AMENDMENT NO. 5 TO AGREEMENT
RENEWAL
GROUP #01766

AGREEMENT dated June 19, 2017, as amended, between COUNTY OF SANTA CLARA and DELTA DENTAL OF CALIFORNIA “Delta Dental,” is hereby further amended, effective June 29, 2020, as follows:

Paragraph 1.4 is amended to read:

1.4 Contract Term – means the period beginning on the Effective Date and ending on June 27, 2021.

Paragraph 3.1 is amended to read:

3.1 Within 10 days after receipt of Delta Dental’s invoice, the Contractholder agrees to pay the following monthly Premiums to Delta Dental, at the address shown on the first page of this Contract, for all of the Contractholder’s Primary Enrollees and their Dependents who are Enrollees as set forth in Article 2 of this Contract:

$121.12 for each Primary Enrollee without Dependents.

The Contractholder agrees to bear the cost of such Premiums without withholding or otherwise charging Primary Enrollees for the coverage of themselves or their Dependents.

Upon expiration, this Agreement may, at the County’s option, be extended for an additional one year period. Delta Dental agrees to a rate cap for the next year not to exceed 3% higher than the rate above.

Contractholder agrees to pay the invoiced amount. Eligibility adjustments reported to Delta Dental after the date the invoice is prepared will be reflected on the subsequent month’s invoice. Such adjustments are limited to the three-month period prior to the most current month for which the Contractholder provides eligibility data.

Appendix B, Current Dental Terminology, attached hereto, is hereby amended.
COUNTY OF SANTA CLARA
DELTA DENTAL GROUP #01766

Date Amendment Signed: ________________________________

By: ________________________________________________

Signature

___________________________________________________

Printed Name

___________________________________________________

Title

DATE: April 7, 2020

DELTA DENTAL OF CALIFORNIA

_______________________________
Mohammadreza Navid
Group Vice President, Sales

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

Unless otherwise prohibited by law or County policy, the parties agree that an electronic copy of a signed contract, or an electronically signed contract, has the same force and legal effect as a contract executed with an original ink signature. The term "electronic copy of a signed contract" refers to a transmission by facsimile, electronic mail, or other electronic means of a copy of an original signed contract in a portable document format. The term "electronically signed contract" means a contract that is executed by applying an electronic signature using technology approved by the County.
### 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**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0120</td>
<td>Periodic oral evaluation – established patient</td>
</tr>
<tr>
<td>D0140</td>
<td>Limited oral evaluation – problem focused</td>
</tr>
<tr>
<td>D0145</td>
<td>Oral evaluation for a patient under three years of age and counseling with primary caregiver</td>
</tr>
<tr>
<td>D0150</td>
<td>Comprehensive oral evaluation – new or established patient</td>
</tr>
<tr>
<td>D0160</td>
<td>Detailed and extensive oral evaluation – problem focused, by report</td>
</tr>
<tr>
<td>D0170</td>
<td>Re-evaluation – limited, problem focused (established patient; not post-operative visit)</td>
</tr>
<tr>
<td>D0180</td>
<td>Comprehensive periodontal evaluation – new or established patient</td>
</tr>
<tr>
<td>D0190</td>
<td>Screening of a patient</td>
</tr>
<tr>
<td>D0191</td>
<td>Assessment of a patient</td>
</tr>
</tbody>
</table>

**Radiographs/diagnostic imaging (including interpretation)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0210</td>
<td>Intraoral – complete series of radiographic images</td>
</tr>
<tr>
<td>D0220</td>
<td>Intraoral – periapical first radiographic image</td>
</tr>
<tr>
<td>D0230</td>
<td>Intraoral – periapical each additional radiographic image</td>
</tr>
<tr>
<td>D0240</td>
<td>Intraoral – occlusal radiographic image</td>
</tr>
<tr>
<td>D0250</td>
<td>Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector</td>
</tr>
<tr>
<td>D0251</td>
<td>Extra-oral posterior dental radiographic image</td>
</tr>
<tr>
<td>D0270</td>
<td>Bitewing – single radiographic image</td>
</tr>
<tr>
<td>D0272</td>
<td>Bitewings – two radiographic images</td>
</tr>
<tr>
<td>D0273</td>
<td>Bitewings – three radiographic images</td>
</tr>
<tr>
<td>D0274</td>
<td>Bitewings – four radiographic images</td>
</tr>
<tr>
<td>D0277</td>
<td>Vertical bitewings – 7 to 8 radiographic images</td>
</tr>
<tr>
<td>D0310</td>
<td>Sialography</td>
</tr>
<tr>
<td>D0320</td>
<td>Temporomandibular joint arthrogram, including injection</td>
</tr>
<tr>
<td>D0321</td>
<td>Other temporomandibular joint radiographic images, by report</td>
</tr>
<tr>
<td>D0322</td>
<td>Tomographic survey</td>
</tr>
<tr>
<td>D0330</td>
<td>Panoramic radiographic image</td>
</tr>
<tr>
<td>D0340</td>
<td>2D cephalometric radiographic image – acquisition, measurement and analysis</td>
</tr>
<tr>
<td>D0350</td>
<td>Oral/facial photographic images obtained intraorally or extraorally</td>
</tr>
</tbody>
</table>

**Tests and examinations**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0411</td>
<td>HbA1c in-office point of service testing</td>
</tr>
<tr>
<td>D0412</td>
<td>Blood glucose level test - in office using a glucose meter</td>
</tr>
<tr>
<td>D0415</td>
<td>Collection of microorganisms for culture and sensitivity</td>
</tr>
<tr>
<td>D0416</td>
<td>Viral culture</td>
</tr>
<tr>
<td>D0419</td>
<td>Assessment of salivary flow by measurement</td>
</tr>
<tr>
<td>D0422</td>
<td>Collection and preparation of genetic sample material for laboratory analysis and report</td>
</tr>
<tr>
<td>D0423</td>
<td>Genetic test for susceptibility to diseases – specimen analysis</td>
</tr>
<tr>
<td>D0425</td>
<td>Caries susceptibility tests</td>
</tr>
<tr>
<td>D0431</td>
<td>Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures</td>
</tr>
<tr>
<td>D0460</td>
<td>Pulp vitality tests</td>
</tr>
<tr>
<td>D0470</td>
<td>Diagnostic casts</td>
</tr>
</tbody>
</table>
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
D1354 Interim caries arresting medicament application – per tooth

Space maintenance (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 Removal of fixed bilateral space maintainer – maxillary
D1558 Removal of fixed bilateral space maintainer – mandibular
D1575 Distal shoe space maintainer – fixed – unilateral - per quadrant

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
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  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 and titanium alloy
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
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, premolar 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 – premolar
D3348 Retreatment of previous root canal therapy – molar

**Apexification/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 closure/calcific repair of perforations, root resorption, etc.)

**Apicoectomy/periradicular services**
D3410 Apicoectomy – anterior
D3421 Apicoectomy – premolar (first root)
D3425 Apicoectomy – molar (first root)
D3426 Apicoectomy (each additional root)
D3427 Periapical 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 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 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 – retained natural tooth – first site in quadrant
D4264 Bone replacement graft – retained natural tooth – 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  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 donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site.

Non-surgical periodontal service
D4320  Provisional splinting – intracoronar
D4321  Provisional splinting – extracoronar
D4341  Periodontal scaling and root planing – four or more teeth per quadrant
D4342  Periodontal scaling and root planing, – one to three teeth, per quadrant
D4346  Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation
D4355  Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit
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, 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 retentive/clasping materials, rests and teeth)
D5221  Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)
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 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 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
D5876 Add metal substructure to acrylic full denture (per arch)
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: eposteal 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 (high noble alloys)
D6067 Implant supported cast metal crown (high noble alloys)
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 (high noble alloys)
D6077 Implant supported retainer for porcelain fused to metal FPD (high noble alloys)

**Other implant services**

D6080 Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis
D6081 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
D6082 Implant supported crown – porcelain fused to predominantly base alloys
D6083 Implant supported crown – porcelain fused to noble alloys
D6084 Implant supported crown – porcelain fused to titanium and titanium alloy
D6085 Provisional implant crown
D6086 Implant supported crown – predominantly base alloys
D6087 Implant supported crown – noble alloys
D6088 Implant supported crown – titanium/titanium alloys
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 or titanium alloys)
D6095 Repair implant abutment, by report
D6096 Remove broken implant retaining screw
D6097 Abutment supported crown – porcelain fused to titanium and titanium alloys
D6098 Implant supported retainer for metal FPD – porcelain fused to predominantly base alloys
D6099 Implant supported retainer for FPD – porcelain fused to noble
D6100 Implant removal, by report
D6101 Debridement of a perimplant 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 perimplant 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
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 Retainer onlay – porcelain/ceramic, two surfaces
D6609 Retainer onlay – porcelain/ceramic, three or more surfaces
D6610 Retainer onlay – cast high noble metal, two surfaces
D6611 Retainer onlay – cast high noble metal, three or more surfaces
D6612 Retainer onlay – cast predominantly base metal, two surfaces
D6613 Retainer onlay – cast predominantly base metal, three or more surfaces
D6614 Retainer onlay – cast noble metal, two surfaces
D6615 Retainer onlay – cast noble metal, three or more surfaces
D6624 Retainer inlay – titanium
D6634 Retainer onlay – titanium

**Fixed partial 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 to final impression
D6794 Retainer crown – titanium and titanium alloys

**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 – primary 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 Extraction, 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 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    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

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 manibularis
D7485  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 sinusotony 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 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: 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  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  

**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 broken retainer – maxillary
D8704  Replacement of lost or broken 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**
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

### 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
- **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 records
- **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
- **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.