

CIGNA DENTAL CARE® (*DHMO) PATIENT CHARGE SCHEDULE

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

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. Not all Network Dentists perform all listed services and it is suggested to check with your Network Dentist in advance of receiving services.
- › This Patient Charge Schedule applies to Specialty Care when an appropriate referral is made to a Network Specialty Ppria



CIGNA DENTAL CARE PATIENT CHARGE SCHEDULE (P1-00)

Important Highlights (Continued)

- This Patient Charge Schedule is subject to annual change in accordance with the terms of the group agreement.
- 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.
- All patient charges must correspond to the Patient Charge Schedule in effect on the date the procedure is initiated.
- The American Dental Association may periodically change CDT Codes or definitions. Different codes may be used to describe these covered procedures.

CIGNA DENTAL CARE

PATIENT CHARGE SCHEDULE (P1-00)

Code	Procedure Description	Patient Charge
Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	\$0.00
<p style="margin: 0; color: #0070C0;">Diagnostic/preventive – 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).</p>		
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	\$0.00
D9430	Office visit for observation – No other services performed	\$0.00
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 (<i>limit 2 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation</i>)	\$0.00
D0170	Re-evaluation – Limited, problem focused (established patient; not post-operative visit)	\$0.00
D0171	Re-evaluation – Post-operative office visit	\$0.00
D0180	Comprehensive periodontal evaluation – New or established patient	\$0.00
D0210	X-rays intraoral – Complete series (<i>limit 1 every 3 years</i>)	\$0.00
D0220	X-rays intraoral – Periapical – First radiographic image	\$0.00
D0230	X-rays intraoral – Periapical – Each additional radiographic image	\$0.00
D0240	X-rays intraoral – Occlusal radiographic image	\$0.00



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Code	Procedure Description	Patient Charge
D0474	Pathology report – Microscopic examination of lesion and area (only when tooth related)	\$0.00
D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written 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	\$0.00
D1120	Prophylaxis (cleaning) – Child (<i>limit 2 per calendar year</i>)	\$0.00
	Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per calendar year	\$0.00
D1206	Topical application of fluoride varnish (<i>limit 2 per calendar year</i>). <i>There is a combined limit of a total of 2 D1206s and/or D1208s per calendar year.</i>	\$0.00
	Additional topical application of fluoride varnish in addition to any combination of two (2) D1206s (topical application of fluoride varnish) and/or D1208s (topical application of fluoride - excluding varnish) per calendar year	\$0.00
D1208	Topical application of fluoride - Excluding varnish (<i>limit 2 per calendar year</i>) <i>There is a combined limit of a total of 2 D1208s and/or D1206s per calendar year.</i>	\$0.00
	Additional topical application of fluoride - Excluding varnish - In addition to any combination of two (2) D1206s (topical applications of fluoride varnish) and/or D1208s (topical application of fluoride - excluding varnish) per calendar year	\$0.00
D1310	Nutritional counseling for control of dental disease	\$0.00
D1320	Tobacco counseling for the control and prevention of oral disease	\$0.00
D1330	Oral hygiene instructions	\$0.00
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CIGNA DENTAL CARE
PATIENT CHARGE SCHEDULE (P1-00)

Code	Procedure Description	Patient Charge
D1352	Preventive resin restoration in a moderate to high caries risk patient – Permanent tooth	\$0.00
D1353	Sealant repair – Per tooth	\$0.00
D1354	Interim caries arresting medicament application	\$0.00
D1510	Space maintainer – Fixed – Unilateral	\$0.00
D1515	Space maintainer – Fixed – Bilateral	\$0.00
D1520	Space maintainer – Removable – Unilateral	\$0.00
D1525	Space maintainer – Removable – Bilateral	\$0.00
D1550	Re-cement or re-bond space maintainer	\$0.00
D1555	Removal of fixed space maintainer	\$0.00
D1575	Distal shoe space maintainer – Fixed – Unilateral	\$0.00
Restorative (fillings, including polishing)		
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	\$0.00
D2392	Resin-based composite – 2 surfaces, posterior	\$0.00
D2393	Resin-based composite – 3 surfaces, posterior	\$0.00



CIGNA DENTAL CARE
PATIENT CHARGE SCHEDULE (P1-00)

Code	Procedure Description	Patient Charge
D2663	Onlay – Resin-based composite, 3 surfaces	\$0.00
D2664	Onlay – Resin-based composite, 4 or more surfaces	\$0.00
D2710	Crown – Resin-based composite, indirect	\$0.00
D2712	Crown – 3/4 resin-based composite, indirect	\$0.00
D2720	Crown – Resin with high noble metal	\$0.00
D2721	Crown – Resin with predominantly base metal	\$0.00
D2722	Crown – Resin with noble metal	\$0.00
D2740	Crown – Porcelain/ceramic substrate	\$0.00
D2750	Crown – Porcelain fused to high noble metal	\$0.00
D2751	Crown – Porcelain fused to predominantly base metal	\$0.00
D2752	Crown – Porcelain fused to noble metal	\$0.00
D2780	Crown – 3/4 cast high noble metal	\$0.00
D2781	Crown – 3/4 cast predominantly base metal	\$0.00
D2782	Crown – 3/4 cast noble metal	\$0.00
D2783	Crown – 3/4 porcelain/ceramic	\$0.00
D2790	Crown – Full cast high noble metal	\$0.00
D2791	Crown – Full cast predominantly base metal	\$0.00
D2792	Crown – Full cast noble metal	\$0.00
D2794	Crown – Titanium	\$0.00
D2799	Provisional crown	\$0.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$0.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$0.00
D2920	Re-cement or re-bond crown	\$0.00

CIGNA DENTAL CARE
PATIENT CHARGE SCHEDULE (P1-00)

Code	Procedure Description	Patient Charge
D2929	Prefabricated porcelain/ceramic crown - Primary tooth	\$0.00
D2930	Prefabricated stainless steel crown – Primary tooth	\$0.00
D2931	Prefabricated stainless steel crown – Permanent tooth	\$0.00
D2932	Prefabricated resin crown	\$0.00
D2933	Prefabricated stainless steel crown with resin window	\$0.00
D2934	Prefabricated esthetic coated stainless steel crown – Primary tooth	\$0.00
D2940	Protective restoration	\$0.00
D2941	Interim therapeutic restoration - Primary dentition	\$0.00
D2950	Core buildup – Including any pins	\$0.00
D2951	Pin retention – Per tooth – In addition to restoration	\$0.00
D2952	Post and core – In addition to crown, indirectly fabricated	\$0.00
D2953	Each additional indirectly prefabricated post – Same tooth	\$0.00
D2954	Prefabricated post and core – In addition to crown	\$0.00
D2957	Each additional prefabricated post – Same tooth	\$0.00
D2960	Labial veneer (resin laminate) – Chairside	\$0.00
D2971	Additional procedures to construct new crown under existing partial denture framework	\$0.00
D2980	Crown repair, necessitated by restorative material failure	\$0.00
D6210	Pontic – Cast high noble metal	\$0.00
D6211	Pontic – Cast predominantly base metal	\$0.00
D6212	Pontic – Cast noble metal	\$0.00
D6214	Pontic – Titanium	\$0.00
D6240	Pontic – Porcelain fused to high noble metal	\$0.00
D6241	Pontic – Porcelain fused to predominantly base metal	\$0.00

	Procedure Description <small>05/20/2018 12:32:00</small>	Patient Charge



CIGNA DENTAL CARE
PATIENT CHARGE SCHEDULE (P1-00)

Code	Procedure Description	Patient Charge
D3221	Pulpal debridement (not to be used when root canal is done on the same day)	\$0.00
D3222	Partial pulpotomy for apexogenesis – Permanent tooth with incomplete root development	\$0.00
D3230	Pulpal therapy (resorbable filling) – Anterior, primary tooth (excluding final restoration)	\$0.00
D3240	Pulpal therapy (resorbable filling) – Posterior, primary tooth (excluding final restoration)	\$0.00
D3310	Anterior root canal – Permanent tooth (excluding final restoration)	\$0.00
D3320	Bicuspid root canal – Permanent tooth (excluding final restoration)	\$0.00
D3330	Molar root canal – Permanent tooth (excluding final restoration)	\$0.00
D3331	Treatment of root canal obstruction – Nonsurgical access	\$0.00
D3332	Incomplete endodontic therapy – Inoperable, unrestorable or fractured tooth	\$0.00
D3333	Internal root repair of perforation defects	\$0.00
D3346	Retreatment of previous root canal therapy – Anterior	\$0.00
D3347	Retreatment of previous root canal therapy – Bicuspid	\$0.00
D3348	Retreatment of previous root canal therapy – Molar	\$0.00
D3351	Apexification/recalcification – Initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$0.00
D3352	Apexification/recalcification – Interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	\$0.00
D3353	Apexification/recalcification – Final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	\$0.00
D3410	Apicoectomy/periradicular surgery – Anterior	\$0.00

CIGNA DENTAL CARE PATIENT CHARGE SCHEDULE (P1-00)

Code	Procedure Description	Patient Charge
D3421	Apicoectomy/periradicular surgery – Bicuspid (first root)	\$0.00
D3425	Apicoectomy/periradicular surgery – Molar (first root)	\$0.00
D3426	Apicoectomy/periradicular surgery (each additional root)	\$0.00
D3427	Periradicular surgery without apicoectomy	\$0.00
D3430	Retrograde filling per root	\$0.00
D3450	Root amputation – Per root	\$0.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$0.00
<p style="color: #0070C0;">Periodontics (treatment of supporting tissues (gum and bone) of the teeth) - Periodontal regenerative procedures are limited to 1 regenerative procedure per site (or per tooth, if applicable), when covered on the Patient Charge Schedule. The relevant procedure codes are D4263, D4264, D4266 and D4267. Localized delivery of antimicrobial agents is limited to 8 teeth (or 8 sites, if applicable) per 12 consecutive months, when covered on the Patient Charge Schedule.</p>		
D4210	Gingivectomy or gingivoplasty – 4 or more teeth per quadrant	\$0.00
D4211	Gingivectomy or gingivoplasty – 1 to 3 teeth per quadrant	\$0.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$0.00
D4240	Gingival flap (including root planing) – 4 or more teeth per quadrant	\$0.00
D4241	Gingival flap (including root planing) – 1 to 3 teeth per quadrant	\$0.00
D4245	Apically positioned flap	\$0.00
D4249	Clinical crown lengthening – Hard tissue	\$0.00
D4260	Osseous surgery – 4 or more teeth per quadrant	\$0.00
D4261	Osseous surgery – 1 to 3 teeth per quadrant	\$0.00
D4263	Bone replacement graft – Retained natural tooth - First site in quadrant	\$0.00

Code	Procedure Description	Patient Charge
D4264	Bone replacement graft – Retained natural tooth - Each additional site in quadrant	\$0.00
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$0.00
D4266	Guided tissue regeneration – Resorbable barrier per site	\$0.00
D4267	Guided tissue regeneration – Nonresorbable barrier per site (includes membrane removal)	\$0.00
D4270	Pedicle soft tissue graft procedure	\$0.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position	\$0.00
D4274	Mesial/distal wedge procedure single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$0.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$0.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous (<i>missing</i>) tooth position in graft	\$0.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous (<i>missing</i>) tooth position in same graft site	\$0.00
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	\$0.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor materials) – Each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$0.00
	Periodontal scaling and root planing – 4 or more teeth per quadrant (<i>h</i>)	\$0.00

CIGNA DENTAL CARE PATIENT CHARGE SCHEDULE (P1-00)

Code	Procedure Description	Patient Charge
D4342	Periodontal scaling and root planing – 1 to 3 teeth per quadrant <i>(limit 4 quadrants per consecutive 12 months)</i>	\$0.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation <i>(limit 1 per calendar year)</i>	\$0.00
	Additional scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation <i>(limit 2 per calendar year)</i>	\$0.00
D4355	Full mouth debridement to allow evaluation and diagnosis <i>(1 per lifetime)</i>	\$0.00
D4381	Localized delivery of antimicrobial agents per tooth	\$0.00
D4910	Periodontal maintenance <i>(limit 4 per calendar year) (only covered after active therapy)</i>	\$0.00
	Additional periodontal maintenance procedures (beyond 4 per calendar year)	\$0.00
	Periodontal charting for planning treatment of periodontal disease	\$0.00
	Periodontal hygiene instruction	\$0.00
Prosthetics (removable tooth replacement – dentures) - Includes up to 4 adjustments within first 6 months after insertion – Replacement limit 1 every 5 years.		
D5110	Full upper denture	\$0.00
D5120	Full lower denture	\$0.00
D5130	Immediate full upper denture	\$0.00
D5140	Immediate full lower denture	\$0.00
D5211	Upper partial denture – Resin base (including clasps, rests and teeth)	\$0.00
D5212	Lower partial denture – Resin base (including clasps, rests and teeth)	\$0.00



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CIGNA DENTAL CARE
PATIENT CHARGE SCHEDULE (P1-00)

Code	Procedure Description	Patient Charge
Repairs to prosthetics		
D5510	Repair broken complete denture base	\$0.00
D5520	Replace missing or broken teeth – Complete denture (each tooth)	\$0.00
D5610	Repair resin denture base	\$0.00
D5620	Repair cast framework	\$0.00
D5630	Repair or replace broken clasp - Per tooth	\$0.00
D5640	Replace broken teeth – Per tooth	\$0.00
D5650	Add tooth to existing partial denture	\$0.00
D5660	Add clasp to existing partial denture - Per tooth	\$0.00
D5670	Replace all teeth and acrylic on cast metal framework – Upper	\$0.00
D5671	Replace all teeth and acrylic on cast metal framework – Lower	\$0.00
Denture relining (limit 1 every 36 months)		
D5710	Rebase complete upper denture	\$0.00
D5711	Rebase complete lower denture	\$0.00
D5720	Rebase upper partial denture	\$0.00
D5721	Rebase lower partial denture	\$0.00
D5730	Reline complete upper denture – Chairside	\$0.00
D5731	Reline complete lower denture – Chairside	\$0.00
D5740	Reline upper partial denture – Chairside	\$0.00
D5741	Reline lower partial denture – Chairside	\$0.00
D5750	Reline complete upper denture – Laboratory	\$0.00
D5751	Reline complete lower denture – Laboratory	\$0.00
D5760	Reline upper partial denture – Laboratory	\$0.00

Code	Procedure Description	Patient Charge
D6065	Implant supported porcelain/ceramic crown	\$0.00
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$0.00
	Implant supported metal crown (titanium, titanium alloy, high	\$0.00

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CIGNA DENTAL CARE
PATIENT CHARGE SCHEDULE (P1-00)

Code	Procedure Description	Patient Charge
D7241	Removal of impacted tooth – Completely bony, unusual complications (narrative required)	\$0.00
D7250	Removal of residual tooth roots – Cutting procedure	\$0.00
D7251	Coronectomy - Intentional partial tooth removal	\$0.00
D7260	Oroantral fistula closure	\$0.00
D7261	Primary closure of a sinus perforation	\$0.00
D7270	Tooth stabilization of accidentally evulsed or displaced tooth	\$0.00
D7280	Exposure of an unerupted tooth (<i>excluding wisdom teeth</i>)	\$0.00
D7283	Placement of device to facilitate eruption of impacted tooth	\$0.00
D7285	Incisional biopsy of oral tissue – Hard (bone, tooth) (<i>tooth related – not allowed when in conjunction with another surgical procedure</i>)	\$0.00
D7286	Incisional biopsy of oral tissue – Soft (all others) (<i>tooth related – not allowed when in conjunction with another surgical procedure</i>)	\$0.00
D7287	Exfoliative cytological sample collection	\$0.00
D7288	Brush biopsy – Transepithelial sample collection	\$0.00
D7310	Alveoplasty in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	\$0.00
D7311	Alveoplasty in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	\$0.00
D7320	Alveoplasty not in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	\$0.00
D7321	Alveoplasty not in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	\$0.00
D7450	Removal of benign odontogenic cyst or tumor – Up to 1.25 cm	\$0.00
D7451	Removal of benign odontogenic cyst or tumor – Greater than 1.25 cm	\$0.00
D7471	Removal of lateral exostosis – Maxilla or mandible	\$0.00

Code	Procedure Description	Patient Charge
D7472	Removal of torus palatinus	\$0.00
D7473	Removal of torus mandibularis	\$0.00
D7485	Reduction of osseous tuberosity	\$0.00
D7510	Incision and drainage of abscess – Intraoral soft tissue	\$0.00
D7511	Incision and drainage of abscess – Intraoral soft tissue complicated	\$0.00
D7520	Incision and drainage of abscess – Extraoral soft tissue	\$0.00
D7521	Incision and drainage of abscess – Extraoral soft tissue – Complicated (includes drainage of multiple fascial spaces)	\$0.00
D7880	Occlusal orthotic device, by report - <i>(limit 1 per 24 months; only covered in conjunction with Temporomandibular Joint (TMJ) treatment)</i>	\$0.00
D7881	Occlusal orthotic device adjustment	\$0.00
D7910	Suture of recent small wounds up to 5cm	\$0.00
D7960	Frenulectomy – Also known as frenectomy or frenotomy – Separate procedure not incidental to another procedure	\$0.00
D7963	Frenuloplasty	\$0.00

Orthodontics (tooth movement) - Orthodontic treatment (Maximum benefit of 24 months of intercepti palatinusD77.9271.95thodontics 0 0 1 38.166 517u1(of intercepti palatinus)Tj1 0

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Code	Procedure Description	Patient Charge
		\$0.00





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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