

Coverage for all procedures is as performed by a general dentist and is subject to Plan limitations, exclusions, and guidelines.

Code	Description	A75	A100	A150	A200	A250	A75+	A100+	A150+	A200+	A250+
Diagnostic Services											
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.											
	Office Visit (includes infection control)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0120	Periodic oral evaluation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0140	Limited oral evaluation - problem focused	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0150	Comprehensive oral evaluation - new or established patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0170	Re-evaluation - limited, problem focused	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0171	Re-evaluation - post operative visit	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0180	Comprehensive periodontal evaluation - new or established patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0210	Intraoral - complete series (including bitewings)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0220	Intraoral - periapical first image	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0230	Intraoral - periapical each additional image	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0240	Intraoral - occlusal image	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0250	Extra-oral - first 2D projection radiographic image created using a stationary radiation source, and detector.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0270	Bitewing - single image	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0272	Bitewings - two images	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0273	Bitewings, 3 images	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0274	Bitewings - four images	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0277	Vertical bitewings - 7 to 8 images	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0330	Panoramic image	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0350	2D Oral/facial photographic images, non-orthodontic, obtained intraorally or extraorally	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0460	Pulp vitality tests	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0470	Diagnostic casts, non-orthodontic	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0601	Caries risk assessment and documentation, with a finding of low risk	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0603	Caries risk assessment and documentation, with a finding of high risk	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Preventive Services											
# - Procedures limited to once every 6 months, covered only at the General Dentist's Office.											
+ - Limited to one every 12 months on all Basic Plans, Advantage Plans-once every 6 months.											
D1110	Prophylaxis - adult #	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D1110	Prophylaxis - adult (each additional)	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00
D1120	Prophylaxis - child #	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D1120	Prophylaxis - child (each additional)	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00
D1206	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	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
D1206	Topical application of fluoride - excluding varnish-children to age 14 (except on Advantage Plans: no age limit) *	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D1208											
D1310	Nutritional counseling for control of dental disease	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D1320	Tobacco counseling for the control and prevention of oral disease	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D1330	Oral hygiene instructions	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D1351	Sealant - per tooth	\$0.00	\$0.00	\$5.00	\$8.00	\$15.00	\$0.00	\$0.00	\$5.00	\$8.00	\$15.00
D1352	Preventive resin restoration - permanent tooth - including placement of a sealant in non-cariou pits and fissures	\$0.00	\$0.00	\$5.00	\$8.00	\$15.00	\$0.00	\$0.00	\$5.00	\$8.00	\$15.00
D1353	Sealant repair-per tooth. May not be charged by placing provider within 18mos of initial placement.	\$0.00	\$0.00	\$5.00	\$8.00	\$15.00	\$0.00	\$0.00	\$5.00	\$8.00	\$15.00
D1353											
D1354	Interim Caries arresting medicament application-per tooth. Does not include dental fluoride varnish application.	\$0.00	\$0.00	\$5.00	\$8.00	\$15.00	\$0.00	\$0.00	\$5.00	\$8.00	\$15.00
D1510	Space maintainer - fixed - unilateral	\$35.00	\$35.00	\$35.00	\$55.00	\$75.00	\$35.00	\$35.00	\$35.00	\$55.00	\$75.00
D1516	Space Maintainer, Fixed, mandibular.	\$45.00	\$45.00	\$45.00	\$65.00	\$85.00	\$45.00	\$45.00	\$45.00	\$65.00	\$85.00
D1517	Space Maintainer, Fixed, maxillary.	\$45.00	\$45.00	\$45.00	\$65.00	\$85.00	\$45.00	\$45.00	\$45.00	\$65.00	\$85.00
D1520	Space maintainer - removable - unilateral	\$35.00	\$35.00	\$35.00	\$55.00	\$75.00	\$35.00	\$35.00	\$35.00	\$55.00	\$75.00
D1526	Space Maintainer, removable, maxillary.	\$55.00	\$55.00	\$55.00	\$65.00	\$85.00	\$55.00	\$55.00	\$55.00	\$65.00	\$85.00
D1527	Space Maintainer, removable, mandibular.	\$55.00	\$55.00	\$55.00	\$65.00	\$85.00	\$55.00	\$55.00	\$55.00	\$65.00	\$85.00
D1550	Recement or rebond space maintainer	\$0.00	\$0.00	\$0.00	\$10.00	\$10.00	\$0.00	\$0.00	\$0.00	\$10.00	\$10.00
D1555	Removal of fixed space maintainer	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
D1575	Distal shoe space maintainer - fixed - unilateral	\$35.00	\$35.00	\$35.00	\$55.00	\$75.00	\$35.00	\$35.00	\$35.00	\$55.00	\$75.00

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UCR*= Dentist's Usual, Customary, and Reasonable Fees

Coverage for all procedures is as performed by a general dentist and is subject to Plan limitations, exclusions, and guidelines.

Code	Description	A75	A100	A150	A200	A250	A75+	A100+	A150+	A200+	A250+
Restorative Services											
Includes all bases, liners, adhesives, bonding agents, desensitizing agents, removal of existing restorations.											
D2140	Amalgam - 1 surface, primary or permanent	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D2150	Amalgam - 2 surfaces, primary or permanent	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D2160	Amalgam - 3 surfaces, primary or permanent	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D2161	Amalgam - 4 or more surfaces, primary or permanent	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D2330	Resin-based composite - 1 surface, anterior	\$0.00	\$10.00	\$10.00	\$10.00	\$20.00	\$0.00	\$10.00	\$10.00	\$10.00	\$20.00
D2331	Resin-based composite - 2 surfaces, anterior	\$0.00	\$12.00	\$15.00	\$20.00	\$30.00	\$0.00	\$12.00	\$15.00	\$20.00	\$30.00
D2332	Resin-based composite - 3 surfaces, anterior	\$0.00	\$14.00	\$20.00	\$25.00	\$40.00	\$0.00	\$14.00	\$20.00	\$25.00	\$40.00
D2335	Resin-based composite - 4 or more surfaces or involving incisal angle (anterior)	\$0.00	\$20.00	\$25.00	\$30.00	\$50.00	\$0.00	\$20.00	\$25.00	\$30.00	\$50.00
D2390	Resin-based composite crown, anterior	\$50.00	\$75.00	\$85.00	\$90.00	\$100.00	\$50.00	\$75.00	\$85.00	\$90.00	\$100.00
D2391	Resin-based composite - 1 surface, posterior. Except on Advantage Plans and Plan 309 (with coverage on all surfaces). Covered for Facial surfaces of Bicuspid Only, when Caries or Failing Restoration Exists.	\$65.00	\$65.00	\$70.00	\$75.00	\$80.00	\$65.00	\$65.00	\$70.00	\$75.00	\$80.00
D2392	Resin-based composite - 2 surfaces, posterior	\$85.00	\$85.00	\$100.00	\$110.00	\$120.00	\$85.00	\$85.00	\$100.00	\$110.00	\$120.00
D2393	Resin-based composite - 3 surfaces, posterior	\$100.00	\$100.00	\$125.00	\$140.00	\$150.00	\$100.00	\$100.00	\$125.00	\$140.00	\$150.00
D2394	Resin-based composite - 4 or more surfaces, posterior	\$120.00	\$120.00	\$150.00	\$170.00	\$185.00	\$120.00	\$120.00	\$150.00	\$170.00	\$185.00
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	\$80.00	\$85.00	\$100.00	\$110.00	\$130.00	\$80.00	\$85.00	\$100.00	\$110.00	\$130.00
D2520	Inlay - metallic - 2 surfaces	\$85.00	\$90.00	\$105.00	\$120.00	\$140.00	\$85.00	\$90.00	\$105.00	\$120.00	\$140.00
D2530	Inlay - metallic - 3 or more surfaces	\$90.00	\$95.00	\$110.00	\$130.00	\$150.00	\$90.00	\$95.00	\$110.00	\$130.00	\$150.00
D2542	Onlay - metallic - 2 surfaces	\$85.00	\$90.00	\$105.00	\$130.00	\$150.00	\$85.00	\$90.00	\$105.00	\$130.00	\$150.00
D2543	Onlay - metallic - 3 surfaces	\$90.00	\$95.00	\$110.00	\$140.00	\$160.00	\$90.00	\$95.00	\$110.00	\$140.00	\$160.00
D2544	Onlay - metallic - 4 or more surfaces	\$95.00	\$100.00	\$115.00	\$150.00	\$170.00	\$95.00	\$100.00	\$115.00	\$150.00	\$170.00
D2610	Inlay - porcelain/ceramic - 1 surface	\$175.00	\$185.00	\$210.00	\$225.00	\$250.00	\$175.00	\$185.00	\$210.00	\$225.00	\$250.00
D2620	Inlay - porcelain/ceramic - 2 surfaces	\$195.00	\$200.00	\$225.00	\$250.00	\$275.00	\$195.00	\$200.00	\$225.00	\$250.00	\$275.00
D2630	Inlay - porcelain/ceramic - 3 or more surfaces	\$210.00	\$215.00	\$240.00	\$265.00	\$300.00	\$210.00	\$215.00	\$240.00	\$265.00	\$300.00
D2642	Onlay - porcelain/ceramic - 2 surfaces	\$195.00	\$200.00	\$225.00	\$265.00	\$300.00	\$195.00	\$200.00	\$225.00	\$265.00	\$300.00
D2643	Onlay - porcelain/ceramic - 3 surfaces	\$205.00	\$215.00	\$240.00	\$280.00	\$315.00	\$205.00	\$215.00	\$240.00	\$280.00	\$315.00
D2644	Onlay - porcelain/ceramic - 4 or more surfaces	\$210.00	\$225.00	\$250.00	\$290.00	\$325.00	\$210.00	\$225.00	\$250.00	\$290.00	\$325.00
D2650	Inlay - resin-based composite - 1 surface	\$70.00	\$75.00	\$90.00	\$100.00	\$110.00	\$70.00	\$75.00	\$90.00	\$100.00	\$110.00
D2651	Inlay - resin-based composite - 2 surfaces	\$75.00	\$80.00	\$95.00	\$105.00	\$115.00	\$75.00	\$80.00	\$95.00	\$105.00	\$115.00
D2652	Inlay - resin-based composite - 3 or more surfaces	\$80.00	\$85.00	\$100.00	\$110.00	\$120.00	\$80.00	\$85.00	\$100.00	\$110.00	\$120.00
D2662	Onlay - resin-based composite - 2 surfaces	\$75.00	\$80.00	\$95.00	\$100.00	\$130.00	\$75.00	\$80.00	\$95.00	\$100.00	\$130.00
D2663	Onlay - resin-based composite - 3 surfaces	\$80.00	\$85.00	\$100.00	\$110.00	\$135.00	\$80.00	\$85.00	\$100.00	\$110.00	\$135.00
D2664	Onlay - resin-based composite - 4 or more surfaces	\$85.00	\$90.00	\$105.00	\$115.00	\$140.00	\$85.00	\$90.00	\$105.00	\$115.00	\$140.00
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)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2720	Crown - resin with high noble metal	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2721	Crown - resin with predominantly base metal	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2722	Crown - resin with noble metal	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2740	Crown - porcelain/ceramic	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D2750	Crown - porcelain fused to high noble metal	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D2751	Crown - porcelain fused to predominantly base metal	\$75.00	\$100.00	\$150.00	\$200.00	\$250.00	\$75.00	\$100.00	\$150.00	\$200.00	\$250.00
D2752	Crown - porcelain fused to noble metal	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00
275MLR	Crown-porcelain fused to any metal for molars	Add \$75 to nonmolar copayment fee.									
D2780	Crown - 3/4 cast high noble metal	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D2781	Crown - 3/4 cast predominantly base metal	\$75.00	\$100.00	\$150.00	\$200.00	\$250.00	\$75.00	\$100.00	\$150.00	\$200.00	\$250.00
D2782	Crown - 3/4 cast noble metal	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00
D2783	Crown - 3/4 porcelain/ceramic	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D2790	Crown - full cast high noble metal	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D2791	Crown - full cast predominantly base metal	\$75.00	\$100.00	\$150.00	\$200.00	\$250.00	\$75.00	\$100.00	\$150.00	\$200.00	\$250.00
D2792	Crown - full cast noble metal	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00
D2794	Crown-Titanium, Includes full titanium and porcelain fused to titanium,	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00

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Code	Description	A75	A100	A150	A200	A250	A75+	A100+	A150+	A200+	A250+	
D2794M	Crown-Titanium, Includes full titanium and porcelain fused to titanium, for molars.	Add \$75 to nonmolar copayment fee.										
D2799	Provisional crown—further treatment or completion of diagnosis necessary prior to final impression.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	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.	\$0.00	\$0.00	\$0.00	\$10.00	\$15.00	\$0.00	\$0.00	\$0.00	\$10.00	\$15.00	
D2910	Cosmetic Benefits Rider, D2910 shall only be covered when recementing metallic substrate restorations.											
D2915	Recement or rebond cast indirectly fabricated or prefabricated post and core	\$0.00	\$0.00	\$0.00	\$10.00	\$15.00	\$0.00	\$0.00	\$0.00	\$10.00	\$15.00	
D2920	Recement or rebond crown	\$0.00	\$0.00	\$0.00	\$10.00	\$15.00	\$0.00	\$0.00	\$0.00	\$10.00	\$15.00	
D2929	Prefabricated porcelain/ceramic crown - primary tooth	\$100.00	\$135.00	\$140.00	\$140.00	\$150.00	\$100.00	\$135.00	\$140.00	\$140.00	\$150.00	
D2930	Prefabricated stainless steel crown - primary tooth	\$0.00	\$25.00	\$30.00	\$40.00	\$50.00	\$0.00	\$25.00	\$30.00	\$40.00	\$50.00	
D2931	Prefabricated stainless steel crown - permanent tooth	\$0.00	\$35.00	\$40.00	\$40.00	\$50.00	\$0.00	\$35.00	\$40.00	\$40.00	\$50.00	
D2932	Prefabricated resin crown	\$50.00	\$85.00	\$90.00	\$90.00	\$100.00	\$50.00	\$85.00	\$90.00	\$90.00	\$100.00	
D2933	Prefabricated stainless crown with resin window	\$50.00	\$85.00	\$90.00	\$90.00	\$100.00	\$50.00	\$85.00	\$90.00	\$90.00	\$100.00	
D2934	Prefabricated esthetic coated stainless steel crown--primary tooth	\$55.00	\$90.00	\$95.00	\$95.00	\$1,005.00	\$55.00	\$90.00	\$95.00	\$95.00	\$1,005.00	
D2940	Sedative filling	\$0.00	\$0.00	\$0.00	\$10.00	\$10.00	\$0.00	\$0.00	\$0.00	\$10.00	\$10.00	
D2941	Interim therapeutic restoration-primary dentition	\$0.00	\$0.00	\$0.00	\$10.00	\$10.00	\$0.00	\$0.00	\$0.00	\$10.00	\$10.00	
D2949	Restorative foundation for an indirect restoration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
D2950	Core buildup, including any pins when required*	\$0.00	\$10.00	\$20.00	\$20.00	\$20.00	\$0.00	\$10.00	\$20.00	\$20.00	\$20.00	
D2951	Pin retention - per tooth, in addition to restoration*	\$0.00	\$5.00	\$5.00	\$5.00	\$5.00	\$0.00	\$5.00	\$5.00	\$5.00	\$5.00	
D2952	Indirectly fabricated post and core in addition to crown	\$50.00	\$50.00	\$50.00	\$65.00	\$75.00	\$50.00	\$50.00	\$50.00	\$65.00	\$75.00	
D2953	Each additional indirectly fabricated post - same tooth	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
D2954	Prefabricated post and core in addition to crown*	\$30.00	\$50.00	\$50.00	\$60.00	\$70.00	\$30.00	\$50.00	\$50.00	\$60.00	\$70.00	
D2955	Post removal (not chargeable when in conjunction with endodontic therapy)*	\$15.00	\$15.00	\$25.00	\$35.00	\$35.00	\$15.00	\$15.00	\$25.00	\$35.00	\$35.00	
D2957	Each additional prefabricated post - same tooth*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
D2980	Crown repair, by report	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	
	Inlay repair due to restorative material failure- not allowed to be charged by same provider within 24 months of the original restoration.	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	
D2981	Onlay repair due to restorative material failure- not allowed to be charged by same provider within 24 months of the original restoration.	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	
D2982	the original restoration.											
D2990	Resin infiltration of incipient smooth surface lesions.	\$0.00	\$0.00	\$5.00	\$8.00	\$15.00	\$0.00	\$0.00	\$5.00	\$8.00	\$15.00	

LABIAL Veneers (replaced once every 5 years)

D2961	Labial veneer (resin laminate) - laboratory	\$250.00	\$300.00	\$350.00	\$400.00	\$400.00	\$250.00	\$300.00	\$350.00	\$400.00	\$400.00
D2962	Labial veneer (porcelain laminate) - laboratory	\$250.00	\$300.00	\$350.00	\$400.00	\$400.00	\$250.00	\$300.00	\$350.00	\$400.00	\$400.00
D2983	Veneer repair due to restorative material failure- - not allowed to be charged by same provider within 24 months of the original restoration	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00

Alternative Crowns

Many dental offices offer premium materials as alternatives to the standard porcelain/ceramic substrate and porcelain-fused-to-metal materials for dental restorations, which are marketed under different brand names and may be available through yo

Porcelain/ceramic substrate crown											
	CEREC, Full-Z, Bruxzir, Lava, PrismaTik	\$645.00	\$645.00	\$645.00	\$645.00	\$645.00	\$645.00	\$645.00	\$645.00	\$645.00	\$645.00
	CEREC Blue Block, e.Max, Procera	\$845.00	\$845.00	\$845.00	\$845.00	\$845.00	\$845.00	\$845.00	\$845.00	\$845.00	\$845.00
	Lava (layered), e.Max (layered), Procera (Layered)	\$900.00	\$900.00	\$900.00	\$900.00	\$900.00	\$900.00	\$900.00	\$900.00	\$900.00	\$900.00
Porcelain fused to high noble crown											
	Captek, Bio-2000	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00
	Occlusal Gold, Design, Synspar	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00

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	\$0.00	\$0.00	\$0.00	\$5.00	\$15.00	\$0.00	\$0.00	\$0.00	\$5.00	\$15.00
D3120	Pulp cap - indirect	\$0.00	\$0.00	\$0.00	\$5.00	\$15.00	\$0.00	\$0.00	\$0.00	\$5.00	\$15.00
D3220	Therapeutic pulpotomy	\$0.00	\$0.00	\$0.00	\$25.00	\$25.00	\$0.00	\$0.00	\$0.00	\$25.00	\$25.00
D3221	Pulpal debridement - primary and permanent when endodontic treatment not completed on same day	\$15.00	\$15.00	\$25.00	\$25.00	\$25.00	\$15.00	\$15.00	\$25.00	\$25.00	\$25.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth	\$10.00	\$10.00	\$10.00	\$30.00	\$40.00	\$10.00	\$10.00	\$10.00	\$30.00	\$40.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth	\$15.00	\$15.00	\$15.00	\$30.00	\$40.00	\$15.00	\$15.00	\$15.00	\$30.00	\$40.00
D3310	Root canal - anterior per tooth	\$50.00	\$75.00	\$100.00	\$115.00	\$125.00	\$50.00	\$75.00	\$100.00	\$115.00	\$125.00
D3320	Root canal - premolar, per tooth	\$70.00	\$85.00	\$110.00	\$130.00	\$150.00	\$70.00	\$85.00	\$110.00	\$130.00	\$150.00
D3330	Root canal - molar tooth, per tooth	\$150.00	\$200.00	\$235.00	\$260.00	\$285.00	\$150.00	\$200.00	\$235.00	\$260.00	\$285.00

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Code	Description	A75	A100	A150	A200	A250	A75+	A100+	A150+	A200+	A250+
D3331	Treatment of root canal obstruction - <i>subject to proper documentation of condition and procedure. See clinical guidelines.</i>	70%UCR	70%UCR	70%UCR	70%UCR	70%UCR	70%UCR	70%UCR	70%UCR	70%UCR	70%UCR
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$50.00	\$75.00	\$100.00	\$125.00	\$150.00	\$50.00	\$75.00	\$100.00	\$125.00	\$150.00
D3346	Retreatment of previous root canal therapy - anterior	\$70.00	\$95.00	\$120.00	\$225.00	\$250.00	\$70.00	\$95.00	\$120.00	\$225.00	\$250.00
D3347	Retreatment of previous root canal therapy - premolar	\$100.00	\$120.00	\$145.00	\$275.00	\$300.00	\$100.00	\$120.00	\$145.00	\$275.00	\$300.00
D3348	Retreatment of previous root canal therapy - molar	\$190.00	\$210.00	\$235.00	\$300.00	\$375.00	\$190.00	\$210.00	\$235.00	\$300.00	\$375.00
D3351	Apexification/recalcification - initial visit	\$55.00	\$75.00	\$85.00	\$105.00	\$135.00	\$55.00	\$75.00	\$85.00	\$105.00	\$135.00
D3352	Apexification/recalcification - interim medication replacement	\$45.00	\$65.00	\$75.00	\$95.00	\$125.00	\$45.00	\$65.00	\$75.00	\$95.00	\$125.00
D3353	Apexification/recalcification - final visit (includes completed root canal)	\$55.00	\$75.00	\$85.00	\$105.00	\$135.00	\$55.00	\$75.00	\$85.00	\$105.00	\$135.00
D3355	Pulpal regeneration-initial visit	\$55.00	\$75.00	\$85.00	\$105.00	\$135.00	\$55.00	\$75.00	\$85.00	\$105.00	\$135.00
D3356	Pulpal regeneration-interim medication replacement	\$45.00	\$65.00	\$75.00	\$95.00	\$125.00	\$45.00	\$65.00	\$75.00	\$95.00	\$125.00
D3357	Pulpal regeneration-completion of treatment	\$55.00	\$75.00	\$85.00	\$105.00	\$135.00	\$55.00	\$75.00	\$85.00	\$105.00	\$135.00
D3410	Apicoectomy - anterior	\$150.00	\$200.00	\$225.00	\$250.00	\$275.00	\$150.00	\$200.00	\$225.00	\$250.00	\$275.00
D3421	Apicoectomy- bicuspid (first root)	\$150.00	\$200.00	\$225.00	\$250.00	\$275.00	\$150.00	\$200.00	\$225.00	\$250.00	\$275.00
D3425	Apicoectomy- molar (first root)	\$200.00	\$200.00	\$225.00	\$250.00	\$275.00	\$200.00	\$200.00	\$225.00	\$250.00	\$275.00
D3426	Apicoectomy-(each additional root)	\$100.00	\$100.00	\$100.00	\$125.00	\$125.00	\$100.00	\$100.00	\$100.00	\$125.00	\$125.00
D3427	Periradicular surgery without apicoectomy	\$150.00	\$200.00	\$225.00	\$250.00	\$275.00	\$150.00	\$200.00	\$225.00	\$250.00	\$275.00
D3430	Retrograde filling - per root	\$100.00	\$150.00	\$150.00	\$150.00	\$150.00	\$100.00	\$150.00	\$150.00	\$150.00	\$150.00
D3450	Root amputation - per root	\$75.00	\$100.00	\$100.00	\$150.00	\$200.00	\$75.00	\$100.00	\$100.00	\$150.00	\$200.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$100.00	\$115.00	\$115.00	\$125.00	\$150.00	\$100.00	\$115.00	\$115.00	\$125.00	\$150.00
D3950	Canal preparation & fitting of preformed dowel or post by provider other than provider placing post.*	\$0.00	\$0.00	\$75.00	\$75.00	\$75.00	\$0.00	\$0.00	\$75.00	\$75.00	\$75.00

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	\$40.00	\$50.00	\$100.00	\$125.00	\$175.00	\$40.00	\$50.00	\$100.00	\$125.00	\$175.00
D4211	Gingivectomy or gingivoplasty - 1 to 3 contiguous teeth per quadrant	\$35.00	\$40.00	\$65.00	\$70.00	\$75.00	\$35.00	\$40.00	\$65.00	\$70.00	\$75.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth +	\$20.00	\$20.00	\$35.00	\$35.00	\$40.00	\$20.00	\$20.00	\$35.00	\$35.00	\$40.00
D4240	Gingival flap procedure - 4 or more contiguous teeth per quadrant	\$275.00	\$300.00	\$325.00	\$350.00	\$400.00	\$275.00	\$300.00	\$325.00	\$350.00	\$400.00
D4241	Gingival flap procedure - 1 to 3 contiguous teeth per quadrant	\$195.00	\$225.00	\$250.00	\$250.00	\$250.00	\$195.00	\$225.00	\$250.00	\$250.00	\$250.00
D4249	Clinical crown lengthening - hard tissue. D4249, when performed the same day as impression will be considered to be D4212.#	\$100.00	\$125.00	\$135.00	\$150.00	\$175.00	\$100.00	\$125.00	\$135.00	\$150.00	\$175.00
D4249											
D4260	Osseous surgery - 4 or more contiguous teeth per quadrant	\$250.00	\$300.00	\$325.00	\$350.00	\$400.00	\$250.00	\$300.00	\$325.00	\$350.00	\$400.00
D4261	Osseous surgery - 1 to 3 contiguous teeth per quadrant	\$200.00	\$225.00	\$250.00	\$275.00	\$300.00	\$200.00	\$225.00	\$250.00	\$275.00	\$300.00
D4263	Bone replacement graft - first site in quadrant, Not to be used for extraction site bone grafts	\$200.00	\$225.00	\$250.00	\$300.00	\$350.00	\$200.00	\$225.00	\$250.00	\$300.00	\$350.00
D4264	Bone replacement graft - each additional site in quadrant, Not to be used for extraction site bone grafts	\$125.00	\$150.00	\$175.00	\$200.00	\$225.00	\$125.00	\$150.00	\$175.00	\$200.00	\$225.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant #	\$20.00	\$25.00	\$35.00	\$50.00	\$65.00	\$20.00	\$25.00	\$35.00	\$50.00	\$65.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant #	\$20.00	\$20.00	\$30.00	\$40.00	\$50.00	\$20.00	\$20.00	\$30.00	\$40.00	\$50.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation *,	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation, Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit. Not to be completed on same day as D0150, D0160, or D0180. Separate visit from therapeutic treatment --D0110, D4341, D4342, D4346, D4910, or D6081.	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00
D4355		\$20.00	\$25.00	\$25.00	\$25.00	\$25.00	\$20.00	\$25.00	\$25.00	\$25.00	\$25.00
D4381	Localized delivery of antimicrobial agents, per tooth	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00
D4910	Periodontal maintenance - once every 6 months	\$25.00	\$25.00	\$30.00	\$40.00	\$50.00	\$25.00	\$25.00	\$30.00	\$40.00	\$50.00
D4910	Periodontal maintenance - each additional	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00

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UCR*= Dentist's Usual, Customary, and Reasonable Fees

Coverage for all procedures is as performed by a general dentist and is subject to Plan limitations, exclusions, and guidelines.

Code	Description	A75	A100	A150	A200	A250	A75+	A100+	A150+	A200+	A250+
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Gingival Irrigation-per quadrant, (Per quadrant in conjunction with D4341/D4342. Per visit in conjunction with	\$15.00	\$20.00	\$25.00	\$40.00	\$40.00	\$15.00	\$20.00	\$25.00	\$40.00	\$40.00
D4921	D1110/D1120, 4355, D4346 or D4910. See Clinical Guidelines)										
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 gu											
* 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	\$90.00	\$125.00	\$175.00	\$300.00	\$350.00	\$90.00	\$125.00	\$175.00	\$300.00	\$350.00
D5120	Complete lower denture	\$90.00	\$125.00	\$175.00	\$300.00	\$350.00	\$90.00	\$125.00	\$175.00	\$300.00	\$350.00
D5130	Immediate upper denture	\$90.00	\$125.00	\$175.00	\$300.00	\$350.00	\$90.00	\$125.00	\$175.00	\$300.00	\$350.00
D5140	Immediate lower denture	\$90.00	\$125.00	\$175.00	\$300.00	\$350.00	\$90.00	\$125.00	\$175.00	\$300.00	\$350.00
D5211	Upper partial denture - resin base	\$125.00	\$150.00	\$225.00	\$250.00	\$300.00	\$125.00	\$150.00	\$225.00	\$250.00	\$300.00
D5212	Lower partial denture - resin base	\$125.00	\$150.00	\$225.00	\$250.00	\$300.00	\$125.00	\$150.00	\$225.00	\$250.00	\$300.00
D5213	Upper partial denture - cast metal framework with resin denture bases	\$125.00	\$150.00	\$225.00	\$300.00	\$400.00	\$125.00	\$150.00	\$225.00	\$300.00	\$400.00
D5214	Lower partial denture - cast metal framework with resin denture bases	\$125.00	\$150.00	\$225.00	\$300.00	\$400.00	\$125.00	\$150.00	\$225.00	\$300.00	\$400.00
D5221	Immediate maxillary partial denture - resin base	\$125.00	\$150.00	\$225.00	\$250.00	\$300.00	\$125.00	\$150.00	\$225.00	\$250.00	\$300.00
D5222	Immediate mandibular partial denture - resin base	\$125.00	\$150.00	\$225.00	\$250.00	\$300.00	\$125.00	\$150.00	\$225.00	\$250.00	\$300.00
D5223	Immediate maxillary partial denture - metal framework	\$125.00	\$150.00	\$225.00	\$300.00	\$400.00	\$125.00	\$150.00	\$225.00	\$300.00	\$400.00
D5224	Immediate maxillary partial denture - metal framework	\$125.00	\$150.00	\$225.00	\$300.00	\$400.00	\$125.00	\$150.00	\$225.00	\$300.00	\$400.00
D5225	Upper partial denture - flexible base	\$125.00	\$150.00	\$225.00	\$350.00	\$450.00	\$125.00	\$150.00	\$225.00	\$350.00	\$450.00
D5226	Lower partial denture - flexible base	\$125.00	\$150.00	\$225.00	\$350.00	\$450.00	\$125.00	\$150.00	\$225.00	\$350.00	\$450.00
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D5410	Adjust complete denture - upper	\$0.00	\$0.00	\$0.00	\$15.00	\$25.00	\$0.00	\$0.00	\$0.00	\$15.00	\$25.00
D5411	Adjust complete denture - lower	\$0.00	\$0.00	\$0.00	\$15.00	\$25.00	\$0.00	\$0.00	\$0.00	\$15.00	\$25.00
D5421	Adjust partial denture - upper	\$0.00	\$0.00	\$0.00	\$10.00	\$20.00	\$0.00	\$0.00	\$0.00	\$10.00	\$20.00
D5422	Adjust partial denture - lower	\$0.00	\$0.00	\$0.00	\$10.00	\$20.00	\$0.00	\$0.00	\$0.00	\$10.00	\$20.00
D5511	Repair broken complete denture base, mandibular. *	\$10.00	\$15.00	\$15.00	\$40.00	\$50.00	\$10.00	\$15.00	\$15.00	\$40.00	\$50.00
D5512	Repair broken complete denture base, maxillary. *	\$10.00	\$15.00	\$15.00	\$40.00	\$50.00	\$10.00	\$15.00	\$15.00	\$40.00	\$50.00
D5520	Replace missing or broken teeth - complete denture (each tooth)*	\$10.00	\$15.00	\$15.00	\$20.00	\$25.00	\$10.00	\$15.00	\$15.00	\$20.00	\$25.00
D5611	Repair resin denture base, mandibular.*	\$10.00	\$15.00	\$15.00	\$40.00	\$50.00	\$10.00	\$15.00	\$15.00	\$40.00	\$50.00
D5612	Repair resin denture base, maxillary.*	\$10.00	\$15.00	\$15.00	\$40.00	\$50.00	\$10.00	\$15.00	\$15.00	\$40.00	\$50.00
D5621	Repair cast partial framework, mandibular.	\$10.00	\$15.00	\$15.00	\$40.00	\$50.00	\$10.00	\$15.00	\$15.00	\$40.00	\$50.00
D5622	Repair cast partial framework, maxillary.	\$10.00	\$15.00	\$15.00	\$40.00	\$50.00	\$10.00	\$15.00	\$15.00	\$40.00	\$50.00
D5630	Repair or replace broken clasp*	\$10.00	\$15.00	\$15.00	\$35.00	\$40.00	\$10.00	\$15.00	\$15.00	\$35.00	\$40.00
D5640	Replace partial denture broken teeth - per tooth	\$10.00	\$15.00	\$15.00	\$20.00	\$25.00	\$10.00	\$15.00	\$15.00	\$20.00	\$25.00
D5650	Add tooth to existing partial denture*	\$10.00	\$15.00	\$15.00	\$30.00	\$50.00	\$10.00	\$15.00	\$15.00	\$30.00	\$50.00
D5660	Add clasp to existing partial denture*	\$10.00	\$15.00	\$15.00	\$30.00	\$50.00	\$10.00	\$15.00	\$15.00	\$30.00	\$50.00
D5670	Replace all teeth and acrylic on cast metal framework (Upper)	\$100.00	\$100.00	\$165.00	\$265.00	\$350.00	\$100.00	\$100.00	\$165.00	\$265.00	\$350.00
D5671	Replace all teeth and acrylic on cast metal framework (Lower)	\$100.00	\$100.00	\$165.00	\$265.00	\$350.00	\$100.00	\$100.00	\$165.00	\$265.00	\$350.00
D5710	Rebase complete upper denture	\$40.00	\$50.00	\$50.00	\$75.00	\$95.00	\$40.00	\$50.00	\$50.00	\$75.00	\$95.00
D5711	Rebase complete lower denture	\$40.00	\$50.00	\$50.00	\$75.00	\$95.00	\$40.00	\$50.00	\$50.00	\$75.00	\$95.00
D5720	Rebase upper partial denture	\$40.00	\$50.00	\$50.00	\$75.00	\$95.00	\$40.00	\$50.00	\$50.00	\$75.00	\$95.00
D5721	Rebase lower partial denture	\$40.00	\$50.00	\$50.00	\$75.00	\$95.00	\$40.00	\$50.00	\$50.00	\$75.00	\$95.00
D5730	Reline complete upper denture (chairside)	\$25.00	\$40.00	\$40.00	\$50.00	\$65.00	\$25.00	\$40.00	\$40.00	\$50.00	\$65.00
D5731	Reline complete lower denture (chairside)	\$25.00	\$40.00	\$40.00	\$50.00	\$65.00	\$25.00	\$40.00	\$40.00	\$50.00	\$65.00
D5740	Reline upper partial denture (chairside)	\$25.00	\$40.00	\$40.00	\$50.00	\$65.00	\$25.00	\$40.00	\$40.00	\$50.00	\$65.00
D5741	Reline lower partial denture (chairside)	\$25.00	\$40.00	\$40.00	\$50.00	\$65.00	\$25.00	\$40.00	\$40.00	\$50.00	\$65.00
D5750	Reline complete upper denture (laboratory)*	\$25.00	\$40.00	\$40.00	\$85.00	\$100.00	\$25.00	\$40.00	\$40.00	\$85.00	\$100.00
D5751	Reline complete lower denture (laboratory)*	\$25.00	\$40.00	\$40.00	\$85.00	\$100.00	\$25.00	\$40.00	\$40.00	\$85.00	\$100.00
D5760	Reline upper partial denture (laboratory)*	\$25.00	\$40.00	\$40.00	\$85.00	\$100.00	\$25.00	\$40.00	\$40.00	\$85.00	\$100.00
D5761	Reline lower partial denture (laboratory)*	\$25.00	\$40.00	\$40.00	\$85.00	\$100.00	\$25.00	\$40.00	\$40.00	\$85.00	\$100.00
D5820	Interim partial denture (upper)	\$40.00	\$40.00	\$40.00	\$105.00	\$150.00	\$40.00	\$40.00	\$40.00	\$105.00	\$150.00
D5821	Interim partial denture (lower)	\$40.00	\$40.00	\$40.00	\$105.00	\$150.00	\$40.00	\$40.00	\$40.00	\$105.00	\$150.00
D5850	Tissue conditioning, upper	\$10.00	\$10.00	\$10.00	\$25.00	\$25.00	\$10.00	\$10.00	\$10.00	\$25.00	\$25.00
D5851	Tissue conditioning, lower	\$10.00	\$10.00	\$10.00	\$25.00	\$25.00	\$10.00	\$10.00	\$10.00	\$25.00	\$25.00
D5876	Add metal substrate to new acrylic full denture (per arch)	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00

Alternative Dentures, Full + Partial, & Relines

NCB** = Not a Covered Benefit
 UCR*= Dentist's Usual, Customary, and Reasonable Fees

Coverage for all procedures is as performed by a general dentist and is subject to Plan limitations, exclusions, and guidelines.

Code	Description	A75	A100	A150	A200	A250	A75+	A100+	A150+	A200+	A250+
Most dental offices offer alternatives to standard complete and partial dentures and relines which are marketed under different brand names and may be available through your California Dental participating provider for the following copayments. Th											
	Complete Denture										
	Comfort Flex - Complete Upper Denture	\$550.00	\$550.00	\$600.00	\$650.00	\$700.00	\$550.00	\$550.00	\$600.00	\$650.00	\$700.00
	Comfort Flex - Complete Lower Denture	\$550.00	\$550.00	\$600.00	\$650.00	\$700.00	\$550.00	\$550.00	\$600.00	\$650.00	\$700.00
	Geneva - Complete Upper Denture	\$550.00	\$550.00	\$600.00	\$650.00	\$700.00	\$550.00	\$550.00	\$600.00	\$650.00	\$700.00
	Geneva - Complete Lower Denture	\$550.00	\$550.00	\$600.00	\$650.00	\$700.00	\$550.00	\$550.00	\$600.00	\$650.00	\$700.00
	Partial Denture - Resin Base										
	Simply Natural/Comfort Flex - Upper Partial	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00
	Simply Natural/Comfort Flex - Lower Partial	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00
	Geneva - Upper Partial	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00
	Geneva - Lower Partial	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00
	EstheticClasp - Upper Partial	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00
	EstheticClasp - Lower Partial	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00
	CuSil - Upper Partial	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00
	CuSil - Lower Partial	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00
	Valplast - Upper Partial	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00
	Valplast - Lower Partial	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00
	Partial Denture - Cast Metal Base with Resin Saddles										
	Comfort Flex - Upper Partial	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00
	Comfort Flex - Lower Partial	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00
	Valplast - Upper Partial	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00
	Valplast - Lower Partial	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00
	Denture Relines										
	PermaSoft - Complete Upper Denture (Laboratory)	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00
	PermaSoft - Complete Lower Denture (Laboratory)	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00
	PermaSoft - Partial Upper Denture (Laboratory)	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00
	PermaSoft - Partial Lower Denture (Laboratory)	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00
D5900 - D5999 VII Maxillofacial Prosthetics - Not Covered											
D6000 - D6199 VIII Implant Services											
Many dental offices offer premium materials as alternatives to the standard porcelain/ceramic substrate and porcelain-fused-to-metal materials for dental restorations, which are marketed under different brand names and may be available through yo											
D6010	Surgical placement of implant body, endosteal; includes cost of, and placement of, healing cap when indicated.	NCB**	NCB**	NCB**	NCB**	NCB**	\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00
D6056	Prefabricated abutment, includes placement	NCB**	NCB**	NCB**	NCB**	NCB**	\$450.00	\$450.00	\$450.00	\$450.00	\$450.00
D6058	Abutment supported porcelain/ceramic crown	NCB**	NCB**	NCB**	NCB**	NCB**	\$1,055.00	\$1,055.00	\$1,055.00	\$1,055.00	\$1,055.00
D6059	Abutment supported porcelain/high noble crown	NCB**	NCB**	NCB**	NCB**	NCB**	\$1,050.00	\$1,050.00	\$1,050.00	\$1,050.00	\$1,050.00
D6060	Abutment supported porcelain/base metal crown	NCB**	NCB**	NCB**	NCB**	NCB**	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
D6061	Abutment supported porcelain/noble metal crown	NCB**	NCB**	NCB**	NCB**	NCB**	\$1,050.00	\$1,050.00	\$1,050.00	\$1,050.00	\$1,050.00
D6062	Abutment supported cast metal crown, high noble	NCB**	NCB**	NCB**	NCB**	NCB**	\$1,050.00	\$1,050.00	\$1,050.00	\$1,050.00	\$1,050.00
D6063	Abutment supported cast metal crown, base metal	NCB**	NCB**	NCB**	NCB**	NCB**	\$900.00	\$900.00	\$900.00	\$900.00	\$900.00
D6064	Abutment supported cast metal crown, noble metal	NCB**	NCB**	NCB**	NCB**	NCB**	\$950.00	\$950.00	\$950.00	\$950.00	\$950.00
D6065	Implant supported porcelain/ceramic crown	NCB**	NCB**	NCB**	NCB**	NCB**	\$990.00	\$990.00	\$990.00	\$990.00	\$990.00
D6066	Implant supported porcelain/metal crown	NCB**	NCB**	NCB**	NCB**	NCB**	\$970.00	\$970.00	\$970.00	\$970.00	\$970.00
D6067	Implant supported metal crown	NCB**	NCB**	NCB**	NCB**	NCB**	\$935.00	\$935.00	\$935.00	\$935.00	\$935.00
D6068	Abutment supported retainer, porcelain/ceramic FPD	NCB**	NCB**	NCB**	NCB**	NCB**	\$1,055.00	\$1,055.00	\$1,055.00	\$1,055.00	\$1,055.00
D6069	Abutment supported retainer, metal FPD, high noble	NCB**	NCB**	NCB**	NCB**	NCB**	\$1,040.00	\$1,040.00	\$1,040.00	\$1,040.00	\$1,040.00
D6070	Abut. support. retainer, porc./metal FPD, base metal	NCB**	NCB**	NCB**	NCB**	NCB**	\$985.00	\$985.00	\$985.00	\$985.00	\$985.00
D6071	Abut. support. retainer, porc./metal FPD, noble	NCB**	NCB**	NCB**	NCB**	NCB**	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
D6072	Abut. support. retainer, cast metal FPD, high noble	NCB**	NCB**	NCB**	NCB**	NCB**	\$980.00	\$980.00	\$980.00	\$980.00	\$980.00
D6073	Abut. support. retainer, cast metal FPD, base metal	NCB**	NCB**	NCB**	NCB**	NCB**	\$885.00	\$885.00	\$885.00	\$885.00	\$885.00
D6074	Abut. support. retainer, cast metal FPD, noble	NCB**	NCB**	NCB**	NCB**	NCB**	\$955.00	\$955.00	\$955.00	\$955.00	\$955.00
D6075	Implant supported retainer for ceramic FPD	NCB**	NCB**	NCB**	NCB**	NCB**	\$1,040.00	\$1,040.00	\$1,040.00	\$1,040.00	\$1,040.00
D6076	Implant supported retainer for porc./metal FPD	NCB**	NCB**	NCB**	NCB**	NCB**	\$1,015.00	\$1,015.00	\$1,015.00	\$1,015.00	\$1,015.00
D6077	Implant supported retainer for cast metal FPD	NCB**	NCB**	NCB**	NCB**	NCB**	\$935.00	\$935.00	\$935.00	\$935.00	\$935.00
	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. This procedure is not to be performed on the same day as	NCB**	NCB**	NCB**	NCB**	NCB**	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
D6081	D1110, D4346, or D4910.										
D6085	Provisional implant crown	NCB**	NCB**	NCB**	NCB**	NCB**	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

NCB** = Not a Covered Benefit

UCR*= Dentist's Usual, Customary, and Reasonable Fees

Coverage for all procedures is as performed by a general dentist and is subject to Plan limitations, exclusions, and guidelines.

Code	Description	A75	A100	A150	A200	A250	A75+	A100+	A150+	A200+	A250+
D6092	Recement implant/abutment supported crown	NCB**	NCB**	NCB**	NCB**	NCB**	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00
D6093	Recement implant/abutment supported FPD	NCB**	NCB**	NCB**	NCB**	NCB**	\$65.00	\$65.00	\$65.00	\$65.00	\$65.00
D6094	Abutment supported crown, titanium	NCB**	NCB**	NCB**	NCB**	NCB**	\$640.00	\$640.00	\$640.00	\$640.00	\$640.00
D6194	Abut. supported retainer crown, FPD, titanium	NCB**	NCB**	NCB**	NCB**	NCB**	\$640.00	\$640.00	\$640.00	\$640.00	\$640.00
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	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D6211	Pontic - cast predominantly base metal	\$75.00	\$100.00	\$150.00	\$200.00	\$250.00	\$75.00	\$100.00	\$150.00	\$200.00	\$250.00
D6212	Pontic - cast noble metal	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00
D6214	Pontic- titanium (includes porcelain fused to titanium)	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D6240	Pontic - porcelain fused to high noble metal	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D6241	Pontic - porcelain fused to predominantly base metal	\$75.00	\$100.00	\$150.00	\$200.00	\$250.00	\$75.00	\$100.00	\$150.00	\$200.00	\$250.00
D6242	Pontic - porcelain fused to noble metal	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00
624MLR	Pontic- porcelain fused to any metal for molars	Add \$75 to nonmolar copayment fee.									
D6245	Pontic - porcelain/ceramic	\$250.00	\$250.00	\$325.00	\$375.00	\$425.00	\$250.00	\$250.00	\$325.00	\$375.00	\$425.00
D6250	Pontic - resin with high noble metal	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6251	Pontic - resin with predominantly base metal	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6252	Pontic - resin with noble metal	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6253	Provisional Pontic- When final impression not taken and when replacing anterior tooth lost or anterior prosthesis being replaced while covered by CDN	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
D6600	Inlay - porcelain/ceramic, 2 surfaces	\$195.00	\$200.00	\$225.00	\$265.00	\$300.00	\$195.00	\$200.00	\$225.00	\$265.00	\$300.00
D6601	Inlay - porcelain/ceramic, 3 or more surfaces	\$210.00	\$215.00	\$240.00	\$295.00	\$350.00	\$210.00	\$215.00	\$240.00	\$295.00	\$350.00
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	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D6603	Inlay - cast high noble metal, 3 or more surfaces	\$275.00	\$300.00	\$350.00	\$400.00	\$450.00	\$275.00	\$300.00	\$350.00	\$400.00	\$450.00
D6604	Inlay - cast predominantly base metal, 2 surfaces	\$125.00	\$150.00	\$200.00	\$250.00	\$300.00	\$125.00	\$150.00	\$200.00	\$250.00	\$300.00
D6605	Inlay - cast predominantly base metal, 3 or more surfaces	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00
D6606	Inlay - cast noble metal, 2 surfaces	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00
D6607	Inlay - cast noble metal, 3 or more surface	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D6608	Onlay -porcelain/ceramic, 2 surfaces	\$195.00	\$200.00	\$225.00	\$265.00	\$300.00	\$195.00	\$200.00	\$225.00	\$265.00	\$300.00
D6609	Onlay - porcelain/ceramic, 3 or more surfaces	\$210.00	\$215.00	\$240.00	\$265.00	\$300.00	\$210.00	\$215.00	\$240.00	\$265.00	\$300.00
D6610	Onlay - cast high noble metal, 2 surfaces	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D6611	Onlay - cast high noble metal, 3 or more surfaces	\$275.00	\$300.00	\$350.00	\$400.00	\$450.00	\$275.00	\$300.00	\$350.00	\$400.00	\$450.00
D6612	Onlay - cast predominantly base metal, 2 surfaces	\$125.00	\$150.00	\$200.00	\$250.00	\$300.00	\$125.00	\$150.00	\$200.00	\$250.00	\$300.00
D6613	Onlay - cast predominantly base metal, 3 or more surfaces	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00
D6614	Onlay - cast noble metal, 2 surfaces	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00
D6615	Onlay - cast noble metal, 3 or more surfaces	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D6624	Inlay - titanium	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D6634	Onlay - titanium	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D6720	Crown - resin with high noble metal	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6721	Crown - resin with predominantly base metal	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6722	Crown - resin with noble metal	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6740	Crown-porcelain/ceramic	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D6750	Crown - porcelain fused to high noble metal	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D6751	Crown - porcelain fused to predominantly base metal	\$75.00	\$100.00	\$150.00	\$200.00	\$250.00	\$75.00	\$100.00	\$150.00	\$200.00	\$250.00
D6752	Crown - porcelain fused to noble metal	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00
675MLR	Crown-porcelain fused to any metal for Molars	Add \$75 to nonmolar copayment fee.									
D6780	Crown - 3/4 cast high noble metal	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D6781	Crown - 3/4 cast predominantly base metal	\$75.00	\$100.00	\$150.00	\$200.00	\$250.00	\$75.00	\$100.00	\$150.00	\$200.00	\$250.00
D6782	Crown - 3/4 cast noble metal	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00
D6783	Crown - 3/4 porcelain/ceramic	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D6790	Crown - full cast high noble metal	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D6791	Crown - full cast predominantly base metal	\$75.00	\$100.00	\$150.00	\$200.00	\$250.00	\$75.00	\$100.00	\$150.00	\$200.00	\$250.00
D6792	Crown - full cast noble metal	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00

NCB** = Not a Covered Benefit

UCR*= Dentist's Usual, Customary, and Reasonable Fees

Coverage for all procedures is as performed by a general dentist and is subject to Plan limitations, exclusions, and guidelines.

Code	Description	A75	A100	A150	A200	A250	A75+	A100+	A150+	A200+	A250+
D6793	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	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
D6794	Crown - titanium (includes porcelain fused to titanium)	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D6930	Recement or rebond fixed partial denture	\$0.00	\$0.00	\$0.00	\$25.00	\$25.00	\$0.00	\$0.00	\$0.00	\$25.00	\$25.00
D6980	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	\$50.00	\$75.00	\$100.00	\$100.00	\$50.00	\$50.00	\$75.00	\$100.00	\$100.00
D6985	Pediatric partial denture--Fixed, temporary	\$180.00	\$180.00	\$180.00	\$180.00	\$180.00	\$180.00	\$180.00	\$180.00	\$180.00	\$180.00

Alternative Bridge Materials

Many dental offices offer premium materials as alternatives to the standard porcelain/ceramic substrate and porcelain-fused-to-metal materials for dental restorations, which are marketed under different brand names and may be available through your dentist.

Porcelain/ceramic substrate crown											
	CEREC, Full-Z, Bruxzir, Lava, PrismaTik	\$645.00	\$645.00	\$645.00	\$645.00	\$645.00	\$645.00	\$645.00	\$645.00	\$645.00	\$645.00
	CEREC Blue Block, e.Max, Procera	\$845.00	\$845.00	\$845.00	\$845.00	\$845.00	\$845.00	\$845.00	\$845.00	\$845.00	\$845.00
	Lava (layered), e.Max (layered), Procera (Layered)	\$900.00	\$900.00	\$900.00	\$900.00	\$900.00	\$900.00	\$900.00	\$900.00	\$900.00	\$900.00
Porcelain fused to high noble crown											
	Captek, Bio-2000	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00
	Occlusal Gold, Design, Synspar	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00

Oral Surgery

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

D7111	Extraction, coronal remnants - primary tooth	\$0.00	\$0.00	\$0.00	\$10.00	\$25.00	\$0.00	\$0.00	\$0.00	\$10.00	\$25.00
D7140	Extraction, erupted tooth or exposed root	\$0.00	\$0.00	\$0.00	\$10.00	\$25.00	\$0.00	\$0.00	\$0.00	\$10.00	\$25.00
D7210	Surgical removal of erupted tooth	\$0.00	\$20.00	\$30.00	\$35.00	\$45.00	\$0.00	\$20.00	\$30.00	\$35.00	\$45.00
D7220	Removal of impacted tooth - soft tissue	\$0.00	\$50.00	\$60.00	\$75.00	\$90.00	\$0.00	\$50.00	\$60.00	\$75.00	\$90.00
D7230	Removal of impacted tooth - partially bony	\$0.00	\$100.00	\$125.00	\$150.00	\$175.00	\$0.00	\$100.00	\$125.00	\$150.00	\$175.00
D7240	Removal of impacted tooth - completely bony	\$0.00	\$125.00	\$150.00	\$175.00	\$200.00	\$0.00	\$125.00	\$150.00	\$175.00	\$200.00
D7241	Removal of impacted tooth - completely bony, with unusual complications	\$0.00	\$130.00	\$155.00	\$180.00	\$210.00	\$0.00	\$130.00	\$155.00	\$180.00	\$210.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$0.00	\$50.00	\$60.00	\$80.00	\$90.00	\$0.00	\$50.00	\$60.00	\$80.00	\$90.00
D7251	Coronectomy - intentional partial tooth removal	\$0.00	\$130.00	\$155.00	\$180.00	\$210.00	\$0.00	\$130.00	\$155.00	\$180.00	\$210.00
D7270	Tooth reimplantation and/or stabilization of accidentally displaced tooth	\$100.00	\$110.00	\$130.00	\$150.00	\$200.00	\$100.00	\$110.00	\$130.00	\$150.00	\$200.00
D7310	Alveoplasty in conjunction with extractions - 4 or more contiguous teeth per quadrant	\$0.00	\$0.00	\$10.00	\$50.00	\$70.00	\$0.00	\$0.00	\$10.00	\$50.00	\$70.00
D7311	Alveoplasty in conjunction with extractions - 1 to 3 teeth/spaces per quadrant	\$0.00	\$0.00	\$10.00	\$50.00	\$70.00	\$0.00	\$0.00	\$10.00	\$50.00	\$70.00
D7320	Alveoplasty not in conjunction with extractions - 4 or more contiguous teeth per quadrant	\$0.00	\$0.00	\$10.00	\$70.00	\$90.00	\$0.00	\$0.00	\$10.00	\$70.00	\$90.00
D7321	Alveoplasty not in conjunction with extractions - 1 to 3 teeth/spaces per quadrant	\$0.00	\$0.00	\$10.00	\$70.00	\$90.00	\$0.00	\$0.00	\$10.00	\$70.00	\$90.00
D7510	Incision and drainage of abscess - intraoral soft tissue	\$0.00	\$40.00	\$60.00	\$75.00	\$100.00	\$0.00	\$40.00	\$60.00	\$75.00	\$100.00

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	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
D8030	Limited orthodontic treatment of the adolescent dentition*	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
D8040	Limited orthodontic treatment of the adult dentition*	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
D8050	Interceptive orthodontic treatment of the primary dentition*	\$1,150.00	\$1,150.00	\$1,150.00	\$1,150.00	\$1,150.00	\$1,150.00	\$1,150.00	\$1,150.00	\$1,150.00	\$1,150.00
D8060	Interceptive orthodontic treatment of the transitional dentition*	\$1,150.00	\$1,150.00	\$1,150.00	\$1,150.00	\$1,150.00	\$1,150.00	\$1,150.00	\$1,150.00	\$1,150.00	\$1,150.00
D8070	Comprehensive orthodontic treatment of the transitional dentition*	\$1,775.00	\$1,775.00	\$1,775.00	\$1,845.00	\$1,845.00	\$1,775.00	\$1,775.00	\$1,775.00	\$1,845.00	\$1,845.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition*	\$1,775.00	\$1,775.00	\$1,775.00	\$1,845.00	\$1,845.00	\$1,775.00	\$1,775.00	\$1,775.00	\$1,845.00	\$1,845.00
D8090	Comprehensive orthodontic treatment of the adult dentition*	\$1,975.00	\$1,975.00	\$1,975.00	\$2,045.00	\$2,045.00	\$1,975.00	\$1,975.00	\$1,975.00	\$2,045.00	\$2,045.00
D8660	pre-orthodontic treatment visit examination to monitor growth and development	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D8670	Periodic orthodontic treatment visit (as part of contract)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D8680	Orthodontic retention - Per Arch	\$125.00	\$125.00	\$125.00	\$125.00	\$125.00	\$125.00	\$125.00	\$125.00	\$125.00	\$125.00
D8681	Removable orthodontic retainer adjustment	\$0.00	\$0.00	\$0.00	\$10.00	\$20.00	\$0.00	\$0.00	\$0.00	\$10.00	\$20.00
D8695	removal of fixed orthodontic appliances for reasons other than completion of treatment	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
D8999	Orthodontic Treatment Plan and Records(pre/post x-rays, photos, study models)	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00
D8999	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.	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00
D8999	Appliances (head gear, maxillary expansion, etc.) may be required in addition to full banding.	UCR*	UCR*	UCR*	UCR*	UCR*	UCR*	UCR*	UCR*	UCR*	UCR*

Adjunctive General Services

NCB** = Not a Covered Benefit
UCR*= Dentist's Usual, Customary, and Reasonable Fees

Coverage for all procedures is as performed by a general dentist and is subject to Plan limitations, exclusions, and guidelines.

Code	Description	A75	A100	A150	A200	A250	A75+	A100+	A150+	A200+	A250+
* - Covered only for the removal of impacted wisdom teeth (1,16,17 & 32)											
# - Covered only when performed by the Member's primary general dentist.											
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9120	Sectioning of fixed partial denture (bridge)	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9215	Local anesthesia	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9222	Deep sedation/general anesthesia – first 15 minutes*	\$117.00	\$117.00	\$134.00	\$134.00	\$134.00	\$117.00	\$117.00	\$134.00	\$134.00	\$134.00
D9223	Deep sedation/general anesthesia - each subsequent 15 minutes*	\$85.00	\$85.00	\$100.00	\$100.00	\$100.00	\$85.00	\$85.00	\$100.00	\$100.00	\$100.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide*	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes*	\$100.00	\$100.00	\$120.00	\$120.00	\$120.00	\$100.00	\$100.00	\$120.00	\$120.00	\$120.00
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minutes*	\$65.00	\$65.00	\$80.00	\$80.00	\$80.00	\$65.00	\$65.00	\$80.00	\$80.00	\$80.00
D9310	Consultation & Second Opinion, with prior authorization from Plan. Diagnostic service provided by dentist or physician other than requesting dentist or physician, not chargeable on same day as therapeutic services.	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
D9311	Consultation with a medical health care professional	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9430	Office visit for observation (during regularly scheduled hours)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9440	Office visit - after regularly scheduled hours	\$25.00	\$30.00	\$35.00	\$35.00	\$35.00	\$25.00	\$30.00	\$35.00	\$35.00	\$35.00
D9450	Case presentation, detailed and extensive treatment planning	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9999	Office visit - during regular office hours in addition to other charges	\$0.00	\$0.00	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$0.00	\$5.00	\$5.00
D9630	Other drugs and/or medicaments dispensed in the office for home use.	\$15.00	\$20.00	\$25.00	\$40.00	\$40.00	\$15.00	\$20.00	\$25.00	\$40.00	\$40.00
D9910	Application of desensitizing medicament, per visit. (not to be used under restorations)	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth (not to be used under restorations)	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
D9930	Treatment of complication (post-surgical), unusual circumstances, by report	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9932	In office cleaning and inspection of removable complete upper denture. Limited to once every 6 months.	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
D9933	In office cleaning and inspection of removable complete lower denture. Limited to once every 6 months.	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
D9934	In office cleaning and inspection of removable partial upper denture. Limited to once every 6 months.	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
D9935	In office cleaning and inspection of removable partial lower denture. Limited to once every 6 months.	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
D9942	Repair/reline occlusal guard	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00
D9943	Occlusal guard adjustment. Coverage is limited to only soft guards that are a Plan covered benefit.	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
D9944	occlusal guard – hard appliance, full arch	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00
D9945	occlusal guard – soft appliance, full arch	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00
D9946	occlusal guard – hard appliance, partial arch	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00
D9951	Occlusal adjustment - limited	\$15.00	\$15.00	\$15.00	\$20.00	\$20.00	\$15.00	\$15.00	\$15.00	\$20.00	\$20.00
D9961	duplicate/copy patient's records	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
D9972	External bleaching - per arch, performed in office	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00
D9973	External bleaching - per tooth	\$20.00	\$25.00	\$30.00	\$30.00	\$30.00	\$20.00	\$25.00	\$30.00	\$30.00	\$30.00
D9975	External bleaching for home application- per arch	\$125.00	\$125.00	\$125.00	\$125.00	\$125.00	\$125.00	\$125.00	\$125.00	\$125.00	\$125.00
D9986	Missed appointment	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
D9987	Cancelled appointment	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
D9990	certified translation or sign-language services per visit. Contact the Plan to arrange services at no charge to member	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9991	Dental case management - addressing appointment compliance barriers	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9992	Dental case management -Care coordination across multiple providers	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9993	Dental case management - motivational interviewing	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9994	Dental case management - patient education to improve oral health literacy	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9995	teledentistry – synchronous; real-time encounter#	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9996	teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review#	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9999	Broken Appointment - less than 24 notice	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
D9999	Broken Specialist Appointment - less than 24 notice	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00

Specialty Type

A75: Type C A100: Type CA150: Type CA200: Type CA250: Type CA75+: Type CA100+: Type CA150+: Type CA200+: Type CA250+: Type CA75S+: Type CA100S+: Type CA150S+: Type CA200S+: Type CA250S+: Type CA75V+: Type CA100V+: Type CA150V+: Type CA200V+: Type CA250V+: Type CA75V+: Type CA100V+: Type CA150V+: Type CA200V+: Type CA250V+: Type

NCB** = Not a Covered Benefit
UCR*= Dentist's Usual, Customary, and Reasonable Fees

Coverage for all procedures is as performed by a general dentist and is subject to Plan limitations, exclusions, and guidelines.

Code	Description	100	300	303/395	340	404/495	411	430	460
Diagnostic Services									
All radiographs and all diagnostic images include reading and interpretation by any contracting provider. Contracted der									
	Office Visit (includes infection control)	\$0.00	\$0.00	\$0.00	\$5.00	\$0.00	\$0.00	\$5.00	\$5.00
D0120	Periodic oral evaluation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0140	Limited oral evaluation - problem focused	\$0.00	\$0.00	\$0.00	\$40.00	\$0.00	\$5.00	\$0.00	\$0.00
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0150	Comprehensive oral evaluation - new or established patient	\$0.00	\$0.00	\$0.00	\$5.00	\$0.00	\$0.00	\$0.00	\$0.00
D0170	Re-evaluation - limited, problem focused	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0171	Re-evaluation - post operative visit	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0180	Comprehensive periodontal evaluation - new or established patient	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
D0210	Intraoral - complete series (including bitewings)	\$0.00	\$0.00	\$0.00	\$10.00	\$0.00	\$0.00	\$0.00	\$0.00
D0220	Intraoral - periapical first image	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0230	Intraoral - periapical each additional image	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0240	Intraoral - occlusal image	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0250	Extra-oral – first 2D projection radiographic image created using a stationary radiation source, and detector.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D0270	Bitewing - single image	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0272	Bitewings - two images	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0273	Bitewings, 3 images	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0274	Bitewings - four images	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0277	Vertical bitewings - 7 to 8 images	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D0330	Panoramic image	\$0.00	\$0.00	\$0.00	\$10.00	\$0.00	\$0.00	\$0.00	\$0.00
D0350	2D Oral/facial photographic images, non-orthodontic, obtained intraorally or extraorally	\$0.00	\$0.00	\$0.00	\$10.00	\$0.00	\$0.00	\$0.00	\$0.00
D0460	Pulp vitality tests	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0470	Diagnostic casts, non-orthodontic	\$10.00	\$10.00	\$5.00	\$10.00	\$5.00	\$10.00	\$10.00	\$10.00
D0601	Caries risk assessment and documentation, with a finding of low risk	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0603	Caries risk assessment and documentation, with a finding of high risk	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Preventive Services									
# - Procedures limited to once every 6 months, covered only at the General Dentist's Office.									
+ - Limited to one every 12 months on all Basic Plans, Advantage Plans-once every 6 months.									
D1110	Prophylaxis - adult #	\$0.00	\$0.00	\$0.00	\$25.00	\$0.00	\$0.00	\$0.00	\$0.00
D1110	Prophylaxis - adult (each additional)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D1120	Prophylaxis - child #	\$0.00	\$0.00	\$0.00	\$25.00	\$0.00	\$0.00	\$0.00	\$0.00
D1120	Prophylaxis - child (each additional)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	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	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
D1206	Topical application of fluoride - excluding varnish-children to age 14 (except on Advantage Plans: no age limit) +	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10.00	\$0.00
D1208									
D1310	Nutritional counseling for control of dental disease	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D1320	Tobacco counseling for the control and prevention of oral disease	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D1330	Oral hygiene instructions	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D1351	Sealant - per tooth	\$25.00	\$5.00	\$5.00	\$25.00	\$5.00	\$25.00	\$20.00	\$20.00
D1352	Preventive resin restoration - permanent tooth - including placement of a sealant in non-carious pits and fissures	\$25.00	\$5.00	\$5.00	\$25.00	\$5.00	\$25.00	\$20.00	\$20.00
D1353	Sealant repair-per tooth. May not be charged by placing provider within 18mos of initial placement.	\$25.00	\$5.00	\$5.00	\$25.00	\$5.00	\$25.00	\$20.00	\$20.00
		\$25.00	\$5.00	\$5.00	\$25.00	\$5.00	\$25.00	\$20.00	\$20.00
D1354	Interim Caries arresting medicament application-per tooth. Does not include dental fluoride varnish application.								
D1510	Space maintainer - fixed - unilateral	70% of UCR*	\$45.00	\$10.00	\$50.00	\$20.00	\$55.00	70% of UCR*	70% of UCR*
D1516	Space Maintainer, Fixed, mandibular.	70% of UCR*	\$45.00	\$10.00	\$50.00	\$20.00	\$55.00	70% of UCR*	70% of UCR*
D1517	Space Maintainer, Fixed, maxillary.	70% of UCR*	\$45.00	\$10.00	\$50.00	\$20.00	\$55.00	70% of UCR*	70% of UCR*
D1520	Space maintainer - removable - unilateral	70% of UCR*	\$45.00	\$10.00	\$100.00	\$20.00	\$55.00	70% of UCR*	70% of UCR*
D1526	Space Maintainer, removable, maxillary.	70% of UCR*	\$45.00	\$10.00	\$100.00	\$20.00	\$55.00	70% of UCR*	70% of UCR*
D1527	Space Maintainer, removable, mandibular.	70% of UCR*	\$45.00	\$10.00	\$100.00	\$20.00	\$55.00	70% of UCR*	70% of UCR*
D1550	Recement or rebond space maintainer	70% of UCR*	\$10.00	\$0.00	\$30.00	\$0.00	\$10.00	70% of UCR*	70% of UCR*
D1555	Removal of fixed space maintainer	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
D1575	Distal shoe space maintainer - fixed - unilateral	70% of UCR*	\$45.00	\$10.00	\$50.00	\$20.00	\$55.00	70% of UCR*	70% of UCR*

NCB** = Not a Covered Benefit

UCR*= Dentist's Usual, Customary, and Reasonable Fees

Coverage for all procedures is as performed by a general dentist and is subject to Plan limitations, exclusions, and guidelines.

Code	Description	100	300	303/395	340	404/495	411	430	460
Restorative Services									
Includes all bases, liners, adhesives, bonding agents, desensitizing agents, removal of existing restorations.									
D2140	Amalgam - 1 surface, primary or permanent	\$22.00	\$9.00	\$0.00	\$30.00	\$2.00	\$15.00	\$20.00	\$10.00
D2150	Amalgam - 2 surfaces, primary or permanent	\$28.00	\$14.00	\$0.00	\$50.00	\$3.00	\$20.00	\$25.00	\$15.00
D2160	Amalgam - 3 surfaces, primary or permanent	\$38.00	\$25.00	\$0.00	\$60.00	\$4.00	\$25.00	\$34.00	\$20.00
D2161	Amalgam - 4 or more surfaces, primary or permanent	\$48.00	\$35.00	\$0.00	\$70.00	\$5.00	\$28.00	\$43.00	\$25.00
D2330	Resin-based composite - 1 surface, anterior	\$35.00	\$25.00	\$10.00	\$35.00	\$10.00	\$25.00	\$35.00	\$25.00
D2331	Resin-based composite - 2 surfaces, anterior	\$35.00	\$35.00	\$10.00	\$55.00	\$10.00	\$25.00	\$35.00	\$25.00
D2332	Resin-based composite - 3 surfaces, anterior	\$35.00	\$40.00	\$10.00	\$65.00	\$10.00	\$25.00	\$35.00	\$25.00
D2335	Resin-based composite - 4 or more surfaces or involving incisal angle (anterior)	\$37.00	\$55.00	\$12.00	\$75.00	\$12.00	\$28.00	\$37.00	\$40.00
D2390	Resin-based composite crown, anterior	\$39.00	\$60.00	\$14.00	\$85.00	\$14.00	\$30.00	\$45.00	\$50.00
	Resin-based composite - 1 surface, posterior. Except on Advantage Plans and Plan 309 (with coverage on all surfaces), Covered for Facial surfaces of Bicuspid Only, when Caries or Failing Restoration Exists.	\$39.00	\$60.00	\$14.00	\$85.00	\$14.00	\$30.00	\$45.00	\$50.00
D2391	Resin-based composite - 2 surfaces, posterior	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2393	Resin-based composite - 3 surfaces, posterior	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2394	Resin-based composite - 4 or more surfaces, posterior	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Inlays/Onlays									
Includes all bases, liners, adhesives, bonding agents, desensitizing agents, removal of existing restorations, lab costs, an									
D2510	Inlay - metallic - 1 surface	70% of UCR*	\$100.00	\$35.00	\$250.00	\$75.00	\$70.00	\$115.00	\$175.00
D2520	Inlay - metallic - 2 surfaces	70% of UCR*	\$100.00	\$35.00	\$250.00	\$75.00	\$70.00	\$115.00	\$175.00
D2530	Inlay - metallic - 3 or more surfaces	70% of UCR*	\$100.00	\$35.00	\$250.00	\$75.00	\$90.00	\$115.00	\$175.00
D2542	Onlay - metallic - 2 surfaces	70% of UCR*	\$185.00	\$90.00	\$300.00	\$105.00	\$140.00	\$145.00	\$250.00
D2543	Onlay - metallic - 3 surfaces	70% of UCR*	\$185.00	\$90.00	\$300.00	\$105.00	\$140.00	\$145.00	\$250.00
D2544	Onlay - metallic - 4 or more surfaces	70% of UCR*	\$185.00	\$90.00	\$300.00	\$105.00	\$140.00	\$145.00	\$250.00
D2610	Inlay - porcelain/ceramic - 1 surface	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2620	Inlay - porcelain/ceramic - 2 surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2630	Inlay - porcelain/ceramic - 3 or more surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2642	Onlay - porcelain/ceramic - 2 surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2643	Onlay - porcelain/ceramic - 3 surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2644	Onlay - porcelain/ceramic - 4 or more surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2650	Inlay - resin-based composite - 1 surface	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2651	Inlay - resin-based composite - 2 surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2652	Inlay - resin-based composite - 3 or more surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2662	Onlay - resin-based composite - 2 surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2663	Onlay - resin-based composite - 3 surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2664	Onlay - resin-based composite - 4 or more surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Crowns									
Includes all bases, liners, adhesives, bonding agents, desensitizing agents, removal of existing restorations, lab costs, an									
*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)	\$115.00	\$150.00	\$90.00	\$150.00	\$105.00	\$85.00	\$115.00	\$145.00
D2720	Crown - resin with high noble metal	\$154.00	\$200.00	\$90.00	\$300.00	\$105.00	\$110.00	\$140.00	\$175.00
D2721	Crown - resin with predominantly base metal	\$154.00	\$200.00	\$90.00	\$300.00	\$105.00	\$110.00	\$140.00	\$175.00
D2722	Crown - resin with noble metal	\$154.00	\$200.00	\$90.00	\$300.00	\$105.00	\$110.00	\$140.00	\$175.00
D2740	Crown - porcelain/ceramic	\$187.00	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2750	Crown - porcelain fused to high noble metal	\$220.00	\$200.00	\$90.00	\$400.00	\$105.00	\$165.00	\$200.00	\$275.00
D2751	Crown - porcelain fused to predominantly base metal	\$220.00	\$200.00	\$90.00	\$400.00	\$105.00	\$165.00	\$200.00	\$275.00
D2752	Crown - porcelain fused to noble metal	\$220.00	\$200.00	\$90.00	\$400.00	\$105.00	\$165.00	\$200.00	\$275.00
275MLR	Crown-porcelain fused to any metal for molars	\$295.00	\$275.00	\$170.00	\$475.00	\$185.00	\$250.00	\$275.00	\$350.00
D2780	Crown - 3/4 cast high noble metal	\$204.00	\$200.00	\$90.00	\$400.00	\$105.00	\$140.00	\$185.00	\$250.00
D2781	Crown - 3/4 cast predominantly base metal	\$204.00	\$200.00	\$90.00	\$400.00	\$105.00	\$140.00	\$185.00	\$250.00
D2782	Crown - 3/4 cast noble metal	\$204.00	\$200.00	\$90.00	\$400.00	\$105.00	\$140.00	\$185.00	\$250.00
D2783	Crown - 3/4 porcelain/ceramic	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2790	Crown - full cast high noble metal	\$204.00	\$200.00	\$90.00	\$400.00	\$105.00	\$145.00	\$185.00	\$250.00
D2791	Crown - full cast predominantly base metal	\$204.00	\$200.00	\$90.00	\$400.00	\$105.00	\$145.00	\$185.00	\$250.00
D2792	Crown - full cast noble metal	\$204.00	\$200.00	\$90.00	\$400.00	\$105.00	\$145.00	\$185.00	\$250.00
D2794	Crown-Titanium, Includes full titanium and porcelain fused to titanium,	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**

NCB** = Not a Covered Benefit

UCR*= Dentist's Usual, Customary, and Reasonable Fees

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Code	Description	100	300	303/395	340	404/495	411	430	460
D2794M	Crown-Titanium, Includes full titanium and porcelain fused to titanium, for molars.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2799	Provisional crown—further treatment or completion of diagnosis necessary prior to final impression.	\$0.00	\$0.00	\$0.00	\$20.00	\$0.00	\$0.00	\$0.00	\$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.	\$12.00	\$20.00	\$0.00	\$35.00	\$0.00	\$12.00	\$12.00	\$12.00
D2910									
D2915	Recement or rebond cast indirectly fabricated or prefabricated post and core	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
D2920	Recement or rebond crown	\$12.00	\$20.00	\$0.00	\$35.00	\$0.00	\$12.00	\$12.00	\$12.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2930	Prefabricated stainless steel crown - primary tooth	\$45.00	\$50.00	\$0.00	\$65.00	\$5.00	\$30.00	\$45.00	\$50.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$55.00	\$50.00	\$0.00	\$65.00	\$5.00	\$45.00	\$45.00	\$50.00
D2932	Prefabricated resin crown	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2933	Prefabricated stainless crown with resin window	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2934	Prefabricated esthetic coated stainless steel crown--primary tooth	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2940	Sedative filling	\$7.00	\$15.00	\$0.00	\$15.00	\$0.00	\$7.00	\$7.00	\$10.00
D2941	Interim therapeutic restoration-primary dentition	\$7.00	\$15.00	\$0.00	\$15.00	\$0.00	\$7.00	\$7.00	\$10.00
D2949	Restorative foundation for an indirect restoration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D2950	Core buildup, including any pins when required*	\$0.00	\$0.00	\$0.00	\$25.00	\$0.00	\$0.00	\$0.00	\$0.00
D2951	Pin retention - per tooth, in addition to restoration*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D2952	Indirectly fabricated post and core in addition to crown	\$75.00	\$75.00	\$50.00	\$125.00	\$50.00	\$65.00	\$75.00	\$75.00
D2953	Each additional indirectly fabricated post - same tooth	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D2954	Prefabricated post and core in addition to crown*	\$77.00	\$75.00	\$30.00	\$125.00	\$30.00	\$50.00	\$70.00	\$70.00
D2955	Post removal (not chargeable when in conjunction with endodontic therapy)*	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2957	Each additional prefabricated post - same tooth*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D2980	Crown repair, by report	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$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**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	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**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2982									
D2990	Resin infiltration of incipient smooth surface lesions.	\$25.00	\$5.00	\$5.00	\$25.00	\$5.00	\$25.00	\$20.00	\$20.00

LABIAL Veneers (replaced once every 5 years)

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

Alternative Crowns

Many dental offices offer premium materials as alternatives to the standard porcelain/ceramic substrate and porcelain-fused California Dental participating provider for the following copayments. *Crowns, bridges, inlays, and onlays, fabri

Porcelain/ceramic substrate crown									
	CEREC, Full-Z, Bruxzir, Lava, Prismatic	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	CEREC Blue Block, e.Max, Procera	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Lava (layered), e.Max (layered), Procera (Layered)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Porcelain fused to high noble crown									
	Captex, Bio-2000	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Occlusal Gold, Design, Synspar	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**

Endodontics (excluding final restorations)

Includes all includes all irrigants, disinfectants, intracanal medicaments, adhesives, and filling materials, removal of exist

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

D3110	Pulp cap - direct	\$17.00	\$0.00	\$0.00	\$25.00	\$5.00	\$10.00	\$15.00	\$15.00
D3120	Pulp cap - indirect	\$17.00	\$0.00	\$0.00	\$25.00	\$5.00	\$10.00	\$15.00	\$15.00
D3220	Therapeutic pulpotomy	\$28.00	\$25.00	\$0.00	\$25.00	\$5.00	\$20.00	\$25.00	\$25.00
D3221	Pulpal debridement - primary and permanent when endodontic treatment not completed on same day	\$15.00	\$25.00	\$15.00	\$25.00	\$15.00	\$15.00	\$15.00	\$25.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D3310	Root canal - anterior per tooth	\$138.00	\$100.00	\$35.00	\$200.00	\$45.00	\$100.00	\$125.00	\$125.00
D3320	Root canal - premolar, per tooth	\$165.00	\$135.00	\$70.00	\$275.00	\$90.00	\$130.00	\$150.00	\$150.00
D3330	Root canal - molar tooth, per tooth	\$204.00	\$185.00	\$105.00	\$350.00	\$130.00	\$175.00	\$185.00	\$185.00

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Code	Description	100	300	303/395	340	404/495	411	430	460
	Treatment of root canal obstruction - <i>subject to proper documentation of condition and procedure. See clinical guidelines.</i>	70% of UCR*	70% of UCR*	70% of UCR*	70% of UCR*	70% of UCR*	70% of UCR*	70% of UCR*	70% of UCR*
D3331									
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$25.00	\$25.00	\$25.00	\$50.00	\$25.00	\$35.00	\$35.00	\$45.00
D3346	Retreatment of previous root canal therapy - anterior	70% of UCR*	70% of UCR*	\$35.00	70% of UCR*	\$145.00	70% of UCR*	\$225.00	70% of UCR*
D3347	Retreatment of previous root canal therapy - premolar	70% of UCR*	70% of UCR*	\$70.00	70% of UCR*	\$190.00	70% of UCR*	\$250.00	70% of UCR*
D3348	Retreatment of previous root canal therapy - molar	70% of UCR*	70% of UCR*	\$105.00	70% of UCR*	\$230.00	70% of UCR*	\$285.00	70% of UCR*
D3351	Apexification/recalcification - initial visit	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D3352	Apexification/recalcification - interim medication replacement	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D3353	Apexification/recalcification - final visit (includes completed root canal)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D3355	Pulpal regeneration-initial visit	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D3356	Pulpal regeneration-interim medication replacement	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D3357	Pulpal regeneration-completion of treatment	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D3410	Apicoectomy - anterior	70% of UCR*	\$100.00	\$40.00	\$250.00	\$45.00	\$100.00	\$90.00	\$90.00
D3421	Apicoectomy- bicuspid (first root)	70% of UCR*	\$100.00	\$40.00	\$275.00	\$45.00	\$100.00	\$90.00	\$90.00
D3425	Apicoectomy- molar (first root)	70% of UCR*	\$125.00	\$40.00	\$295.00	\$45.00	\$100.00	\$90.00	\$90.00
D3426	Apicoectomy-(each additional root)	70% of UCR*	\$50.00	\$40.00	\$100.00	\$45.00	\$100.00	\$90.00	\$90.00
D3427	Periradicular surgery without apicoectomy	70% of UCR*	\$100.00	\$40.00	\$250.00	\$45.00	\$100.00	\$90.00	\$90.00
D3430	Retrograde filling - per root	70% of UCR*	\$65.00	\$17.50	\$100.00	\$20.00	\$100.00	\$65.00	\$65.00
D3450	Root amputation - per root	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D3920	Hemisection (including any root removal), not including root canal therapy	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D3950	Canal preparation & fitting of preformed dowel or post by provider other than provider placing post.*	\$77.00	\$0.00	\$0.00	\$75.00	\$0.00	\$75.00	\$70.00	\$70.00

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

D4210	Gingivectomy or gingivoplasty - 4 or more contiguous teeth per quadrant	\$165.00	\$150.00	\$50.00	\$200.00	\$50.00	\$115.00	\$150.00	\$150.00
D4211	Gingivectomy or gingivoplasty - 1 to 3 contiguous teeth per quadrant	\$150.00	\$125.00	\$40.00	\$185.00	\$40.00	\$90.00	\$140.00	\$130.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth +	\$75.00	\$65.00	\$20.00	\$95.00	\$20.00	\$45.00	\$70.00	\$65.00
D4240	Gingival flap procedure - 4 or more contiguous teeth per quadrant	\$150.00	\$150.00	\$100.00	\$250.00	\$100.00	\$150.00	\$150.00	\$150.00
D4241	Gingival flap procedure - 1 to 3 contiguous teeth per quadrant	\$140.00	\$125.00	\$90.00	\$225.00	\$90.00	\$100.00	\$140.00	\$130.00
D4249	Clinical crown lengthening - hard tissue. D4249, when performed the same day as impression will be considered to be D4212.#	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D4260	Osseous surgery - 4 or more contiguous teeth per quadrant	70% of UCR*	70% of UCR*	\$250.00	70% of UCR*	\$250.00	70% of UCR*	70% of UCR*	70% of UCR*
D4261	Osseous surgery - 1 to 3 contiguous teeth per quadrant	70% of UCR*	70% of UCR*	\$225.00	70% of UCR*	\$225.00	70% of UCR*	70% of UCR*	70% of UCR*
D4263	Bone replacement graft - first site in quadrant, Not to be used for extraction site bone grafts	70% of UCR	70% of UCR	\$150.00	70% of UCR*	\$150.00	\$150.00	\$150.00	\$150.00
D4264	Bone replacement graft - each additional site in quadrant, Not to be used for extraction site bone grafts	70% of UCR	70% of UCR	\$100.00	70% of UCR	\$100.00	\$100.00	\$100.00	\$100.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant #	\$40.00	\$40.00	\$40.00	\$75.00	\$40.00	\$40.00	\$40.00	\$40.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant #	\$30.00	\$30.00	\$30.00	\$50.00	\$30.00	\$30.00	\$30.00	\$30.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation *	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation, Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit. Not to be completed on same day as D0150, D0160, or D0180. Separate visit from therapeutic treatment --D0110, D4341, D4342, D4346, D4910, or D6081.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D4355		\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
D4381	Localized delivery of antimicrobial agents, per tooth	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D4910	Periodontal maintenance - once every 6 months	\$25.00	\$25.00	\$0.00	\$25.00	\$0.00	\$20.00	\$25.00	\$25.00
D4910	Periodontal maintenance - each additional	\$25.00	\$25.00	\$0.00	\$25.00	\$0.00	\$20.00	\$25.00	\$25.00

NCB** = Not a Covered Benefit

UCR*= Dentist's Usual, Customary, and Reasonable Fees

Coverage for all procedures is as performed by a general dentist and is subject to Plan limitations, exclusions, and guidelines.

Code	Description	100	300	303/395	340	404/495	411	430	460
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Gingival Irrigation-per quadrant, (Per quadrant in conjunction with D4341/D4342. Per visit in conjunction with	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D4921	D1110/D1120, 4355, D4346 or D4910. See Clinical Guidelines)								
Removable Prosthodontics									
Except when noted, includes all lab costs and post delivery adjustments for 6 months following delivery. Replaced once idelines.									
* Reline, repair, rebase, and replace of thermoplastic partials is covered only on Advantage Plans. On Advantage Plans ac									
D5110	Complete upper denture	\$308.00	\$200.00	\$70.00	\$500.00	\$90.00	\$250.00	\$280.00	\$350.00
D5120	Complete lower denture	\$308.00	\$200.00	\$70.00	\$500.00	\$90.00	\$250.00	\$280.00	\$350.00
D5130	Immediate upper denture	\$308.00	\$225.00	\$70.00	\$500.00	\$90.00	\$250.00	\$280.00	\$350.00
D5140	Immediate lower denture	\$308.00	\$225.00	\$70.00	\$500.00	\$90.00	\$250.00	\$280.00	\$350.00
D5211	Upper partial denture - resin base	\$275.00	\$200.00	\$50.00	\$450.00	\$70.00	\$225.00	\$250.00	\$300.00
D5212	Lower partial denture - resin base	\$275.00	\$200.00	\$50.00	\$450.00	\$70.00	\$225.00	\$250.00	\$300.00
D5213	Upper partial denture - cast metal framework with resin denture bases	\$308.00	\$200.00	\$70.00	\$500.00	\$90.00	\$255.00	\$280.00	\$350.00
D5214	Lower partial denture - cast metal framework with resin denture bases	\$308.00	\$200.00	\$70.00	\$500.00	\$90.00	\$255.00	\$280.00	\$350.00
D5221	Immediate maxillary partial denture - resin base	\$275.00	\$200.00	\$50.00	\$450.00	\$70.00	\$225.00	\$250.00	\$300.00
D5222	Immediate mandibular partial denture - resin base	\$275.00	\$200.00	\$50.00	\$450.00	\$70.00	\$225.00	\$250.00	\$300.00
D5223	Immediate maxillary partial denture - metal framework	\$308.00	\$200.00	\$70.00	\$500.00	\$90.00	\$255.00	\$280.00	\$350.00
D5224	Immediate maxillary partial denture - metal framework	\$308.00	\$200.00	\$70.00	\$500.00	\$90.00	\$255.00	\$280.00	\$350.00
D5225	Upper partial denture - flexible base	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D5226	Lower partial denture - flexible base	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$308.00	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D5410	Adjust complete denture - upper	\$22.00	\$0.00	\$0.00	\$30.00	\$0.00	\$12.00	\$20.00	\$25.00
D5411	Adjust complete denture - lower	\$22.00	\$0.00	\$0.00	\$30.00	\$0.00	\$12.00	\$20.00	\$25.00
D5421	Adjust partial denture - upper	\$22.00	\$0.00	\$0.00	\$30.00	\$0.00	\$12.00	\$20.00	\$20.00
D5422	Adjust partial denture - lower	\$22.00	\$0.00	\$0.00	\$30.00	\$0.00	\$12.00	\$20.00	\$20.00
D5511	Repair broken complete denture base, mandibular. *	\$41.00	\$40.00	\$0.00	\$50.00	\$5.00	\$28.00	\$37.00	\$50.00
D5512	Repair broken complete denture base, maxillary. *	\$41.00	\$40.00	\$0.00	\$50.00	\$5.00	\$28.00	\$37.00	\$50.00
D5520	Replace missing or broken teeth - complete denture (each tooth)*	\$28.00	\$20.00	\$0.00	\$25.00	\$5.00	\$22.50	\$25.00	\$25.00
D5611	Repair resin denture base, mandibular.*	\$41.00	\$40.00	\$0.00	\$50.00	\$5.00	\$28.00	\$37.00	\$50.00
D5612	Repair resin denture base, maxillary.*	\$41.00	\$40.00	\$0.00	\$50.00	\$5.00	\$28.00	\$37.00	\$50.00
D5621	Repair cast partial framework, mandibular.	\$41.00	\$40.00	\$0.00	\$75.00	\$5.00	\$31.00	\$40.00	\$50.00
D5622	Repair cast partial framework, maxillary.	\$41.00	\$40.00	\$0.00	\$75.00	\$5.00	\$31.00	\$40.00	\$50.00
D5630	Repair or replace broken clasp*	\$28.00	\$25.00	\$0.00	\$50.00	\$5.00	\$31.00	\$25.00	\$25.00
D5640	Replace partial denture broken teeth - per tooth	\$28.00	\$20.00	\$0.00	\$50.00	\$5.00	\$31.00	\$25.00	\$25.00
D5650	Add tooth to existing partial denture*	\$44.00	\$40.00	\$0.00	\$40.00	\$5.00	\$31.00	\$40.00	\$50.00
D5660	Add clasp to existing partial denture*	\$44.00	\$40.00	\$0.00	\$40.00	\$5.00	\$31.00	\$40.00	\$50.00
D5670	Replace all teeth and acrylic on cast metal framework (Upper)	\$185.00	\$125.00	\$45.00	\$250.00	\$45.00	\$90.00	\$125.00	\$125.00
D5671	Replace all teeth and acrylic on cast metal framework (Lower)	\$185.00	\$125.00	\$45.00	\$250.00	\$45.00	\$90.00	\$125.00	\$125.00
D5710	Rebase complete upper denture	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D5711	Rebase complete lower denture	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D5720	Rebase upper partial denture	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D5721	Rebase lower partial denture	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D5730	Reline complete upper denture (chairside)	\$50.00	\$0.00	\$0.00	\$75.00	\$0.00	\$35.00	\$45.00	\$65.00
D5731	Reline complete lower denture (chairside)	\$50.00	\$0.00	\$0.00	\$75.00	\$0.00	\$35.00	\$45.00	\$65.00
D5740	Reline upper partial denture (chairside)	\$50.00	\$0.00	\$0.00	\$75.00	\$0.00	\$35.00	\$45.00	\$65.00
D5741	Reline lower partial denture (chairside)	\$50.00	\$0.00	\$0.00	\$75.00	\$0.00	\$35.00	\$45.00	\$65.00
D5750	Reline complete upper denture (laboratory)*	\$87.00	\$85.00	\$25.00	\$150.00	\$25.00	\$65.00	\$87.00	\$100.00
D5751	Reline complete lower denture (laboratory)*	\$87.00	\$85.00	\$25.00	\$150.00	\$25.00	\$65.00	\$87.00	\$100.00
D5760	Reline upper partial denture (laboratory)*	\$87.00	\$85.00	\$25.00	\$150.00	\$25.00	\$65.00	\$87.00	\$100.00
D5761	Reline lower partial denture (laboratory)*	\$87.00	\$85.00	\$25.00	\$150.00	\$25.00	\$65.00	\$87.00	\$100.00
D5820	Interim partial denture (upper)	\$185.00	\$125.00	\$40.00	\$250.00	\$50.00	\$100.00	\$150.00	\$150.00
D5821	Interim partial denture (lower)	\$185.00	\$125.00	\$40.00	\$250.00	\$50.00	\$100.00	\$150.00	\$150.00
D5850	Tissue conditioning, upper	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D5851	Tissue conditioning, lower	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D5876	Add metal substrate to new acrylic full denture (per arch)	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00

Alternative Dentures, Full + Partial, & Relines

NCB** = Not a Covered Benefit

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Code	Description	100	300	303/395	340	404/495	411	430	460
Most dental offices offer alternatives to standard complete and partial dentures and relines which are marketed under diffis list is updated regularly-contact the Plan for a current list of covered materials and applicable copayments.									
Complete Denture									
	Comfort Flex - Complete Upper Denture	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Comfort Flex - Complete Lower Denture	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Geneva - Complete Upper Denture	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Geneva - Complete Lower Denture	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Partial Denture - Resin Base									
	Simply Natural/Comfort Flex - Upper Partial	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Simply Natural/Comfort Flex - Lower Partial	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Geneva - Upper Partial	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Geneva - Lower Partial	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	EstheticClasp - Upper Partial	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	EstheticClasp - Lower Partial	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	CuSil - Upper Partial	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	CuSil - Lower Partial	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Valplast - Upper Partial	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Valplast - Lower Partial	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Partial Denture - Cast Metal Base with Resin Saddles									
	Comfort Flex - Upper Partial	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Comfort Flex - Lower Partial	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Valplast - Upper Partial	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Valplast - Lower Partial	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Denture Relines									
	PermaSoft - Complete Upper Denture (Laboratory)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	PermaSoft - Complete Lower Denture (Laboratory)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	PermaSoft - Partial Upper Denture (Laboratory)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	PermaSoft - Partial Lower Denture (Laboratory)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D5900 - D5999 VII Maxillofacial Prosthetics - Not Covered									
D6000 - D6199 VIII Implant Services									
Many dental offices offer premium materials as alternatives to the standard porcelain/ceramic substrate and porcelain-fusur California Dental participating provider for the following copayments. *Crowns, bridges, inlays, and onlays, fabri									
D6010	Surgical placement of implant body, endosteal; includes cost of, and placement of, healing cap when indicated.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6056	Prefabricated abutment, includes placement	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6058	Abutment supported porcelain/ceramic crown	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6059	Abutment supported porcelain/high noble crown	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6060	Abutment supported porcelain/base metal crown	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6061	Abutment supported porcelain/noble metal crown	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6062	Abutment supported cast metal crown, high noble	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6063	Abutment supported cast metal crown, base metal	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6064	Abutment supported cast metal crown, noble metal	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6065	Implant supported porcelain/ceramic crown	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6066	Implant supported porcelain/metal crown	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6067	Implant supported metal crown	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6068	Abutment supported retainer, porcelain/ceramic FPD	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6069	Abutment supported retainer, metal FPD, high noble	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6070	Abut. support. retainer, porc./metal FPD, base metal	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6071	Abut. support. retainer, porc./metal FPD, noble	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6072	Abut. support. retainer, cast metal FPD, high noble	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6073	Abut. support. retainer, cast metal FPD, base metal	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6074	Abut. support. retainer, cast metal FPD, noble	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6075	Implant supported retainer for ceramic FPD	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6076	Implant supported retainer for porc./metal FPD	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6077	Implant supported retainer for cast metal FPD	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	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. This procedure is not to be performed on the same day as	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6081	D1110, D4346, or D4910.								
D6085	Provisional implant crown	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**

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Code	Description	100	300	303/395	340	404/495	411	430	460
D6092	Recement implant/abutment supported crown	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6093	Recement implant/abutment supported FPD	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6094	Abutment supported crown, titanium	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6194	Abut. supported retainer crown, FPD, titanium	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Fixed Prosthodontics									
Includes all bases, liners, adhesives, bonding agents, desensitizing agents, removal of existing restorations, lab costs, an									
D6210	Pontic - cast high noble metal	\$175.00	\$175.00	\$90.00	\$350.00	\$105.00	\$145.00	\$177.00	\$200.00
D6211	Pontic - cast predominantly base metal	\$175.00	\$175.00	\$90.00	\$350.00	\$105.00	\$145.00	\$177.00	\$200.00
D6212	Pontic - cast noble metal	\$175.00	\$175.00	\$90.00	\$350.00	\$105.00	\$145.00	\$177.00	\$200.00
D6214	Pontic- titanium (includes porcelain fused to titanium)	NCB**	NCB**	NCB**	\$350.00	NCB**	NCB**	NCB**	NCB**
D6240	Pontic - porcelain fused to high noble metal	\$200.00	\$200.00	\$90.00	\$350.00	\$105.00	\$165.00	\$187.00	\$200.00
D6241	Pontic - porcelain fused to predominantly base metal	\$200.00	\$200.00	\$90.00	\$350.00	\$105.00	\$165.00	\$187.00	\$200.00
D6242	Pontic - porcelain fused to noble metal	\$200.00	\$200.00	\$90.00	\$350.00	\$105.00	\$165.00	\$187.00	\$200.00
624MLR	Pontic- porcelain fused to any metal for molars	\$295.00	\$275.00	\$170.00	\$425.00	\$185.00	\$250.00	\$262.00	\$275.00
D6245	Pontic - porcelain/ceramic	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6250	Pontic - resin with high noble metal	\$155.00	\$200.00	\$90.00	\$350.00	\$105.00	\$145.00	\$155.00	\$175.00
D6251	Pontic - resin with predominantly base metal	\$155.00	\$200.00	\$90.00	\$350.00	\$105.00	\$145.00	\$155.00	\$175.00
D6252	Pontic - resin with noble metal	\$155.00	\$200.00	\$90.00	\$350.00	\$105.00	\$145.00	\$155.00	\$175.00
D6253	Provisional Pontic- When final impression not taken and when replacing anterior tooth lost or anterior prosthesis being replaced while covered by CDN	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
D6600	Inlay - porcelain/ceramic, 2 surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6601	Inlay - porcelain/ceramic, 3 or more surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Fixed Prosthodontics									
Includes all bases, liners, adhesives, bonding agents, desensitizing agents, removal of existing restorations, lab costs, an									
D6602	Inlay - cast high noble metal, 2 surfaces	70% of UCR*	\$100.00	\$35.00	\$250.00	\$75.00	\$70.00	\$115.00	\$175.00
D6603	Inlay - cast high noble metal, 3 or more surfaces	70% of UCR*	\$100.00	\$35.00	\$250.00	\$75.00	\$90.00	\$115.00	\$175.00
D6604	Inlay - cast predominantly base metal, 2 surfaces	70% of UCR*	\$100.00	\$35.00	\$250.00	\$75.00	\$70.00	\$115.00	\$175.00
D6605	Inlay - cast predominantly base metal, 3 or more surfaces	70% of UCR*	\$100.00	\$35.00	\$250.00	\$75.00	\$90.00	\$115.00	\$175.00
D6606	Inlay - cast noble metal, 2 surfaces	70% of UCR*	\$100.00	\$35.00	\$250.00	\$75.00	\$70.00	\$115.00	\$175.00
D6607	Inlay - cast noble metal, 3 or more surface	70% of UCR*	\$100.00	\$35.00	\$250.00	\$75.00	\$90.00	\$115.00	\$175.00
D6608	Onlay -porcelain/ceramic, 2 surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6609	Onlay - porcelain/ceramic, 3 or more surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6610	Onlay - cast high noble metal, 2 surfaces	70% of UCR*	\$185.00	\$90.00	\$300.00	\$105.00	\$140.00	\$145.00	\$250.00
D6611	Onlay - cast high noble metal, 3 or more surfaces	70% of UCR*	\$185.00	\$90.00	\$300.00	\$105.00	\$140.00	\$145.00	\$250.00
D6612	Onlay - cast predominantly base metal, 2 surfaces	70% of UCR*	\$185.00	\$90.00	\$300.00	\$105.00	\$140.00	\$145.00	\$250.00
D6613	Onlay - cast predominantly base metal, 3 or more surfaces	70% of UCR*	\$185.00	\$90.00	\$300.00	\$105.00	\$140.00	\$145.00	\$250.00
D6614	Onlay - cast noble metal, 2 surfaces	70% of UCR*	\$185.00	\$90.00	\$300.00	\$105.00	\$140.00	\$145.00	\$250.00
D6615	Onlay - cast noble metal, 3 or more surfaces	70% of UCR*	\$185.00	\$90.00	\$300.00	\$105.00	\$140.00	\$145.00	\$250.00
D6624	Inlay - titanium	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6634	Onlay - titanium	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6720	Crown - resin with high noble metal	\$154.00	\$200.00	\$90.00	\$300.00	\$105.00	\$145.00	\$185.00	\$175.00
D6721	Crown - resin with predominantly base metal	\$154.00	\$200.00	\$90.00	\$300.00	\$105.00	\$145.00	\$185.00	\$175.00
D6722	Crown - resin with noble metal	\$154.00	\$200.00	\$90.00	\$300.00	\$105.00	\$145.00	\$185.00	\$175.00
D6740	Crown-porcelain/ceramic	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6750	Crown - porcelain fused to high noble metal	\$220.00	\$200.00	\$90.00	\$400.00	\$105.00	\$165.00	\$200.00	\$275.00
D6751	Crown - porcelain fused to predominantly base metal	\$220.00	\$200.00	\$90.00	\$400.00	\$105.00	\$165.00	\$200.00	\$275.00
D6752	Crown - porcelain fused to noble metal	\$220.00	\$200.00	\$90.00	\$400.00	\$105.00	\$165.00	\$200.00	\$275.00
675MLR	Crown-porcelain fused to any metal for Molars	\$295.00	\$275.00	\$170.00	\$475.00	\$185.00	\$250.00	\$275.00	\$350.00
D6780	Crown - 3/4 cast high noble metal	\$204.00	\$200.00	\$90.00	\$400.00	\$105.00	\$145.00	\$185.00	\$200.00
D6781	Crown - 3/4 cast predominantly base metal	\$204.00	\$200.00	\$90.00	\$400.00	\$105.00	\$145.00	\$185.00	\$200.00
D6782	Crown - 3/4 cast noble metal	\$204.00	\$200.00	\$90.00	\$400.00	\$105.00	\$145.00	\$185.00	\$200.00
D6783	Crown - 3/4 porcelain/ceramic	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6790	Crown - full cast high noble metal	\$204.00	\$200.00	\$90.00	\$400.00	\$105.00	\$145.00	\$185.00	\$200.00
D6791	Crown - full cast predominantly base metal	\$204.00	\$200.00	\$90.00	\$400.00	\$105.00	\$145.00	\$185.00	\$200.00
D6792	Crown - full cast noble metal	\$204.00	\$200.00	\$90.00	\$400.00	\$105.00	\$145.00	\$185.00	\$200.00

NCB** = Not a Covered Benefit

UCR*= Dentist's Usual, Customary, and Reasonable Fees

Coverage for all procedures is as performed by a general dentist and is subject to Plan limitations, exclusions, and guidelines.

Code	Description	100	300	303/395	340	404/495	411	430	460
D6793	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	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
D6794	Crown - titanium (includes porcelain fused to titanium)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6930	Recement or rebond fixed partial denture	\$25.00	\$25.00	\$0.00	\$45.00	\$0.00	\$18.00	\$25.00	\$25.00
D6980	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	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00
D6985	Pediatric partial denture--Fixed, temporary	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**

Alternative Bridge Materials

Many dental offices offer premium materials as alternatives to the standard porcelain/ceramic substrate and porcelain-fusur California Dental participating provider for the following copayments. *Crowns, bridges, inlays, and onlays, fabri

Porcelain/ceramic substrate crown									
	CEREC, Full-Z, Bruxzir, Lava, PrismaTik	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	CEREC Blue Block, e.Max, Procera	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Lava (layered), e.Max (layered), Procera (Layered)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Porcelain fused to high noble crown									
	Captek, Bio-2000	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Occlusal Gold, Design, Synspar	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**

Oral Surgery

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

D7111	Extraction, coronal remnants - primary tooth	\$21.00	\$10.00	\$0.00	\$50.00	\$5.00	\$19.00	\$19.00	\$25.00
D7140	Extraction, erupted tooth or exposed root	\$21.00	\$0.00	\$0.00	\$50.00	\$5.00	\$19.00	\$19.00	\$25.00
D7210	Surgical removal of erupted tooth	\$45.00	\$45.00	\$0.00	\$75.00	\$25.00	\$40.00	\$45.00	\$45.00
D7220	Removal of impacted tooth - soft tissue	\$65.00	\$60.00	\$0.00	\$100.00	\$30.00	\$50.00	\$60.00	\$60.00
D7230	Removal of impacted tooth - partially bony	70% of UCR*	\$75.00	\$0.00	\$145.00	\$40.00	\$65.00	\$75.00	\$75.00
D7240	Removal of impacted tooth - completely bony	70% of UCR*	70% of UCR*	\$0.00	70% of UCR*	\$50.00	70% of UCR*	70% of UCR*	70% of UCR*
D7241	Removal of impacted tooth - completely bony, with unusual complications	70% of UCR*	70% of UCR*	\$0.00	70% of UCR*	\$50.00	70% of UCR*	70% of UCR*	70% of UCR*
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$45.00	70% of UCR*	\$0.00	70% of UCR*	\$25.00	70% of UCR*	70% of UCR*	70% of UCR*
D7251	Coronectomy - intentional partial tooth removal	70% of UCR*	70% of UCR*	\$0.00	70% of UCR*	\$50.00	70% of UCR*	70% of UCR*	70% of UCR*
D7270	Tooth reimplantation and/or stabilization of accidentally displaced tooth	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D7310	Alveoplasty in conjunction with extractions - 4 or more contiguous teeth per quadrant	70% of UCR*	\$100.00	\$0.00	70% of UCR*	\$50.00	\$90.00	70% of UCR*	70% of UCR*
D7311	Alveoplasty in conjunction with extractions - 1 to 3 teeth/spaces per quadrant	70% of UCR*	\$100.00	\$0.00	70% of UCR*	\$50.00	\$90.00	70% of UCR*	70% of UCR*
D7320	Alveoplasty not in conjunction with extractions - 4 or more contiguous teeth per quadrant	70% of UCR*	\$100.00	\$0.00	70% of UCR*	\$50.00	\$80.00	70% of UCR*	70% of UCR*
D7321	Alveoplasty not in conjunction with extractions - 1 to 3 teeth/spaces per quadrant	70% of UCR*	\$100.00	\$0.00	70% of UCR*	\$50.00	\$80.00	70% of UCR*	70% of UCR*
D7510	Incision and drainage of abscess - intraoral soft tissue	\$40.00	\$25.00	\$0.00	\$75.00	\$0.00	\$30.00	\$40.00	\$40.00

Orthodontics (only when provided by participating orthodontist)

* - Covered for up to 24 months of active treatment

D8020	Limited orthodontic treatment of the transitional dentition*	\$1,050.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
D8030	Limited orthodontic treatment of the adolescent dentition*	\$1,050.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
D8040	Limited orthodontic treatment of the adult dentition*	\$1,050.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
D8050	Interceptive orthodontic treatment of the primary dentition*	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D8060	Interceptive orthodontic treatment of the transitional dentition*	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D8070	Comprehensive orthodontic treatment of the transitional dentition*	\$2,095.00	\$1,695.00	\$1,695.00	\$1,775.00	\$1,695.00	\$1,695.00	\$1,775.00	\$1,775.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition*	\$2,095.00	\$1,695.00	\$1,695.00	\$1,775.00	\$1,695.00	\$1,695.00	\$1,775.00	\$1,775.00
D8090	Comprehensive orthodontic treatment of the adult dentition*	\$2,095.00	\$1,695.00	\$1,695.00	\$1,975.00	\$1,695.00	\$1,695.00	\$1,975.00	\$1,975.00
D8660	pre-orthodontic treatment visit examination to monitor growth and development	\$20.00	\$40.00	\$40.00	\$25.00	\$40.00	\$40.00	\$25.00	\$25.00
D8670	Periodic orthodontic treatment visit (as part of contract)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D8680	Orthodontic retention - Per Arch	\$150.00	\$150.00	\$150.00	UCR*	\$150.00	\$150.00	UCR*	UCR*
D8681	Removable orthodontic retainer adjustment	\$22.00	\$0.00	\$0.00	\$30.00	\$0.00	\$12.00	\$20.00	\$20.00
D8695	removal of fixed orthodontic appliances for reasons other than completion of treatment	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
D8999	Orthodontic Treatment Plan and Records(pre/post x-rays, photos, study models)	\$200.00	UCR*	UCR*	UCR*	UCR*	UCR*	UCR*	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.	See Code Description.	See Code Description.	See Code Description.	See Code Description.	UCR*	See Code Description.	UCR*
D8999	Appliances (head gear, maxillary expansion, etc.) may be required in addition to full banding.	UCR*	UCR*	UCR*	UCR*	UCR*	UCR*	UCR*	UCR*

Adjunctive General Services

NCB** = Not a Covered Benefit
UCR*= Dentist's Usual, Customary, and Reasonable Fees

Coverage for all procedures is as performed by a general dentist and is subject to Plan limitations, exclusions, and guidelines.

Code	Description	100	300	303/395	340	404/495	411	430	460
* - Covered only for the removal of impacted wisdom teeth (1,16,17 & 32)									
# - Covered only when performed by the Member's primary general dentist.									
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$20.00	\$20.00	\$5.00	\$25.00	\$5.00	\$10.00	\$20.00	\$20.00
D9120	Sectioning of fixed partial denture (bridge)	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9215	Local anesthesia	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9222	Deep sedation/general anesthesia – first 15 minutes*	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9223	Deep sedation/general anesthesia - each subsequent 15 minutes*	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9230	Analgesia, anxietyolysis, inhalation of nitrous oxide*	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes*	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minutes*	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9310	Consultation & Second Opinion, with prior authorization from Plan . Diagnostic service provided by dentist or physician other than requesting dentist or physician, not chargeable on same day as therapeutic services.	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
D9311	Consultation with a medical health care professional	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9430	Office visit for observation (during regularly scheduled hours)	\$8.00	\$20.00	\$0.00	\$20.00	\$0.00	\$0.00	\$8.00	\$8.00
D9440	Office visit - after regularly scheduled hours	\$25.00	\$25.00	\$10.00	\$50.00	\$10.00	\$20.00	\$25.00	\$25.00
D9450	Case presentation, detailed and extensive treatment planning	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9999	Office visit - during regular office hours in addition to other charges	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9630	Other drugs and/or medicaments dispensed in the office for home use.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9910	Application of desensitizing medicament, per visit. (not to be used under restorations)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth (not to be used under restorations)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9930	Treatment of complication (post-surgical), unusual circumstances, by report	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
D9932	In office cleaning and inspection of removable complete upper denture. Limited to once every 6 months.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9933	In office cleaning and inspection of removable complete lower denture. Limited to once every 6 months.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9934	In office cleaning and inspection of removable partial upper denture. Limited to once every 6 months.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9935	In office cleaning and inspection of removable partial lower denture. Limited to once every 6 months.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9942	Repair/reline occlusal guard	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9943	Occlusal guard adjustment. Coverage is limited to only soft guards that are a Plan covered benefit.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9944	occlusal guard – hard appliance, full arch	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9945	occlusal guard – soft appliance, full arch	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9946	occlusal guard – hard appliance, partial arch	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9951	Occlusal adjustment - limited	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9961	duplicate/copy patient's records	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
D9972	External bleaching - per arch, performed in office	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9973	External bleaching - per tooth	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9975	External bleaching for home application- per arch	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9986	Missed appointment	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
D9987	Cancelled appointment	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
D9990	certified translation or sign-language services per visit. Contact the Plan to arrange services at no charge to member	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9991	Dental case management - addressing appointment compliance barriers	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9992	Dental case management -Care coordination across multiple providers	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9993	Dental case management - motivational interviewing	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9994	Dental case management - patient education to improve oral health literacy	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9995	teledentistry – synchronous; real-time encounter#	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9996	teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review#	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9999	Broken Appointment - less than 24 notice	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00
D9999	Broken Specialist Appointment - less than 24 notice	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00
Specialty Type		100: Type A	300: Type A	303: Type A	None	404: Type A	411: Type A	430: Type A	0 Indiv: Type A
D			300SW: Type B	303SW: Type B		404SW: Type B			460 Group: Type A
E			300LS: Type C	303LS: Type C		404LS: Type C			
			300S: Type D	303S: Type D		404S: Type D			
				395: Type E		495: Type E			

NCB** = Not a Covered Benefit
 UCR*= Dentist's Usual, Customary, and Reasonable Fees

Coverage for all procedures is as performed by a general dentist and is subject to Plan limitations, exclusions, and guidelines.

Code	Description	465	501	505	595	530	600	665
Diagnostic Services								
All radiographs and all diagnostic images include reading and interpretation by any contracting provider. Contracted der								
	Office Visit (includes infection control)	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	\$5.00	\$5.00
D0120	Periodic oral evaluation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0140	Limited oral evaluation - problem focused	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0150	Comprehensive oral evaluation - new or established patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0170	Re-evaluation - limited, problem focused	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0171	Re-evaluation - post operative visit	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0180	Comprehensive periodontal evaluation - new or established patient	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
D0210	Intraoral - complete series (including bitewings)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0220	Intraoral - periapical first image	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0230	Intraoral - periapical each additional image	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0240	Intraoral - occlusal image	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0250	Extra-oral - first 2D projection radiographic image created using a stationary radiation source, and detector.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D0270	Bitewing - single image	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0272	Bitewings - two images	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0273	Bitewings, 3 images	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0274	Bitewings - four images	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0277	Vertical bitewings - 7 to 8 images	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D0330	Panoramic image	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0350	2D Oral/facial photographic images, non-orthodontic, obtained intraorally or extraorally	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0460	Pulp vitality tests	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0470	Diagnostic casts, non-orthodontic	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
D0601	Caries risk assessment and documentation, with a finding of low risk	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0603	Caries risk assessment and documentation, with a finding of high risk	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Preventive Services								
# - Procedures limited to once every 6 months, covered only at the General Dentist's Office.								
+ - Limited to one every 12 months on all Basic Plans, Advantage Plans-once every 6 months.								
D1110	Prophylaxis - adult #	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10.00	\$10.00
D1110	Prophylaxis - adult (each additional)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D1120	Prophylaxis - child #	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10.00	\$10.00
D1120	Prophylaxis - child (each additional)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D1206	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	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
D1206	Topical application of fluoride - excluding varnish-children to age 14 (except on Advantage Plans: no age limit) *	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D1208								
D1310	Nutritional counseling for control of dental disease	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D1320	Tobacco counseling for the control and prevention of oral disease	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D1330	Oral hygiene instructions	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D1351	Sealant - per tooth	\$20.00	\$25.00	\$5.00	\$5.00	\$25.00	\$25.00	\$25.00
D1352	Preventive resin restoration - permanent tooth - including placement of a sealant in non-carious pits and fissures	\$20.00	\$25.00	\$5.00	\$5.00	\$25.00	\$25.00	\$25.00
D1353	Sealant repair-per tooth. May not be charged by placing provider within 18mos of initial placement.	\$20.00	\$25.00	\$5.00	\$5.00	\$25.00	\$25.00	\$25.00
D1354	Interim Caries arresting medicament application-per tooth. Does not include dental fluoride varnish application.	\$20.00	\$25.00	\$5.00	\$5.00	\$25.00	\$25.00	\$25.00
D1510	Space maintainer - fixed - unilateral	70% of UCR*	\$50.00	\$45.00	\$45.00	70% of UCR*	70% of UCR*	70% of UCR*
D1516	Space Maintainer, Fixed, mandibular.	70% of UCR*	\$50.00	\$45.00	\$45.00	70% of UCR*	70% of UCR*	70% of UCR*
D1517	Space Maintainer, Fixed, maxillary.	70% of UCR*	\$50.00	\$45.00	\$45.00	70% of UCR*	70% of UCR*	70% of UCR*
D1520	Space maintainer - removable - unilateral	70% of UCR*	\$100.00	\$45.00	\$45.00	70% of UCR*	70% of UCR*	70% of UCR*
D1526	Space Maintainer, removable, maxillary.	70% of UCR*	\$100.00	\$45.00	\$45.00	70% of UCR*	70% of UCR*	70% of UCR*
D1527	Space Maintainer, removable, mandibular.	70% of UCR*	\$100.00	\$45.00	\$45.00	70% of UCR*	70% of UCR*	70% of UCR*
D1550	Recement or rebond space maintainer	70% of UCR*	\$30.00	\$10.00	\$10.00	70% of UCR*	\$10.00	\$15.00
D1555	Removal of fixed space maintainer	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
D1575	Distal shoe space maintainer - fixed - unilateral	70% of UCR*	\$50.00	\$45.00	\$45.00	70% of UCR*	70% of UCR*	70% of UCR*

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UCR*= Dentist's Usual, Customary, and Reasonable Fees

Coverage for all procedures is as performed by a general dentist and is subject to Plan limitations, exclusions, and guidelines.

Code	Description	465	501	505	595	530	600	665
Restorative Services								
Includes all bases, liners, adhesives, bonding agents, desensitizing agents, removal of existing restorations.								
D2140	Amalgam - 1 surface, primary or permanent	\$10.00	\$25.00	\$4.00	\$4.00	\$22.00	\$10.00	\$10.00
D2150	Amalgam - 2 surfaces, primary or permanent	\$15.00	\$32.00	\$5.00	\$5.00	\$28.00	\$17.00	\$17.00
D2160	Amalgam - 3 surfaces, primary or permanent	\$20.00	\$42.00	\$6.00	\$6.00	\$31.00	\$22.00	\$22.00
D2161	Amalgam - 4 or more surfaces, primary or permanent	\$25.00	\$53.00	\$8.00	\$8.00	\$35.00	\$27.00	\$27.00
D2330	Resin-based composite - 1 surface, anterior	\$25.00	\$38.00	\$14.00	\$14.00	\$35.00	\$25.00	\$25.00
D2331	Resin-based composite - 2 surfaces, anterior	\$25.00	\$76.00	\$14.00	\$14.00	\$35.00	\$50.00	\$50.00
D2332	Resin-based composite - 3 surfaces, anterior	\$25.00	\$114.00	\$14.00	\$14.00	\$35.00	\$75.00	\$75.00
D2335	Resin-based composite - 4 or more surfaces or involving incisal angle (anterior)	\$40.00	\$164.00	\$16.00	\$16.00	\$37.00	\$100.00	\$100.00
D2390	Resin-based composite crown, anterior	\$50.00	\$175.00	\$18.00	\$18.00	\$45.00	\$100.00	\$100.00
D2391	Resin-based composite - 1 surface, posterior. Except on Advantage Plans and Plan 309 (with coverage on all surfaces), Covered for Facial surfaces of Bicuspid Only, when Caries or Failing Restoration Exists.	\$50.00	\$125.00	\$18.00	\$18.00	\$45.00	\$35.00	\$35.00
D2392	Resin-based composite - 2 surfaces, posterior	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2393	Resin-based composite - 3 surfaces, posterior	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2394	Resin-based composite - 4 or more surfaces, posterior	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Inlays/Onlays								
Includes all bases, liners, adhesives, bonding agents, desensitizing agents, removal of existing restorations, lab costs, an								
D2510	Inlay - metallic - 1 surface	\$175.00	\$150.00	\$70.00	\$70.00	\$115.00	\$175.00	\$225.00
D2520	Inlay - metallic - 2 surfaces	\$175.00	\$150.00	\$70.00	\$70.00	\$115.00	\$175.00	\$225.00
D2530	Inlay - metallic - 3 or more surfaces	\$175.00	\$150.00	\$90.00	\$90.00	\$115.00	\$175.00	\$225.00
D2542	Onlay - metallic - 2 surfaces	\$250.00	\$200.00	\$120.00	\$120.00	\$154.00	\$250.00	\$285.00
D2543	Onlay - metallic - 3 surfaces	\$250.00	\$200.00	\$120.00	\$120.00	\$154.00	\$250.00	\$285.00
D2544	Onlay - metallic - 4 or more surfaces	\$250.00	\$200.00	\$120.00	\$120.00	\$154.00	\$250.00	\$285.00
D2610	Inlay - porcelain/ceramic - 1 surface	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2620	Inlay - porcelain/ceramic - 2 surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2630	Inlay - porcelain/ceramic - 3 or more surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2642	Onlay - porcelain/ceramic - 2 surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2643	Onlay - porcelain/ceramic - 3 surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2644	Onlay - porcelain/ceramic - 4 or more surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2650	Inlay - resin-based composite - 1 surface	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2651	Inlay - resin-based composite - 2 surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2652	Inlay - resin-based composite - 3 or more surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2662	Onlay - resin-based composite - 2 surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2663	Onlay - resin-based composite - 3 surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2664	Onlay - resin-based composite - 4 or more surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Crowns								
Includes all bases, liners, adhesives, bonding agents, desensitizing agents, removal of existing restorations, lab costs, an								
*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)	\$145.00	\$150.00	\$105.00	\$105.00	\$115.00	\$105.00	\$105.00
D2720	Crown - resin with high noble metal	\$175.00	\$280.00	\$156.00	\$156.00	\$154.00	\$285.00	\$285.00
D2721	Crown - resin with predominantly base metal	\$175.00	\$280.00	\$156.00	\$156.00	\$154.00	\$285.00	\$285.00
D2722	Crown - resin with noble metal	\$175.00	\$280.00	\$156.00	\$156.00	\$154.00	\$285.00	\$285.00
D2740	Crown - porcelain/ceramic	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2750	Crown - porcelain fused to high noble metal	\$275.00	\$280.00	\$156.00	\$156.00	\$220.00	\$285.00	\$285.00
D2751	Crown - porcelain fused to predominantly base metal	\$275.00	\$280.00	\$156.00	\$156.00	\$220.00	\$285.00	\$285.00
D2752	Crown - porcelain fused to noble metal	\$275.00	\$280.00	\$156.00	\$156.00	\$220.00	\$285.00	\$285.00
275MLR	Crown-porcelain fused to any metal for molars	\$350.00	\$390.00	\$236.00	\$236.00	\$275.00	\$375.00	\$375.00
D2780	Crown - 3/4 cast high noble metal	\$250.00	\$235.00	\$142.00	\$142.00	\$204.00	\$285.00	\$285.00
D2781	Crown - 3/4 cast predominantly base metal	\$250.00	\$235.00	\$142.00	\$142.00	\$204.00	\$285.00	\$285.00
D2782	Crown - 3/4 cast noble metal	\$250.00	\$235.00	\$142.00	\$142.00	\$204.00	\$285.00	\$285.00
D2783	Crown - 3/4 porcelain/ceramic	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2790	Crown - full cast high noble metal	\$250.00	\$235.00	\$142.00	\$142.00	\$204.00	\$285.00	\$285.00
D2791	Crown - full cast predominantly base metal	\$250.00	\$235.00	\$142.00	\$142.00	\$204.00	\$285.00	\$285.00
D2792	Crown - full cast noble metal	\$250.00	\$235.00	\$142.00	\$142.00	\$204.00	\$285.00	\$285.00
D2794	Crown-Titanium, Includes full titanium and porcelain fused to titanium,	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**

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Code	Description	465	501	505	595	530	600	665
D2794M	Crown-Titanium, Includes full titanium and porcelain fused to titanium, for molars.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2799	Provisional crown—further treatment or completion of diagnosis necessary prior to final impression.	\$20.00	\$0.00	\$20.00	\$20.00	\$0.00	\$0.00	\$0.00
	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.	\$12.00	\$18.00	\$10.00	\$10.00	\$12.00	\$10.00	\$15.00
D2910	Recement or rebond cast indirectly fabricated or prefabricated post and core	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
D2915	Recement or rebond crown	\$12.00	\$18.00	\$10.00	\$10.00	\$12.00	\$10.00	\$15.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2930	Prefabricated stainless steel crown - primary tooth	\$50.00	\$50.00	\$17.00	\$17.00	\$45.00	\$17.00	\$17.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$50.00	\$50.00	\$17.00	\$17.00	\$45.00	\$45.00	\$45.00
D2932	Prefabricated resin crown	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2933	Prefabricated stainless crown with resin window	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2934	Prefabricated esthetic coated stainless steel crown--primary tooth	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2940	Sedative filling	\$10.00	\$7.00	\$5.00	\$5.00	\$7.00	\$5.00	\$5.00
D2941	Interim therapeutic restoration-primary dentition	\$10.00	\$7.00	\$5.00	\$5.00	\$7.00	\$5.00	\$5.00
D2949	Restorative foundation for an indirect restoration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D2950	Core buildup, including any pins when required*	\$0.00	\$20.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25.00
D2951	Pin retention - per tooth, in addition to restoration*	\$0.00	\$20.00	\$5.00	\$5.00	\$0.00	\$5.00	\$10.00
D2952	Indirectly fabricated post and core in addition to crown	\$75.00	\$99.00	\$65.00	\$65.00	\$77.00	\$25.00	\$45.00
D2953	Each additional indirectly fabricated post - same tooth	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D2954	Prefabricated post and core in addition to crown*	\$70.00	\$77.00	\$35.00	\$35.00	\$75.00	\$25.00	\$25.00
D2955	Post removal (not chargeable when in conjunction with endodontic therapy)*	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2957	Each additional prefabricated post - same tooth*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D2980	Crown repair, by report	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$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**	NCB**	NCB**	NCB**	NCB**	NCB**	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**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2982	Resin infiltration of incipient smooth surface lesions.	\$20.00	\$25.00	\$5.00	\$5.00	\$25.00	\$25.00	\$25.00

LABIAL Veneers (replaced once every 5 years)

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

Alternative Crowns

Many dental offices offer premium materials as alternatives to the standard porcelain/ceramic substrate and porcelain-fused in these premium material alternatives and prepared and delivered on the same day are subject to an additional \$250.00

Porcelain/ceramic substrate crown								
	CEREC, Full-Z, Bruxzir, Lava, Prisma	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	CEREC Blue Block, e.Max, Procera	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Lava (layered), e.Max (layered), Procera (Layered)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Porcelain fused to high noble crown								
	Captek, Bio-2000	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Occlusal Gold, Design, Synspar	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**

Endodontics (excluding final restorations)

Includes all includes all irrigants, disinfectants, intracanal medicaments, adhesives, and filling materials, removal of exist

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

D3110	Pulp cap - direct	\$15.00	\$20.00	\$5.00	\$5.00	\$17.00	\$8.00	\$8.00
D3120	Pulp cap - indirect	\$15.00	\$20.00	\$12.00	\$12.00	\$17.00	\$8.00	\$8.00
D3220	Therapeutic pulpotomy	\$25.00	\$28.00	\$12.00	\$12.00	\$28.00	\$15.00	\$0.00
D3221	Pulpal debridement - primary and permanent when endodontic treatment not completed on same day	\$25.00	\$25.00	\$15.00	\$15.00	\$25.00	\$25.00	\$25.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D3310	Root canal - anterior per tooth	\$125.00	\$145.00	\$80.00	\$80.00	\$138.00	\$75.00	\$95.00
D3320	Root canal - premolar, per tooth	\$150.00	\$185.00	\$100.00	\$100.00	\$165.00	\$150.00	\$150.00
D3330	Root canal - molar tooth, per tooth	\$185.00	\$225.00	\$140.00	\$140.00	\$204.00	\$225.00	\$225.00

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Code	Description	465	501	505	595	530	600	665
	Treatment of root canal obstruction - <i>subject to proper documentation of condition and procedure. See clinical guidelines.</i>	70% of UCR*	70% of UCR*	70% of UCR*	70% of UCR*	70% of UCR*	70% of UCR*	70% of UCR*
D3331								
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$45.00	\$35.00	\$25.00	\$25.00	\$35.00	\$25.00	\$50.00
D3346	Retreatment of previous root canal therapy - anterior	70% of UCR*	70% of UCR*	\$180.00	\$180.00	70% of UCR*	70% of UCR*	70% of UCR*
D3347	Retreatment of previous root canal therapy - premolar	70% of UCR*	70% of UCR*	\$200.00	\$200.00	70% of UCR*	70% of UCR*	70% of UCR*
D3348	Retreatment of previous root canal therapy - molar	70% of UCR*	70% of UCR*	\$240.00	\$240.00	70% of UCR*	70% of UCR*	70% of UCR*
D3351	Apexification/recalcification - initial visit	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D3352	Apexification/recalcification - interim medication replacement	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D3353	Apexification/recalcification - final visit (includes completed root canal)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D3355	Pulpal regeneration-initial visit	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D3356	Pulpal regeneration-interim medication replacement	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D3357	Pulpal regeneration-completion of treatment	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D3410	Apicoectomy - anterior	\$90.00	\$475.00	\$60.00	\$60.00	\$99.00	\$75.00	\$150.00
D3421	Apicoectomy- bicuspid (first root)	\$90.00	\$475.00	\$60.00	\$60.00	\$99.00	\$75.00	\$225.00
D3425	Apicoectomy- molar (first root)	\$90.00	\$475.00	\$60.00	\$60.00	\$99.00	\$75.00	\$275.00
D3426	Apicoectomy-(each additional root)	\$90.00	\$99.00	\$60.00	\$60.00	\$99.00	\$75.00	\$75.00
D3427	Periradicular surgery without apicoectomy	\$90.00	\$475.00	\$60.00	\$60.00	\$99.00	\$75.00	\$150.00
D3430	Retrograde filling - per root	\$65.00	\$69.00	\$40.00	\$40.00	\$69.00	\$37.50	\$10.00
D3450	Root amputation - per root	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D3920	Hemisection (including any root removal), not including root canal therapy	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D3950	Canal preparation & fitting of preformed dowel or post by provider other than provider placing post.*	\$70.00	\$77.00	\$0.00	\$0.00	\$77.00	\$50.00	\$50.00

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

D4210	Gingivectomy or gingivoplasty - 4 or more contiguous teeth per quadrant	\$150.00	\$220.00	\$100.00	\$100.00	\$165.00	\$100.00	\$200.00
D4211	Gingivectomy or gingivoplasty - 1 to 3 contiguous teeth per quadrant	\$130.00	\$200.00	\$90.00	\$90.00	\$140.00	\$20.00	\$135.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth +	\$65.00	\$100.00	\$45.00	\$45.00	\$70.00	\$10.00	\$67.50
D4240	Gingival flap procedure - 4 or more contiguous teeth per quadrant	\$150.00	\$240.00	\$100.00	\$100.00	\$165.00	\$150.00	\$200.00
D4241	Gingival flap procedure - 1 to 3 contiguous teeth per quadrant	\$130.00	\$220.00	\$90.00	\$90.00	\$140.00	\$135.00	\$135.00
D4249	Clinical crown lengthening - hard tissue. D4249, when performed the same day as impression will be considered to be D4212.#	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D4260	Osseous surgery - 4 or more contiguous teeth per quadrant	70% of UCR*	70% of UCR*	70% of UCR*	70% of UCR*	70% of UCR*	70% of UCR*	70% of UCR*
D4261	Osseous surgery - 1 to 3 contiguous teeth per quadrant	70% of UCR*	70% of UCR*	70% of UCR*	70% of UCR*	70% of UCR*	70% of UCR*	70% of UCR*
D4263	Bone replacement graft - first site in quadrant, Not to be used for extraction site bone grafts	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00
D4264	Bone replacement graft - each additional site in quadrant, Not to be used for extraction site bone grafts	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant #	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant #	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation *	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation, Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit. Not to be completed on same day as D0150, D0160, or D0180. Separate visit from therapeutic treatment -D0110, D4341, D4342, D4346, D4910, or D6081.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D4355		\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
D4381	Localized delivery of antimicrobial agents, per tooth	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D4910	Periodontal maintenance - once every 6 months	\$25.00	\$50.00	\$15.00	\$15.00	\$25.00	\$25.00	\$25.00
D4910	Periodontal maintenance - each additional	\$25.00	\$50.00	\$15.00	\$15.00	\$25.00	\$25.00	\$25.00

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Code	Description	465	501	505	595	530	600	665
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Gingival Irrigation-per quadrant, (Per quadrant in conjunction with D4341/D4342. Per visit in conjunction with	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D4921	D1110/D1120, 4355, D4346 or D4910. See Clinical Guidelines)							
Removable Prosthodontics								
Except when noted, includes all lab costs and post delivery adjustments for 6 months following delivery. Replaced once								
* Reline, repair, rebase, and replace of thermoplastic partials is covered only on Advantage Plans. On Advantage Plans at								
D5110	Complete upper denture	\$350.00	\$385.00	\$160.00	\$160.00	\$308.00	\$370.00	\$370.00
D5120	Complete lower denture	\$350.00	\$385.00	\$160.00	\$160.00	\$308.00	\$370.00	\$370.00
D5130	Immediate upper denture	\$350.00	\$385.00	\$160.00	\$160.00	\$308.00	\$370.00	\$370.00
D5140	Immediate lower denture	\$350.00	\$385.00	\$160.00	\$160.00	\$308.00	\$370.00	\$370.00
D5211	Upper partial denture - resin base	\$300.00	\$275.00	\$150.00	\$150.00	\$275.00	\$340.00	\$295.00
D5212	Lower partial denture - resin base	\$300.00	\$275.00	\$150.00	\$150.00	\$275.00	\$340.00	\$295.00
D5213	Upper partial denture - cast metal framework with resin denture bases	\$350.00	\$385.00	\$175.00	\$175.00	\$308.00	\$395.00	\$350.00
D5214	Lower partial denture - cast metal framework with resin denture bases	\$350.00	\$385.00	\$175.00	\$175.00	\$308.00	\$395.00	\$350.00
D5221	Immediate maxillary partial denture - resin base	\$300.00	\$275.00	\$150.00	\$150.00	\$275.00	\$340.00	\$295.00
D5222	Immediate mandibular partial denture - resin base	\$300.00	\$275.00	\$150.00	\$150.00	\$275.00	\$340.00	\$295.00
D5223	Immediate maxillary partial denture - metal framework	\$350.00	\$385.00	\$175.00	\$175.00	\$308.00	\$395.00	\$350.00
D5224	Immediate maxillary partial denture - metal framework	\$350.00	\$385.00	\$175.00	\$175.00	\$308.00	\$395.00	\$350.00
D5225	Upper partial denture - flexible base	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D5226	Lower partial denture - flexible base	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D5410	Adjust complete denture - upper	\$25.00	\$22.00	\$0.00	\$0.00	\$22.00	\$10.00	\$10.00
D5411	Adjust complete denture - lower	\$25.00	\$22.00	\$0.00	\$0.00	\$22.00	\$10.00	\$10.00
D5421	Adjust partial denture - upper	\$20.00	\$22.00	\$0.00	\$0.00	\$22.00	\$10.00	\$10.00
D5422	Adjust partial denture - lower	\$20.00	\$22.00	\$0.00	\$0.00	\$22.00	\$10.00	\$10.00
D5511	Repair broken complete denture base, mandibular. *	\$50.00	\$41.00	\$15.00	\$15.00	\$41.00	\$15.00	\$15.00
D5512	Repair broken complete denture base, maxillary. *	\$50.00	\$41.00	\$15.00	\$15.00	\$41.00	\$15.00	\$15.00
D5520	Replace missing or broken teeth - complete denture (each tooth)*	\$25.00	\$28.00	\$17.00	\$17.00	\$44.00	\$15.00	\$15.00
D5611	Repair resin denture base, mandibular.*	\$50.00	\$30.00	\$15.00	\$15.00	\$41.00	\$15.00	\$15.00
D5612	Repair resin denture base, maxillary.*	\$50.00	\$30.00	\$15.00	\$15.00	\$41.00	\$15.00	\$15.00
D5621	Repair cast partial framework, mandibular.	\$50.00	\$35.00	\$17.50	\$17.50	\$41.00	\$15.00	\$15.00
D5622	Repair cast partial framework, maxillary.	\$50.00	\$35.00	\$17.50	\$17.50	\$41.00	\$15.00	\$15.00
D5630	Repair or replace broken clasp*	\$25.00	\$25.00	\$17.50	\$17.50	\$28.00	\$25.00	\$25.00
D5640	Replace partial denture broken teeth - per tooth	\$25.00	\$25.00	\$17.50	\$17.50	\$28.00	\$17.00	\$17.00
D5650	Add tooth to existing partial denture*	\$50.00	\$30.00	\$17.50	\$17.50	\$44.00	\$17.50	\$17.50
D5660	Add clasp to existing partial denture*	\$50.00	\$30.00	\$17.50	\$17.50	\$44.00	\$17.50	\$17.50
D5670	Replace all teeth and acrylic on cast metal framework (Upper)	\$125.00	\$150.00	\$60.00	\$60.00	\$150.00	\$150.00	\$150.00
D5671	Replace all teeth and acrylic on cast metal framework (Lower)	\$125.00	\$150.00	\$60.00	\$60.00	\$150.00	\$150.00	\$150.00
D5710	Rebase complete upper denture	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D5711	Rebase complete lower denture	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D5720	Rebase upper partial denture	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D5721	Rebase lower partial denture	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D5730	Reline complete upper denture (chairside)	\$65.00	\$60.00	\$20.00	\$20.00	\$50.00	\$30.00	\$30.00
D5731	Reline complete lower denture (chairside)	\$65.00	\$60.00	\$20.00	\$20.00	\$50.00	\$30.00	\$30.00
D5740	Reline upper partial denture (chairside)	\$65.00	\$60.00	\$20.00	\$20.00	\$50.00	\$30.00	\$30.00
D5741	Reline lower partial denture (chairside)	\$65.00	\$60.00	\$20.00	\$20.00	\$50.00	\$30.00	\$30.00
D5750	Reline complete upper denture (laboratory)*	\$100.00	\$90.00	\$42.00	\$42.00	\$87.00	\$65.00	\$65.00
D5751	Reline complete lower denture (laboratory)*	\$100.00	\$90.00	\$42.00	\$42.00	\$87.00	\$65.00	\$65.00
D5760	Reline upper partial denture (laboratory)*	\$100.00	\$90.00	\$42.00	\$42.00	\$87.00	\$65.00	\$65.00
D5761	Reline lower partial denture (laboratory)*	\$100.00	\$90.00	\$42.00	\$42.00	\$87.00	\$65.00	\$65.00
D5820	Interim partial denture (upper)	\$150.00	\$175.00	\$90.00	\$90.00	\$175.00	\$175.00	\$175.00
D5821	Interim partial denture (lower)	\$150.00	\$175.00	\$90.00	\$90.00	\$175.00	\$175.00	\$175.00
D5850	Tissue conditioning, upper	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D5851	Tissue conditioning, lower	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D5876	Add metal substrate to new acrylic full denture (per arch)	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00

Alternative Dentures, Full + Partial, & Relines

NCB** = Not a Covered Benefit
 UCR*= Dentist's Usual, Customary, and Reasonable Fees

Coverage for all procedures is as performed by a general dentist and is subject to Plan limitations, exclusions, and guidelines.

Code	Description	465	501	505	595	530	600	665
Most dental offices offer alternatives to standard complete and partial dentures and relines which are marketed under diff								
Complete Denture								
	Comfort Flex - Complete Upper Denture	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Comfort Flex - Complete Lower Denture	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Geneva - Complete Upper Denture	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Geneva - Complete Lower Denture	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Partial Denture - Resin Base								
	Simply Natural/Comfort Flex - Upper Partial	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Simply Natural/Comfort Flex - Lower Partial	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Geneva - Upper Partial	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Geneva - Lower Partial	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	EstheticClasp - Upper Partial	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	EstheticClasp - Lower Partial	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	CuSil - Upper Partial	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	CuSil - Lower Partial	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Valplast - Upper Partial	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Valplast - Lower Partial	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Partial Denture - Cast Metal Base with Resin Saddles								
	Comfort Flex - Upper Partial	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Comfort Flex - Lower Partial	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Valplast - Upper Partial	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Valplast - Lower Partial	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Denture Relines								
	PermaSoft - Complete Upper Denture (Laboratory)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	PermaSoft - Complete Lower Denture (Laboratory)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	PermaSoft - Partial Upper Denture (Laboratory)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	PermaSoft - Partial Lower Denture (Laboratory)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D5900 - D5999 VII Maxillofacial Prosthetics - Not Covered								
D6000 - D6199 VIII Implant Services								
Many dental offices offer premium materials as alternatives to the standard porcelain/ceramic substrate and porcelain-fused in these premium material alternatives and prepared and delivered on the same day are subject to an additional \$250.00								
D6010	Surgical placement of implant body, endosteal; includes cost of, and placement of, healing cap when indicated.	NCB**	NCB**	NCB**	\$1,500	NCB**	NCB**	NCB**
D6056	Prefabricated abutment, includes placement	NCB**	NCB**	NCB**	\$450	NCB**	NCB**	NCB**
D6058	Abutment supported porcelain/ceramic crown	NCB**	NCB**	NCB**	\$1,055	NCB**	NCB**	NCB**
D6059	Abutment supported porcelain/high noble crown	NCB**	NCB**	NCB**	\$1,050	NCB**	NCB**	NCB**
D6060	Abutment supported porcelain/base metal crown	NCB**	NCB**	NCB**	\$1,000	NCB**	NCB**	NCB**
D6061	Abutment supported porcelain/noble metal crown	NCB**	NCB**	NCB**	\$1,050	NCB**	NCB**	NCB**
D6062	Abutment supported cast metal crown, high noble	NCB**	NCB**	NCB**	\$1,050	NCB**	NCB**	NCB**
D6063	Abutment supported cast metal crown, base metal	NCB**	NCB**	NCB**	\$900	NCB**	NCB**	NCB**
D6064	Abutment supported cast metal crown, noble metal	NCB**	NCB**	NCB**	\$950	NCB**	NCB**	NCB**
D6065	Implant supported porcelain/ceramic crown	NCB**	NCB**	NCB**	\$990	NCB**	NCB**	NCB**
D6066	Implant supported porcelain/metal crown	NCB**	NCB**	NCB**	\$970	NCB**	NCB**	NCB**
D6067	Implant supported metal crown	NCB**	NCB**	NCB**	\$935	NCB**	NCB**	NCB**
D6068	Abutment supported retainer, porcelain/ceramic FPD	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6069	Abutment supported retainer, metal FPD, high noble	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6070	Abut. support. retainer, porc./metal FPD, base metal	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6071	Abut. support. retainer, porc./metal FPD, noble	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6072	Abut. support. retainer, cast metal FPD, high noble	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6073	Abut. support. retainer, cast metal FPD, base metal	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6074	Abut. support. retainer, cast metal FPD, noble	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6075	Implant supported retainer for ceramic FPD	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6076	Implant supported retainer for porc./metal FPD	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6077	Implant supported retainer for cast metal FPD	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	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. This procedure is not to be performed on the same day as	NCB**	NCB**	NCB**	\$25.00	NCB**	NCB**	NCB**
D6081	D1110, D4346, or D4910.							
D6085	Provisional implant crown	NCB**	NCB**	NCB**	0	NCB**	NCB**	NCB**

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Code	Description	465	501	505	595	530	600	665
D6092	Recement implant/abutment supported crown	NCB**	NCB**	NCB**	\$45.00	NCB**	NCB**	NCB**
D6093	Recement implant/abutment supported FPD	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6094	Abutment supported crown, titanium	NCB**	NCB**	NCB**	\$640.00	NCB**	NCB**	NCB**
D6194	Abut. supported retainer crown, FPD, titanium	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Fixed Prosthodontics								
Includes all bases, liners, adhesives, bonding agents, desensitizing agents, removal of existing restorations, lab costs, an								
D6210	Pontic - cast high noble metal	\$200.00	\$235.00	\$142.00	\$142.00	\$177.00	\$105.00	\$250.00
D6211	Pontic - cast predominantly base metal	\$200.00	\$235.00	\$142.00	\$142.00	\$177.00	\$105.00	\$200.00
D6212	Pontic - cast noble metal	\$200.00	\$235.00	\$142.00	\$142.00	\$177.00	\$105.00	\$200.00
D6214	Pontic- titanium (includes porcelain fused to titanium)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6240	Pontic - porcelain fused to high noble metal	\$200.00	\$280.00	\$156.00	\$156.00	\$200.00	\$200.00	\$275.00
D6241	Pontic - porcelain fused to predominantly base metal	\$200.00	\$280.00	\$156.00	\$156.00	\$200.00	\$200.00	\$225.00
D6242	Pontic - porcelain fused to noble metal	\$200.00	\$280.00	\$156.00	\$156.00	\$200.00	\$200.00	\$250.00
624MLR	Pontic- porcelain fused to any metal for molars	\$275.00	\$390.00	\$236.00	\$236.00	\$275.00	\$375.00	\$375.00
D6245	Pontic - porcelain/ceramic	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6250	Pontic - resin with high noble metal	\$175.00	\$280.00	\$156.00	\$156.00	\$154.00	\$150.00	\$150.00
D6251	Pontic - resin with predominantly base metal	\$175.00	\$280.00	\$156.00	\$156.00	\$154.00	\$150.00	\$150.00
D6252	Pontic - resin with noble metal	\$175.00	\$280.00	\$156.00	\$156.00	\$154.00	\$150.00	\$150.00
D6253	Provisional Pontic- When final impression not taken and when replacing anterior tooth lost or anterior prosthesis being replaced while covered by CDN	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
D6600	Inlay - porcelain/ceramic, 2 surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6601	Inlay - porcelain/ceramic, 3 or more surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Fixed Prosthodontics								
Includes all bases, liners, adhesives, bonding agents, desensitizing agents, removal of existing restorations, lab costs, an								
D6602	Inlay - cast high noble metal, 2 surfaces	\$175.00	\$150.00	\$70.00	\$70.00	\$115.00	\$175.00	\$225.00
D6603	Inlay - cast high noble metal, 3 or more surfaces	\$175.00	\$150.00	\$90.00	\$90.00	\$115.00	\$175.00	\$225.00
D6604	Inlay - cast predominantly base metal, 2 surfaces	\$175.00	\$150.00	\$70.00	\$70.00	\$115.00	\$175.00	\$225.00
D6605	Inlay - cast predominantly base metal, 3 or more surfaces	\$175.00	\$150.00	\$90.00	\$90.00	\$115.00	\$175.00	\$225.00
D6606	Inlay - cast noble metal, 2 surfaces	\$175.00	\$150.00	\$70.00	\$70.00	\$115.00	\$175.00	\$225.00
D6607	Inlay - cast noble metal, 3 or more surface	\$175.00	\$150.00	\$90.00	\$90.00	\$115.00	\$175.00	\$225.00
D6608	Onlay -porcelain/ceramic, 2 surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6609	Onlay - porcelain/ceramic, 3 or more surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6610	Onlay - cast high noble metal, 2 surfaces	\$250.00	\$200.00	\$120.00	\$120.00	\$154.00	\$250.00	\$285.00
D6611	Onlay - cast high noble metal, 3 or more surfaces	\$250.00	\$200.00	\$120.00	\$120.00	\$154.00	\$250.00	\$285.00
D6612	Onlay - cast predominantly base metal, 2 surfaces	\$250.00	\$200.00	\$120.00	\$120.00	\$154.00	\$250.00	\$285.00
D6613	Onlay - cast predominantly base metal, 3 or more surfaces	\$250.00	\$200.00	\$120.00	\$120.00	\$154.00	\$250.00	\$285.00
D6614	Onlay - cast noble metal, 2 surfaces	\$250.00	\$200.00	\$120.00	\$120.00	\$154.00	\$250.00	\$285.00
D6615	Onlay - cast noble metal, 3 or more surfaces	\$250.00	\$200.00	\$120.00	\$120.00	\$154.00	\$250.00	\$285.00
D6624	Inlay - titanium	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6634	Onlay - titanium	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6720	Crown - resin with high noble metal	\$175.00	\$280.00	\$156.00	\$156.00	\$154.00	\$285.00	\$285.00
D6721	Crown - resin with predominantly base metal	\$175.00	\$280.00	\$156.00	\$156.00	\$154.00	\$285.00	\$285.00
D6722	Crown - resin with noble metal	\$175.00	\$280.00	\$156.00	\$156.00	\$154.00	\$285.00	\$285.00
D6740	Crown-porcelain/ceramic	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6750	Crown - porcelain fused to high noble metal	\$275.00	\$280.00	\$156.00	\$156.00	\$220.00	\$285.00	\$285.00
D6751	Crown - porcelain fused to predominantly base metal	\$275.00	\$280.00	\$156.00	\$156.00	\$220.00	\$285.00	\$285.00
D6752	Crown - porcelain fused to noble metal	\$275.00	\$280.00	\$156.00	\$156.00	\$220.00	\$285.00	\$285.00
675MLR	Crown-porcelain fused to any metal for Molars	\$350.00	\$390.00	\$236.00	\$236.00	\$275.00	\$375.00	\$375.00
D6780	Crown - 3/4 cast high noble metal	\$200.00	\$235.00	\$142.00	\$142.00	\$204.00	\$285.00	\$285.00
D6781	Crown - 3/4 cast predominantly base metal	\$200.00	\$235.00	\$142.00	\$142.00	\$204.00	\$285.00	\$285.00
D6782	Crown - 3/4 cast noble metal	\$200.00	\$235.00	\$142.00	\$142.00	\$204.00	\$285.00	\$285.00
D6783	Crown - 3/4 porcelain/ceramic	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6790	Crown - full cast high noble metal	\$200.00	\$235.00	\$142.00	\$142.00	\$204.00	\$285.00	\$285.00
D6791	Crown - full cast predominantly base metal	\$200.00	\$235.00	\$142.00	\$142.00	\$204.00	\$285.00	\$285.00
D6792	Crown - full cast noble metal	\$200.00	\$235.00	\$142.00	\$142.00	\$204.00	\$285.00	\$285.00

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UCR*= Dentist's Usual, Customary, and Reasonable Fees

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Code	Description	465	501	505	595	530	600	665
D6793	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	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
D6794	Crown - titanium (includes porcelain fused to titanium)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6930	Recement or rebond fixed partial denture	\$25.00	\$35.00	\$0.00	\$0.00	\$25.00	\$25.00	\$25.00
D6980	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	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00
D6985	Pediatric partial denture--Fixed, temporary	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**

Alternative Bridge Materials

Many dental offices offer premium materials as alternatives to the standard porcelain/ceramic substrate and porcelain-fused in these premium material alternatives and prepared and delivered on the same day are subject to an additional \$250.00

Porcelain/ceramic substrate crown								
	CEREC, Full-Z, Bruxzir, Lava, PrismaTik	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	CEREC Blue Block, e.Max, Procera	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Lava (layered), e.Max (layered), Procera (Layered)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Porcelain fused to high noble crown								
	Captex, Bio-2000	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Occlusal Gold, Design, Synspar	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**

Oral Surgery

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

D7111	Extraction, coronal remnants - primary tooth	\$25.00	\$28.00	\$10.00	\$10.00	\$21.00	\$10.00	\$20.00
D7140	Extraction, erupted tooth or exposed root	\$25.00	\$28.00	\$10.00	\$10.00	\$21.00	\$0.00	\$20.00
D7210	Surgical removal of erupted tooth	\$45.00	\$48.00	\$30.00	\$30.00	\$45.00	\$30.00	\$45.00
D7220	Removal of impacted tooth - soft tissue	\$60.00	\$68.00	\$40.00	\$40.00	\$65.00	\$45.00	\$55.00
D7230	Removal of impacted tooth - partially bony	\$75.00	\$95.00	\$50.00	\$50.00	\$93.00	\$60.00	\$70.00
D7240	Removal of impacted tooth - completely bony	70% of UCR*	70% of UCR*	\$75.00	\$75.00	70% of UCR*	70% of UCR*	70% of UCR*
D7241	Removal of impacted tooth - completely bony, with unusual complications	70% of UCR*	70% of UCR*	\$75.00	\$75.00	70% of UCR*	70% of UCR*	70% of UCR*
D7250	Surgical removal of residual tooth roots (cutting procedure)	70% of UCR*	70% of UCR*	\$30.00	\$30.00	70% of UCR*	\$45.00	\$45.00
D7251	Coronectomy - intentional partial tooth removal	70% of UCR*	70% of UCR*	\$75.00	\$75.00	70% of UCR*	70% of UCR*	70% of UCR*
D7270	Tooth reimplantation and/or stabilization of accidentally displaced tooth	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D7310	Alveoplasty in conjunction with extractions - 4 or more contiguous teeth per quadrant	70% of UCR*	70% of UCR*	\$70.00	\$70.00	70% of UCR*	70% of UCR*	70% of UCR*
D7311	Alveoplasty in conjunction with extractions - 1 to 3 teeth/spaces per quadrant	70% of UCR*	70% of UCR*	\$70.00	\$70.00	70% of UCR*	70% of UCR*	70% of UCR*
D7320	Alveoplasty not in conjunction with extractions - 4 or more contiguous teeth per quadrant	70% of UCR*	70% of UCR*	\$80.00	\$80.00	70% of UCR*	70% of UCR*	70% of UCR*
D7321	Alveoplasty not in conjunction with extractions - 1 to 3 teeth/spaces per quadrant	70% of UCR*	70% of UCR*	\$80.00	\$80.00	70% of UCR*	70% of UCR*	70% of UCR*
D7510	Incision and drainage of abscess - intraoral soft tissue	\$40.00	\$20.00	\$14.00	\$14.00	\$40.00	\$40.00	\$35.00

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	\$1,050.00	\$1,000.00	\$1,000.00	\$1,225.00	\$1,000.00	UCR*
D8030	Limited orthodontic treatment of the adolescent dentition*	\$1,000.00	\$1,050.00	\$1,000.00	\$1,000.00	\$1,225.00	\$1,000.00	UCR*
D8040	Limited orthodontic treatment of the adult dentition*	\$1,000.00	\$1,050.00	\$1,000.00	\$1,000.00	\$1,225.00	\$1,000.00	UCR*
D8050	Interceptive orthodontic treatment of the primary dentition*	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D8060	Interceptive orthodontic treatment of the transitional dentition*	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D8070	Comprehensive orthodontic treatment of the transitional dentition*	\$1,775.00	\$2,095.00	\$1,695.00	\$1,695.00	\$1,845.00	\$1,695.00	UCR*
D8080	Comprehensive orthodontic treatment of the adolescent dentition*	\$1,775.00	\$2,095.00	\$1,695.00	\$1,695.00	\$1,845.00	\$1,695.00	UCR*
D8090	Comprehensive orthodontic treatment of the adult dentition*	\$1,975.00	\$2,095.00	\$1,695.00	\$1,695.00	\$2,045.00	\$1,695.00	UCR*
D8660	pre-orthodontic treatment visit examination to monitor growth and development	\$25.00	\$20.00	\$40.00	\$40.00	\$25.00	\$40.00	UCR*
D8670	Periodic orthodontic treatment visit (as part of contract)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D8680	Orthodontic retention - Per Arch	UCR*	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	UCR*
D8681	Removable orthodontic retainer adjustment	\$20.00	\$22.00	\$0.00	\$0.00	\$22.00	\$10.00	\$10.00
D8695	removal of fixed orthodontic appliances for reasons other than completion of treatment	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
D8999	Orthodontic Treatment Plan and Records(pre/post x-rays, photos, study models)	UCR*	\$200.00	UCR*	UCR*	\$350.00	UCR*	UCR*
D8999	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.	See Code Description.	See Code Description.	See Code Description.	See Code Description.	See Code Description.	See Code Description.
D8999	Appliances (head gear, maxillary expansion, etc.) may be required in addition to full banding.	UCR*	UCR*	UCR*	UCR*	UCR*	UCR*	UCR*

Adjunctive General Services

NCB** = Not a Covered Benefit
UCR*= Dentist's Usual, Customary, and Reasonable Fees

Coverage for all procedures is as performed by a general dentist and is subject to Plan limitations, exclusions, and guidelines.

Code	Description	465	501	505	595	530	600	665
* - Covered only for the removal of impacted wisdom teeth (1,16,17 & 32)								
# - Covered only when performed by the Member's primary general dentist.								
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$20.00	\$15.00	\$5.00	\$5.00	\$20.00	\$20.00	\$20.00
D9120	Sectioning of fixed partial denture (bridge)	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9215	Local anesthesia	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9222	Deep sedation/general anesthesia – first 15 minutes*	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9223	Deep sedation/general anesthesia - each subsequent 15 minutes*	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide*	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes*	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minutes*	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9310	Consultation & Second Opinion, <u>with prior authorization from Plan</u> . Diagnostic service provided by dentist or physician other than requesting dentist or physician, not chargeable on same day as therapeutic services.	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
D9311	Consultation with a medical health care professional	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9430	Office visit for observation (during regularly scheduled hours)	\$8.00	\$0.00	\$0.00	\$0.00	\$8.00	\$8.00	\$5.00
D9440	Office visit - after regularly scheduled hours	\$25.00	\$20.00	\$10.00	\$10.00	\$25.00	\$25.00	\$25.00
D9450	Case presentation, detailed and extensive treatment planning	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9999	Office visit - during regular office hours in addition to other charges	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9630	Other drugs and/or medicaments dispensed in the office for home use.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9910	Application of desensitizing medicament, per visit. (not to be used under restorations)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth (not to be used under restorations)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9930	Treatment of complication (post-surgical), unusual circumstances, by report	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
D9932	In office cleaning and inspection of removable complete upper denture. Limited to once every 6 months.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9933	In office cleaning and inspection of removable complete lower denture. Limited to once every 6 months.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9934	In office cleaning and inspection of removable partial upper denture. Limited to once every 6 months.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9935	In office cleaning and inspection of removable partial lower denture. Limited to once every 6 months.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9942	Repair/reline occlusal guard	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9943	Occlusal guard adjustment. Coverage is limited to only soft guards that are a Plan covered benefit.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9944	occlusal guard – hard appliance, full arch	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9945	occlusal guard – soft appliance, full arch	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9946	occlusal guard – hard appliance, partial arch	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9951	Occlusal adjustment - limited	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9961	duplicate/copy patient's records	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
D9972	External bleaching - per arch, performed in office	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9973	External bleaching - per tooth	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9975	External bleaching for home application- per arch	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9986	Missed appointment	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
D9987	Cancelled appointment	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
D9990	certified translation or sign-language services per visit. Contact the Plan to arrange services at no charge to member	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9991	Dental case management - addressing appointment compliance barriers	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9992	Dental case management -Care coordination across multiple providers	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9993	Dental case management - motivational interviewing	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9994	Dental case management - patient education to improve oral health literacy	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9995	teledentistry – synchronous; real-time encounter#	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9996	teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review#	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9999	Broken Appointment - less than 24 notice	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00
D9999	Broken Specialist Appointment - less than 24 notice	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00
Specialty Type		5 Indiv: Type A Group: Type A	501: Type A	505: Type A 505SW: Type B 505LS: Type C 505S: Type D	595: Type E	None	600: Type A	665: Type E

NCB** = Not a Covered Benefit
UCR*= Dentist's Usual, Customary, and Reasonable Fees