AMENDMENT NO. 6 TO AGREEMENT RENEWAL GROUP #05879

AGREEMENT dated December 12, 2012 and January 1, 2013, as amended, between SAN JOAQUIN VALLEY INSURANCE AUTHORITY (SJVIA), referred to in this Contract as "the Contractholder," on behalf of COUNTY OF FRESNO and DELTA DENTAL OF CALIFORNIA "Delta Dental," is hereby further amended, effective December 16, 2019, and effective January 1, 2020 as follows:

Applicable to divisions 01001 and 01008:

Paragraph 1.4 is amended to read:

"Contract Term" means the period beginning December 16, 2019 and ending on December 15, 2021, and each subsequent yearly period during which this Contract remains in effect.

Applicable to divisions 01002, 01003, 01006, 01007 and 01009:

Paragraph 1.4 is amended to read:

1.4 "Contract Term" means the period beginning January 1, 2020 and ending on December 31, 2021, and each subsequent yearly period during which this Contract remains in effect.

The following sub-paragraph of paragraph 3.1 is amended to read:

The Contractholder agrees to pay Delta Dental \$3.99 per Primary Enrollee per month to compensate Delta Dental for its administration of the dental plan.

Appendix B, CODE ON DENTAL PROCEDURES AND NOMENCLATURE, attached hereto, is hereby amended.

SAN JOAQUIN VALLEY INSURANCE AUTHORITY (SJVIA) DELTA DENTAL GROUP #05879

Date Amendment Signed: 11/18/19
By: Ex Buly min
Signature
ERNEST BUDDY MENDES
Printed Name
SUVIA BOARD PRESIDENT
Title
DATE: September 18, 2019

DELTA DENTAL OF CALIFORNIA

Mohammadreza Navid Group Vice President, Sales

Thomas J. Leibowitz, FSA, MAAA Group Vice-President and Chief Actuary

APPENDIX B

CODE ON DENTAL PROCEDURES AND NOMENCLATURE

NOTE: All the listed procedures may not be benefits under the terms of your contract. Refer to your contract for your specific benefits.

D0100 - D0999 DIAGNOSTIC Clinical oral evaluations

Clinical oral	evaluations	
D0120	Periodic oral evaluation – established patient	
D0140	Limited oral evaluation – problem focused	
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	
D0150	Comprehensive oral evaluation – new or established patient	
D0160	Detailed and extensive oral evaluation – problem focused, by report	
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	
D0180	Comprehensive periodontal evaluation – new or established patient	
D0190	Screening of a patient	
D0191	Assessment of a patient	
Radiographs	s/diagnostic imaging (including interpretation)	
D0210	Intraoral – complete series of radiographic images	
D0220	Intraoral – periapical first radiographic image	
D0230	Intraoral – periapical each additional radiographic image	
D0240	Intraoral – occlusal radiographic image	
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	
D0251	Extra-oral posterior dental radiographic image	
D0270	Bitewing – single radiographic image	
D0272	Bitewings – two radiographic images	
D0273	Bitewings – three radiographic images	
D0274	Bitewings – four radiographic images	
D0277	Vertical bitewings – 7 to 8 radiographic images	
D0310	Sialography	
D0320	Temporomandibular joint arthrogram, including injection	
D0321	Other temporomandibular joint radiographic images, by report	
D0322	Tomographic survey	
D0330	Panoramic radiographic image	
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	
D0350	Oral/facial photographic images obtained intraorally or extraorally	
Tests and examinations		
D0411	HbA1c in-office point of service testing	
D0412	Blood glucose level test - in office using a glucose meter	
D0415	Collection of microorganisms for culture and sensitivity	
D0416	Viral culture	
D0419	Assessment of salivary flow by measurement	
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	
D0423	Genetic test for susceptibility to diseases – specimen analysis	
D0425	Caries susceptibility tests	
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including	
	premalignant and malignant lesions, not to include cytology or biopsy procedures	
D0460	Pulp vitality tests	
D0470	Diagnostic casts	

Oral pathol	ogy laboratory
D0472	Accession of tissue, gross examination, preparation and transmission of written report
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of
	written report
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical
D047E	margins for presence of disease, preparation and transmission of written report
D0475 D0476	Decalcification procedure Special stains for microorganisms
D0476 D0477	Special stains, not for microorganisms
D0477	Immunohistochemical stains
D0479	Tissue in-situ hybridization, including interpretation
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and
	transmission of written report
D0481	Electron microscopy – diagnostic
D0482	Direct immunofluorescence
D0483	Indirect immunofluorescence
D0484	Consultation on slides prepared elsewhere
D0485	Consultation, including preparation of slides from biopsy material supplied by referring
D0406	source
D0486	Accession of brush biopsy sample, microscopic examination, preparation and transmission of
D0502	Written report Other aral pathology procedures, by report
D0502	Other oral pathology procedures, by report Caries risk assessment and documentation, with a finding of low risk
D0601	Caries risk assessment and documentation, with a finding of moderate risk
D0603	Caries risk assessment and documentation, with a finding of high risk
D0999	Unspecified diagnostic procedure, by report
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	1999 PREVENTIVE
Dental prop	
D1110	Prophylaxis – adult
D1120	Prophylaxis – child through age 13
Tonical fluo	oride treatment (office procedure)
D1206	Topical application of fluoride varnish
D1208	Topical application of fluoride – excluding varnish
	, and the second
	entive services
D1310	Nutritional counseling for control of dental disease
D1320	Tobacco counseling for the control and prevention of oral disease
D1330	Oral hygiene instructions
D1351	Sealant – per tooth
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth
D1354	Interim caries arresting medicament application – per tooth
Space mair	ntenance (passive appliances)
D1510	Space maintainer – fixed – unilateral – per quadrant
D1516	Space maintainer – fixed – bilateral, maxillary
D1517	Space maintainer – fixed – bilateral, mandibular
D1520	Space maintainer – removable – unilateral – per quadrant
D1526	Space maintainer – removable – bilateral, maxillary
D1527	Space maintainer – removable – bilateral, mandibular
D1551	Re-cement or re-bond bilateral space maintainer – maxillary
D1552	Re-cement or re-bond bilateral space maintainer – mandibular
D1553	Re-cement or rebond unilateral space maintainer – per quadrant
D1556	Removal of fixed unilateral space maintainer – per quadrant
D1557 D1558	removal of fixed bilateral space maintainer – maxillary Removal of fixed bilateral space maintainer - mandibular
D1330	Nemoval of fixed bilateral space maintainer = manabalar

D2000 - D2999 RESTORATIVE

A I	restorations	/ ·	1: - 1- : \
amaidam	roctorations	Inciliaina	nalichina
Millalgaill	i estoi ations	IIICIGGIIIG	DOMESTI III II

D2140	Amalgam – one surface, primary or permanent
D2150	Amalgam – two surfaces, primary or permanent
D2160	Amalgam – three surfaces, primary or permanent
D2161	Amalgam – four or more surfaces, primary or permanent

Resin-based composite restorations-direct

D2330	Resin-based composite – one surface, anterior
D2331	Resin-based composite – two surfaces, anterior
D2332	Resin-based composite – three surfaces, anterior
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)
D2390	Resin-based composite crown, anterior
D2391	Resin-based composite – one surface, posterior
D2392	Resin-based composite – two surfaces, posterior
D2393	Resin-based composite – three surfaces, posterior
D2394	Resin-based composite – four or more surfaces, posterior

Gold foil restorations

D2410	Gold foil – one surface
D2420	Gold foil - two surfaces
D2430	Gold foil - three surfaces

Inlay/onlay restorations

Inlay – metallic – one surface
Inlay – metallic – two surfaces
Inlay – metallic – three or more surfaces
Onlay – metallic – two surfaces
Onlay – metallic – three surfaces
Onlay – metallic – four or more surfaces
Inlay – porcelain/ceramic – one surface
Inlay – porcelain/ceramic – two surfaces
Inlay – porcelain/ceramic – three or more surfaces
Onlay - porcelain/ceramic - two surfaces
Onlay - porcelain/ceramic - three surfaces
Onlay – porcelain/ceramic – four or more surfaces
Inlay – resin-based composite – one surface
Inlay – resin-based composite – two surfaces
Inlay – resin-based composite – three or more surfaces
Onlay – resin-based composite – two surfaces
Onlay - resin-based composite - three surfaces
Onlay – resin-based composite – four or more surfaces

Crowns – single restorations only

D2/10	Crown – resin-based composite (indirect)
D2712	Crown - 3/4 resin-based composite (indirect)
D2720	Crown – resin with high noble metal
D2721	Crown – resin with predominantly base metal
D2722	Crown – resin with noble metal
D2740	Crown - porcelain/ceramic
D2750	Crown – porcelain fused to high noble metal
D2751	Crown – porcelain fused to predominantly base metal
D2752	Crown – porcelain fused to noble metal
D2753	Crown – porcelain fused to titanium or titanium alloy
D2780	Crown - 3/4 cast high noble metal

D2781 D2782 D2783 D2790 D2791 D2792 D2794 D2799	Crown – 3/4 cast predominantly base metal Crown – 3/4 cast noble metal Crown – 3/4 porcelain/ceramic Crown – full cast high noble metal Crown – full cast predominantly base metal Crown – full cast noble metal Crown – full cast noble metal Crown – titanium and titanium alloy Provisional crown – further treatment or completion of a diagnosis necessary prior to final impression
Other restor	rative services
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restorations
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core
D2920	Re-cement or re-bond crown
D2921	Reattachment of tooth fragment, incisal edge or cusp
D2929	Prefabricated porcelain/ceramic crown – primary tooth
D2930	Prefabricated stainless steel crown – primary tooth
D2931	Prefabricated stainless steel crown – permanent tooth
D2932	Prefabricated resin crown
D2933	Prefabricated stainless steel crown with resin window
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth
D2940	Sedative filling
D2941	Interim therapeutic restoration – primary dentition
D2950	Core buildup, including any pins when required
D2951	Pin retention – per tooth, in addition to restoration
D2952	Post and core in addition to crown, indirectly fabricated
D2953	Each additional indirectly fabricated post – same tooth
D2954 D2955	Prefabricated post and core in addition to crown Post removal
D2955 D2957	Each additional prefabricated post – same tooth
D2957 D2960	Labial veneer (resin laminate) – chairside
D2961	Labial veneer (resin laminate) – chanside Labial veneer (resin laminate) – laboratory
D2961 D2962	Labial veneer (resirraminate) – laboratory
D2902	Additional procedures to construct new crown under existing partial denture framework
D2975	Coping
D2980	Crown repair, necessitated by restorative material failure
D2999	Unspecified restorative procedure, by report

D3000 - D3999 ENDODONTICS

Pulp capping

D3110	Pulp cap - direct (excluding final restoration)
D3120	Pulp cap - indirect (excluding final restoration)

Pulpotomy

D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the
	dentinocemental junction and application of medicament
D3221	Pulpal debridement, primary and permanent teeth
D3222	Partial pulpotomy for apexogenesis-permanent tooth with incomplete root development
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)

Endodontic therapy on primary teeth (including treatment plan, clinical procedures and follow-up care)

D3310	Endodontic therapy, anterior tooth (excluding final restoration)
D3320	Endodontic therapy, premolar tooth (excluding final restoration)
D3330	Endodontic therapy, molar tooth (excluding final restoration)

D3331 D3332 D3333	Treatment of root canal obstruction; non-surgical access Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth Internal root repair of perforation defects
Endodontic	retreatment
D3346	Retreatment of previous root canal therapy – anterior
D3347	Retreatment of previous root canal therapy – premolar
D3348	Retreatment of previous root canal therapy – molar
	n/recalcification procedures
D3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root
	resorption, etc.)
D3352	Apexification/recalcification – interim medication replacement (apical closure/calcific repair
	of perforations, root resorption, pulpal space disinfection, etc.)
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical
D 3 3 3 3	closure/calcific repair of perforations, root resorption, etc.)
	closure/carcine repair of perforations, root resorption, etc.)
A	
	y/periradicular services
D3410	Apicoectomy – anterior
D3421	Apicoectomy – premolar (first root)
D3425	Apicoectomy – molar (first root)
D3426	Apicoectomy (each additional root)
D3427	Periadicular surgery without apicoectomy
D3430	Retrograde filling – per root
D3450	Root amputation – per root
D3460	Endodontic endosseous implant
D3470	Intentional reimplantation (including necessary splinting)
Other and a	
	lontic procedures
D3910	Surgical procedure for isolation of tooth with rubber dam
D3920	Hemisection (including any root removal), not including root canal therapy
D3950	Canal preparation and fitting of preformed dowel or post
D3999	Unspecified endodontic procedure, by report
D4000 - D4	999 PERIODONTICS
Surgical ser	vices (including usual post-operative care)
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces per
D1210	quadrant
D4211	·
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or bounded teeth spaces per
	quadrant
D4212	Gingivectomy or gingivoplasty – to allow access for restorative procedure, per tooth
D4230	Anatomical crown exposure – four or more contiguous teeth or tooth bounded spaces per
	quadrant
D4231	Anatomical crown exposure – one to three teeth or tooth bounded spaces per quadrant
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or bounded
, 0	teeth spaces per quadrant
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or bounded
D4241	
D 40 45	teeth spaces per quadrant
D4245	Apically positioned flap
D4249	Clinical crown lengthening – hard tissue
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more
	contiguous teeth or tooth bounded spaces per quadrant
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three
	contiguous teeth or tooth bounded spaces per quadrant
D4263	
D4263	Bone replacement graft – retained natural tooth – first site in quadrant
D4263 D4264	

D4265	Biologic materials to aid in soft and osseous tissue regeneration
D4266	Guided tissue regeneration – resorbable barrier, per site
D4267	Guided tissue regeneration – resorbable barrier, per site (includes membrane removal)
D4268	
	Surgical revision procedure, per tooth
D4270	Pedicle soft tissue graft procedure
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites)
	first tooth, implant, or edentulous tooth position in graft
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with
	surgical procedures in the same anatomical area)
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first
	tooth, implant, or edentulous tooth position in graft
D4276	Combined connective tissue and double pedicle graft, per tooth
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth,
	implant, or edentulous tooth position in graft
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
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
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and
D 1200	donor material) – each additional contiguous tooth, implant or edentulous tooth position in
	same graft site.
	Same grant site.
Non-surgic	al periodontal service
D4320	Provisional splinting – intracoronal
D4321	Provisional splinting – extracoronal
D4341	Periodontal scaling and root planing – four or more teeth per quadrant
D4342	Periodontal scaling and root planing – root of more teeth per quadrant Periodontal scaling and root planing, – one to three teeth, per quadrant
D4346	
D4340	Scaling in presence of generalized moderate or severe gingival inflammation
DASEE	- full mouth, after oral evaluation
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a
D 4204	subsequent visit
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased
	crevicular tissue, per tooth
0.1.	
	dontal services
D4910	Periodontal maintenance
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)
D4999	Unspecified periodontal procedure, by report
	5899 PROSTHODONTICS (REMOVABLE)
	entures (including routine post-delivery care)
D5110	Complete denture – maxillary
D5120	Complete denture – mandibular
D5130	Immediate denture – maxillary
D5140	Immediate denture – mandibular
	tures (including routine post-delivery care)
D5211	Maxillary partial denture - resin base (including, retentive/clasping materials, rests and
	teeth
D5212	Mandibular partial denture - resin base (including, retentive/clasping materials, rests and
	teeth)
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including
	retentive/clasping materials, rests and teeth)
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including

D5214

D5221

rests and teeth)

Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)

Immediate maxillary partial denture - resin base (including retentive/clasping materials,

D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)
D5225	Maxillary partial denture – flexible base (including any clasps, rests and teeth)
D5226	Mandibular partial denture – flexible base (including any clasps, rests and teeth)
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
D5284	Removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant
D5286	Removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant

Adjustments to dentures

D5410	Adjust complete denture – maxillary
D5411	Adjust complete denture – mandibular
D5421	Adjust partial denture – maxillary
D5422	Adjust partial denture – mandibular

Repairs to complete dentures D5511 Repair broken comp

D5511	Repair broken complete denture base, mandibular
D5512	Repair broken complete denture base, maxillary
D5520	Replace missing or broken teeth – complete denture (each tooth)

Repairs to partial dentures

D5611	Repair resin partial denture base, mandibular
D5612	Repair resin partial denture base, maxillary
D5621	Repair cast partial framework, mandibular
D5622	Repair cast partial framework, maxillary
D5630	Repair or replace broken retentive clasping materials – per tooth
D5640	Replace broken teeth – per tooth
D5650	Add tooth to existing partial denture
D5660	Add clasp to existing partial denture – per tooth
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)

Denture rebase procedures

D5710	Rebase complete maxillary denture
D5711	Rebase complete mandibular denture
D5720	Rebase maxillary partial denture
D5721	Rebase mandibular partial denture

Denture reline procedures D5730 Reline complete

D5/30	Reline complete maxillary denture (chairside)
D5731	Reline complete mandibular denture (chairside)
D5740	Reline maxillary partial denture (chairside)
D5741	Reline mandibular partial denture (chairside)
D5750	Reline complete maxillary denture (laboratory)
D5751	Reline complete mandibular denture (laboratory)
D5760	Reline maxillary partial denture (laboratory)
D5761	Reline mandibular partial denture (laboratory)

Interim prosthesis

D5810	Interim complete denture (maxillary)
D5811	Interim complete denture (mandibular)
D5820	Interim partial denture (maxillary)
D5821	Interim partial denture (mandibular)

Other removable prosthetic services

	o table productic del trees
D5850	Tissue conditioning – maxillary
D5851	Tissue conditioning – mandibular
D5862	Precision attachment, by report
D5863	Overdenture – complete maxillary
D5864	Overdenture – partial maxillary
D5865	Overdenture – complete mandibular
D5866	Overdenture – partial mandibular
D5867	Replacement of replaceable part of semi-precision or precision attachment (male or female component)
D5875 D5876 D5899	Modification of removable prosthesis following implant surgery Add metal substructure to acrylic full denture (per arch) Unspecified removable prosthodontic procedure, by report

D5900 - D5999 MAXILLOFACIAL PROSTHETICS

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 with guide flange
D5935	Mandibular resection prosthesis without 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
D5958	Palatal lift prosthesis, interim
D5959	Palatal lift prosthesis, modification
D5960	Speech aid prosthesis, modification
D5982	Surgical stent
D5983	Radiation carrier
D5984	Radiation shield
D5985	Radiation cone locator
D5986	Fluoride gel carrier
DECOT	Company of the Land

Commissure splint

D5987

D5988 D5999	Surgical splint Unspecified maxillofacial prosthesis, by report
D6000 - D6 D6010 D6012 D6013 D6040 D6050	199 IMPLANT SERVICES Surgical placement of implant body: endosteal implant Surgical placement of interim implant body for transitional prosthesis: endosteal implant Surgical placement of mini implant Surgical placement: eposteal implant Surgical placement: transosteal implant
Implant sup D6055 D6056 D6057 D6058 D6059 D6060 D6061 D6062 D6063 D6064 D6065 D6066 D6066	Dental implant supported connecting bar Prefabricated abutment – includes modification and placement Custom fabricated abutment – includes placement Abutment supported porcelain/ceramic crown Abutment supported porcelain fused to metal crown (high noble metal) Abutment supported porcelain fused to metal crown (predominantly base metal) Abutment supported porcelain fused to metal crown (noble metal) Abutment supported cast metal crown (high noble metal) Abutment supported cast metal crown (predominantly base metal) Abutment supported cast metal crown (noble metal) Implant supported porcelain/ceramic crown Implant supported porcelain fused to metal crown (high noble alloys) Implant supported cast metal crown (high noble alloys) Abutment supported retainer for porcelain/ceramic FPD
D6069 D6070 D6071 D6072 D6073 D6074 D6075 D6076 D6077	Abutment supported retainer for porcelain fused to metal FPD (high noble metal) Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) Abutment supported retainer for porcelain fused to metal FPD (noble metal) Abutment supported retainer for cast metal FPD (high noble metal) Abutment supported retainer for cast metal FPD (predominantly base metal) Abutment supported retainer for cast metal FPD (noble metal) Implant supported retainer for ceramic FPD Implant supported retainer for porcelain fused to metal FPD (high noble alloys) Implant supported retainer for cast metal FPD (high noble alloys)
Other impla D6080 D6081	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis
D6082 D6083 D6084 D6085 D6086 D6087 D6088 D6090 D6091 D6092 D6094 D6095	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 Implant supported crown – porcelain fused to predominantly base alloys Implant supported crown – porcelain fused to noble alloys Implant supported crown – porcelain fused to titanium and titanium alloy Provisional implant crown Implant supported crown – predominantly base alloys Implant supported crown – noble alloys Implant supported crown – titanium/titanium alloys Repair implant supported prosthesis, by report Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment Re-cement or re-bond implant/abutment supported crown Abutment supported crown – (titanium or titanium alloys) Repair implant abutment, by report
D6096 D6097 D6098 D6099	Remove broken implant retaining screw Abutment supported crown – porcelain fused to titanium and titanium alloys Implant supported retainer for metal FPD – porcelain fused to predominantly base alloys Implant supported retainer for FPD – porcelain fused to noble

D6100	Implant removal, by report
D6101	Debridement of a periimplant defect or defects surrounding a single implant, and surface
	cleaning of the exposed implant surfaces, including flap entry and closure
D6102	Debridement and osseous contouring of a periimplant defect or defects surrounding a single
00102	implant, and surface cleaning includes surface cleaning of the exposed implant surfaces,
	including flap entry and closure
DC110	
D6110	Implant/abutment supported removable denture for edentulous arch—maxillary
D6111	Implant/abutment supported removable denture for edentulous arch—mandibular
D6112	Implant/abutment supported removable denture for partially edentulous arch-maxillary
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular
D6114	Implant/ abutment supported fixed denture for edentulous arch – maxillary
D6115	Implant / abutment supported fixed denture for edentulous arch - mandibular
D6116	Implant / abutment supported fixed denture for partially edentulous arch - maxillary
D6117	Implant / abutment supported fixed denture for partially edentulous arch - mandibular
D6118	Implant/abutment supported interim fixed denture for edentulous arch - mandibular
D6119	Implant/abutment supported interim fixed denture for edentulous arch - maxillary
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 or titanium alloys
D6190	Radiographic/surgical implant index, by Report
D6093	
	Re-cement or re-bond implant/abutment supported fixed partial denture
D6194	Abutment supported retainer crown for FPD – (titanium and titanium alloys)
D6195	Abutment supported retainer – porcelain fused to titanium or titanium alloys
D6199	Unspecified implant procedure, by report

D6200 - D6999 PROSTHODONTICS, FIXED (Each retainer and each pontic constitutes a unit in a fixed partial denture) Fixed partial denture pontics

D6205	Pontic – indirect resin based composite
D6210	Pontic – cast high noble metal
D6211	Pontic – cast predominantly base metal
D6212	Pontic – cast noble metal
D6214	Pontic – titanium and titanium alloys
D6240	Pontic – porcelain fused to high noble metal
D6241	Pontic – porcelain fused to predominantly base metal
D6242	Pontic – porcelain fused to noble metal
D6243	Pontic – porcelain fused to titanium or titanium alloys
D6245	Pontic – porcelain/ceramic
D6250	Pontic – resin with high noble metal
D6251	Pontic – resin with predominantly base metal
D6252	Pontic – resin with noble metal
D6253	Provisional pontic – further treatment or completion of a diagnosis necessary prior to
	impression

Fixed partial denture retainers – inlays/ onlays

D6545	Retainer – cast metal for resin bonded fixed prosthesis	
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	
D6549	Resin retainer – for resin bonded fixed prosthesis	
D6600	Retainer inlay – porcelain/ceramic, two surfaces	
D6601	Retainer inlay – porcelain/ceramic, three or more surfaces	
D6602	Retainer inlay – cast high metal, two surfaces	
D6603	Retainer inlay – cast high metal, three or more surfaces	
D6604	Retainer inlay – cast predominantly base metal, two surfaces	
D6605	Retainer inlay – cast predominantly base metal, three or more surfaces	
D6606	Retainer inlay – cast noble metal, two surfaces	
D6607	Retainer inlay – cast noble metal, three or more surfaces	

D6608 D6609 D6610 D6611 D6612 D6613 D6614 D6615 D6624 D6634	Retainer onlay – porcelain/ceramic, two surfaces Retainer onlay – porcelain/ceramic, three or more surfaces Retainer onlay – cast high noble metal, two surfaces Retainer onlay – cast high noble metal, three or more surfaces Retainer onlay – cast predominantly base metal, two surfaces Retainer onlay – cast predominantly base metal, three or more surfaces Retainer onlay – cast noble metal, two surfaces Retainer onlay – cast noble metal, three or more surfaces Retainer inlay – titanium Retainer onlay – titanium
	data também a traditional de la companya della companya de la companya della comp
the contract of the contract o	al denture retainers – crowns
D6710	Retainer crown – indirect resin based composite
D6720	Retainer crown – resin with high noble metal
D6721	Retainer crown – resin with predominantly base metal
D6722	Retainer crown – resin with noble metal
D6740	Retainer crown – porcelain/ceramic
D6750	Retainer crown – porcelain fused to high noble metal
D6751	Retainer crown – porcelain fused to predominantly base metal
D6752	Retainer crown – porcelain fused to noble metal
D6753	Retainer crown – porcelain fused to titanium or titanium alloys
D6780	Retainer crown – 3/4 cast high noble metal
D6781	Retainer crown – 3/4 cast predominantly base metal
D6782	Retainer crown – 3/4 cast noble metal
D6783	Retainer crown - 3/4 porcelain/ceramic
D6784	Retainer crown 3/4 - titanium and titanium alloys
D6790	Retainer crown – full cast high noble metal
D6791	Retainer crown – full cast predominantly base metal
D6792	Retainer crown – full cast noble metal
D6793	Provisional retainer crown – further treatment of completion or a diagnosis necessary prior
20.50	to final impression
D6794	Retainer crown – titanium and titanium alloys
20.0.	Treatment and areamann and p
Other fixed	partial denture services
D6920	Connector bar
D6930	Re-cement or re-bond fixed partial denture
D6940	Stress breaker
D6950	Precision attachment
D6980	Fixed partial denture repair necessitated by restorative material
D6985	Pediatric partial denture, fixed
D6999	Unspecified, fixed prosthodontic procedure, by report
00999	onspectified, fixed prostitudultic procedure, by report
D7000 - D7	7999 ORAL AND MAXILLOFACIAL SURGERY
	(includes local anesthesia, suturing, if needed, and routine postoperative care)
D7111	Extraction, coronal remnants – primary tooth
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7140	Extraction, enabled tooth or exposed root (elevation and/or forceps removal)
Surgical ex care)	tractions (includes local anesthesia, suturing, if needed, and routine postoperative
D7210	Extraction, or inted tooth requiring removal of hone and/or costioning of tooth, and
D/210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and
D7000	including elevation of mucoperiosteal flap if indicated
D7220	Removal of impacted tooth – soft tissue
D7230	Removal of impacted tooth – partially bony
D7240	Removal of impacted tooth – completely bony
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications
D7250	Removal of residual tooth roots (cutting procedure)

	cal procedures
D7260	Oroantral fistual closure
D7261	Primary closure of a sinus perforation
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)
D7280	Exposure of an unerupted tooth
D7282	Mobilization of erupted or malpositioned tooth to aid eruption
D7283	Placement of device to facilitate eruption of impacted tooth
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)
D7286	Incisional biopsy of oral tissue – soft
D7287	Exfoliative cytological sample collection
D7288	Brush biopsy – transepithelial sample collection
D7290	Surgical repositioning of teeth
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap; includes device removal
D7293	Placement of temporary anchorage device requiring flap; includes device removal
D7294	Placement of temporary anchorage device without flap; includes device removal
D7296	Corticotomy – one to three teeth or tooth spaces, per quadrant
D7297	Corticotomy – four or more teeth or tooth spaces, per quadrant
Alvooloplas	sty – surgical preparation of ridge for dentures
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per
D7310	quadrant
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant
Vestibulopl	
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)
Surgical ex	cision of soft tissue lesions
D7410	Excision of benign lesion up to 1.25 cm
D7411	Excision of benign lesion greater than 1.25 cm
D7412	Excision of benign lesion, complicated
D7413	Excision of malignant lesion up to 1.25 cm
D7414	Excision of malignant lesion greater than 1.25 cm
D7415	Excision of malignant lesion complicated
D7465	Destruction of lesion(s) by physical or chemical method, by report
Surgical ov	cision of intra-osseous lesions
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm
D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm
D7450 D7451	Removal of benign odontogenic cyst of tumor – lesion diameter greater than 1.25 cm
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm
	Total alamata grades than the silver

Excision of bone tissue

D7471	Removal	of lateral	exostosis ((maxilla	or mandible)
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D7472 Removal of torus palatinus

D7473 D7485 D7490	Removal of torus manibularis Reduction of osseous tuberosity Radical resection of maxilla or mandible
Surgical inc	ision
D7510	Incision and drainage of abscess – intraoral soft tissue
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)
D7520	Incision and drainage of abscess – extraoral soft tissue
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of
ž	multiple fascial spaces)
D7530	Removal of foreign body from mucosa, skin or subcutaneous alveolar tissue
D7540	Removal of reaction-producing foreign bodies, musculoskeletal system
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body
Treatment (of fractures – simple
D7610	Maxilla – open reduction (teeth immobilized, if present)
D7620	Maxilla – closed reduction (teeth immobilized, if present)
D7630	Mandible – open reduction (teeth immobilized, if present)
D7640	Mandible – closed reduction (teeth immobilized, if present)
D7650	Malar and/or zygomatic arch – open reduction
D7660	Malar and/or zygomatic arch – closed reduction
D7670	Alveolus – closed reduction, may include stabilization of teeth
D7671	Alveolus – open reduction, may include stabilization of teeth
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches
	of fractures – compound
D7710	Maxilla – open reduction
D7720 D7730	Maxilla – closed reduction
D7730 D7740	Mandible – open reduction Mandible – closed reduction
D7750	Malar and/or zygomatic arch – open reduction
D7760	Malar and/or zygomatic arch – closed reduction
D7770	Alveolus – open reduction splinting stabilization of teeth
D7771	Alveolus – closed reduction stabilization of teeth
D7780	Facial bones – complicated reduction with fixation and multiple approaches
	of dislocation and management of other temporomandibular joint dysfunctions
D7810	Open reduction of dislocation
D7820	Closed reduction of dislocation
D7830 D7840	Manipulation under anesthesia
D7850	Condylectomy Surgical discectomy, with/without implant
D7852	Disc repair
D7854	Synovectomy
D7856	Myotomy
D7858	Joint reconstruction
D7860	Arthrotomy
D7865	Arthroplasty
D7870	Arthrocentesis
D7871	Non-arthroscopic lysis and lavage
D7872	Arthroscopy – diagnosis, with or without biopsy
D7873	Arthroscopy: lavage and lysis of adhesions
D7874	Arthroscopy: disc repositioning and stabilization
D7875	Arthroscopy: synovectomy
D7876	Arthroscopy: discectomy

D7877	Arthroscopy: debridement
D7880	Occlusal orthotic device, by report
D7881	Occlusal orthotic device adjustment
D7899	Unspecified TMD therapy, by report .

Repair of traumatic wounds

D7910 Suture of recent small wounds up to 5 cm

Complicated suturing (reconstruction requiring delicate handling of tissues and wide undermining for meticulous closure)

D7911	Complicated suture – up to 5 cm	
D7912	Complicated suture – greater than 5 cm	

Other repair procedures D7920

	procedures
D7920	Skin graft (identify defect covered, location and type of graft)
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per
	site
D7940	Osteoplasty – for orthognathic deformities
D7941	Osteotomy – mandibular rami
D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft
D7944	Osteotomy – segmented or subapical
D7945	Osteotomy – body of mandible
D7946	LeFort I (maxilla – total)
D7947	LeFort I (maxilla – segmented)
D7948	LeFort II or LeFort III (osteoplasty of
	facial bones for midface hypoplasia or retrusion) – without bone graft
D7949	LeFort II or LeFort III – with bone graft
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or
	nonautogenous, by report
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach
D7952	Sinus augmentation via a vertical approach
D7953	Bone replacement graft for ridge preservation – per site
D7955	Repair of maxillofacial soft and/or hard tissue defect
D7960	Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental
	to another procedure
D7963	Frenuloplasty
D7970	Excision of hyperplastic tissue – per arch
D7971	Excision of pericoronal gingiva
D7972	Surgical reduction of fibrous tuberosity
D7979	Non-surgical sialolithotomy
D7980	Surgical sialolithotomy
D7981	Excision of salivary gland, by report
D7982	Sialodochoplasty
D7983	Closure of salivary fistula
D7990	Emergency tracheotomy
D7991	Coronoidectomy
D7995	Synthetic graft – mandible or facial bones, by report
D7996	Implant – mandible for augmentation purposes (excluding alveolar ridge), by report
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar
D7998	Intraoral placement of a fixation device not in conjunction with a fracture
D7999	Unspecified oral surgery procedure, by report
0,000	onspective oral surgery procedure, by report

D8000 - D8999 ORTHODONTICS

Limited orthodontic treatment

D8010	Limited orthodontic treatment of the primary dentition
D8020	Limited orthodontic treatment of the transitional dentition
D8030	Limited orthodontic treatment of the adolescent dentition

D8040 Limited orthodontic treatment of the adult dentition

Interceptive orthodontic treatment

D8050 Interceptive orthodontic treatment of the primary dentition
D8060 Interceptive orthodontic treatment of the transitional dentition

Comprehensive orthodontic treatment

D8070	Comprehensive orthodontic treatment of the transitional dentition
D8080	Comprehensive orthodontic treatment of the adolescent dentition
D8090	Comprehensive orthodontic treatment of the adult dentition

Minor treatment to control harmful habits

D8210	Removable appliance therapy
D8220	Fixed appliance therapy

Other orthodontic services

D8660	Pre-orthodontic treatment examination to monitor growth and development
D8670	Periodic orthodontic treatment visit
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer[s])
D8681	Removable orthodontic retainer adjustment
D8690	Orthodontic treatment (alternative billing to a contract fee)
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment
D8696	Repair of orthodontic appliance – maxillary
D8697	Repair of orthodontic appliance – mandibular
D8698	Re-cement or re-bond fixed retainer – maxillary
D8699	Re-cement or re-bond fixed retainer – mandibular
D8701	Repair of fixed retainer, includes reattachment – maxillary
D8702	Repair of fixed retainer, includes reattachment – mandibular
D8703	Replacement of lost or broker retainer – maxillary
D8704	Replacement of lost or broker retainer - mandibular
D8999	Unspecified orthodontic procedure, by report

D9000 - D9999 ADJUNCTIVE GENERAL SERVICES

Unclassified treatment

D9110	Palliative (emergency) treatment of dental pain – minor procedure
D9120	Fixed partial denture sectioning
D9130	Temporomandibular joint dysfunction – non-invasive physical therapies

Anesthesia

Allestilesia	
D9210	Local anesthesia not in conjunction with operative or surgical procedures
D9211	Regional block anesthesia
D9212	Trigeminal division block anesthesia
D9215	Local anesthesia
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia
D9222	Deep sedation/general anesthesia – first 15 minutes
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute
	increment
D9248	Non-intravenous conscious sedation

Professional consultation

D9310 Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician

Professional visits

D9410	House/extended care facility call
D9420	Hospital call
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed
D9440	Office visit – after regularly scheduled hours
D9450	Case presentation, detailed and extensive treatment planning
Drugs	
D9610	Therapeutic parenteral drug, single administration
D9612	Therapeutic parenteral drugs, two or more administrations, different medications
D9613	Infiltration of sustained release therapeutic drug – single or multiple sites
D9630	Drugs or medicaments dispensed in the office for home use
	,
Missellaneous services	

Miscellaneous servicesD9910 Application of desensitizing medicament

	rippined for a dependent in a depend
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth
D9920	Behavior management, by report
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report
D9932	Cleaning and inspection of removable complete denture, maxillary
D9933	Cleaning and inspection of removable complete denture, mandibular
D9934	Cleaning and inspection of removable partial denture, maxillary
D9935	Cleaning and inspection of removable partial denture, mandibular
D9941	Fabrication of athletic mouthguard
D9942	Repair and/or reline of occlusal guard
D9943	Occlusal guard adjustment
D9944	Occlusal guard – hard appliance, full arch
D9945	Occlusal guard – soft appliance, full arch
D9946	Occlusal guard – hard appliance, partial arch
D9950	Occlusion analysis – mounted case
D9951	Occlusal adjustment – limited
D9952	Occlusal adjustment – complete
D9961	Duplicate/copy patient's recordsD9970 Enamel microabrasion
D9971	Odontoplasty 1–2 teeth; includes removal of enamel projections
D9972	External bleaching – per arch – performed in office
D9973	External bleaching – per tooth
D9974	Internal bleaching – per tooth
D9990	Certified translation or sign language services - per visit
D9995	Teledentistry – synchronous; real-time encounter
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent
	review
D9997	Dental case management – Patients with special Health Care Needs
D9999	Unspecified adjunctive procedure, by report

Note: This Appendix represents codes and nomenclature excerpted from the version of Current Dental Terminology (CDT) in effect at the date of this printing. CDT coding and nomenclature are the copyright of the American Dental Association, and have been accepted as the standard for data transmission purposes under federal Administrative Simplification regulations. For the purposes of this Appendix, Delta Dental's administration of Benefits, Limitations and Exclusions under this Contract will at all times be based on the then-current version of CDT whether or not a revised Appendix B is provided.