioning, Maxillary	\$40	N/C	N/C	\$55
D5851	Tissue Conditioning, Mandibular	\$40	N/C	N/C	\$55
D6210	Pontic - Cast High Noble Metal	\$225	N/C	N/C	\$340
D6211	Pontic - Cast Predominantly Base Metal	\$200	N/C	N/C	\$295
D6212	Pontic - Cast Noble Metal	\$200	N/C	N/C	\$295
D6214	Pontic – Titanium	\$225	N/C	N/C	\$340
D6240	Pontic - Porcelain Fused to High Noble Metal	\$225	N/C	N/C	\$340
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$200	N/C	N/C	\$295
D6242	Pontic - Porcelain Fused to Noble Metal	\$200	N/C	N/C	\$295
D6245	Pontic - Porcelain/Ceramic	\$200	N/C	N/C	\$295
D6250	Pontic - Resin with High Noble Metal	\$150	N/C	N/C	\$225
D6251	Pontic - Resin with Predominantly Base Metal	\$150	N/C	N/C	\$225
D6252	Pontic - Resin with Noble Metal	\$150	N/C	N/C	\$225
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis	\$100	N/C	N/C	\$150
D6549	Resin retainer – for resin bonded fixed prosthesis	\$75	N/C	N/C	\$75
D6602	Inlay - Cast High Noble Metal, Two Surfaces	\$175	N/C	N/C	\$265
D6603	Inlay - Cast High Noble Metal, Three or More Surfaces	\$175	N/C	N/C	\$265
D6604	Inlay - Cast Predominantly Base Metal, Two Surfaces	\$100	N/C	N/C	\$160
D6605	Inlay - Cast Predominantly Base Metal, Three or More Surfaces	\$100	N/C	N/C	\$160
D6606	Inlay - Cast Noble Metal, Two Surfaces	\$155	N/C	N/C	\$230
D6607	Retainer Inlay - Cast Noble Metal, Three or More Surfaces	\$155	N/C	N/C	\$230
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	\$185	N/C	N/C	\$275
D6611	Retainer Onlay - Cast High Noble Metal, Three or More Surfaces	\$185	N/C	N/C	\$275
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	\$100	N/C	N/C	\$160
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three or More Surfaces	\$100	N/C	N/C	\$160
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	\$175	N/C	N/C	\$265
D6615	Retainer Onlay - Cast Noble Metal, Three or More Surfaces	\$175	N/C	N/C	\$265
D6624	Retainer Inlay – Titanium	\$175	N/C	N/C	\$265
D6634	Retainer Onlay – Titanium	\$185	N/C	N/C	\$275
D6720	Retainer Crown - Resin with High Noble Metal	\$150	N/C	N/C	\$225
D6721	Retainer Crown - Resin with Predominantly Base Metal	\$150	N/C	N/C	\$225
D6722	Retainer Crown - Resin with Noble Metal	\$150	N/C	N/C	\$225
D6740	Retainer Crown - Porcelain/Ceramic	\$200	N/C	N/C	\$295
D6750	Retainer Crown - Porcelain Fused to High Noble Metal	\$225	N/C	N/C	\$340
D6751	Retainer Crown - Porcelain Fused to Predominantly Base Metal	\$200	N/C	N/C	\$295
D6752	Retainer Crown - Porcelain Fused to Noble Metal	\$200	N/C	N/C	\$295
D6780	Retainer Crown - ¾ Cast High Noble Metal	\$225	N/C	N/C	\$340
D6781	Retainer Crown - ¾ Cast Predominantly Base Metal	\$200	N/C	N/C	\$295
D6782	Retainer Crown - ¾ Cast Noble Metal	\$200	N/C	N/C	\$295

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ADA Code ¹	Description	Plan 34	Plan 34A	Plan 34B	Plan 34C
D6783	Retainer Crown - ¾ Porcelain/Ceramic	\$200	N/C	N/C	\$295
D6790	Retainer Crown - Full Cast High Noble Metal	\$225	N/C	N/C	\$340
D6791	Retainer Crown - Full Cast Predominantly Base Metal	\$200	N/C	N/C	\$295
D6792	Retainer Crown - Full Cast Noble Metal	\$200	N/C	N/C	\$295
D6794	Retainer Crown – Titanium	\$225	N/C	N/C	\$340
D6930	Re-cement or Re-Bond Fixed Partial Denture	\$15	N/C	N/C	\$25
D6980	Fixed Partial Denture Repair Necessitated by Restorative Material Failure	\$25	N/C	N/C	\$45
D7111	Extraction, Coronal Remnants - Deciduous Tooth	\$10	N/C	N/C	\$20
D7140	Extraction - Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$20	N/C	N/C	\$35
D7210	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and including Elevation of Mucoperiosteal Flap if Indicated	\$30	N/C	N/C	\$45
D7220	Removal of Impacted Tooth - Soft Tissue	\$55	N/C	N/C	\$80
D7230	Removal Of Impacted Tooth - Partially Bony	\$55	N/C	N/C	\$80
D7240	Removal Of Impacted Tooth - Completely Bony	\$65	N/C	N/C	\$100
D7241	Removal Of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	\$65	N/C	N/C	\$100
D7250	Removal of Residual Tooth Roots (Cutting Procedure)	\$30	N/C	N/C	\$45
D7251	Coronectomy – Intentional Partial Tooth Removal	\$33	N/C	N/C	\$48
D7260	Oroantral Fistula Closure	\$100	N/C	N/C	\$150
D7261	Primary Closure of a Sinus Perforation	\$100	N/C	N/C	\$150
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	\$60	N/C	N/C	\$90
D7280	Exposure of an Unerupted Tooth	\$60	N/C	N/C	\$90
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	\$60	N/C	N/C	\$70
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$0	N/C	N/C	\$25
D7285	Biopsy of Oral Tissue – Hard (Bone, Tooth)	\$60	N/C	N/C	\$95
D7286	Incisional Biopsy of Oral Tissue – Soft	\$25	N/C	N/C	\$40
D7287	Exfoliative Cytological Sample Collection	\$13	N/C	N/C	\$13
D7291	Transseptal Fiberotomy / Supra Crestal Fiberotomy, by Report	\$20	N/C	N/C	\$35
D7310	Alveoplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, per Quadrant	\$30	N/C	N/C	\$45
D7311	Alveoplasty in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, per Quadrant	\$15	N/C	N/C	\$25
D7320	Alveoplasty Not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, per Quadrant	\$35	N/C	N/C	\$55
D7321	Alveoplasty Not In Conjunction with Extractions - One to Three Teeth or Tooth Spaces, per Quadrant	\$20	N/C	N/C	\$35
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	\$60	N/C	N/C	\$90
D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm	\$60	N/C	N/C	\$90
D7460	Removal of Benign Non-Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	\$60	N/C	N/C	\$90
D7461	Removal of Benign Non-Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm	\$60	N/C	N/C	\$90
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	\$90	N/C	N/C	\$135
D7472	Removal of Torus Palatinus	\$90	N/C	N/C	\$135
D7473	Removal of Torus Mandibularis	\$90	N/C	N/C	\$135
D7485	Reduction of Osseous Tuberosity	\$90	N/C	N/C	\$135
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$25	N/C	N/C	\$40

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D7511	Incision and Drainage of Abscess - Intraoral Soft Tissue, Complicated (Includes Drainage of Multiple Fascial Spaces)	\$30	N/C	N/C	\$45
D7520	Incision and Drainage of Abscess - Extraoral Soft Tissue	\$35	N/C	N/C	\$55
D7521	Incision and Drainage of Abscess - Extraoral Soft Tissue - Complicated (Includes Drainage of Multiple Fascial Spaces)	\$40	N/C	N/C	\$60
D7953	Bone Replacement Graft for Ridge Preservation - Per Site	\$75	N/C	N/C	\$100
D7960	Frenulectomy - Also Known as Frenectomy or Frenotomy - Separate Procedure Not Incidental to Another Procedure	\$60	N/C	N/C	\$90
D7963	Frenuloplasty	\$65	N/C	N/C	\$100
D7970	Excision of Hyperplastic Tissue - Per Arch	\$60	N/C	N/C	\$90
D7971	Excision of Pericoronal Gingiva	\$30	N/C	N/C	\$45
D7972	Surgical Reduction of Fibrous Tuberosity	\$60	N/C	N/C	\$90
D9110	Palliative (Emergency) Treatment of Dental Pain, Minor Procedure	\$0	\$15	\$15	\$15
D9211	Regional Block Anesthesia	\$0	N/C	N/C	\$5
D9212	Trigeminal Division Block Anesthesia	\$0	N/C	N/C	\$5
D9215	Local Anesthesia in Conjunction with Operative or Surgical Procedures	\$0	N/C	N/C	\$5
D9219 ²	Evaluation for deep sedation or general anesthesia	\$0	N/C	N/C	\$0
D9223	Deep Sedation / General Anesthesia – Each 15 Minute Increment	\$20	N/C	N/C	\$30
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	\$0	N/C	N/C	\$5
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia – Each 15 Minute Increment	\$20	N/C	N/C	\$30
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician	\$0	N/C	N/C	\$5
D9311	Treating Dentist Consults with a Medical Health Care Professional Concerning Medical Issues that may Affect Patient's Planned Dental Treatment	\$0	N/C	N/C	\$5
D9430	Office Visit for Observation (During Regularly Scheduled Hours) – No Other Services Performed	\$0	N/C	N/C	\$0
D9440	Office Visit – After Regularly Scheduled Hours	\$0	N/C	N/C	\$0
D9610	Therapeutic Parenteral Drug, Single Administration	\$0	N/C	N/C	\$5
D9612	Therapeutic Parenteral Drugs, Two or More Administrations, Different Medications	\$0	N/C	N/C	\$0
D9630	Drugs or Medicaments Dispensed in the Office for Home Use	\$0	N/C	N/C	\$5
D9910	Application of Desensitizing Medicament	\$0	N/C	N/C	\$5
D9930	Treatment of Complications (Post-Surgical) – Unusual Circumstances, by Report	\$0	N/C	N/C	\$5
D9932	Cleaning and Inspection of a Removable Complete Denture, Maxillary	\$0	N/C	N/C	\$0
D9933	Cleaning and Inspection of a Removable Complete Denture, Mandibular	\$0	N/C	N/C	\$0
D9934	Cleaning and Inspection of a Removable Partial Denture, Maxillary	\$0	N/C	N/C	\$0
D9935	Cleaning and Inspection of a Removable Partial Denture, Mandibular	\$0	N/C	N/C	\$0
D9940	Occlusal Guard, by Report	\$40	N/C	N/C	\$60
D9942	Repair and/or Reline of Occlusal Guard	\$20	N/C	N/C	\$35
D9943	Occlusal Guard Adjustment	\$5	N/C	N/C	\$8
D9951	Occlusal Adjustment - Limited	\$0	N/C	N/C	\$5
D9952	Occlusal Adjustment - Complete	\$60	N/C	N/C	\$90

The schedules are subject to change, pending regulatory approval.

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² Covered only when performed by an anesthesiologist

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Network Bulletin

Date: September 2016

From: Joel Hodge, Head of Dental Networks and Administration

Subject: CDT 2017 updates to the Dental Office Guide for DMO Primary Care Dentists

Applies to: Dental Maintenance Organization (DMO®) plans

This bulletin is part of your *Dental Office Guide*. After reviewing this information, place it in the *Network Bulletin* section of your guide for future reference.

Below are the new CDT-2017¹ codes

In accordance with the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA), and the terms of our CDT Content License Agreement with the American Dental Association, below is information on the new CDT 2017¹ codes starting January 1, 2017.

We're here to help

If you have questions, please call our National Dentist Line at **1-800-451-7715**. Thanks for your continued participation and support of Aetna Dental® plans.

CDT 2017 Code ¹	Nomenclature
D0100 - D0999	I. Diagnostic
D0414	laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report
D0600	non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin and cementum
D1000-D1999	II. Preventive
D1575	distal shoe space maintainer – fixed – unilateral
D4000-D4999	V. Periodontics
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation
D6000-D6199	VIII. Implant Services
D6081	scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure

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CDT 2017 Code ¹	Nomenclature
D9000-D9999	XII. Adjunctive General Services
D9311	consultation with a medical health care professional
D9991	dental case management - addressing appointment compliance barriers
D9992	dental case management – care coordination
D9993	dental case management – motivational interviewing
D9994	dental case management – patient education to improve oral health literacy

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Patient coinsurance/copay information for the new codes

Please follow the guides below to determine members' coinsurance percentages and fixed copayment amounts, by plan code, for the new CDT codes.

COINSURANCE PLAN CODES A - U

ADA Code ¹	A	B	C	D	E	F	G	H	I	J	K	L Li	M Mi	Q	R	U
D0414	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D0600	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D1575	10% \$0	20% \$0	25% \$0	30% \$0	40% \$0	50% \$0	30% \$0	10% \$0	20% \$0	25% \$0	30% \$0	40% \$0	50% \$0	\$0 \$0	NC NC	\$0 \$0
D4346	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D6081	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC 40%	NC 50%	NC	NC	NC
D6085	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D9311	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D9991	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D9992	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D9993	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D9994	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC

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COINSURANCE PLAN CODES 1 – 26

ADA Code¹	1	2 2i	3	4	5	6	7	8 8i	10 10i	12	21	22	23	24	25	26
D0414	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D0600	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D1575	40% \$0	50% \$0	50% \$0	40% \$0	75% \$0	75% \$0	0% 0%	40% \$0	0% 0%	50% \$0	10% 0%	20% 0%	10% 10%	20% 20%	25% \$0	40% \$0
D4346	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	10%	20%	\$0	\$0
D6081	NC	NC 50%	NC	NC	NC	NC	NC	NC 40%	NC 40%	NC	NC	NC	NC	NC	NC	NC
D6085	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D9311	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	10%	20%	\$0	\$0
D9991	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D9992	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D9993	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D9994	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC

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FIXED COPAY PLAN CODES 41 – 58

ADA Code¹	41	42	51	52	53	54	55	56	57	58
D0414	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D0600	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D1575	\$110	\$110	\$110	\$94	\$72	\$66	\$0	\$0	\$72	\$66
D4346	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30
D6081	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D6085	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D9311	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D9991	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D9992	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D9993	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D9994	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC

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FIXED COPAY PLAN CODES 63 – 78i, SFI – CLI

ADA Code¹	63 63i	64 64i	65 65i	66 66i	67 67i	68 68i	73 73i	74 74i	75 75i	76 76i	77 77i	78 78i	SFL SFI	CAM CMI	CAL CLI
D0414	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D0600	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D1575	\$88	\$83	\$0	\$0	\$88	\$83	\$101	\$95	\$0	\$0	\$101	\$95	\$0	\$28	\$66
D4346	\$30	\$30	\$30	\$30	\$30	\$30	\$35	\$35	\$35	\$35	\$35	\$35	\$8	\$18	\$25
D6081	NC \$17	NC \$16	NC \$15	NC \$11	NC \$18	NC \$19	NC \$18	NC \$17	NC \$16	NC \$11	NC \$19	NC \$20	NC \$15	NC \$5	NC \$10
D6085	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D9311	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5	\$10
D9991	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D9992	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D9993	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
D9994	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC

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Network Bulletin

Date: September 2016

From: Joel Hodge, Head of Dental Networks and Administration

Subject: New CDT 2017 codes

Applies to: Family Preventive, Basic Dental, Aetna Advantage™ Dental and Aetna Advantage™ Student Dental

This bulletin is part of your *Dental Office Guide*. After reviewing this information, place it in the *Network Bulletin* section of your guide for future reference.

Below are the new CDT-2017 codes

In accordance with the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA), and the terms of our CDT Content License Agreement with the American Dental Association, below is information on the new CDT 2017¹ codes starting January 1, 2017.

Fee information for the new CDT-2017 codes

Your negotiated rates for the new CDT codes are based on the fees found in your current schedule for existing procedures. Please follow the guide below to determine your reimbursement for the new CDT codes.

We're here to help

If you have any questions, please call our Dentist Contracting Hotline at **1-800-776-0537**. Thanks for your participation in our dental network and your continued support of Aetna Dental® plans.

CDT 2017 Code ¹	Nomenclature	Contracted Fees for CDT 2017 codes are based on the following:
D0100 - D0999	I. Diagnostic	
D0414	laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	100% of Negotiated Fee for D0415
D0600	non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin and cementum	75% of Negotiated Fee for D0425
D1000-D1999	II. Preventive	
D1575	distal shoe space maintainer – fixed – unilateral	110% of Negotiated Fee for D1510
D4000-D4999	V. Periodontics	
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	115% of Negotiated Fee for D1110

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CDT 2017 Code ¹	Nomenclature	Contracted Fees for CDT 2017 codes are based on the following:
D6000-D6999	VIII. Implant Services	
D6081	scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	50% of Negotiated Fee for D4342
D6085	provisional implant crown	100% of Negotiated Fee for D2799
D9000-D9999	XII. Adjunctive General Services	
D9311	consultation with a medical health care professional	100% of Negotiated Fee for D9310
D9991	dental case management - addressing appointment compliance barriers	20% Discount off of Usual Fee
D9992	dental case management – care coordination	20% Discount off of Usual Fee
D9993	dental case management – motivational interviewing	20% Discount off of Usual Fee
D9994	dental case management – patient education to improve oral health literacy	20% Discount off of Usual Fee