



Code	Description	Copayment
D9543	Office Visit	4
D9986	missed appointment	Per office policy
D9987	cancelled appointment	Per office policy
Diagnostic		
D0120	periodic oral evaluation - established patient	0
D0140	limited oral evaluation - problem focused	0
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	0
D0150	comprehensive oral evaluation - new or established patient	0
D0160	detailed and extensive oral evaluation - problem focused, by report	0
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	0
D0171	re-evaluation – post-operative office visit	0
D0180	comprehensive periodontal evaluation - new or established patient	0
D0210	intraoral - complete series of radiographic images	0
D0220	intraoral - periapical first radiographic image	0
D0230	intraoral - periapical each additional radiographic image	0
D0240	intraoral - occlusal radiographic image	0
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	0
D0270	bitewing - single radiographic image	0
D0272	bitewings - two radiographic images	0
D0273	bitewings - three radiographic images	0
D0274	bitewings - four radiographic images	0
D0277	vertical bitewings - 7 to 8 radiographic images	0
D0330	panoramic radiographic image	0
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	10
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	5
D0415	collection of microorganisms for culture and sensitivity	20
D0425	caries susceptibility tests	15

Code	Description	Copayment
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	10
D0460	pulp vitality tests	0
D0470	diagnostic casts	5
D0601	caries risk assessment and documentation, with a finding of low risk	10
D0602	caries risk assessment and documentation, with a finding of moderate risk	10
D0603	caries risk assessment and documentation, with a finding of high risk	10

Preventive

D1110	prophylaxis - adult (limited to 1 every 6 months)	15
D1120	prophylaxis - child (limited to 1 every 6 months)	15
D11AX	prophylaxis - adult (additional beyond 1 in 6 months)	80
D11CX	prophylaxis - child (additional beyond 1 in 6 months)	80
D1206	topical application of fluoride varnish	12
D1208	topical application of fluoride – excluding varnish	15
D1310	nutritional counseling for control of dental disease	0
D1320	tobacco counseling for the control and prevention of oral disease	0
D1330	oral hygiene instructions	0
D1351	sealant - per tooth	10
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	20
D1353	sealant repair – per tooth	10
D1354	interim caries arresting medicament application- per tooth	20

Space Maintainers

D1510	space maintainer - fixed - unilateral	100
D1515	space maintainer - fixed - bilateral	150
D1520	space maintainer - removable - unilateral	100
D1525	space maintainer - removable - bilateral	150
D1550	re-cement or re-bond space maintainer	20
D1555	removal of fixed space maintainer	0
D1575	distal shoe space maintainer – fixed – unilateral	100

Amalgam Restorations - Primary or Permanent

Code	Description	Copayment
D2140	amalgam - one surface, primary or permanent	32
D2150	amalgam - two surfaces, primary or permanent	42
D2160	amalgam - three surfaces, primary or permanent	50
D2161	amalgam - four or more surfaces, primary or permanent	60

Resin-Based Composite Restorations

D2330	resin-based composite - one surface, anterior	44
D2331	resin-based composite - two surfaces, anterior	60
D2332	resin-based composite - three surfaces, anterior	80
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	120
D2390	resin-based composite crown, anterior	120
D2391	resin-based composite - one surface, posterior	60
D2392	resin-based composite - two surfaces, posterior	80
D2393	resin-based composite - three surfaces, posterior	100
D2394	resin-based composite - four or more surfaces, posterior	130

Crowns - Single Restoration Only

**Copayments include charges for noble metal and high noble metal/ titanium. D27SC is an optional upgrade charge added to the standard base crown copayment for specialized porcelain such as Lava, Captek, Cercon, Empress, E-Max, etc. and D27BM is an optional benefit for porcelain butt margin. D27ML is an additional copayment for porcelain crowns on molar teeth.*

D2510	inlay - metallic - one surface	310
D2520	inlay - metallic - two surfaces	310
D2530	inlay - metallic - three or more surfaces	310
D2542	onlay - metallic - two surfaces	310
D2543	onlay - metallic - three surfaces	310
D2544	onlay - metallic - four or more surfaces	310
D2610	inlay - porcelain/ceramic - one surface	410
D2620	inlay - porcelain/ceramic - two surfaces	410
D2630	inlay - porcelain/ceramic - three or more surfaces	410
D2642	onlay - porcelain/ceramic - two surfaces	410
D2643	onlay - porcelain/ceramic - three surfaces	410
D2644	onlay - porcelain/ceramic - four or more surfaces	410
D2650	inlay - resin-based composite - one surface	330
D2651	inlay - resin-based composite - two surfaces	350
D2652	inlay - resin-based composite - three or more surfaces	350
D2662	onlay - resin-based composite - two surfaces	350
D2663	onlay - resin-based composite - three surfaces	350

Code	Description	Copayment
D2664	onlay - resin-based composite - four or more surfaces	350
D2710	crown - resin-based composite (indirect)	250
D2712	crown - 3/4 resin-based composite (indirect)	250
D2720	* crown - resin with high noble metal	400
D2721	crown - resin with predominantly base metal	250
D2722	* crown - resin with noble metal	375
D2740	crown - porcelain/ceramic	490
D2750	* crown - porcelain fused to high noble metal	490
D2751	crown - porcelain fused to predominantly base metal	340
D2752	* crown - porcelain fused to noble metal	465
D2780	* crown - 3/4 cast high noble metal	460
D2781	crown - 3/4 cast predominantly base metal	310
D2782	* crown - 3/4 cast noble metal	435
D2783	crown - 3/4 porcelain/ceramic	340
D2790	* crown - full cast high noble metal	460
D2791	crown - full cast predominantly base metal	310
D2792	* crown - full cast noble metal	435
D2794	* crown - titanium	460
D2799	provisional crown— further treatment or completion of diagnosis necessary prior to final impression	200
D27BM	crown-butt margin	50
D27ML	crown- porcelain on molar	100
D27SC	crown- specialty upgrade	200

Other Restorative Services

D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	25
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	25
D2920	re-cement or re-bond crown	25
D2921	reattachment of tooth fragment, incisal edge or cusp	35
D2929	prefabricated porcelain/ceramic crown – primary tooth	75
D2930	prefabricated stainless steel crown - primary tooth	75
D2931	prefabricated stainless steel crown - permanent tooth	75
D2932	prefabricated resin crown	80
D2933	prefabricated stainless steel crown with resin window	100
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	100
D2940	protective restoration	20
D2941	interim therapeutic restoration – primary dentition	120
D2949	restorative foundation for an indirect restoration	20
D2950	core buildup, including any pins when required	75
D2951	pin retention - per tooth, in addition to restoration	25

Code	Description	Copayment
D2952	post and core in addition to crown, indirectly fabricated	110
D2953	each additional indirectly fabricated post - same tooth	0
D2954	prefabricated post and core in addition to crown	80
D2955	post removal	55
D2957	each additional prefabricated post - same tooth	0
D2960	labial veneer (resin laminate) - chairside	200
D2961	labial veneer (resin laminate) - laboratory	310
D2962	labial veneer (porcelain laminate) - laboratory	340
D2971	additional procedures to construct new crown under existing partial denture framework	25
D2975	coping	310
D2990	resin infiltration of incipient smooth surface lesions	10

Endodontics

D3110	pulp cap - direct (excluding final restoration)	15
D3120	pulp cap - indirect (excluding final restoration)	15
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	45
D3221	pulpal debridement, primary and permanent teeth	45
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	45
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	80
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	80
D3310	endodontic therapy, anterior tooth (excluding final restoration)	200
D3320	endodontic therapy, premolar tooth (excluding final restoration)	250
D3330	endodontic therapy, molar tooth (excluding final restoration)	310
D3331	treatment of root canal obstruction; non-surgical access	60
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	100
D3333	internal root repair of perforation defects	60
D3346	retreatment of previous root canal therapy - anterior	350
D3347	retreatment of previous root canal therapy - premolar	400
D3348	retreatment of previous root canal therapy - molar	500

Code	Description	Copayment
D3351	apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	230
D3352	apexification/recalcification - interim medication replacement	155
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	260
D3355	pulpal regeneration - initial visit	230
D3356	pulpal regeneration - interim medication replacement	155
D3357	pulpal regeneration - completion of treatment	200
D3410	apicoectomy - anterior	200
D3421	apicoectomy - premolar (first root)	225
D3425	apicoectomy - molar (first root)	250
D3426	apicoectomy (each additional root)	100
D3427	periradicular surgery without apicoectomy	200
D3430	retrograde filling - per root	80
D3450	root amputation - per root	150
D3920	hemisection (including any root removal), not including root canal therapy	200
D3950	canal preparation and fitting of preformed dowel or post	60

Periodontics

D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	150
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	60
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	60
D4230	anatomical crown exposure - four or more contiguous teeth or bounded spaces per quadrant	350
D4231	anatomical crown exposure - one to three teeth or bounded spaces per quadrant	300
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	350
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	250
D4245	apically positioned flap	250
D4249	clinical crown lengthening - hard tissue	250
D4260	osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	400
D4261	osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	300
D4263	bone replacement graft - retained natural tooth - first site in quadrant	260

Code	Description	Copayment
D4264	bone replacement graft – retained natural tooth – each additional site in quadrant	155
D4266	guided tissue regeneration - resorbable barrier, per site	280
D4267	guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	350
D4268	surgical revision procedure, per tooth	445
D4270	pedicle soft tissue graft procedure	445
D4274	mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	450
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	445
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	100
D4341	periodontal scaling and root planing - four or more teeth per quadrant	60
D4342	periodontal scaling and root planing - one to three teeth per quadrant	40
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	60
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	60
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	50
D4910	periodontal maintenance (1st and 2nd in year)	60
D4921	gingival irrigation – per quadrant	25
D49XC	periodontal maintenance (3rd and 4th in year)	80

Dentures

Dentures and partials include four months free adjustments.

D5110	complete denture - maxillary	440
D5120	complete denture - mandibular	440
D5130	immediate denture - maxillary	440
D5140	immediate denture - mandibular	440
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	440
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	440
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	480

Code	Description	Copayment
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	480
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	490
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	490
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	490
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	490
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	680
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	680
D5281	removable unilateral partial denture - one piece cast metal (including clasps and teeth)	200

Denture Adjustments & Repairs

D5410	adjust complete denture - maxillary	20
D5411	adjust complete denture - mandibular	20
D5421	adjust partial denture - maxillary	20
D5422	adjust partial denture - mandibular	20
D5511	repair broken complete denture base, mandibular	50
D5512	repair broken complete denture base, maxillary	50
D5520	replace missing or broken teeth - complete denture (each tooth)	40
D5611	repair resin partial denture base, mandibular	60
D5612	repair resin partial denture base, maxillary	60
D5621	repair cast partial framework, mandibular	80
D5622	repair cast partial framework, maxillary	80
D5630	repair or replace broken clasp - per tooth	60
D5640	replace broken teeth - per tooth	50
D5650	add tooth to existing partial denture	50
D5660	add clasp to existing partial denture - per tooth	60
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	330
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	330
D5710	rebase complete maxillary denture	300
D5711	rebase complete mandibular denture	300
D5720	rebase maxillary partial denture	300
D5721	rebase mandibular partial denture	300
D5730	reline complete maxillary denture (chairside)	80

Code	Description	Copayment
D5731	reline complete mandibular denture (chairside)	80
D5740	reline maxillary partial denture (chairside)	80
D5741	reline mandibular partial denture (chairside)	80
D5750	reline complete maxillary denture (laboratory)	140
D5751	reline complete mandibular denture (laboratory)	140
D5760	reline maxillary partial denture (laboratory)	140
D5761	reline mandibular partial denture (laboratory)	140
D5810	interim complete denture (maxillary)	180
D5811	interim complete denture (mandibular)	180
D5820	interim partial denture (maxillary)	180
D5821	interim partial denture (mandibular)	180
D5850	tissue conditioning, maxillary	50
D5851	tissue conditioning, mandibular	50
D5863	overdenture – complete maxillary	360
D5864	overdenture – partial maxillary	360
D5865	overdenture – complete mandibular	360
D5866	overdenture – partial mandibular	360

Bridges

**Copayments include charges for noble metal and high noble metal/ titanium. D62SC and D67SC are ore optional upgrade charges to the standard crown copayment for specialized porcelain such as Lava, Captek, Cercon, Empress, E-Max, etc. and D67BM is an optional benefit for porcelain butt margin. D62ML and D67ML have an additional copayment for porcelain crowns on molar teeth.*

D6205	pontic - indirect resin based composite	250
D6210	* pontic - cast high noble metal	460
D6211	pontic - cast predominantly base metal	310
D6212	* pontic - cast noble metal	435
D6214	* pontic - titanium	460
D6240	* pontic - porcelain fused to high noble metal	490
D6241	pontic - porcelain fused to predominantly base metal	340
D6242	* pontic - porcelain fused to noble metal	465
D6245	pontic - porcelain/ceramic	340
D6250	* pontic - resin with high noble metal	400
D6251	pontic - resin with predominantly base metal	250
D6252	* pontic - resin with noble metal	375
D6253	provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	200
D62ML	pontic- porcelain on molar	100
D62SC	pontic - specialty upgrade	200
D6545	retainer - cast metal for resin bonded fixed prosthesis	170
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	340
D6549	resin retainer – for resin bonded fixed prosthesis	170
D6600	inlay - porcelain/ceramic, two surfaces	240

Code	Description	Copayment
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	240
D6602	* retainer inlay - cast high noble metal, two surfaces	460
D6603	* retainer inlay - cast high noble metal, three or more surfaces	460
D6604	retainer inlay - cast predominantly base metal, two surfaces	310
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	310
D6606	* retainer inlay - cast noble metal, two surfaces	435
D6607	* retainer inlay - cast noble metal, three or more surfaces	435
D6608	retainer onlay - porcelain/ceramic, two surfaces	340
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	340
D6610	* retainer onlay - cast high noble metal, two surfaces	460
D6611	* retainer onlay - cast high noble metal, three or more surfaces	460
D6612	retainer onlay - cast predominantly base metal, two surfaces	310
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	310
D6614	* retainer onlay - cast noble metal, two surfaces	435
D6615	* retainer onlay - cast noble metal, three or more surfaces	435
D6624	* retainer inlay - titanium	460
D6634	* retainer onlay - titanium	460
D6710	retainer crown - indirect resin based composite	250
D6720	* retainer crown - resin with high noble metal	400
D6721	retainer crown - resin with predominantly base metal	250
D6722	* retainer crown - resin with noble metal	375
D6740	retainer crown - porcelain/ceramic	340
D6750	* retainer crown - porcelain fused to high noble metal	490
D6751	retainer crown - porcelain fused to predominantly base metal	340
D6752	* retainer crown - porcelain fused to noble metal	465
D6780	* retainer crown - 3/4 cast high noble metal	460
D6781	retainer crown - 3/4 cast predominantly base metal	310
D6782	* retainer crown - 3/4 cast noble metal	435
D6783	retainer crown - 3/4 porcelain/ceramic	340
D6790	* retainer crown - full cast high noble metal	460
D6791	retainer crown - full cast predominantly base metal	310
D6792	* retainer crown - full cast noble metal	435
D6793	provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	200

Code	Description	Copayment
D6794	* retainer crown - titanium	460
D67BM	abutment crown- butt margin	50
D67ML	abutment crown-porcelain on molar	100
D67SC	abutment crown- specialty upgrade	200
D6930	re-cement or re-bond fixed partial denture	30

Implants

**Copayments include charges for noble metal and high noble metal/ titanium.*

Implant services are covered only when performed by a participating general dentist.

D6010	surgical placement of implant body: endosteal implant	1500
D6011	second stage implant surgery	200
D6051	interim abutment	200
D6052	semi-precision attachment abutment	200
D6056	prefabricated abutment – includes modification and placement	450
D6057	custom fabricated abutment – includes placement	450
D6058	abutment supported porcelain/ceramic crown	1000
D6059	* abutment supported porcelain fused to metal crown (high noble metal)	1150
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	1000
D6061	* abutment supported porcelain fused to metal crown (noble metal)	1125
D6062	* abutment supported cast metal crown (high noble metal)	1150
D6063	abutment supported cast metal crown (predominantly base metal)	1000
D6064	* abutment supported cast metal crown (noble metal)	1125
D6065	implant supported porcelain/ceramic crown	1000
D6066	* implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1150
D6067	* implant supported metal crown (titanium, titanium alloy, high noble metal)	1150
D6068	abutment supported retainer for porcelain/ceramic FPD	1000
D6069	* abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1150
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	1000
D6071	* abutment supported retainer for porcelain fused to metal FPD (noble metal)	1125
D6072	* abutment supported retainer for cast metal FPD (high noble metal)	1150
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	1000
D6074	* abutment supported retainer for cast metal FPD (noble metal)	1125
D6075	implant supported retainer for ceramic FPD	1000

Code	Description	Copayment
D6076	* implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	1150
D6077	* implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	1150
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	60
D6085	provisional implant crown	200
D6092	re-cement or re-bond implant/abutment supported crown	30
D6093	re-cement or re-bond implant/abutment supported fixed partial denture	40
D6094	* abutment supported crown - (titanium)	650
D6104	bone graft at time of implant placement	260
D6110	implant /abutment supported removable denture for edentulous arch – maxillary	2300
D6111	implant /abutment supported removable denture for edentulous arch – mandibular	2300
D6112	implant /abutment supported removable denture for partially edentulous arch – maxillary	2300
D6113	implant /abutment supported removable denture for partially edentulous arch – mandibular	2300
D6194	* abutment supported retainer crown for FPD (titanium)	650

Oral Surgery

D7111	extraction, coronal remnants - primary tooth	35
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	40
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	70
D7220	removal of impacted tooth - soft tissue	85
D7230	removal of impacted tooth - partially bony	160
D7240	removal of impacted tooth - completely bony	235
D7241	removal of impacted tooth - completely bony, with unusual surgical complications	275
D7250	removal of residual tooth roots (cutting procedure)	80
D7251	coronectomy – intentional partial tooth removal	235
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	250
D7280	exposure of an unerupted tooth	200
D7282	mobilization of erupted or malpositioned tooth to aid eruption	275
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	95
D7286	incisional biopsy of oral tissue-soft	95

Code	Description	Copayment
D7288	brush biopsy - transepithelial sample collection	50
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	90
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	70
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	90
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	70
D7471	removal of lateral exostosis (maxilla or mandible)	200
D7510	incision and drainage of abscess - intraoral soft tissue	50
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	100
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	175
D7963	frenuloplasty	200
D7970	excision of hyperplastic tissue - per arch	200
D7971	excision of pericoronal gingiva	50

Other Services

D9110	palliative (emergency) treatment of dental pain - minor procedure	25
D9120	fixed partial denture sectioning	40
D9210	local anesthesia not in conjunction with operative or surgical procedures	0
D9211	regional block anesthesia	0
D9212	trigeminal division block anesthesia	0
D9215	local anesthesia in conjunction with operative or surgical procedures	0
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	20
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	0
D9440	office visit - after regularly scheduled hours	50
D9450	case presentation, detailed and extensive treatment planning	0
D9610	therapeutic parenteral drug, single administration	15
D9612	therapeutic parenteral drugs, two or more administrations, different medications	30
D9630	drugs or medicaments dispensed in the office for home use	25
D9910	application of desensitizing medicament	20
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	20
D9932	cleaning and inspection of removable complete denture, maxillary	25

Code	Description	Copayment
D9933	cleaning and inspection of removable complete denture, mandibular	25
D9934	cleaning and inspection of removable partial denture, maxillary	25
D9935	cleaning and inspection of removable partial denture, mandibular	25
D9940	occlusal guard, by report	180
D9941	fabrication of athletic mouthguard	100
D9942	repair and/or reline of occlusal guard	90
D9943	occlusal guard adjustment	15
D9951	occlusal adjustment - limited	35
D9952	occlusal adjustment - complete	75
D9970	enamel microabrasion	20
D9971	odontoplasty 1 - 2 teeth; includes removal of enamel projections	20
D9972	external bleaching - per arch - performed in office	200
D9973	external bleaching - per tooth	100
D9974	internal bleaching - per tooth	100
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	200
D9991	dental case management – addressing appointment compliance barriers	0
D9992	dental case management – care coordination	0
D9993	dental case management – motivational interviewing	0
D9994	dental case management – patient education to improve oral health literacy	0

Orthodontics

Removable orthodontic retainer adjustment	0
Consultation	25
Failed/no-show appointment without 24-hour notice	25
Full banded - child, up to age 19	1975
Full banded - adult	2175
Partial banded - child, up to age 19	1250
Partial banded - adult	1550
Mixed dentition - phase 1	600
Palatal expansion	450
Rapid palatal expansion	600
Retention appliance - after orthodontic treatment	250
Functional appliance (Bionator-Frankel)	600
Headgear	400
Simple crossbite	400
Copying records	40

Please call your Dental Health Services Member Service Specialist at 800-637-6453 for a referral to a conveniently located participating orthodontist. Orthodontic models, x-rays, photographs and records are not covered. There may be additional copayments depending on treatment needs.



Orthodontic Exclusions

The following services are not covered by your dental plan:

- A. Retreatment of orthodontic cases.
- B. Treatment of a case in progress at inception of eligibility.
- C. Surgical procedures (including extraction of teeth) incidental orthodontic treatment.
- D. Surgical procedures related to cleft palate, micrognathia or macrognathia.
- E. Treatment related to temporomandibular joint (TMJ) disturbances and/or hormonal imbalances.
- F. Any dental procedure considered within the field of general dentistry including but not limited to: myofunctional therapy; general anesthetics, including intravenous and inhalation sedation dental services of any nature performed in a hospital.
- G. Cephalometric x-rays, dental x-rays.
- H. Tracings and photographs.
- I. Study models.
- J. Replacement of lost or broken appliances.
- K. Changes in treatment necessitated by an accident of any kind.
- L. Services which are compensable under worker's compensation or employer liability laws.
- M. Malocclusions so severe or mutilated they are not amenable to ideal orthodontic therapy.

Orthodontic Limitations

The following are subject to additional charges:

- A. Full banded treatments are based on a 24-month standard treatment plan. Additional treatment, or treatment that extends beyond that time may be subject to additional charges.
- B. If the contract between the group and Dental Health Services is terminated, service is subject to a pro-rated fee based on current market value for the balance of orthodontic treatment. If the member should terminate group coverage, they are no longer eligible for the group orthodontic rate.
- C. Should the contract between Dental Health Services and the orthodontist terminate, any Dental Health Services members in treatment would not be subject to proration.

Dental Exclusions

The following services are not covered by your dental plan:

- A. Services that are not consistent with professionally recognized standards of practice.
- B. Cosmetic services, for appearance only, unless specifically listed.
- C. Myofunctional therapy-procedures for training, treating or developing muscles in and around the jaw or mouth including T.M.J. and related diseases, except for occlusal guard.
- D. Treatment for malignancies, neoplasms (tumors) and cysts as well as hereditary, congenital and/or developmental malformations.
- E. Dispensing of drugs not normally supplied in a dental office.
- F. Hospitalization charges, dental procedures or services rendered while patient is hospitalized.
- G. Procedures, appliances or restorations (other than fillings) that are necessary for full mouth rehabilitation, to increase arch vertical dimension, or crown/bridgework requiring more than

- 10 crowns/pontics. Replacement or stabilization of tooth structure lost through attrition, abrasion or erosion.
- H. Procedures performed by a prosthodontist.
- I. Fixed bridges for patients under the age of sixteen, in the presence of non-supportive periodontal tissue, when edentulous spaces are bilateral in the same arch, when replacement of more than four teeth in an arch, replacement of missing third molars, or when the prognosis is poor.
- J. General anesthesia, including intravenous and inhalation sedation.
- K. Dental procedures that cannot be performed in the dental office due to the general health and/or physical limitations of the member.
- L. Expenses incurred for dental procedures initiated prior to member's eligibility with Dental Health Services, or after termination of eligibility.
- M. Services that are reimbursed by a third party (such as the medical portion of an insurance/health plan or any other third party indemnification).
- N. Extractions of non-pathologic, asymptomatic teeth, including extractions and/or surgical procedures for orthodontic reasons.
- O. Setting of a fracture or dislocation, surgical procedures related to cleft palate, micrognathia or macrognathia, and surgical grafting procedures.
- P. Coordination of benefits with another prepaid managed care dental plan.
- Q. Orthodontic treatment of a case in progress and/or retreatment of ortho cases.
- R. Cephalometric x-rays, tracings, photographs and orthodontic study models.
- S. Replacement of lost or broken orthodontic appliances.
- T. Changes in orthodontic treatment necessitated by an accident of any kind.
- U. Malocclusions so severe or mutilated which are not amenable to ideal orthodontic therapy.
- V. Services not specifically listed on the Schedule of Covered Services and Copayments.
- W. Specialty services.

Dental Limitations

Restrictions on benefits are applied to the following services:

- A. Treatment of dental emergencies is limited to treatment that will alleviate acute symptoms and does not cover definitive restorative treatment including, but not limited to root canal treatment and crowns.
- B. Optional services: when the patient selects a plan of treatment that is considered optional or unnecessary by the attending dentist, the additional cost is the responsibility of the patient.
- C. Routine teeth cleaning (prophylaxis) is limited to once every six months; additional cleanings beyond the 6 months are available at a higher copayment.
- D. Periodontal maintenance (D4910) has a shared frequency with prophylaxis (D1110 or D1120) cleanings of 1 in 6 months.
- E. Full mouth x-rays (D0210) are limited to one set every three years if needed and have a shared frequency limitation with a

panoramic film (D0330). Panoramic films may be covered regardless of full mouth x-ray history when wisdom teeth extractions have been approved.

- F. Caries risk assessments (D0601-D0603) are covered for members 18 years of age and younger.
 - 1. D0601 & D0602 are covered once every 6 months.
 - 2. D0603 is covered once every 3 months.
- G. Periodontal surgical procedures are limited to four quadrants every two years.
- H. Scaling and root planing (deep cleaning) is limited to 4 quadrants every 6 months, and 2 quadrants per visit.
- I. Replacement will be made of any existing appliance (denture, etc.) only if it is unsatisfactory and cannot be made satisfactory. Prosthetic appliances will be replaced only after five years have elapsed from the time of initial delivery. Lost or stolen removable appliances are not covered.
- J. Relines are limited to once per twelve months, per appliance.
- K. Single unit inlays and crowns are a benefit as provided above only when the teeth cannot be adequately restored with other restorative materials.

Enrollees should refer to the Group Service Agreement for further information on benefit exclusions and limitations.

Health Plan Benefits and Coverage Matrix

This matrix is intended to be used to help you compare coverage benefits and is a summary only. The evidence of coverage and plan contract should be consulted for a detailed description of coverage benefits and limitations.

Deductibles: None

Lifetime maximums: There are no lifetime maximums.

Professional services - exam & preventive services: No charge for most services. Periodontal maintenance (D4910) has a shared frequency with prophylaxis (D1110 or D1120) cleanings of 1 in 6

months; additional cleanings beyond the 6 months are available at a higher copayment.

Full mouth x-rays (D0210) are limited to one set every three years if needed and have a shared frequency limitation with a panoramic film (D0330).

Professional services - restorative, crowns, endodontics and oral surgery services: Copayments for fillings, caps, root canals and extractions vary by procedure in the enclosed Schedule of Covered Services and Copayments.

Professional services - periodontic services: Copayments for gum treatments vary by procedure in the enclosed Schedule of Covered Services and Copayments. Surgical procedures are limited to four quads every two years.

Professional services - dentures and partial dentures: Copayments vary by procedure and appear in the enclosed Schedule of Covered Services and Copayments. Replacements of prosthetics are limited to every five years. Relines are limited to one per arch every 12 months.

Professional services - specialty services: Services provided by a Specialist are not covered.

Outpatient office visits: No additional charge

Hospitalization services: Not covered

Prescription drug coverage: Not covered

Emergency health services: Not covered

Ambulance services: Not covered

Durable medical equipment: Not covered

Mental health services: Not covered

Dental Health Services
A Great Reason to Smilesm

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www.dentalhealthservices.com

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