

**AMENDMENT NO. 2 TO AGREEMENT
RENEWAL
GROUP #16128**

AGREEMENT dated January 1, 2013 between SAN JOAQUIN VALLEY INSURANCE AUTHORITY (SJVIA) and DELTA DENTAL OF CALIFORNIA "Delta Dental," is hereby amended, effective January 1, 2015, as follows:

Paragraph 1.4 is amended to read:

- 1.4 "Contract Term" means the period beginning on January 1, 2015, and ending on December 31, 2015 and each subsequent yearly period during which this Contract remains in effect.

Paragraph 3.5 is amended to read:

- 3.5 In addition to the amounts, if any, which Delta Dental withholds from payments to Dentists as provided in Delta Dental Dentists Rules, the Contractholder authorizes Delta Dental to deduct from each of its monthly payments to Delta Dental 8.91% of such amount as compensation for Delta Dental's administration of this dental plan.

Paragraph 9.2 is amended to read:

- 9.2 If Delta Dental terminates this Contract under paragraph 9.1 (a), all Benefits end and Delta Dental is released from all further obligations of this Contract, effective the last day of the month in which written notice of termination is given. The Contractholder will remain liable to Delta Dental for the greater of: (1) the unpaid Premiums applicable for the period this Contract was in effect before termination; or (2) the full amount of all Dentist's statements paid or otherwise discharged by Delta Dental during the full term of this Contract, plus 8.91% of such amount (to compensate Delta Dental for its administration of the dental plan), less amounts actually paid by the Contractholder to Delta Dental during the term of such Contract.

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

**SAN JOAQUIN VALLEY INSURANCE AUTHORITY (SJVIA)
DELTA DENTAL GROUP #16128**

Date Amendment Signed: April 6, 2015

By: Deborah A. Poochigian
Signature

Deborah A. Poochigian
Printed Name

SJVIA Board President
Title

DATE: February 26, 2015

DELTA DENTAL OF CALIFORNIA

Belinda Martinez
Belinda Martinez
Senior Vice President
Sales/Marketing

Kevin Jackson
Kevin Jackson
Group Vice President
Underwriting & Actuarial

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

D0120	Periodic oral evaluation – established patient
D0140	Limited oral evaluation – problem focused
DO145	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/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	Extraoral – first radiographic image
D0260	Extraoral – each additional 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
D0290	Posterior – anterior or lateral skull and facial bone survey radiographic image
D0310	Sialography
D0320	Temporomandibular joint arthrogram, including injection
D0321	Other temporomandibular joint radiographic images, by report
D0322	Tomographic survey
D0330	Panoramic radiographic image
D0340	Cephalometric radiographic image
D0350	Oral/facial photographic images obtained intraorally or extraorally

Tests and examinations

D0415	Collection of microorganisms for culture and sensitivity
D0416	Viral culture
D0421	Genetic test for susceptibility to oral diseases
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 pathology 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 margins for presence of disease, preparation and transmission of written report

- D0475 Decalcification procedure
- D0476 Special stains for microorganisms
- D0477 Special stains, not for microorganisms
- D0478 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 source
- D0486 Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report
- D0502 Other oral pathology procedures, by report
- D0601 Caries risk assessment and documentation, with a finding of low risk
- D0602 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

D1000 – D1999 PREVENTIVE

Dental prophylaxis

- D1110 Prophylaxis — adult
- D1120 Prophylaxis — *child through age 13*

Topical fluoride treatment (office procedure)

- D1206 Topical application of fluoride varnish
- D1208 Topical application of fluoride - excluding varnish

Other preventive 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

Space maintenance (passive appliances)

- D1510 Space maintainer — fixed — unilateral
- D1515 Space maintainer — fixed — bilateral
- D1520 Space maintainer — removable — unilateral
- D1525 Space maintainer — removable — bilateral
- D1550 Re-cement or re-bond space maintainer
- D1555 Removal of fixed space maintainer

D2000 – D2999 RESTORATIVE

Amalgam restorations (including polishing)

- 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

- D2510 Inlay — metallic — one surface
- D2520 Inlay — metallic — two surfaces
- D2530 Inlay — metallic — three or more surfaces
- D2542 Onlay — metallic — two surfaces
- D2543 Onlay — metallic — three surfaces
- D2544 Onlay — metallic — four or more surfaces
- D2610 Inlay — porcelain/ceramic — one surface
- D2620 Inlay — porcelain/ceramic — two surfaces
- D2630 Inlay — porcelain/ceramic — three or more surfaces
- D2642 Onlay — porcelain/ceramic — two surfaces
- D2643 Onlay — porcelain/ceramic — three surfaces
- D2644 Onlay — porcelain/ceramic — four or more surfaces
- D2650 Inlay — resin-based composite — one surface
- D2651 Inlay — resin-based composite — two surfaces
- D2652 Inlay — resin-based composite — three or more surfaces
- D2662 Onlay — resin-based composite — two surfaces
- D2663 Onlay — resin-based composite — three surfaces
- D2664 Onlay — resin-based composite — four or more surfaces

Crowns — single restorations only

- D2710 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 substrate
- D2750 Crown — porcelain fused to high noble metal
- D2751 Crown — porcelain fused to predominantly base metal
- D2752 Crown — porcelain fused to noble metal
- D2780 Crown — 3/4 cast high noble metal
- D2781 Crown — 3/4 cast predominantly base metal
- D2782 Crown — 3/4 cast noble metal
- D2783 Crown — 3/4 porcelain/ceramic
- D2790 Crown — full cast high noble metal
- D2791 Crown — full cast predominantly base metal
- D2792 Crown — full cast noble metal
- D2794 Crown — titanium
- D2799 Provisional crown- further treatment or completion of a diagnosis necessary prior to final impression

Other restorative 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	Prefabricated post and core in addition to crown
D2955	Post removal
D2957	Each additional prefabricated post – same tooth
D2960	Labial veneer (resin laminate) – chairside
D2961	Labial veneer (resin laminate) – laboratory
D2962	Labial veneer (porcelain laminate) – laboratory
D2970	Temporary crown (fractured tooth)
D2971	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, bicuspid tooth (excluding final restoration)
D3330	Endodontic therapy, molar tooth (excluding final restoration)
D3331	Treatment of root canal obstruction; non-surgical access
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth
D3333	Internal root repair of perforation defects

Endodontic retreatment

D3346	Retreatment of previous root canal therapy – anterior
D3347	Retreatment of previous root canal therapy – bicuspid
D3348	Retreatment of previous root canal therapy – molar

Apexification/recalcification procedures

D3351	Apexification/recalcification – initial visit (apical closure/calific repair of perforations, root resorption, etc.)
D3352	Apexification/recalcification – interim medication replacement (apical closure/calific repair of perforations, root resorption, pulpal space disinfection, etc.)

D3353 Apexification/recalcification — final visit (includes completed root canal therapy — apical closure/calcific repair of perforations, root resorption, etc.)

Apicoectomy/periradicular services

D3410 Apicoectomy — anterior
D3421 Apicoectomy — bicuspid (first root)
D3425 Apicoectomy — molar (first root)
D3426 Apicoectomy (each additional root)
D3427 Periradicular surgery without apicoectomy
D3430 Retrograde filling — per root
D3450 Root amputation — per root
D3460 Endodontic endosseous implant
D3470 Intentional reimplantation (including necessary splinting)

Other endodontic 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 – D4999 PERIODONTICS

Surgical services (including usual post-operative care)

D4210 Gingivectomy or gingivoplasty — four or more contiguous teeth or bounded teeth spaces per quadrant
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 per quadrant
D4231 Anatomical crown exposure – one to three teeth per quadrant
D4240 Gingival flap procedure, including root planing — four or more contiguous teeth or bounded teeth spaces per quadrant
D4241 Gingival flap procedure, including root planing — one to three contiguous teeth or bounded 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 Bone replacement graft — first site in quadrant
D4264 Bone replacement graft — each additional site in quadrant
D4265 Biologic materials to aid in soft and osseous tissue regeneration
D4266 Guided tissue regeneration — resorbable barrier, per site
D4267 Guided tissue regeneration — nonresorbable barrier, per site (includes membrane removal)
D4268 Surgical revision procedure, per tooth
D4270 Pedicle soft tissue graft procedure
D4273 Subepithelial connective tissue graft procedures, per tooth
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, per tooth
D4277 Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft
D4278 Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site

Non-surgical 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, — one to three teeth, per quadrant
- D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis
- D4381 Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth

Other periodontal services

- D4910 Periodontal maintenance
- D4920 Unscheduled dressing change (by someone other than treating dentist or their staff)
- D4999 Unspecified periodontal procedure, by report

D5000 – D5899 PROSTHODONTICS (REMOVABLE)

Complete dentures (including routine post-delivery care)

- D5110 Complete denture — maxillary
- D5120 Complete denture — mandibular
- D5130 Immediate denture — maxillary
- D5140 Immediate denture — mandibular

Partial dentures (including routine post-delivery care)

- D5211 Maxillary partial denture — resin base (including any conventional clasps, rests and teeth)
- D5212 Mandibular partial denture — resin base (including any conventional clasps, rests and teeth)
- D5213 Maxillary partial denture — cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
- D5214 Mandibular partial denture — cast metal framework with resin denture bases (including any conventional clasps, 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)
- D5281 Removable unilateral partial denture — one piece cast metal (including clasps and teeth)

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

- D5510 Repair broken complete denture base
- D5520 Replace missing or broken teeth — complete denture (each tooth)

Repairs to partial dentures

- D5610 Repair resin denture base
- D5620 Repair cast framework
- D5630 Repair or replace broken clasp
- D5640 Replace broken teeth — per tooth
- D5650 Add tooth to existing partial denture
- D5660 Add clasp to existing partial denture
- 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 relining procedures

- D5730 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

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 Modification of removable prosthesis following implant surgery
D5899 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
- D5987 Commissure splint
- D5988 Surgical splint
- D5999 Unspecified maxillofacial prosthesis, by report

D6000 – D6199 IMPLANT SERVICES

- D6010 Surgical placement of implant body: endosteal implant
- D6012 Surgical placement of interim implant body for transitional prosthesis: endosteal implant
- D6013 Surgical placement of mini implant
- D6040 Surgical placement: eosteal implant
- D6050 Surgical placement: transosteal implant

Implant supported prosthetics

- D6055 Dental implant supported connecting bar
- D6056 Prefabricated abutment — includes modification and placement
- D6057 Custom fabricated abutment — includes placement
- 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)
- D6067 Implant supported metal crown (titanium, titanium alloy, high noble metal)
- D6068 Abutment supported retainer for porcelain/ceramic FPD
- 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 (noble metal)
- 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 ceramic FPD
- 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)

Other implant services

- D6080 Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis
- D6090 Repair implant supported prosthesis, by report
- D6091 Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment
- D6092 Re-cement or re-bond implant/abutment supported crown
- D6094 Abutment supported crown — (titanium)
- D6095 Repair implant abutment, by report

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 implant, and surface cleaning includes surface cleaning of the exposed implant surfaces, including flap entry and closure
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
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)
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
D6240	Pontic — porcelain fused to high noble metal
D6241	Pontic — porcelain fused to predominantly base metal
D6242	Pontic — porcelain fused to noble metal
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	Inlay — porcelain/ceramic, two surfaces
D6601	Inlay — porcelain/ceramic, three or more surfaces
D6602	Inlay — cast high metal, two surfaces
D6603	Inlay — cast high metal, three or more surfaces
D6604	Inlay — cast predominantly base metal, two surfaces
D6605	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 or more surfaces
- D6624 Inlay — titanium
- D6634 Onlay — titanium

Fixed partial denture retainers — crowns

- D6710 Crown — indirect resin based composite
- D6720 Crown — resin with high noble metal
- D6721 Crown — resin with predominantly base metal
- D6722 Crown — resin with noble metal
- D6740 Crown — porcelain/ceramic
- D6750 Crown — porcelain fused to high noble metal
- D6751 Crown — porcelain fused to predominantly base metal
- D6752 Crown — porcelain fused to noble metal
- D6780 Crown — 3/4 cast high noble metal
- D6781 Crown — 3/4 cast predominantly base metal
- D6782 Crown — 3/4 cast noble metal
- D6783 Crown — 3/4 porcelain/ceramic
- D6790 Crown — full cast high noble metal
- D6791 Crown — full cast predominantly base metal
- D6792 Crown — full cast noble metal
- D6793 Provisional retainer crown — further treatment of completion or a diagnosis necessary prior to final impression
- D6794 Crown — titanium

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

D7000 – D7999 ORAL AND MAXILLOFACIAL SURGERY

Extractions (includes local anesthesia, suturing, if needed, and routine postoperative care)

- D7111 Extraction, coronal remnants — deciduous tooth
- D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)

Surgical extractions (includes local anesthesia, suturing, if needed, and routine postoperative care)

- D7210 Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and 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 Surgical removal of residual tooth roots (cutting procedure)

Other surgical procedures

- D7260 Oroantral fistula 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 Surgical access 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 surgical flap; includes device removal
- D7293 Placement of temporary anchorage device requiring surgical flap; includes device removal
- D7294 Placement of temporary anchorage device without surgical flap; includes device removal

Alveoloplasty — surgical preparation of ridge for dentures

- D7310 Alveoloplasty in conjunction with extractions — four or more teeth or tooth spaces, per 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

Vestibuloplasty

- 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 excision 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 excision 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
- D7451 Removal of benign odontogenic cyst or 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

Excision of bone tissue

- D7471 Removal of lateral exostosis (maxilla or mandible)
- D7472 Removal of torus palatinus
- D7473 Removal of torus mandibularis
- D7485 Surgical reduction of osseous tuberosity
- D7490 Radical resection of maxilla or mandible

Surgical incision

- 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 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

Treatment of fractures — compound

- D7710 Maxilla — open reduction
- D7720 Maxilla — closed reduction
- D7730 Mandible — open reduction
- D7740 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 surgical approaches

Reduction of dislocation and management of other temporomandibular joint dysfunctions

- D7810 Open reduction of dislocation
- D7820 Closed reduction of dislocation
- D7830 Manipulation under anesthesia
- D7840 Condylectomy
- D7850 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 — surgical: lavage and lysis of adhesions
- D7874 Arthroscopy — surgical: disc repositioning and stabilization
- D7875 Arthroscopy — surgical: synovectomy
- D7876 Arthroscopy — surgical: discectomy
- D7877 Arthroscopy — surgical: debridement
- D7880 Occlusal orthotic device, by report
- 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 Skin graft (identify defect covered, location and type of graft)
- 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
- D7980 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

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])
- D8690 Orthodontic treatment (alternative billing to a contract fee)
- D8691 Repair of orthodontic appliance
- D8692 Replacement of lost or broken retainer
- D8693 Re-bond or re-cement fixed retainer
- D8694 Repair of fixed retainers, includes reattachment
- 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

Anesthesia

- D9210 Local anesthesia not in conjunction with operative or surgical procedures
- D9211 Regional block anesthesia
- D9212 Trigeminal division block anesthesia
- D9215 Local anesthesia
- D9220 Deep sedation/general anesthesia — first 30 minutes
- D9221 Deep sedation/general anesthesia — each additional 15 minutes
- D9230 Analgesia, anxiolysis, inhalation of nitrous oxide
- D9241 Intravenous moderate (conscious) sedation/analgesia – first 30 minutes
- D9242 Intravenous moderate (conscious) sedation/analgesia – each additional 15 minutes
- D9248 Non-intravenous moderate (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
- D9630 Other drugs and/or medicaments, by report

Miscellaneous services

- D9910 Application of desensitizing medicament
- 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
- D9940 Occlusal guard, by report
- D9941 Fabrication of athletic mouthguard

D9942	Repair and/or reline of occlusal guard
D9950	Occlusion analysis — mounted case
D9951	Occlusal adjustment — limited
D9952	Occlusal adjustment — complete
D9970	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
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.

