

Important Highlights



Office visit fee (a, b)	
Office visit fee (a)	Office visit fee (b)

Code	Procedure Description	Patient Charge
D2335	Resin-based composite – 4 or more surfaces or involving incisal angle (anterior)	\$31.00
D2390	Resin-based composite crown, anterior	\$54.00
D2391	Resin-based composite – 1 surface, posterior	\$32.00
D2392	Resin-based composite – 2 surfaces, posterior	\$43.00
D2393	Resin-based composite – 3 surfaces, posterior	\$43.00
D2394	Resin-based composite – 4 or more surfaces, posterior	\$54.00
Crown and bridge		
D2510	Inlay – metallic – 1 surface	\$235.00
D2520	Inlay – metallic – 2 surfaces	\$235.00
D2530	Inlay – metallic – 3 or more surfaces	\$235.00
D2542	Onlay – metallic – 2 surfaces	\$240.00
D2543	Onlay – metallic – 3 surfaces	\$240.00
D2544	Onlay – metallic – 4 or more surfaces	\$240.00
D2740	Crown – porcelain/ceramic substrate	\$420.00
D2750	Crown – porcelain fused to high noble metal	\$285.00
D2751	Crown – porcelain fused to predominantly base metal	\$250.00
D2752	Crown – porcelain fused to noble metal	\$275.00
D2780	Crown – 3/4 cast high noble metal	\$285.00
D2781	Crown – 3/4 cast predominantly base metal	\$250.00
D2782	Crown – 3/4 cast noble metal	\$275.00
D2790	Crown – full cast high noble metal	\$285.00
D2791	Crown – full cast predominantly base metal	\$250.00
D2792	Crown – full cast noble metal	\$275.00
D2910	Recement inlay, onlay or veneer	\$21.00
D2920	Recement crown	\$21.00
D2930	Prefabricated stainless steel crown – primary tooth	\$53.00
D2931	Prefabricated stainless steel crown – permanent tooth	\$53.00
D2932	Prefabricated resin crown	\$74.00
D2933	Prefabricated stainless steel crown with resin window	\$95.00

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 PATIENT CHARGE SCHEDULE

Code	Procedure Description	Patient Charge
D2940	Sedative filling	\$16.00
D2950	Core buildup, including any pins	\$115.00
D2951	Pin retention – per tooth, in addition to restoration	\$27.00
D2952	Cast post and core, in addition to crown	\$115.00
D2954	Prefabricated post and core in addition to crown	\$115.00
D2960	Labial veneer (resin laminate) – chairside	\$81.00
D6210	Pontic – cast high noble metal	\$210.00
D6211	Pontic – cast predominantly base metal	\$210.00
D6212	Pontic – cast noble metal	\$210.00
D6240	Pontic – porcelain fused to high noble metal	\$210.00
D6241	Pontic – porcelain fused to predominantly base metal	\$210.00
D6242	Pontic – porcelain fused to noble metal	\$210.00
D6245	Pontic – porcelain/ceramic	\$420.00
D6602	Inlay – cast high noble metal, 2 surfaces	\$235.00
D6603	Inlay – cast high noble metal, 3 or more surfaces	\$235.00
D6604	Inlay – cast predominantly base metal, 2 surfaces	\$235.00
D6605	Inlay – cast predominantly base metal, 3 or more surfaces	\$235.00
D6606	Inlay – cast noble metal, 2 surfaces	\$235.00
D6607	Inlay – cast noble metal, 3 or more surfaces	\$235.00
D6610	Onlay – cast high noble metal, 2 surfaces	\$240.00
D6611	Onlay – cast high noble metal, 3 or more surfaces	\$240.00
D6612	Onlay – cast predominantly base metal, 2 surfaces	\$240.00
D6613	Onlay – cast predominantly base metal, 3 or more surfaces	\$240.00
D6614	Onlay – cast noble metal, 2 surfaces	\$240.00
D6615	Onlay – cast noble metal, 3 or more surfaces	\$240.00
D6740	Crown – porcelain/ceramic	\$420.00
D6750		

Code		

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Code	Procedure Description	Patient Charge
D3426	Apicoectomy/periradicular surgery (each additional root)	\$57.00
D3430	Retrograde filling – per root	\$57.00
Periodontics (a [a b]) a a 6 a a 6		



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Code	Procedure Description	Patient Charge
Denture relining (1 36)		
D5710	Rebase complete upper denture	\$175.00
D5711	Rebase complete lower denture	\$175.00
D5720	Rebase upper partial denture	\$175.00
D5721	Rebase lower partial denture	\$175.00
D5730	Reline complete upper denture (chairside)	\$120.00
D5731	Reline complete lower denture (chairside)	\$120.00
D5740	Reline upper partial denture (chairside)	\$120.00
D5741	Reline lower partial denture (chairside)	\$120.00
D5750	Reline complete upper denture (laboratory)	\$175.00
D5751	Reline complete lower denture (laboratory)	\$175.00
D5760	Reline upper partial denture (laboratory)	\$175.00
D5761	Reline lower partial denture (laboratory)	\$175.00
Interim dentures (1 5 a)		
D5810	Interim complete denture (upper)	\$245.00
D5811	Interim complete denture (lower)	\$245.00
D5820	Interim partial denture (upper)	\$195.00
D5821	Interim partial denture (lower)	\$195.00
Oral surgery (6 a a) 6a a <small>a6 - 6 a b 15 a</small> (a)		
D7111	Extraction of coronal remnants – deciduous tooth	\$17.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$17.00
D7210	Surgical removal of erupted tooth – removal of bone and/or section of tooth	\$51.00
D7220	Removal of impacted tooth – soft tissue	\$125.00
D7230	Removal of impacted tooth – partially bony	\$175.00
D7240	Removal of impacted tooth – completely bony	\$255.00
D7241	Removal of impacted tooth – completely bony, unusual complications	\$255.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$120.00

Code	Procedure Description	Patient Charge
D7260	Oroantral fistula closure	\$115.00
D7261	Primary closure of a sinus perforation	\$115.00
D7270	Tooth stabilization of accidentally evulsed or displaced tooth	\$145.00
D7280	Surgical access of an unerupted tooth (excluding wisdom teeth)	\$165.00
D7285	Biopsy of oral tissue – hard (bone, tooth) (tooth related – not allowed when in conjunction with another surgical procedure)	\$145.00
D7286	Biopsy of oral tissue – soft (all others) (tooth related – not allowed when in conjunction with another surgical procedure)	\$115.00
D7287	Exfoliative cytological sample collection	\$67.00
D7310	Alveoloplasty in conjunction with extractions – 4 or more teeth or tooth spaces – per quadrant	\$115.00
D7320	Alveoloplasty not in conjunction with extractions – 4 or more teeth or tooth spaces – per quadrant	\$130.00
D7450	Removal of benign odontogenic cyst or tumor – up to 1.25Cm	\$180.00
D7451	Removal of benign odontogenic cyst or tumor – greater than 1.25Cm	\$180.00
D7471	Removal of lateral exostosis (maxilla or mandible)	\$155.00
D7472	Removal of torus palatinus	\$155.00
D7473	Removal of torus mandibularis	\$155.00
D7485	Surgical reduction of osseous tuberosity	\$130.00
D7510	Incision and drainage of abscess – intraoral soft tissue	\$63.00
D7960	Frenulectomy (frenectomy or frenotomy) – separate procedure	\$75.00
<p>Orthodontics () O 6 a (a b f 24 6 a / 6 a .A 6a 6a 6a b 24 a a a a b a .)</p>		
D8050		

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After your enrollment is effective:

Call the dental office identified in your Welcome Kit. If you wish to change dental office, 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:

- † On-line Provider Directory at www.cigna.com
- † On-line 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 a 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.

All CDT codes listed above are from 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.



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