

## Principal Benefits Coverage Plan 595

Code	Description	595
<b>Diagnostic Services</b>		
<b>All radiographs and all diagnostic images include reading and interpretation by any contracting provider. Contracted dentists may not charge a surcharge to interpret diagnostic images.</b>		
	Office Visit (includes infection control)	No Charge
D0120	Periodic oral evaluation	No Charge
D0140	Limited oral evaluation - problem focused	No Charge
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver	No Charge
D0150	Comprehensive oral evaluation - new or established patient	No Charge
D0170	Re-evaluation - limited, problem focused	No Charge
D0171	Re-evaluation - post operative visit	No Charge
D0180	Comprehensive periodontal evaluation - new or established patient	\$ 15.00
D0210	Intraoral - complete series (including bitewings)	No Charge
D0220	Intraoral - periapical first image	No Charge
D0230	Intraoral - periapical each additional image	No Charge
D0240	Intraoral - occlusal image	No Charge
D0250	Extra-oral – first 2D projection radiographic image created using a stationary radiation source, and detector.	NCB**
D0270	Bitewing - single image	No Charge
D0272	Bitewings - two images	No Charge
D0273	Bitewings, 3 images	No Charge
D0274	Bitewings - four images	No Charge
D0277	Vertical bitewings - 7 to 8 images	NCB**
D0330	Panoramic image	No Charge
D0350	2D Oral/facial photographic images, non-orthodontic, obtained intraorally or extraorally	No Charge
D0460	Pulp vitality tests	No Charge
D0470	Diagnostic casts, non-orthodontic	\$ 10.00
D0601	Caries risk assessment and documentation, with a finding of low risk	No Charge
D0602	Caries risk assessment and documentation, with a finding of moderate risk	No Charge
D0603	Caries risk assessment and documentation, with a finding of high risk	No Charge
<b>Preventive Services</b>		
<b># - Procedures limited to once every 6 months, covered only at the General Dentist's Office.</b>		
<b>+ - Limited to one every 12 months on all Basic Plans, Advantage Plans-once every 6 months.</b>		
D1110	Prophylaxis - adult #	No Charge
D1110	Prophylaxis - adult (each additional)	NCB**
D1120	Prophylaxis - child #	No Charge
D1120	Prophylaxis - child (each additional)	NCB**
	Topical Fluoride Varnish -children to age 14 (except on Advantage Plans: no age limit). Chargeable on a per visit basis, not per tooth.*	\$ 5.00
D1206		
D1208	Topical application of fluoride - excluding varnish-children to age 14 (except on Advantage Plans: no age limit) +	No Charge
D1310	Nutritional counseling for control of dental disease	No Charge
D1320	Tobacco counseling for the control and prevention of oral disease	No Charge
D1330	Oral hygiene instructions	No Charge
D1351	Sealant - per tooth	\$ 5.00
D1352	Preventive resin restoration - permanent tooth - including placement of a sealant in non-cariou pits and fissures	\$ 5.00
D1353	Sealant repair-per tooth. May not be charged by placing provider within 18mos of initial placement.	\$ 5.00
D1354	Interim Caries arresting medicament application. Does not include dental fluoride varnish application.	\$ 5.00
D1510	Space maintainer - fixed - unilateral	\$ 45.00
D1515	Space maintainer - fixed - bilateral	\$ 45.00
D1520	Space maintainer - removable - unilateral	\$ 45.00
D1525	Space maintainer - removable - bilateral	\$ 45.00
D1550	Recement or rebond space maintainer	\$ 10.00
D1555	Removal of fixed space maintainer	\$ 15.00
D1575	Distal shoe space maintainer - fixed - unilateral	\$ 45.00
<b>Restorative Services</b>		
<b>Includes all bases, liners, adhesives, bonding agents, desensitizing agents, removal of existing restorations.</b>		
D2140	Amalgam - 1 surface, primary or permanent	\$ 4.00
D2150	Amalgam - 2 surfaces, primary or permanent	\$ 5.00

D2160	Amalgam - 3 surfaces, primary or permanent	\$	6.00
D2161	Amalgam - 4 or more surfaces, primary or permanent	\$	8.00
D2330	Resin-based composite - 1 surface, anterior	\$	14.00
D2331	Resin-based composite - 2 surfaces, anterior	\$	14.00
D2332	Resin-based composite - 3 surfaces, anterior	\$	14.00
D2335	Resin-based composite - 4 or more surfaces or involving incisal angle (anterior)	\$	16.00
D2390	Resin-based composite crown, anterior	\$	18.00
D2391	Resin-based composite - 1 surface, posterior. Except on Advantage Plans and Plan 309 (with coverage on <u>all</u> surfaces), Covered for Facial surfaces of Bicuspsids Only, when Caries or Failing Restoration Exists.	\$	18.00
D2392	Resin-based composite - 2 surfaces, posterior		NCB**
D2393	Resin-based composite - 3 surfaces, posterior		NCB**
D2394	Resin-based composite - 4 or more surfaces, posterior		NCB**

**Inlays/Onlays**

**Includes all bases, liners, adhesives, bonding agents, desensitizing agents, removal of existing restorations, lab costs, and temporization; except for Advantage Plans, member is responsible for lab cost of gold.**

D2510	Inlay - metallic - 1 surface	\$	70.00
D2520	Inlay - metallic - 2 surfaces	\$	70.00
D2530	Inlay - metallic - 3 or more surfaces	\$	90.00
D2542	Onlay - metallic - 2 surfaces	\$	120.00
D2543	Onlay - metallic - 3 surfaces	\$	120.00
D2544	Onlay - metallic - 4 or more surfaces	\$	120.00
D2610	Inlay - porcelain/ceramic - 1 surface		NCB**
D2620	Inlay - porcelain/ceramic - 2 surfaces		NCB**
D2630	Inlay - porcelain/ceramic - 3 or more surfaces		NCB**
D2642	Onlay - porcelain/ceramic - 2 surfaces		NCB**
D2643	Onlay - porcelain/ceramic - 3 surfaces		NCB**
D2644	Onlay - porcelain/ceramic - 4 or more surfaces		NCB**
D2650	Inlay - resin-based composite - 1 surface		NCB**
D2651	Inlay - resin-based composite - 2 surfaces		NCB**
D2652	Inlay - resin-based composite - 3 or more surfaces		NCB**
D2662	Onlay - resin-based composite - 2 surfaces		NCB**
D2663	Onlay - resin-based composite - 3 surfaces		NCB**
D2664	Onlay - resin-based composite - 4 or more surfaces		NCB**

**Crowns**

**Includes all bases, liners, adhesives, bonding agents, desensitizing agents, removal of existing restorations, lab costs, and temporization; except for Advantage Plans, member is responsible for lab cost of gold/noble/high noble metal.**

**\*Covered only at the General Dentist's office unless specific prior authorization given by Plan for specialist to perform.**

D2710	Crown - resin-based composite (indirect)	\$	105.00
D2720	Crown - resin with high noble metal	\$	156.00
D2721	Crown - resin with predominantly base metal	\$	156.00
D2722	Crown - resin with noble metal	\$	156.00
D2740	Crown - porcelain/ceramic substrate		NCB**
D2750	Crown - porcelain fused to high noble metal	\$	156.00
D2751	Crown - porcelain fused to predominantly base metal	\$	156.00
D2752	Crown - porcelain fused to noble metal	\$	156.00
275MLR	Crown-porcelain fused to any metal for molars	Adc	236.00
D2780	Crown - 3/4 cast high noble metal	\$	142.00
D2781	Crown - 3/4 cast predominantly base metal	\$	142.00
D2782	Crown - 3/4 cast noble metal	\$	142.00
D2783	Crown - 3/4 porcelain/ceramic		NCB**
D2790	Crown - full cast high noble metal	\$	142.00
D2791	Crown - full cast predominantly base metal	\$	142.00
D2792	Crown - full cast noble metal	\$	142.00
D2794	Crown-Titanium, Includes full titanium and porcelain fused to titanium,		NCB**
D2794M	Crown-Titanium, Includes full titanium and porcelain fused to titanium, for molars.	Adc	NCB**
D2799	Provisional crown—further treatment or completion of diagnosis necessary prior to final impression.	\$	20.00
	Recement or rebond inlay, onlay, veneer or partial coverage restorations. Except on Advantage Plans and Cosmetic Benefits Rider, D2910 shall only be covered when recementing metallic substrate restorations.	\$	10.00
D2910			
D2915	Recement or rebond cast indirectly fabricated or prefabricated post and core	\$	10.00
D2920	Recement or rebond crown	\$	10.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth		NCB**
D2930	Prefabricated stainless steel crown - primary tooth	\$	17.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$	17.00
D2932	Prefabricated resin crown		NCB**
D2933	Prefabricated stainless crown with resin window		NCB**
D2934	Prefabricated esthetic coated stainless steel crown--primary tooth		NCB**

D2940	Sedative filling	\$	5.00
D2941	Interim therapeutic restoration-primary dentition	\$	5.00
D2949	Restorative foundation for an indirect restoration		No Charge
D2950	Core buildup, including any pins when required*		No Charge
D2951	Pin retention - per tooth, in addition to restoration*	\$	5.00
D2952	Indirectly fabricated post and core in addition to crown	\$	65.00
D2953	Each additional indirectly fabricated post - same tooth		No Charge
D2954	Prefabricated post and core in addition to crown*	\$	35.00
D2955	Post removal (not chargeable when in conjunction with endodontic therapy)*		NCB**
D2957	Each additional prefabricated post - same tooth*		No Charge
D2980	Crown repair, by report	\$	50.00
	Inlay repair due to restorative material failure- not allowed to be charged by same provider within 24 months of the original restoration.		NCB**
D2981			
	Onlay repair due to restorative material failure- not allowed to be charged by same provider within 24 months of the original restoration.		NCB**
D2982			
D2990	Resin infiltration of incipient smooth surface lesions.	\$	5.00

**LABIAL Veneers (replaced once every 5 years)**

D2961	Labial veneer (resin laminate) - laboratory		NCB**
D2962	Labial veneer (porcelain laminate) - laboratory		NCB**
	Veneer repair due to restorative material failure- not allowed to be charged by same provider within 24 months of the original restoration		NCB**
D2983			

**Endodontics (excluding final restorations)**

**Includes all includes all irrigants, disinfectants, intracanal medicaments, adhesives, and filling materials, removal of existing restorations, and post-treatment temporization.**

**\*Covered only at GP office unless specific prior authorization given by Plan for specialist to perform**

D3110	Pulp cap - direct	\$	5.00
D3120	Pulp cap - indirect	\$	12.00
D3220	Therapeutic pulpotomy	\$	12.00
D3221	Pulpal debridement - primary and permanent when endodontic treatment not completed on same day	\$	15.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth		NCB**
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth		NCB**
D3310	Root canal - anterior per tooth	\$	80.00
D3320	Root canal - bicuspid per tooth	\$	100.00
D3330	Root canal - molar per tooth	\$	140.00
	Treatment of root canal obstruction - <i>subject to proper documentation of condition and procedure. See clinical guidelines.</i>		70% of UCR*
D3331			
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$	25.00
D3346	Retreatment of previous root canal therapy - anterior	\$	180.00
D3347	Retreatment of previous root canal therapy - bicuspid	\$	200.00
D3348	Retreatment of previous root canal therapy - molar	\$	240.00
D3351	Apexification/recalcification - initial visit		NCB**
D3352	Apexification/recalcification - interim medication replacement		NCB**
D3353	Apexification/recalcification - final visit (includes completed root canal)		NCB**
D3355	Pulpal regeneration-initial visit		NCB**
D3356	Pulpal regeneration-interim medication replacement		NCB**
D3357	Pulpal regeneration-completion of treatment		NCB**
D3410	Apicoectomy - anterior	\$	60.00
D3421	Apicoectomy- bicuspid (first root)	\$	60.00
D3425	Apicoectomy- molar (first root)	\$	60.00
D3426	Apicoectomy-(each additional root)	\$	60.00
D3427	Periradicular surgery without apicoectomy	\$	60.00
D3430	Retrograde filling - per root	\$	40.00
D3450	Root amputation - per root		NCB**
D3920	Hemisection (including any root removal), not including root canal therapy		NCB**
D3950	Canal preparation & fitting of preformed dowel or post by provider other than provider placing post.*		No Charge

**Periodontics**

**# - Covered only when performed by the Member's primary general dentist.**

**\* - Procedures limited to once every 6 months**

**+--The Plan considers gingivectomy provided in association with any direct fill restoration to be included in the fee for the restoration.**

D4210	Gingivectomy or gingivoplasty - 4 or more contiguous teeth per quadrant	\$	100.00
D4211	Gingivectomy or gingivoplasty - 1 to 3 contiguous teeth per quadrant	\$	90.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth +	\$	45.00
D4240	Gingival flap procedure - 4 or more contiguous teeth per quadrant	\$	100.00
D4241	Gingival flap procedure - 1 to 3 contiguous teeth per quadrant	\$	90.00

D4249	Clinical crown lengthening - hard tissue. D4249, when performed the same day as impression will be considered to be D4212.	NCB**
D4260	Osseous surgery - 4 or more contiguous teeth per quadrant	70% of UCR*
D4261	Osseous surgery - 1 to 3 contiguous teeth per quadrant	70% of UCR*
D4263	Bone replacement graft - first site in quadrant, Not to be used for extraction site bone grafts	\$ 150.00
D4264	Bone replacement graft – each additional site in quadrant, Not to be used for extraction site bone grafts	\$ 100.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant #	\$ 40.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant #	\$ 30.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation *, #	No Charge
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation, each additional. #	NCB**
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis, Separate Visit from Prophylaxis #	\$ 10.00
D4381	Localized delivery of antimicrobial agents, per tooth	NCB**
D4910	Periodontal maintenance - once every 6 months	\$ 15.00
D4910	Periodontal maintenance - each additional	\$ 15.00
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	No Charge
D4921	Gingival Irrigation-per quadrant, (Per quadrant in conjunction with D4341/D4342. Per visit in conjunction with D1110/D1120, 4355, D4346 or D4910. See Clinical Guidelines)	NCB**

**Removable Prosthodontics**

**Except when noted, includes all lab costs and post delivery adjustments for 6 months following delivery. Replaced once every 5 years from initial placement under Plan coverage & relined once every 24 months, as per limitations, exclusions, and guidelines.**

**\* Reline, repair, rebase, and replace of thermoplastic partials is covered only on Advantage Plans. On Advantage Plans add \$25 for repairs/relines/rebases of thermoplastic/flexible base full and partial dentures**

D5110	Complete upper denture	\$ 160.00
D5120	Complete lower denture	\$ 160.00
D5130	Immediate upper denture	\$ 160.00
D5140	Immediate lower denture	\$ 160.00
D5211	Upper partial denture - resin base	\$ 150.00
D5212	Lower partial denture - resin base	\$ 150.00
D5213	Upper partial denture - cast metal framework with resin denture bases	\$ 175.00
D5214	Lower partial denture - cast metal framework with resin denture bases	\$ 175.00
D5221	Immediate maxillary partial denture - resin base	\$ 150.00
D5222	Immediate mandibular partial denture - resin base	\$ 150.00
D5223	Immediate maxillary partial denture - metal framework	\$ 175.00
D5224	Immediate maxillary partial denture - metal framework	\$ 175.00
D5225	Upper partial denture - flexible base	NCB**
D5226	Lower partial denture - flexible base	NCB**
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	NCB**
D5410	Adjust complete denture - upper	No Charge
D5411	Adjust complete denture - lower	No Charge
D5421	Adjust partial denture - upper	No Charge
D5422	Adjust partial denture - lower	No Charge
D5510	Repair broken complete denture base*	\$ 15.00
D5520	Replace missing or broken teeth - complete denture (each tooth)*	\$ 17.00
D5610	Repair resin denture base*	\$ 15.00
D5620	Repair cast framework	\$ 17.50
D5630	Repair or replace broken clasp*	\$ 17.50
D5640	Replace partial denture broken teeth - per tooth	\$ 17.50
D5650	Add tooth to existing partial denture*	\$ 17.50
D5660	Add clasp to existing partial denture*	\$ 17.50
D5670	Replace all teeth and acrylic on cast metal framework (Upper)	\$ 60.00
D5671	Replace all teeth and acrylic on cast metal framework (Lower)	\$ 60.00
D5710	Rebase complete upper denture	NCB**
D5711	Rebase complete lower denture	NCB**
D5720	Rebase upper partial denture	NCB**
D5721	Rebase lower partial denture	NCB**
D5730	Reline complete upper denture (chairside)	\$ 20.00
D5731	Reline complete lower denture (chairside)	\$ 20.00
D5740	Reline upper partial denture (chairside)	\$ 20.00
D5741	Reline lower partial denture (chairside)	\$ 20.00
D5750	Reline complete upper denture (laboratory)*	\$ 42.00
D5751	Reline complete lower denture (laboratory)*	\$ 42.00
D5760	Reline upper partial denture (laboratory)*	\$ 42.00
D5761	Reline lower partial denture (laboratory)*	\$ 42.00
D5820	Interim partial denture (upper)	\$ 90.00
D5821	Interim partial denture (lower)	\$ 90.00
D5850	Tissue conditioning, upper	NCB**
D5851	Tissue conditioning, lower	NCB**

**D5900 - D5999 VII Maxillofacial Prosthetics - Not Covered****D6000 - D6199 VIII Implant Services**

Implant services covered at the General Dentist only. Implants are limited to no more than once for the same tooth position in a five (5) year period. Implants and Implant abutments are limited to no more than two (2) each per year.

D6010	Surgical placement of implant body, endosteal; includes cost of, and placement of, healing cap when indicated.	\$1,500
D6056	Prefabricated abutment, includes placement	\$450
D6058	Abutment supported porcelain/ceramic crown	\$1,055
D6059	Abutment supported porcelain/high noble crown	\$1,050
D6060	Abutment supported porcelain/base metal crown	\$1,000
D6061	Abutment supported porcelain/noble metal crown	\$1,050
D6062	Abutment supported cast metal crown, high noble	\$1,050
D6063	Abutment supported cast metal crown, base metal	\$900
D6064	Abutment supported cast metal crown, noble metal	\$950
D6065	Implant supported porcelain/ceramic crown	\$990
D6066	Implant supported porcelain/metal crown	\$970
D6067	Implant supported metal crown	\$935
D6068	Abutment supported retainer, porcelain/ceramic FPD	NCB**
D6069	Abutment supported retainer, metal FPD, high noble	NCB**
D6070	Abut. support. retainer, porc./metal FPD, base metal	NCB**
D6071	Abut. support. retainer, porc./metal FPD, noble	NCB**
D6072	Abut. support. retainer, cast metal FPD, high noble	NCB**
D6073	Abut. support. retainer, cast metal FPD, base metal	NCB**
D6074	Abut. support. retainer, cast metal FPD, noble	NCB**
D6075	Implant supported retainer for ceramic FPD	NCB**
D6076	Implant supported retainer for porc./metal FPD	NCB**
D6077	Implant supported retainer for cast metal FPD	NCB**
D6085	Provisional implant crown	No Charge
D6092	Recent implant/abutment supported crown	\$ 45.00
D6093	Recent implant/abutment supported FPD	NCB**
D6094	Abutment supported crown, titanium	\$ 640.00
D6194	Abut. supported retainer crown, FPD, titanium	NCB**

**Fixed Prosthodontics**

Includes all bases, liners, adhesives, bonding agents, desensitizing agents, removal of existing restorations, lab costs, and temporization; except for Advantage Plans, member is responsible for lab cost of gold/noble/high noble metal.

D6210	Pontic - cast high noble metal	\$ 142.00
D6211	Pontic - cast predominantly base metal	\$ 142.00
D6212	Pontic - cast noble metal	\$ 142.00
D6214	Pontic- titanium (includes porcelain fused to titanium)	NCB**
D6240	Pontic - porcelain fused to high noble metal	\$ 156.00
D6241	Pontic - porcelain fused to predominantly base metal	\$ 156.00
D6242	Pontic - porcelain fused to noble metal	\$ 156.00
624MLR	Pontic- porcelain fused to any metal for molars	Adc \$ 236.00
D6245	Pontic - porcelain/ceramic	NCB**
D6250	Pontic - resin with high noble metal	\$ 156.00
D6251	Pontic - resin with predominantly base metal	\$ 156.00
D6252	Pontic - resin with noble metal	\$ 156.00
	Provisional Pontic- When final impression not taken and when replacing anterior tooth lost or anterior prosthesis being replaced while covered by CDN	\$ 15.00
D6253		
D6600	Inlay - porcelain/ceramic, 2 surfaces	NCB**
D6601	Inlay - porcelain/ceramic, 3 or more surfaces	NCB**

**Fixed Prosthodontics**

Includes all bases, liners, adhesives, bonding agents, desensitizing agents, removal of existing restorations, lab costs, and temporization; except for Advantage Plans, member is responsible for lab cost of gold/noble/high noble metal.

D6602	Inlay - cast high noble metal, 2 surfaces	\$ 70.00
D6603	Inlay - cast high noble metal, 3 or more surfaces	\$ 90.00
D6604	Inlay - cast predominantly base metal, 2 surfaces	\$ 70.00
D6605	Inlay - cast predominantly base metal, 3 or more surfaces	\$ 90.00
D6606	Inlay - cast noble metal, 2 surfaces	\$ 70.00
D6607	Inlay - cast noble metal, 3 or more surface	\$ 90.00
D6608	Onlay -porcelain/ceramic, 2 surfaces	NCB**
D6609	Onlay - porcelain/ceramic, 3 or more surfaces	NCB**
D6610	Onlay - cast high noble metal, 2 surfaces	\$ 120.00
D6611	Onlay - cast high noble metal, 3 or more surfaces	\$ 120.00
D6612	Onlay - cast predominantly base metal, 2 surfaces	\$ 120.00

D6613	Onlay - cast predominantly base metal, 3 or more surfaces	\$	120.00
D6614	Onlay - cast noble metal, 2 surfaces	\$	120.00
D6615	Onlay - cast noble metal, 3 or more surfaces	\$	120.00
D6624	Inlay - titanium		NCB**
D6634	Onlay - titanium		NCB**
D6720	Crown - resin with high noble metal	\$	156.00
D6721	Crown - resin with predominantly base metal	\$	156.00
D6722	Crown - resin with noble metal	\$	156.00
D6740	Crown-porcelain/ceramic		NCB**
D6750	Crown - porcelain fused to high noble metal	\$	156.00
D6751	Crown - porcelain fused to predominantly base metal	\$	156.00
D6752	Crown - porcelain fused to noble metal	\$	156.00
675MLR	Crown-porcelain fused to any metal for Molars	Adc \$	236.00
D6780	Crown - 3/4 cast high noble metal	\$	142.00
D6781	Crown - 3/4 cast predominantly base metal	\$	142.00
D6782	Crown - 3/4 cast noble metal	\$	142.00
D6783	Crown - 3/4 porcelain/ceramic		NCB**
D6790	Crown - full cast high noble metal	\$	142.00
D6791	Crown - full cast predominantly base metal	\$	142.00
D6792	Crown - full cast noble metal	\$	142.00
	Provisional retainer crown - When final impression not taken and when replacing anterior tooth lost or anterior prosthesis being replaced while covered by CDN	\$	15.00
D6793	Crown - titanium (includes porcelain fused to titanium)		NCB**
D6930	Recement or rebond fixed partial denture		No Charge
	Fixed partial denture repair, necessitated by restorative material failure. Not allowed to be charged by same provider within 24 months of the original restoration	\$	50.00
D6980	Pediatric partial denture--Fixed, temporary		NCB**

**Oral Surgery**

**Includes sutures and clotting agents; extractions include minor smoothing of bone.**

D7111	Extraction, coronal remnants - deciduous tooth	\$	10.00
D7140	Extraction, erupted tooth or exposed root	\$	10.00
D7210	Surgical removal of erupted tooth	\$	30.00
D7220	Removal of impacted tooth - soft tissue	\$	40.00
D7230	Removal of impacted tooth - partially bony	\$	50.00
D7240	Removal of impacted tooth - completely bony	\$	75.00
D7241	Removal of impacted tooth - completely bony, with unusual complications	\$	75.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$	30.00
D7251	Coronectomy - intentional partial tooth removal	\$	75.00
D7270	Tooth reimplantation and/or stabilization of accidentally displaced tooth		NCB**
D7310	Alveoplasty in conjunction with extractions - 4 or more contiguous teeth per quadrant	\$	70.00
D7311	Alveoplasty in conjunction with extractions - 1 to 3 teeth/spaces per quadrant	\$	70.00
D7320	Alveoplasty not in conjunction with extractions - 4 or more contiguous teeth per quadrant	\$	80.00
D7321	Alveoplasty not in conjunction with extractions - 1 to 3 teeth/spaces per quadrant	\$	80.00
D7510	Incision and drainage of abscess - intraoral soft tissue	\$	14.00

**Orthodontics (only when provided by participating orthodontist)**

\* - Covered for up to 24 months of active treatment

D8020	Limited orthodontic treatment of the transitional dentition*	\$	1,000.00
D8030	Limited orthodontic treatment of the adolescent dentition*	\$	1,000.00
D8040	Limited orthodontic treatment of the adult dentition*	\$	1,000.00
D8050	Interceptive orthodontic treatment of the primary dentition*		NCB**
D8060	Interceptive orthodontic treatment of the transitional dentition*		NCB**
D8070	Comprehensive orthodontic treatment of the transitional dentition*	\$	1,695.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition*	\$	1,695.00
D8090	Comprehensive orthodontic treatment of the adult dentition*	\$	1,695.00
D8660	pre-orthodontic treatment visit examination to monitor growth and development	\$	40.00
D8670	Periodic orthodontic treatment visit (as part of contract)		No Charge
D8680	Orthodontic retention - Per Arch	\$	150.00
D8681	Removable orthodontic retainer adjustment		No Charge
D8999	Orthodontic Treatment Plan and Records(pre/post x-rays, photos, study models)		UCR*
	Active Orthodontic Treatment beyond 24 months - Per Visit. Except on Advantage Plans, Orthodontists may charge Members additional fees for costs of cases over 24 months, based on the differences in UCR fees for the needed treatment periods less the UCR fees for a 24 month period.		See Code Description.
D8999	Appliances (head gear, maxillary expansion, etc.) may be required in addition to full banding.		UCR*

**Adjunctive General Services**

\* - Covered only for the removal of impacted wisdom teeth (1,16,17 & 32)

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$	5.00
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D9120	Sectioning of fixed partial denture (bridge)	\$ 25.00
D9210	Local anesthesia not in conjunction with operative or surgical procedures	No Charge
D9215	Local anesthesia	No Charge
D9223	Deep sedation/general anesthesia - each 15 minutes*	NCB**
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide*	NCB**
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minutes*	NCB**
	Consultation & Second Opinion, <b>with prior authorization from Plan.</b> Diagnostic service provided by dentist or physician other than requesting dentist or physician, not chargeable on same day as therapeutic services.	\$ 10.00
D9310	Consultation with a medical health care professional	No Charge
D9311	Office visit for observation (during regularly scheduled hours)	No Charge
D9430	Office visit - after regularly scheduled hours	\$ 10.00
D9440	Case presentation, detailed and extensive treatment planning	No Charge
D9450	Office visit - during regular office hours in addition to other charges	NCB**
D9999	Other drugs and/or medicaments dispensed in the office for home use.	NCB**
D9630	Application of desensitizing medicament, per visit. (not to be used under restorations)	NCB**
D9910	Application of desensitizing resin for cervical and/or root surface, per tooth (not to be used under restorations)	No Charge
D9911	Treatment of complication (post-surgical), unusual circumstances, by report	\$ 10.00
D9930	In office cleaning and inspection of removable complete upper denture. Limited to once every 6 months.	NCB**
D9932	In office cleaning and inspection of removable complete lower denture. Limited to once every 6 months.	NCB**
D9933	In office cleaning and inspection of removable partial upper denture. Limited to once every 6 months.	NCB**
D9934	In office cleaning and inspection of removable partial lower denture. Limited to once every 6 months.	NCB**
D9935	Occlusal guard - Soft	NCB**
D9940	Repair/reline occlusal guard	NCB**
D9942	Occlusal guard adjustment. Coverage is limited to only soft guards that are a Plan covered benefit.	NCB**
D9943	Occlusal adjustment - limited	No Charge
D9951	External bleaching - per arch, performed in office	NCB**
D9972	External bleaching - per tooth	NCB**
D9973	External bleaching for home application- per arch	NCB**
D9975	Missed appointment	\$ 25.00
D9986	Cancelled appointment	\$ 25.00
D9987	Dental case management - addressing appointment compliance barriers	NCB**
D9991	Dental case management -Care coordination across multiple providers	NCB**
D9992	Dental case management - motivational interviewing	NCB**
D9993	Dental case management - patient education to improve oral health literacy	NCB**
D9994	Broken Appointment - less than 24 notice	\$ 30.00
D9999	Broken Specialist Appointment - less than 24 notice	\$ 40.00

**Specialty Coverage**

Not all general dentists are capable of performing each of the services listed herein and, based upon the Member's condition, certain procedures may not be within the scope of practice or ability of a general dentist. In such cases, once approved by the Plan, the Member will be referred to a contracted dental specialist. The participating contracted dental specialist will provide Members the covered services listed above at a 30% discount from the participating specialist's UCR fees for the first year, and a 50% discount thereafter, for up to \$1,000 in covered, approved, UCR services per year; and then a 30% discount from the specialist's UCR fee on covered, approved, services listed above thereafter. Pedodontic specialty services are covered at a 50% discount off of the specialist's UCR fees on covered, approved, services up to \$500 in UCR services per Member, per year, and then a 30% discount from the specialist's UCR fee on covered, approved, services listed above thereafter.

NCB\*\*= Not a covered Benefit

If you question a course of treatment, a fee, or covered benefits, DO NOT START TREATMENT until you have contacted Member Services toll-free at 1-877-433-6825 for a review of your treatment plan and charges. Or a second opinion may be arranged by Member Services only before treatment is rendered.

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