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(revised 9/27/2005)

ADA/ CDT CODE	CDT 5 Code Description	Units
	<u>D0100-D0999 I. Diagnostic</u>	
	The codes in this section have been revised to recognize the cognitive skills necessary for patient evaluation.	
	diagnosis and treatment planning (casts included)	
	for complex restorative care Graduate prosthodontics casts included	
D0120	periodic oral examination	2
D0140	limited oral evaluation problem focused	2
	typically patients receiving this type of exam have been referred for a specific	
D0150	comprehensive oral exam usually paid once lifetime per provider	5
D0160	detailed and extensive oral eval/problem focused, variable (second opinion code)	2
DO170	New code re-evaluation-limited, problem focused, established patient, not a postoperative visit,	
	Assessing the status of previously existing condition. For example:	
	a traumatic injury where no treatment was rendered but patient needs follow up monitoring	
	evaluation for undiagnosed continuing pain	
	soft tissue lesion requiring follow-up evaluation	
D0180	comprehensive periodontal evaluation - new or established patient	
	<u>RADIOGRAPHS</u>	
	Clinical examination for new intraoral radiographs should occur at least once every 6-8 months for children, 12-24 months for adults. This decision is based upon clinical findings, caries rate, etc.	
D0210	intraoral complete series includes bite wing, once every five years	3
D0220	intraoral -periapical first film	1
D0230	intraoral-periapical each additional film	1
D0240	intraoral occlusal film	1
D0250	extraoral first film	0
D0260	extraoral each additional film	0
D0270	one bitewing x-ray	1
D0272	two films-bite wings once/yr for adults, twice/yr for children	1
D0274	four films-bite wings once/yr for adults, twice/yr for children	1
D0277	vertical bitewings - 7 to 8 films	
D0290	posterior-anterior lateral skull and facial bone survey film	0
D0310	x-ray, Sialography	0
D0320	temporomandibular joint arthogram including injection	0
D0321	other TMJ films variable - NOT A DELTA BENEFIT	0
D0322	x-ray tomographic survey without report, lateral view:open,closed (serial view)	0
D0330	panoramic film	1
D0340	cephalometric film, DELTA ONLY IF THEY HAVE ORTHO BENEFIT	0
D0350	New code oral/facial images (includes intra and extraoral images)	
	This includes both traditional photographs and images obtained by intraoral cameras. These image should be part of the patient's record.	

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	<u>DUPLICATION OF RADIOGRAPHS AND/OR RECORDS</u> <i>See office of Patient Records for policy and fees.</i>	
	<u>TEST AND LABORATORY EXAMINATIONS</u>	
D0415	bacteriologic studies for determination of pathologic agents may include but not limited to test for susceptibility to periodontal disease	2
D0425	caries susceptibility tests not to be used for carious dentin staining	1
D0460	pulp vitality tests includes multiple teeth and contralateral comparison(s)	0
D0470	diagnostic casts diagnostic casts mounted with face bow and CJR record diagnostic casts writing and mounting diagnostic occlusal splint	0
D0472	accession of tissue, gross examination, preparation and transmission or written report	
D0473	accession of tissue, gross and microscopic examination, preparation and transmission or written report	
D0474	accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	
D0480	processing and interpretation of cytologic smears, including the preparation and transmission of written report	
D0501	other oral path procedures,variable other oral path procedures,variable laboratory examination (hematology, urinalysis, etc.)	0
D0502	unspecified diagnostic procedure, variable	
D0999	unspecified diagnostic procedure, variable	2
	<u>D1000-D1999 II. PREVENTIVE</u>	
	<u>DENTAL PROPHYLAXIS</u>	
D1110	prophy-adult, usually twice a year some plans yearly Denti-Cal beneficiaries age 13 and older	2
D1120	prophy-child Denti-Cal beneficiaries thru the age of 12	1
	<u>Topical fluoride treatment (office procedure)</u>	
D1201	topical application of fluoride including prophylaxis-including child-Up to 14 years of age Denti-Cal beneficiaries 5 and under Denti-Cal beneficiaries age 6 thru 17	2
D1203	topical application of fluoride prophylaxis not included-child	1
D1204	topical application of fluoride prophylaxis not included-adult	1
D1205	topical application of fluoride (including prophylaxis);adult	3

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<u>OTHER PREVENTIVE SERVICES</u>		
D1310	nutritional counseling for control of dental disease	2
D1320	tobacco counseling for the control and prevention of oral disease	0
D1330	oral hygiene instructions-NOT A BENEFIT FOR DELTA	1
D1351	sealant application-per tooth (crown or root)	1
	Denti-Cal permanent first molars to age 21	
	Denti-Cal permanent second molars to age 21	
<u>SPACE MAINTENANCE (PASSIVE APPLIANCES)</u>		
D1510	space maintainer-fixed-unilateral band and loop	5
	distal shoe	8
D1515	space maintainer-fixed-bilateral, nan holding arch, lowe lingual holding arch	8
D1520	space maintainer-removable-unilateral, Hawley appliance maxillary or mandibular type.	8
D1525	space maintainer-removable-bilateral	8
D1550	recementation of space maintainer	2
<u>D2000-D2999 III. RESTORATIVE</u>		
<u>AMALGAM RESTORATIONS (INCLUDING POLISHING)</u>		
D2140	amalgam - 1 surface, primary or permanent	2
D2150	amalgam - 2 surfaces, primary or permanent	3
D2160	amalgam - 3 surfaces, primary or permanent	4
D2161	amalgam - 4 surfaces, primary or permanent	5
	Resin-based composite refers to a broad category of materials including but not limited to composite, light-cured composite, etc. Tooth preparation, acid etching, adhesives (including resin based bonding agents), liners and bases and curing, are included as part of the restoration. Glass ionomers, when used as restorations, should be reported with these codes. If pins are used they should be reported separately (see D2951)	
	Denti-cal must be lab processed, requieres x-ray and documentation	
D2330	composite - 1 surface anterior primary or permanent	
D2331	composite - 2 surface anterior primary or permanent	
D2332	composite - 3 surface anterior primary or permanent	
D2335	composite - 4 or more surf. or involving the incisal angle prim or perm	
D2390	resin-based composite crown - anterior	
D2391	resin-based composite - one surface, posterior	2
D2392	resin-based composite - two surfaces, posterior	3
D2393	resin-based composite - three surfaces, posterior	4
D2394	resin-based composite - four or more surfaces, posterior	5

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	<u>Gold Foil Restorations</u>	
D2410	gold foil one surface	4
D2420	gold foil two surfaces	5
D2430	gold foil three surfaces	6
	<u>INLAY/ONLAY RESTORATIONS</u>	
D2510	inlay metallic one surface	6+
D2520	inlay metallic two surfaces	6+
D2530	inlay metallic three or more surfaces	8+
D2542	onlay - porcelain/ceramic - two surfaces requires x-ray and narrative	8+
D2543	onlay metallic three surfaces, requires x-ray and narrative documentation required	8+
D2544	onlay metallic four or more surfaces, requires x-ray and narrative documentation required Porcelain/ceramic inlays presently include either ALL ceramic or porcelain inlays.	8+
D2610	Inlay-porcelain/ceramic-1 surfaces	6
D2620	inlay-porcelain/ceramic-2 surfaces	6
D2630	Inlay-porcelain/ceramic-3 surfaces	8
D2642	onlay-porcelain/ceramic-Class II - 2 surfaces	6
D2643	onlay-porcelain/ceramic - Class III - 3 surfaces	6
D2644	onlay-porcelain/ceramic -four or more surfaces	8
D2650	Inlay -composite/resin - 1 surface (laboratory)	6
D2651	Inlay -composite/resin - 2 surface (laboratory)	6
D2652	Inlay -composite/resin - 3 or more surfaces (laboratory)	8
D2662	onlay - resin-based composite - class II - 2 surfaces	6
D2663	onlay - resin-based composite - 3 surfaces	8
D2664	onlay - resin-based composite - 4 or more surfaces	8
	<u>Crowns-Single Restorations Only</u>	
	Crown lab processed resin, not temporary, not on children	
	The alloys are defined on the basis of the percentage of noble metal content: high noble -Gold (Au)	
	Palladium (Pd), and/or Platinum (Pt) >60% (with at least 40% Au); noble - Ggold (Au), Palladium	
	Palladium (Pd), and/or Platinum (Pt) >60% (with at least 40% Au); noble - Ggold (Au), Palladium	
	(Pd), and/or Platinum (Pt) > 25%; predominantly base - Gold (Au), Palladium (Pd), and or	
	Platinum (Pt) < 25%.	
	Porcelain/ceramic crowns include all ceramic, porcelain, polymer-reinforced porcelain and	
	porcelain fused to metal crowns.	
	Resin crowns and resin metal crowns include all reinforced heat and/or pressure-cured resin	
	materials.	
D2710	crown-resin (indirect)	8
D2720	crown-resin with high noble metal**	8
D2721	crown-resin with predominantly base metal	8
D2722	crown-resin with noble metal**	8
D2740	crown - porcelain /ceramic substrate	8
	includes porcelain jacket crowns, as well as ceramic substrate crowns	

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D2750	crown-porcelain fused to noble metal** (PFM)	8
D2751	crown - porcelain fused to predominantly base metal	8
D2752	crown- porcelain fused to noble metal	8
D2780	crown-3/4 cast high noble metal	8
D2781	crown-3/4 cast predominantly base metal	8
D2782	crown-3/4 cast noble metal	8
D2783	crown-3/4 porcelain/ceramic(not a facial veneer)	8
D2790	crown-full cast high noble metal	8+
	full veneer crown (FVC or CVC)	
D2791	crown-full cast predominatly base metal	8+
	full veneer crown (FVC or CVC)	
D2792	crown - full cast noble metal	8+
	full veneer crown (FVC or CVC)	
D2799	provisional crown	3
	restorative treatment to allow adequate time for healing or completion of other procedures. This includes, but is not limited to, changing vertical dimension, completing periodontal therapy or cracked tooth syndrome. This is not to be used as	
	<u>OTHER RESTORATIVE SERVICES</u>	
D2910	recement inlay	1
D2920	recement crown	1
	One #1558 bur will be issued for each crown removed	
D2930	prefabricated stainless steel crown-primary tooth-24 MONTH LIMIT DELTA	4
D2931	prefabricated stainless steel crown -permanent tooth	4
D2932	prefabricated resin crown	3
D2933	prefabricated stainless steel crown with resin window	5
D2940	sedative filling - payable if nothing else is done, temporary restoration intended to relieve pain if permanent filling done within one year sedative will be deducted from permanent filling payment. not to be used as a base or a liner under restoration	1
D2950	core buildup - including any pins, requires x-ray and narrative, frequently denied as inclusive of crown	5
D2951	pin retention-per tooth, in addition to restoration, requires x-ray and narrative specify number of pins	1
D2952	cast post and core in addition to crown cast post and core is separate from crown	6
D2953	each additional cast post-same tooth to be used with D2952	6
D2954	prefabriacated post and core in addition to crown core is built around a prefabricated post. This procedure includes the core material	5
D2955	post removal (not in conjunction with endodontic therapy) for removal of fractured posts(not to be used in conjunction with D3346, D3347, D3348)	2
D2957	each additional prefabricated post -same tooth to be used with 2954	5
D2960	labial veneer (resin laminate)-chairside, x-ray required, photos and narrative may also be necessary	4

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D2961	labial veneer (resin laminate)-laboratory, x-ray required, photos and narrative may also be necessary	6
D2962	labial veneer (porcelain laminate)-laboratory, x-ray required, photos and narrative may also be necessary	3
D2970	temporary crown, fractured tooth, carrier will deduct from permanent crown	3
D2980	crown repair, variable	0
	includes removal of crown, if necessary. Describe procedure	
D2999	unspecified restorative procedure, variable	5
	special components required (other than required abutments) Implant Dentistry for a procedure that is not adequately described by a code. Describe procedure	
	D3000-D3999 IV. ENDODONTICS	
	PULP CAPPING	
D3110	Pulp cap, direct, exposed pulp, DELTA only for permanent teeth with incomplete root formation	0
D3120	Pulp cap, indirect pulp nearly exposed, different date of service from	0
	PULPOTOMY	
D3220	Therapeutic pulpotomy(excluding final restoration) (Includes the use of formocresol, ferric sulfate, guttadehyde, electric, etc)	
	vital pulpotomy - primary anterior	3
	vital pulpotomy - primary molar	3
D3221	pulpal debridement, primary and permanent teeth primary or permanent, for pain relief, not to be used by provider completing the endo	
	<u>Endodontic therapy on primary teeth</u>	
	Endodontic therapy on primary teeth with succedaneous teeth and placement of resorable filling. This includes pulpectomy, cleaning, and fillin of canals with resorable material.	
D3230	pulpal therapy (resorbable filling) anterior, primary tooth/excluding final restoration primary incisors and cuspids	
D3240	pulpal therapy (resorbable filling)posterior, primary tooth Root Canal Therapy (includes treatment plan, clinical procedure and follow-up care) Includes primary teeth without succedaneous teeth and permanent teeth. Complete root canal therapy. Pulpectomy is part of rooth canal therapy. Includes all appointments necessary to complete treatment; also includes intra-operative radiographs. Does not include diagnostic evaluation and necessary radiographs/diagnostic images.	
D3310	Anterior (excluding final restoration) includes all appointments and radiographs	8
D3320	Premolars (excluding final restoration)	12
D3330	Molar (excluding final restoration)	14
D3331	New code treatment of root canal obstruction; non-surgical access	
D3332	New code/incomplete endodontic therapy;inoperable or fractured tooth	
D3333	New code/internal root repair of perforation defects	
D3346	retreatment of previous root canal therapy-anterior	8
D3347	retreatment of previous root canal therapy-bicuspid	12
D3348	retreatment of previous root canal therapy-molar	14

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	additional biopsy	0
	culture canal	0
D3351	apexification/recalcification-intial visit (apical closure/calcfic repair of perforations, root resorption, etc.)	4
D3352	apexification/recalcification-interim medication replacement	4
D3353	apexification/recalcification -final visit	4
<u>APICOECTOMY/PERIRADICULAR SERVICES</u>		
	Surgery to the root surface, i.e. apicoectomy, repair of root perforation, or resorptive defect, curettage of root fracture, removal of extruded filling instruments, root fragment or sealer. Does not include retrograde.	
D3410	apicoectomy/periradicular surgery-anterior	0
D3421	apicoectomy/periradicular surgery-bicuspid(first root)	0
D3425	apicoectomy/periadicular surgery-molar(first root)	0
D3426	apicoectomy/periradicular surgery (each additional root) More than one root treated during same procedure.	0
D3430	retrograde filling-per root for placement of retrograde filling material during root-report as D3999 and describe	0
D3450	root amputation for multirooted tooth, crown not sectioned/if crown sectioned use D3920	0
D3460	endodontic endosseous implant	0
D3470	Intentional reimplantation, including necessary splinting for the intentional removal, inspection and treatment of the root and placement of a tooth into its own socket. This does not include necessary retrograde filling material placement. bone augmentation material	0
<u>OTHER ENDODONTIC PROCEDURES</u>		
D3910	surgical procedure for isolation of tooth with rubber dam	0
D3920	hemisection(include root removal/not root canal therapy)	0
D3950	canal preparation&fitting of preformed dowel or post	4
D3999	unspecified endodontic procedure, variable	0
<u>D4000-D4999 V. PERIODONTICS</u>		
D4210	gingivectomy or gingivoplasty -four or more contiguous teeth or bounded teeth spaces per quadrant	5
D4211	gingivectomy or gingivoplasty- - one to three teeth, per quadrant	2
D4240	gingival flap procedure, including root planning - four or more contiguous teeth or bounded teeth spaces per quad	5
D4241	gingival flap procedure, including root planning - one to three teeth, per quadrant	
D4245	apically positioned flap	
D4249	clinical crown lengthening - hard tissue	
	1 tooth	5
	(2-3 teeth same quad)	5
	4 or more teeth	5

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D4260	osseous surgery (including flap entry & closure) - four or more contiguous teeth or bounded teeth spaces per quad	
	tooth	5
	quadrant	5
D4261	osseous surgery (including flap entry & closure) - one to three teeth, per quadrant	
D4263	bone replacement graft-first sight in quadrant	
D4264	bone replacement graft-each additional site in quadrant	
	performed concurrently w/4264	
D4265	biologic materials to aid in soft and osseous tissue regeneration	
D4266	guided tissue regeneration resorable barrier/per site	
D4267	guided tissue regeneration nonresorable barrier/per site (includes membrane removal)	
D4268	New code/surgical revision procedure, per tooth	
	to refine the results of a previously provided surgical procedure	
	may require a surgical procedure to modify the irregular contours hard/soft	
	tissues/mucoperiosteal flap may be elevated to access to reshape	
	alveolar bone/flaps replaced or repositioned & sutured	
D4270	pedicle soft tissue graft procedure	
	1 tooth	
	2 or more teeth	
D4271	free soft tissue graft, includes donor site,	
	requires fmx, pocket charting, and narrative	
	used with procedure code 04260	
	1 tooth	
	2 or more teeth	
D4273	subepithelial connective tissue graft procedures	
	requires fmx, most carriers consider this to be cosmetic version d4271	
D4274	distal or proximal wedge procedure	
	(when not performed in conjunction with surgical procedures in the same anatomical area)	
D4275	soft tissue allograft	
D4276	combined connective tissue and double pedicle graft	
	NON-SURGICAL PERIODONTAL SERVICES	
	Periodontal credit given only if these services are part of periodontal therapy.	
D4320	provisional splinting-intracoronal	2+
	Delta says variable/usually not covered	
D4321	provisional splinting-extracoronal	2+
	complete	
D4341	periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	
	requires pocket charting/fmx/minimum type II perio	
	Per quadrant (as per treatment plan)	2
	Per tooth	1
	Maximum per mouth	8
	periodontal reeval	1
D4342	periodontal scaling and root planing - one to three teeth, per quadrant	

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D4355	full mouth debridement to enable comprehensive evaluation and diagnosis and diagnosis, narrative required, can not bill prophy	
D4381	localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue/by tooth, pocket charting and x-rays required some carriers may say must be done on same as D4341 some on different date from D4341	0
D4910	periodontal maintenance following active treatment, must have history of root plane/surgery pocket charting & narative necessary	2
D4920	unscheduled dressing change(not treating DDS)	1
	periodontal emergency treatment Denti-Cal periodontal abscess, acute periodontitis	2
D4999	unspecified periodontal procedure, variable	2
	COMPLETE DENTURES (INCLUDING ROUTINE POST DELIVERY CARE) Complete-includes 6 months post placement care.	
	<u>D5000-D5899 V. MAXILLOFACIAL PROSTHETICS</u>	
D5110	complete denture - maxillary	20
	complete denture-maxillary	20
	modified tooth form - Levin Blades or Hardy Cutters	20
	complete maxillary denture - duplicate (within 12 months)	20
D5120	complete denture - manbilular	20
	complete mandibular denture	20
	modified tooth form -Levin Vlades or Hardy Cutters	
	complete maxillary denture - duplicate within 12 months	20
D5130	immediate maxillary denture	25
	complete maxillary denture after recent extractions	25
D5140	immediate mandibular denture	25
D5211	Maxillary partial denture - resin base	10
D5212	Mandibular partial denture-resin base	10
D5213	maxillary partial denture- cast metal framework with resin saddles (include clasps , rests & teeth) requires FMX less than 60% Au, Pd or Pt	25
D5214	mandibular partial denture-cast metal framework w/resin saddles (including any conventional clasps, rests and teeth) less than 60% Au, Pd or Pt	25
	<u>ADJUSTMENTS TO DENTURES</u>	
D5410	adjust complete denture - maxillary/DentiCal-after 1 year of insertion allowable once every 6 months	1
D5411	adjust complete denture - mandibular/Dentical-after 1 year of insertion allowable once every 6 months	1
D5421	adjust partial denture - maxillary/Dentical-after 1 year of instertion allowable once every 6 months	1

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D5281	removable unilateral partial denture - one piece cast metal (including clasps and teeth)	
D5422	adjust partial denture - mandibular	1
	<u>Repairs to Complete Dentures</u>	
D5510	repair broken complete denture base	2
D5520	replace missing or broken teeth-complete denture (each tooth)	2
	each additional tooth (dental maximum 2)	1
D5610	repair resin saddle or base	2
D5620	repair cast framework(plus lab fee)	4
D5630	repair or replace broken clasp(+ lab fee)	4
D5640	repair broken tooth	2
	each addition tooth	1
D5650	add tooth to existing partial denture not including clasp or abutment teeth	1
	each additional tooth	1
D5660	add clasp to existing partial denture (+ laboratory fee)	4
	Each additional clasp	
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	
	<u>DENTURE REBASE PROCEDURES</u>	
	Rebase - the process of refitting a denture by replacing the base material	
D5710	rebase complete maxillary denture, adjustments are inclusive for six months	10
D5711	rebase complete mandibular denture, adjustments are inclusive for six months	10
D5720	rebase maxillary partial denture, adjustments are inclusive for six months	10
D5721	rebase mandibular partial denture, adjustments are inclusive for six months	10
	<u>DENTURE RELINE PROCEDURES</u>	
	Reline - process of resurfacing the tissue side of a denture with new base metal	
D5730	reline complete maxillary denture (chairside), adjustments are inclusive for 6 months-(Delta/Other insurance) Denti-cal is 12 months	4
D5731	reline complete mandibular denture (chairside), adjustments are inclusive for six months-(Delta/Other insurance) Denti-cal is 12 months	4
D5740	reline maxillary partial denture (chairside), adjustments are inclusive for six months-(Delta/Other insurance) Denti-cal is 12 months	4
D5741	reline mandibular partial denture (chairside), adjustments are inclusive for six months-(Delta/Other insurance) Denti-cal is 12 months	4
D5750	reline complete maxillary denture (laboratory), adjustments are inclusive for six months-(Delta/Other insurance) Denti-cal is 12 months	10
D5751	reline complete mandibular denture (laboratory), adjustments are inclusive for six months-(Delta/Other insurance) Denti-cal is 12 months	10
D5760	reline maxillary partial denture (laboratory), adjustments are inclusive for six months-(Delta/Other insurance) Denti-cal is 12 months	10
D5761	reline mandibular partial denture (laboratory), adjustments are inclusive for six months-(Delta/Other insurance) Denti-cal is 12 months	10
	<u>OTHER REMOVABLE PROSTHETIC SERVICES</u>	
	<u>INTERIM PROSTHESIS:</u>	
	a provisional prosthesis designed for use over a limited period of time, after which it is to be replaced by a more definitive restoration	
D5810	interim complete denture (maxillary) - muco adhesion (not covered, if paid will deduct from payment on permanent)	10
D5811	interim complete denture (mandibular) - muco adhesion (not covered if paid will deduct from payment on permanent)	10
D5820	interim partial denture (maxillary), not covered, if paid will deduct from payment on permanent	10

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D5821	interim partial denture (mandibular), not covered if paid will deduct from payment on permanent	10
5822 (Not CDT)	denture remount (occlusal equilibration)	
D5850	tissue conditioning, maxillary and mandibular dentures, once in 12 months,	3
D5851	tissue conditioning, mandibular dentures, once in 12 months, UNDER UTILIZED CODE!!!	3
D5860	overdenture and overpartials, which they will usually cover root canals and filing on.	25
	many companies will AB, to regualr dentures and partials,	
	some may cover and will usually allow two bilateral abutments,	
D5861	overdenture - partial, by report	25
	describe and document procedure as performed	
D5862	precision attachment, by report	3
	(Zest anchor or Flexipost) (+ laboratory and attachment fees)	
D5867	replacement of replaceable part of semi-precision or precision attachment (male or female component)	
D5875	New Code/modification of removable prosthesis following implant surgery	
D5899	unspecified removable prosthodontic procedure, variable	1+
	<u>D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS</u>	
D5911	facial moulage (sectional)	
D5912	facial moulage (complete)	
D5913	nasal prosthesis	
D5914	auricular prosthesis	
D5915	orbital prosthesis	
D5916	ocular prosthesis	
D5919	facial prosthesis	
D5922	nasal septal prosthesis	
D5923	ocular prosthesis, interim	
D5924	cranial prosthesis	
D5925	facial augmentation implant prosthesis	
D5926	nasal prosthesis, replacement	
D5927	auricular prosthesis, replacement	
D5928	orbital prosthesis, replacement	
D5929	facial prosthesis, replacement	
D5931	obturator prosthesis, surgical	
D5932	obturator prosthesis, definitive	
D5933	obturator prosthesis, modification	
D5934	mandibular resection prosthesis <i>with</i> guide flange	
D5935	mandibular resection prosthesis <i>without</i> guide flange	
D5936	obturator prosthesis, interim	
D5937	trismus appliance (not for TMD treatment)	
D5951	feeding aid	
D5952	speech aid prosthesis, pediatric	
D5953	speech aid prosthesis, adult	
D5954	palatal augmentation prosthesis	
D5955	palatal lift prosthesis, definitive	

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ADA/ CDT CODE	CDT 5 Code Description	Units
D5958	palatal lift prosthesis, interim	
D5959	palatal lift prosthesis, modification	
D5960	speech aid prosthesis, modification	
D5982	surgical stent	5
D5983	radiation carrier	1+
D5984	radiation shield	1+
D5985	radiation cone locator	
D5986	fluoride gel carrier, medical for radiation therapy	4
D5987	commissure splint	1+
D5988	surgical splint	1+
D5999	unspecified maxillofacial prosthesis, variable	1+
	<u>D6000-D6199 VIII. IMPLANT SERVICES</u>	
D6010	Surgical placement of endosteal implant includes 2nd stage surgery & placement of healing cap	2
D6020	abutment placement or substitution: endosteal implant	
D6040	Surgical placement of eposteal implant(subperiosteal) framework Each additional implant	0
D6050	Transosseous implant (hospital procedure)	0
	IMPLANT SUPPORTED PROSTHETICS	
D6053	implant/abutment supported removable denture for completely edentulous arch	
D6054	implant/abutment supported removable denture for partially edentulous arch	
D6055	Implant connecting bar:	
	2 implants	0
	3-5 implants	0
	fixed bar (bone anchored)	0
D6056	prefabricated abutment	0
D6057	custom abutment	
D6058	abutment supported porcelain/ceramic crown	
D6059	abutment supported porcelain fused to metal crown (high noble metal)	
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	
D6061	abutment supported porcelain fused to metal crown (noble metal)	
D6062	abutment supported cast metal crown (high noble metal)	
D6063	abutment supported cast metal crown (predominantly base metal)	
D6064	abutment supported cast metal crown (noble metal)	
D6065	implant supported porcelain/ceramic crown	
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	12
D6067	implant supported metal crown (titanium, titanium alloy, high noble metal)	12
D6068	abutment supported retainer for porcelain/ceramic FPD	

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ADA/ CDT CODE	CDT 5 Code Description	Units
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	
D6071	abutment supported retainer for porcelain fused to metal FPD	
D6072	abutment supported retainer for cast metal FPD (high noble metal)	
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	
D6074	abutment supported retainer for cast metal FPD (noble metal)	
D6075	implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	
D6076	implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	
D6077	implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	
D6078	implant/abutment supported fixed denture for completely edentulous arch	
D6079	implant/abutment supported fixed denture for partially edentulous arch	
	OTHER IMPLANT SERVICES	
D6080	Implant maintenance procedures (1st visit free-every visit thereafter is \$50.00)	3
D6090	Repair implant supported prosthesis, variable	0
D6095	Repair implant abutment, variable	0
D6100	Implant removal variable	0
D6199	Unspecified implant procedures, variable	0
	Unspecified implant procedures, variable for Diagnostic Wax UP	2
	<u>D6200-D6999 IX. FIXED PROSTHODONTICS</u>	
	BRIDGE PONTICS	
	Fixed bridges are defined by the number of units in the bridge.	
	- a "unit" = each abutment and each pontic	
	- list by using individual crown/pontic codes	
	- non-rigid connectors cost \$75.00 per connector	
	- solder connector = \$15.00 each	
	- P.D. attachment = \$75.00	
D6210	Pontic - cast high noble	8
D6211	Pontic - cast predominantly base metal	8
D6212	Pontic - cast noble metal	8
D6240	Pontic - porcelain fused to high noble metal (PFM)	8
D6241	Pontic - porcelain fused to predominantly base metal (PFM)	8
D6242	Pontic - porcelain fused to noble metal (PFM)	8
D6245	New code, all ceramic pontic	8
D6250	Pontic - resin with high noble metal	8
D6251	Pontic - resin with predominantly base metal	8
D6252	Pontic - resin with noble metal	8
D6253	provisional pontic	
	RETAINERS	
D6545	retainer - cast metal for acid etched fixed prosthesis	
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	

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ADA/ CDT CODE	CDT 5 Code Description	Units
D6600	inlay - porcelain/ceramic, two surfaces	
D6601	inlay - porcelain/ceramic, three or more surfaces	
D6602	inlay - cast high noble metal, two surfaces	
D6603	inlay - cast high noble metal, three or more surfaces	
D6604	inlay - cast predominantly base metal, two surfaces	
D6005	inlay - cast predominantly base metal, three or more surfaces	
D6606	inlay - cast noble metal, two surfaces	
D6607	inlay - cast noble metal, three or more surfaces	
D6608	onlay - porcelain/ceramic, two surfaces	
D6609	onlay - porcelain/ceramic, three or more surfaces	
D6610	onlay - cast high noble metal, two surfaces	
D6611	onlay - cast high noble metal, three or more surfaces	
D6612	onlay - cast predominantly base metal, two surfaces	
D6613	onlay - cast predominantly base metal, three or more surfaces	
D6614	onlay - cast noble metal, two surfaces	
D6615	onlay - cast noble metal, three surfaces	
	Report pontics separately with appropriate code from D6200 series	
	3 - unit "Maryland Bridge"	8
	each additional pontic	
	BRIDGE RETAINERS - CROWNS	
D6720	Crown - resin with high noble metal**	8
D6721	Crown - resin with predominantly base metal**	8
D6722	Crown - resin with noble metal**	8
D6740	New code Crown - porcelain/ceramic	8
D6750	Crown - porcelain fused to high noble metal**(PFM)	8
D6751	Crown - porcelain fused to predominantly base metal** (PFM)	8
D6752	Crown - porcelain fused to noble metal** (PFM)	8
D6780	Crown - 3/4 cast high noble metal**	8
D6781	New code Crown - 3/4 predominantly base metal	8
D6782	New code Crown - 3/4 cast noble metal	8
D6783	New code Crown - 3/4 porcelain/ceramic	8
D6790	Full Cast High Nobel Metal	8
D6791	Crown - full cast predominantly base metal**	8
D6792	Crown - full cast noble metal**	8
D6793	provisional retainer crown	

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ADA/ CDT CODE	CDT 5 Code Description	Units
	OTHER FIXED PROSTHETIC SERVICES	
D6920	connector bar	0
D6930	Recement fixed partial denture	1
	Recement inlay, facing, pontic	1
D6940	Stress breaker (+ laboratory fee)	0
D6950	Precision attachment (+ laboratory fee)	8
	report separately from crown; each male and female component constitutes one attachment. Describe type used.	
D6970	cast post and core in addition to fixed partial denture retainer	8
D6971	cast post as part of fixed partial denture retainer	8
D6972	Prefabricated post and core	
D6973	core build up for retainer, including any pins	
D6975	Coping - metal	2
	A thin covering of the coronal portion of crown usually without anatomic conformity. To be used as a definitive restoration.	
D6976	New code, each additional cast post same tooth, used with D6970 or D6971	
D6977	New code, each additional prefabricated post (no insurance) used with D6972	
D6980	Bridge repair, variable	1+
D6985	pediatric partial denture, fixed	
D6999	unspecified fixed prosthodontic procedure, by report	