

County of San Bernardino  
Cigna Dental Care® (\*DHMO)  
Patient Charge Schedule

This Patient Charge Schedule lists the benefits of the Dental Plan including covered procedures and patient charges.

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## Important Highlights

- This Patient Charge Schedule applies only when covered dental services are performed by your Network Dentist, unless otherwise authorized by Cigna Dental as described in your plan documents.
- This Patient Charge Schedule applies to Specialty Care when an appropriate referral is made to a Network Specialty Periodontist, Orthodontist or Oral Surgeon. You must verify with the Network Specialty Dentist that your treatment plan has been authorized for payment by Cigna Dental. Prior authorization is not required for specialty referrals for Pediatric and Endodontic services. You may select a Network Pediatric Dentist for your child under the age of 7 by calling Member Services at 1.800.238.5834 to get a list of Network Pediatric Dentists in your area. Coverage for treatment by a Pediatric Dentist ends on your child's 7<sup>th</sup> birthday; however, exceptions for medical reasons may be considered on an individual basis. Your Network General Dentist will provide care upon your child's 7th birthday.
- Procedures **NOT** listed on this Patient Charge Schedule are NOT covered and are the patient's responsibility at the dentist's usual fees.
- The administration of IV sedation, general anesthesia, and/or Nitrous Oxide is not covered except as specifically listed on this Patient Charge Schedule. The application of local anesthetic is covered as part of your dental treatment.
- Cigna Dental considers infection control and/or sterilization to be incidental to and part of the charges for services provided and not separately chargeable.
- This Patient Charge Schedule is subject to annual change in accordance with the terms of the group agreement.
- All patient charges must correspond to the Patient Charge Schedule in effect on the date the procedure is initiated.

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## Patient Charge Schedule (BER07)

### Important Highlights *(continued)*

- Procedures listed on the Patient Charge Schedule are subject to the plan limitations and exclusions described in your plan book/certificate of coverage and/or group contract.
- The American Dental Association may periodically change CDT Codes or definitions. Different codes may be used to describe these covered procedures.

Code	Procedure Description	Patient Charge
<b>Diagnostic/Preventive</b> – Oral Evaluations are limited to a combined total of 4 of the following evaluations during a 12 consecutive month period: Periodic Oral Evaluations (D0120), Comprehensive Oral Evaluations, (D0150), Comprehensive Periodontal Evaluations, (D0180), and Oral Evaluations for Patients Under 3 Years of Age, (D0145).		
D9310	Consultation (Diagnostic Service Provided By Dentist or Physician Other Than Requesting Dentist or Physician)	\$0.00
D9430	Office Visit for Observation (During Regularly Scheduled Hours) – No Other Services Performed	\$5.00
D9450	Case Presentation, Detailed and Extensive Treatment Planning	\$0.00
D0120	Periodic Oral Evaluation – Established Patient	\$0.00
D0140	Limited Oral Evaluation – Problem Focused	\$0.00
D0145	Oral Evaluation for a Patient Under 3 Years of Age and Counseling with Primary Caregiver.	\$0.00
D0150	Comprehensive Oral Evaluation – New or Established Patient	\$0.00
D0160	Detailed and Extensive Oral Evaluation – Problem Focused, By Report	\$0.00
D0170	Re-evaluation – Limited, Problem Focused (Not Post-Operative Visit)	\$0.00
D0210	X-Rays Intraoral – Complete Series (Including Bitewings) <i>(Limit 1 Every 3 Years)</i>	\$0.00
D0220	X-Rays Intraoral – Periapical First Film	\$0.00
D0230	X-Rays Intraoral – Periapical Each Additional Film	\$0.00
D0240	X-Rays Intraoral – Occlusal Film	\$0.00

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Code	Procedure Description	Patient Charge
D0250	X-Rays Extraoral – First Film	\$0.00
D0260	X-Rays Extraoral – Each Additional Film	\$0.00
D0270	X-Rays (Bitewing) – Single Film	\$0.00
D0272	X-Rays (Bitewings) – 2 Films	\$0.00
D0273	X-Rays (Bitewings) – 3 Films	\$0.00
D0274	X-Rays (Bitewings) – 4 Films	\$0.00
D0277	X-Rays (Bitewings, Vertical) – 7-8 Films	\$0.00
D0330	X-Rays (Panoramic Film) – <i>(Limit 1 Every 3 years)</i>	\$0.00
D0415	Collection of Microorganisms for Culture and Sensitivity	\$0.00
D0425	Caries Susceptibility Tests	\$0.00
D0460	Pulp Vitality Tests	\$0.00
D0470	Diagnostic Casts	\$0.00
D0472	Pathology Report – Gross Examination of Lesion. (Only When Tooth Related)	\$0.00
D0473	Pathology Report – Microscopic Examination of Lesion. (Only When Tooth Related)	\$0.00
D0474	Pathology Report – Microscopic Examination of Lesion and Area. (Only When Tooth Related)	\$0.00
D0999	Unspecified Diagnostic Procedure, By Report	\$0.00
D1110	Prophylaxis (Cleaning) – Adult <i>(Limit 2 per Calendar Year)</i>	\$0.00
	Additional Prophylaxis (Cleaning), In Addition to the 2 Prophylaxes (Cleanings) Allowed per Calendar Year	\$45.00
D1120	Prophylaxis (Cleaning) – Child <i>(Limit 2 per Calendar Year)</i>	\$0.00
	Additional Prophylaxis (Cleaning), In Addition to the Two Prophylaxes (Cleaning) Allowed per Calendar Year	\$35.00
D1203	Topical Application of Fluoride – Child <i>(Up to 19th Birthday) (Limited to 2 per Calendar Year). There is a Combined Limit of a Total of Two D1203s and/or D1206s per Calendar Year.</i>	\$0.00
D1204	Topical Fluoride Application – Adult <i>(Limited to 2 per Calendar Year)</i>	\$0.00

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Code	Procedure Description	Patient Charge
D1206	Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients. Child ( <i>Up to 19th Birthday</i> )(Limited to 2 per Calendar Year). There is a Combined Limit of a Total of 2 D1203s and/or D1206s per Calendar Year.	\$0.00
D1310	Nutritional Counseling for Control of Dental Disease	\$0.00
D1330	Oral Hygiene Instructions	\$0.00
D1351	Sealant – per Tooth	\$5.00
D1352	Preventive Resin Restoration in a Moderate to High Caries Risk Patient – Permanent Tooth	\$5.00
D1510	Space Maintainer – Fixed – Unilateral	\$15.00
D1515	Space Maintainer – Fixed – Bilateral	\$15.00
D1520	Space Maintainer – Removable – Unilateral	\$15.00
D1525	Space Maintainer – Removable – Bilateral	\$15.00
D1550	Recementation of Space Maintainer	\$0.00
D1555	Removal of Fixed Space Maintainer	\$0.00
<b>Restorative (Fillings)</b>		
D2140	Amalgam – 1 Surface, Primary or Permanent	\$0.00
D2150	Amalgam – 2 Surfaces, Primary or Permanent	\$0.00
D2160	Amalgam – 3 Surfaces, Primary or Permanent	\$0.00
D2161	Amalgam – 4 or More Surfaces, Primary or Permanent	\$0.00
D2330	Resin-Based Composite – 1 Surface, Anterior	\$0.00
D2331	Resin-Based Composite – 2 Surfaces, Anterior	\$0.00
D2332	Resin-Based Composite – 3 Surfaces, Anterior	\$0.00
D2335	Resin-Based Composite – 4 or More Surfaces or Involving Incisal Angle (Anterior)	\$0.00
D2390	Resin-Based Composite Crown, Anterior	\$0.00
D2391	Resin-Based Composite – 1 Surface, Posterior	\$45.00
D2392	Resin-Based Composite – 2 Surfaces, Posterior	\$55.00

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Code	Procedure Description	Patient Charge
D2393	Resin-Based Composite – 3 Surfaces, Posterior	\$65.00
D2394	Resin-Based Composite – 4 or More Surfaces, Posterior	\$75.00
<b>Crown and Bridge</b> All charges for crown and bridge (fixed partial denture) are per unit (each replacement or supporting tooth equals one unit).		
D2510	Inlay – Metallic – 1 Surface	\$0.00
D2520	Inlay – Metallic – 2 Surfaces	\$0.00
D2530	Inlay – Metallic – 3 or More Surfaces	\$0.00
D2542	Onlay – Metallic – 2 Surfaces	\$0.00
D2543	Onlay – Metallic – 3 Surfaces	\$0.00
D2544	Onlay – Metallic – 4 or More Surfaces	\$0.00
D2610	Inlay – Porcelain/Ceramic – 1 Surface	\$135.00
D2620	Inlay – Porcelain/Ceramic – 2 Surfaces	\$150.00
D2630	Inlay – Porcelain/Ceramic – 3 or More Surfaces	\$160.00
D2642	Onlay – Porcelain/Ceramic – Two Surfaces	\$150.00
D2643	Onlay – Porcelain/Ceramic – Three Surfaces	\$165.00
D2644	Onlay – Porcelain/Ceramic – 4 or More Surfaces	\$175.00
D2650	Inlay – Resin-Based Composite – 1 Surface	\$85.00
D2651	Inlay – Resin-Based Composite – 2 Surfaces	\$95.00
D2652	Inlay – Resin-Based Composite – 3 or More Surfaces	\$115.00
D2662	Onlay – Resin-Based Composite – 2 Surfaces	\$110.00
D2663	Onlay – Resin-Based Composite – 3 Surfaces	\$120.00
D2664	Onlay – Resin-Based Composite – 4 or More Surfaces	\$145.00
D2710	Crown – Resin (Laboratory)	\$40.00
D2712	Crown – 3/4 Resin-Based Composite (Indirect)	\$40.00
D2720	Crown – Resin with High Noble Metal	\$160.00
D2721	Crown – Resin with Predominantly Base Metal	\$60.00

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<b>Code</b>	<b>Procedure Description</b>	<b>Patient Charge</b>
D2722	Crown – Resin with Noble Metal	\$60.00
D2740	Crown – Porcelain/Ceramic Substrate	\$60.00
D2750	Crown – Porcelain Fused to High Noble Metal	\$160.00
D2751	Crown – Porcelain Fused to Predominantly Base Metal	\$60.00
D2752	Crown – Porcelain Fused to Noble Metal	\$60.00
D2780	Crown – 3/4 Cast High Noble Metal	\$160.00
D2781	Crown – 3/4 Cast Predominantly Base Metal	\$60.00
D2782	Crown – 3/4 Cast Noble Metal	\$60.00
D2783	Crown –3/4 Porcelain/Ceramic	\$195.00
D2790	Crown – Full Cast High Noble Metal	\$160.00
D2791	Crown – Full Cast Predominantly Base Metal	\$60.00
D2792	Crown – Full Cast Noble Metal	\$60.00
D2794	Crown – Titanium	\$160.00
D2910	Recement Inlay, Onlay or Partial Coverage Restoration	\$0.00
D2915	Recement Cast or Prefabricated Post and Core	\$0.00
D2920	Recement Crown	\$0.00
D2930	Prefabricated Stainless Steel Crown – Primary Tooth	\$0.00
D2931	Prefabricated Stainless Steel Crown – Permanent Tooth	\$0.00
D2932	Prefabricated Resin Crown	\$10.00
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$10.00
D2940	Protective Restoration	\$10.00
D2950	Core Buildup, Including Any Pins	\$10.00
D2951	Pin Retention – per Tooth, In Addition to Restoration	\$10.00
D2952	Post and Core In Addition to Crown, Indirectly Fabricated	\$10.00
D2953	Each Additional Cast Post – Same Tooth	\$10.00

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Code	Procedure Description	Patient Charge
D2954	Prefabricated Post and Core In Addition to Crown – Base Metal Post	\$10.00
D2957	Each Additional Prefabricated Post – Same Tooth – Base Metal Post	\$10.00
D2970	Temporary Crown – Fractured Tooth	\$5.00
D2971	Additional Procedures to Construct New Crown Under Existing Partial Denture Framework	\$12.00
D2980	Crown Repair	\$10.00
D6210	Pontic – Cast High Noble Metal	\$160.00
D6211	Pontic – Cast Predominantly Base Metal	\$60.00
D6212	Pontic – Cast Noble Metal	\$60.00
D6240	Pontic – Porcelain Fused to High Noble Metal	\$160.00
D6241	Pontic – Porcelain Fused to Predominantly Base Metal	\$60.00
D6242	Pontic – Porcelain Fused to Noble Metal	\$60.00
D6245	Pontic – Porcelain/Ceramic	\$195.00
D6250	Pontic – Resin with High Noble Metal	\$160.00
D6251	Pontic – Resin with Predominantly Base Metal	\$60.00
D6252	Pontic – Resin with Noble Metal	\$60.00
D6600	Inlay – Porcelain/Ceramic, 2 Surfaces	\$150.00
D6601	Inlay – Porcelain/Ceramic, 3 or More Surfaces	\$160.00
D6602	Inlay – Cast High Noble Metal – 2 Surfaces	\$0.00
D6603	Inlay – Cast High Noble Metal – 3 or More Surfaces	\$0.00
D6604	Inlay – Cast Predominantly Base Metal, 2 Surfaces	\$0.00
D6605	Inlay – Cast Predominantly Base Metal, 3 or More Surfaces	\$0.00
D6606	Inlay – Cast Noble Metal, 2 Surfaces	\$0.00
D6607	Inlay – Cast Noble Metal, 3 or More Surfaces	\$0.00
D6608	Onlay – Porcelain/Ceramic, 2 Surfaces	\$150.00

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Code	Procedure Description	Patient Charge
D6609	Onlay – Porcelain/Ceramic, 3 or More Surfaces	\$165.00
D6610	Onlay –Cast High Noble Metal – 2 surfaces	\$0.00
D6611	Onlay –Cast High Noble Metal – 3 or More surfaces	\$0.00
D6612	Onlay – Cast Predominantly Base Metal, 2 Surfaces	\$0.00
D6613	Onlay – Cast Predominantly Base Metal, 3 or More Surfaces	\$0.00
D6614	Onlay – Cast Noble Metal, 2 Surfaces	\$0.00
D6615	Onlay – Cast Noble Metal, 3 or More Surfaces	\$0.00
D6720	Crown – Resin with High Noble Metal	\$160.00
D6721	Crown – Resin with Predominantly Base Metal	\$60.00
D6722	Crown – Resin with Noble Metal	\$60.00
D6740	Crown – Porcelain/Ceramic	\$195.00
D6750	Crown – Porcelain Fused to High Noble Metal	\$160.00
D6751	Crown – Porcelain Fused to Predominantly Base Metal	\$60.00
D6752	Crown – Porcelain Fused to Noble Metal	\$60.00
D6780	Crown – 3/4 Cast High Noble Metal	\$160.00
D6781	Crown – 3/4 Cast Predominantly Base Metal	\$60.00
D6782	Crown – 3/4 Cast Noble Metal	\$60.00
D6783	Crown – 3/4 Porcelain/Ceramic	\$195.00
D6790	Crown – Full Cast High Noble Metal	\$160.00
D6791	Crown – Full Cast Predominantly Base Metal	\$60.00
D6792	Crown – Full Cast Noble Metal	\$60.00
D6930	Recement Fixed Partial Denture	\$0.00
D6940	Stress Breaker	\$0.00
D6970	Cast Post and Core, In Addition to Fixed Partial Denture Retainer	\$10.00
D6972	Prefabricated Post and Core In Addition to Fixed Partial Denture Retainer – Base Metal Post	\$10.00

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Code	Procedure Description	Patient Charge
D6973	Core Buildup For Retainer, Including Any Pins	\$10.00
D6976	Each Additional Cast Post – Same Tooth	\$10.00
D6977	Each Additional Prefabricated Post – Same Tooth	\$10.00
D6980	Fixed Partial Denture Repair	\$15.00
<b>Endodontics (Root Canal Treatment, Excluding Final Restorations)</b>		
D3110	Pulp Cap – Direct (Excluding Final Restoration)	\$0.00
D3120	Pulp Cap – Indirect (Excluding Final Restoration)	\$0.00
D3220	Pulpotomy – Removal of Pulp, Not Part of a Root Canal	\$0.00
D3221	Pulpal Debridement (Not to be used when root canal is done on the same day)	\$6.00
D3222	Partial Pulpotomy for Apexogenesis–Permanent Tooth with Incomplete Root Development	\$0.00
D3230	Pulpal Therapy (Resorbable Filling) – Anterior, Primary Tooth (Excluding Final Restoration)	\$6.00
D3240	Pulpal Therapy (Resorbable Filling) – Posterior, Primary Tooth (Excluding Final Restoration)	\$6.00
D3310	Anterior Root Canal (Excluding Final Restoration)	\$30.00
D3320	Bicuspid Root Canal (Excluding Final Restoration)	\$60.00
D3330	Molar Root Canal (Excluding Final Restoration)	\$90.00
D3331	Treatment of Root Canal Obstruction – Non-Surgical Access	\$45.00
D3332	Incomplete Endodontic Therapy – Inoperable or Fractured Tooth	\$45.00
D3333	Internal Root Repair of Perforation Defects	\$45.00
D3346	Retreatment of Previous Root Canal Therapy – Anterior	\$45.00
D3347	Retreatment of Previous Root Canal Therapy – Bicuspid	\$75.00
D3348	Retreatment of Previous Root Canal Therapy – Molar	\$105.00

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Code	Procedure Description	Patient Charge
D3351	Apexification/Recalcification – Initial Visit (Apical Closure/ Calcific Repair of Perforations, Root Resorption, etc.)	\$70.00
D3352	Apexification/Recalcification – Interim Medication Replacement (Apical Closure/Calcific Repair of Perforations, Root Resorption, etc.)	\$45.00
D3353	Apexification/Recalcification – Final Visit (Includes Completed Root Canal Therapy – Apical Closure/Calcific Repair of Perforations, Root Resorption, etc.)	\$45.00
D3410	Apicoectomy/Periradicular Surgery – Anterior	\$50.00
D3421	Apicoectomy/Periradicular Surgery – Bicuspid (First Root)	\$50.00
D3425	Apicoectomy/Periradicular Surgery – Molar (First Root)	\$50.00
D3426	Apicoectomy/Periradicular Surgery (Each Additional Root)	\$0.00
D3430	Retrograde Filling – per Root	\$50.00
D3450	Root Amputation – per Root (Not Covered in Conjunction with Procedure D3920)	\$0.00
D3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	\$0.00

**Periodontics** Includes Postoperative Evaluations and Treatment Under a Local Anesthetic

D0180	Comprehensive Periodontal Evaluation – New or Established Patient	\$0.00
D4210	Gingivectomy or Gingivoplasty – 4 or More Teeth, per Quadrant	\$75.00
D4211	Gingivectomy or Gingivoplasty – 1 to 3 Teeth, per Quadrant	\$15.00
D4240	Gingival Flap, Including Root Planing – 4 or More Teeth, per Quadrant	\$75.00
D4241	Gingival Flap, Including Root Planing – 1 to 3 Teeth, per Quadrant	\$75.00
D4245	Apically Positioned Flap	\$75.00
D4249	Clinical Crown Lengthening – Hard Tissue	\$75.00
D4260	Osseous Surgery – 4 or More Teeth, per Quadrant	\$150.00

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Code	Procedure Description	Patient Charge
D4261	Osseous Surgery – 1 to 3 Teeth, per Quadrant	\$150.00
D4263	Bone Replacement Graft – First Site in Quadrant	\$195.00
D4264	Bone Replacement Graft – Each Additional Site in Quadrant	\$60.00
D4270	Pedicle Soft Tissue Graft Procedure	\$195.00
D4271	Free Soft Tissue Graft Procedure (Including Donor Site Surgery)	\$195.00
D4274	Distal or Proximal Wedge Procedure (When Not Performed in Conjunction with Surgical Procedures in the Same Anatomical Area)	\$45.00
D4341	Periodontal Scaling and Root Planing – 4 or More Teeth per Quadrant ( <i>Limit 4 Quadrants per Consecutive 12 Months</i> )	\$0.00
D4342	Periodontal Scaling and Root Planing – 1 to 3 Teeth, per Quadrant ( <i>Limit 4 Quadrants per Consecutive 12 Months</i> )	\$0.00
D4355	Full Mouth Debridement to Enable Comprehensive Periodontal Evaluation and Diagnosis	\$0.00
D4910	Periodontal Maintenance ( <i>Limited to 2 per Calendar Year (Only Covered after Active Therapy).</i> )	\$0.00
	Additional Periodontal Maintenance Procedures (Beyond 2 per Calendar Year)	\$55.00
D9940	Occlusal Guard – By Report ( <i>Limit 1 per 24 Months</i> )	\$95.00
D9951	Occlusal Adjustment Limited	\$20.00
D9952	Occlusal Adjustment Complete	\$40.00
<b>Prosthetics (Removable Tooth Replacement – Dentures) (Includes Up to 4 adjustments within first 6 months after insertion)</b>		
D5110	Full Upper Denture	\$75.00
D5120	Full Lower Denture	\$75.00
D5130	Immediate Full Upper Denture	\$90.00
D5140	Immediate Full Lower Denture	\$90.00
D5211	Upper Partial Denture – Resin Base (Including Clasps, Rests and Teeth)	\$85.00

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Code	Procedure Description	Patient Charge
D5212	Lower Partial Denture – Resin Base (Including Clasps, Rests and Teeth)	\$85.00
D5213	Upper Partial Denture – Cast Metal Framework (Including Clasps, Rests and Teeth)	\$85.00
D5214	Lower Partial Denture – Cast Metal Framework (Including Clasps, Rests and Teeth)	\$85.00
D5225	Upper Partial Denture – Flexible Base (Including Clasps, Rests and Teeth)	\$135.00
D5226	Lower Partial Denture – Flexible Base (Including Clasps, Rests and Teeth)	\$135.00
D5410	Adjust Complete Denture – Upper	\$0.00
D5411	Adjust Complete Denture – Lower	\$0.00
D5421	Adjust Partial Denture – Upper	\$0.00
D5422	Adjust Partial Denture – Lower	\$0.00
<b>Repairs to Prosthetics</b>		
D5510	Repair Broken Complete Denture Base	\$15.00
D5520	Replace Missing or Broken Teeth – Complete Denture (Each Tooth)	\$5.00
D5610	Repair Resin Denture Base	\$15.00
D5620	Repair Cast Framework	\$15.00
D5630	Repair or Replace Broken Clasp	\$15.00
D5640	Replace Broken Teeth – per Tooth	\$5.00
D5650	Add Tooth to Existing Partial Denture	\$5.00
D5660	Add Clasp to Existing Partial Denture	\$5.00
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (Upper)	\$75.00
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (Lower)	\$75.00

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Code	Procedure Description	Patient Charge
<b>Denture Relining</b> (Limit 1 Every 36 Months)		
D5710	Rebase Complete Upper Denture	\$30.00
D5711	Rebase Complete Lower Denture	\$30.00
D5720	Rebase Upper Partial Denture	\$30.00
D5721	Rebase Lower Partial Denture	\$30.00
D5730	Reline Complete Upper Denture – Chairside	\$15.00
D5731	Reline Complete Lower Denture – Chairside	\$15.00
D5740	Reline Upper Partial Denture – Chairside	\$15.00
D5741	Reline Lower Partial Denture – Chairside	\$15.00
D5750	Reline Complete Upper Denture – Laboratory	\$30.00
D5751	Reline Complete Lower Denture – Laboratory	\$30.00
D5760	Reline Upper Partial Denture – Laboratory	\$30.00
D5761	Reline Lower Partial Denture – Laboratory	\$30.00
<b>Interim Dentures</b> (Limited to Initial Placement of Interim Partial Denture/Stayplate to Replace Extracted Anterior Teeth During Healing)		
D5820	Interim Partial Denture – Upper	\$0.00
D5821	Interim Partial Denture – Lower	\$0.00
D5850	Tissue Conditioning – Upper	\$0.00
D5851	Tissue Conditioning – Lower	\$0.00
<b>Oral Surgery</b> Includes Routine Postoperative Treatment. Surgical Removal of Impacted Tooth – Not covered for ages below 15 unless pathology (disease) exists. Surgical removal of wisdom tooth/3rd molar for orthodontic reasons only is not covered.		
D7111	Extraction of Coronal Remnants – Deciduous Tooth	\$0.00
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$0.00

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Code	Procedure Description	Patient Charge
D7210	Surgical Removal of Erupted Tooth – Removal of Bone and/or Section of Tooth	\$0.00
D7220	Removal of Impacted Tooth – Soft Tissue	\$0.00
D7230	Removal of Impacted Tooth – Partially Bony	\$30.00
D7240	Removal of Impacted Tooth – Completely Bony	\$40.00
D7241	Removal of Impacted Tooth – Completely Bony, Unusual Complications (Narrative Required)	\$40.00
D7250	Surgical Removal of Residual Tooth Roots – Cutting Procedure	\$0.00
D7251	Coronectomy – Intentional Partial Tooth Removal	\$0.00
D7270	Tooth Stabilization of Accidentally Evulsed or Displaced Tooth	\$50.00
D7280	Surgical Access of an Unerupted Tooth ( <i>Excluding Wisdom Teeth</i> )	\$85.00
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	\$85.00
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$0.00
D7286	Biopsy of Oral Tissue – Soft (All Others) ( <i>Tooth Related – Not allowed when in conjunction with another surgical procedure</i> )	\$0.00
D7310	Alveoplasty in Conjunction with Extractions – 4 or More Teeth or Tooth Spaces – per Quadrant	\$30.00
D7311	Alveoplasty in Conjunction with Extractions – 1 to 3 Teeth or Tooth Spaces – per Quadrant	\$30.00
D7320	Alveoplasty Not in Conjunction with Extractions – 4 or More Teeth or Tooth Spaces – per Quadrant	\$40.00
D7321	Alveoplasty Not in Conjunction with Extractions – 1 to 3 Teeth or Tooth Spaces – per Quadrant	\$40.00
D7450	Removal of Benign Odontogenic Cyst or Tumor – Up to 1.25cm	\$0.00
D7451	Removal of Benign Odontogenic Cyst or Tumor – Greater than 1.25cm	\$0.00
D7471	Removal of Exostosis – per Site	\$0.00
D7472	Removal of Torus Palatinus	\$0.00

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Code	Procedure Description	Patient Charge
D7473	Removal of Torus Mandibularis	\$0.00
D7510	Incision and Drainage of Abscess – Intraoral Soft Tissue	\$0.00
D7960	Frenulectomy – Also Known as Frenectomy or Frenotomy – Separate Procedure Not Incidental to Another	\$0.00
D7970	Excision of Hyperplastic Tissue – per Arch	\$50.00
D7971	Excision of Pericoronal Gingiva	\$50.00
<p><b>Orthodontics (Tooth Movement) Orthodontic Treatment (Maximum lifetime benefit of 24 months of interceptive and/or comprehensive treatment. Atypical cases or cases beyond 24 months require an additional payment by the patient.)</b></p>		
D8010	Limited Orthodontic Treatment of the Primary Dentition	\$230.00
D8020	Limited Orthodontic Treatment of the Transitional Dentition	\$230.00
D8030	Limited Orthodontic Treatment of the Adolescent Dentition	\$230.00
D8040	Limited Orthodontic Treatment of the Adult Dentition	\$430.00
D8050	Interceptive Orthodontic Treatment of the Primary Dentition – Banding	\$230.00
D8060	Interceptive Orthodontic Treatment of the Transitional Dentition – Banding	\$230.00
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition – Banding	\$490.00
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition – Banding	\$490.00
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition – Banding	\$490.00
D8660	Pre-Orthodontic Treatment Visit	\$0.00
D8670	Periodic Orthodontic Treatment Visit – As Part of Contract	
	Charge per Month for 24 Months	\$40.00
D8680	Orthodontic Retention – Removal of Appliances, Construction and Placement of Retainer(s)	\$0.00
D8999	Unspecified Orthodontic Procedure, By Report ( <i>Orthodontic Treatment Plan and Records</i> )	\$620.00

Cigna Dental Care®  
 Patient Charge Schedule (BER07)

Code	Procedure Description	Patient Charge
	<p><b>Pre- and Post-Orthodontic Records may include any of the following:</b>            D0210 – Intraoral – Complete Series            D0220 – Intraoral – Periapical First Film            D0230 – Intraoral – Periapical Each Additional Film            D0240 – Intraoral – Occlusal            D0250 – Extraoral – First Film            D0260 – Extraoral – Each Additional Film            D0270 – Bitewing – Single Film            D0272 – Bitewings – Two Films            D0273 – Bitewings – Three Films            D0274 – Bitewings – Four Films            D0277 – Vertical Bitewings – 7 to 8 Films            D0322 – Tomographic Survey*            D0330 – Panoramic Film            D0340 – Cephalometric Film*            D0350 – Oral/Facial Photographic Images*            D0470 – Diagnostic Casts  <b>*Only covered when used for orthodontic treatment plan and records</b></p>	
<p><b>Adjunctive Services</b></p>		
D9211	Regional Block Anesthesia	\$0.00
D9212	Trigeminal Division Block Anesthesia	\$0.00
D9215	Local Anesthesia	\$0.00
<p><b>General Anesthesia/IV Sedation –</b> General Anesthesia is covered when performed by an Oral Surgeon when medically necessary for covered procedures listed on the Patient Charge Schedule. IV Sedation is covered when performed by a Periodontist or Oral Surgeon when medically necessary for covered procedures listed on the Patient Charge Schedule. Plan limitation for this benefit is one hour per appointment. There is no coverage for general anesthesia or intravenous sedation when used for the purpose of anxiety control or patient management.</p>		
D9220	General Anesthesia – First 30 Minutes	\$165.00
D9221	General Anesthesia – Each Additional 15 Minutes	\$80.00
D9241	IV Conscious Sedation – First 30 Minutes	\$165.00

# Cigna Dental Care®

## Patient Charge Schedule (BER07)

Code	Procedure Description	Patient Charge
D9242	IV Conscious Sedation – Each Additional 15 Minutes	\$80.00
<b>Emergency Services</b>		
D9110	Palliative (Emergency) Treatment of Dental Pain – Minor Procedure	\$5.00
D9440	Office Visit – After Regularly Scheduled Hours	\$20.00
<b>Miscellaneous Services</b> External Bleaching (D9972) is limited to the use of take-home bleaching trays. All other bleaching methods are not covered.		
D9972	External Bleaching – per Arch	\$125.00
D9999	Broken Appointment Fee	\$10.00
<p>This may contain CDT codes and/or portions of, or excerpts from the Nomenclature contained within the Current Dental Terminology, a copyrighted publication provided by the American Dental Association. The American Dental Association does not endorse any codes which are not included in its current publication.</p>		

## After your enrollment is effective:

Call the dental office identified in your Welcome Kit. If you wish to change dental offices, a transfer can be arranged at no charge by calling Cigna Dental at the toll-free number listed on your ID card or plan materials.

Multiple ways to locate a \*DHMO Network General Dentist:

- Online provider directory at **Cigna.com**
- Online provider directory on **myCigna.com**
- Call the number located on your ID card to:
  - Use the Dental Office Locator via Speech Recognition
  - Speak to a Customer Service Representative

**EMERGENCY:** If you have a dental emergency as defined in your group's plan documents, contact your Network General Dentist as soon as possible. If you are out of your service area or unable to contact your Network Office, emergency care can be rendered by any licensed dentist. Definitive treatment (e.g., root canal) is not considered emergency care and should be performed or referred by your Network General Dentist. Consult your group's plan documents for a complete definition of dental emergency, your emergency benefit and a listing of Exclusions and Limitations.



\*The term "DHMO" is used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care plans, and plans with open access features.

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