

Member Copayment Schedule 2021
California Dental Network Children's Dental HMO

	<u>Individual Child</u>	<u>Family (2 or more children)</u>
Deductible	None	None
Out-of-Pocket-Maximum	\$350	\$700
Office Copay	No Charge	No Charge
Waiting Period	None	None
Annual Benefit Limit	None	None
<u>Code</u>	<u>Description</u>	<u>Member Copayment Child Up to Age 19</u>
<u>Diagnostic</u>		
D0120	periodic oral evaluation	No Charge
D0140	limited oral evaluation	No Charge
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Charge
D0150	comprehensive oral evaluation	No Charge
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Charge
D0170	Re-evaluation - limited, problem focused (not post-operative visit)	No Charge
D0180	Comprehensive periodontal evaluation	No Charge
D0171	Re-evaluation – post-operative office visit	No Charge
D0190	screening of a patient	Not Covered
D0191	assessment of a patient	Not Covered
D0210	intraoral - complete series (including bitewings) - limited to 1 series every 36 months	No Charge
D0220	intraoral - periapical first film	No Charge
D0230	intraoral - periapical each additional film	No Charge
D0240	intraoral - occlusal film	No Charge
D0250	Extraoral - first film	No Charge
D0251	Extra-oral posterior dental radiographic image	No Charge
D0270	bitewing - single film	No Charge
D0272	bitewings - two films	No Charge
D0273	Bitewings - three films	No Charge
D0274	bitewings - four films - limited to 1 series every 6 months	No Charge
D0277	Vertical bitewings - 7 to 8 films	No Charge
D0310	Sialography	No Charge
D0320	Temporomandibular joint arthrogram, including injection	No Charge
D0322	Tomographic survey	No Charge
D0330	panoramic film	No Charge
D0340	Cephalometric radiographic image	No Charge
D0350	photograph 1st	No Charge
D0351	3D photographic image	No Charge
D0419	Assessment of salivary flow by measurement	Not Covered
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	Not Covered
D0460	pulp vitality tests	No Charge
D0470	Diagnostic casts may be provided only if one of the above conditions is present	No Charge
D0502	Other oral pathology procedures, by report	No Charge
D0601	caries risk assessment and documentation, with a finding of low risk	No Charge
D0602	caries risk assessment and documentation, with a finding of moderate risk	No Charge
D0603	caries risk assessment and documentation, with a finding of high risk	No Charge
D0999	Unspecified diagnostic procedure, by report	No Charge
<u>Preventive</u>		
D1110	prophylaxis - adult	No Charge

Member Copayment Schedule 2021
California Dental Network Children's Dental HMO

D1120	prophylaxis - child	No Charge
D1206	topical fluoride varnish	No Charge
D1208	topical application of fluoride	No Charge
D1310	Nutritional counseling for control of dental disease	No Charge
D1320	Tobacco counseling for the control and prevention of oral disease	No Charge
D1330	oral hygiene instructions	No Charge
D1351	sealant - per tooth	No Charge
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	No Charge
D1353	Sealant repair – per tooth	No Charge
D1354	Interim caries arresting medicament application—per tooth	No Charge
D1510	space maintainer - fixed - unilateral	No Charge
D1516	space maintainer - fixed – bilateral, maxillary	No Charge
D1517	space maintainer - fixed – bilateral, mandibular	No Charge
D1520	Space maintainer-removable – unilateral	No Charge
D1526	space maintainer - removable – bilateral, maxillary	No Charge
D1527	space maintainer - removable – bilateral, mandibular	No Charge
D1551	Re-cement or re-bond bilateral space maintainer-maxillary	No Charge
D1552	Re-cement or re-bond bilateral space maintainer- mandibular	No Charge
D1553	Re-cement or re-bond bilateral space maintainer- per quadrant	No Charge
D1556	Removal of fixed unilateral space maintainer-per quadrant	No Charge
D1557	Removal of fixed space maintainer-maxillary	No Charge
D1558	Removal of fixed space maintainer-mandibular	No Charge
D1575	Distal shoe space maintainer – fixed – unilateral per quadrant	No Charge
Restorative		
D2140	amalgam - one surface permanent or primary	\$25
D2150	amalgam - two surfaces permanent or primary	\$30
D2160	amalgam - three surfaces permanent or primary	\$40
D2161	amalgam - four or more surfaces permanent or primary	\$45
D2330	resin-based composite - one surface, anterior	\$30
D2331	resin-based composite - two surfaces, anterior	\$45
D2332	resin-based composite - three surfaces, anterior	\$55
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$60
D2390	Resin based composite crown, anterior	\$50
D2391	Resin based composite - one surface, posterior	\$30
D2392	Resin based composite - two surfaces, posterior	\$40
D2393	Resin based composite - three surfaces, posterior	\$50
D2394	Resin based composite - four or more surfaces, posterior	\$70
D2542	onlay - metallic-two surfaces	Not Covered
D2543	onlay - metallic-three surfaces	Not Covered
D2544	onlay - metallic-four or more surfaces	Not Covered
D2642	Onlay - porcelain/ceramic - two surfaces	Not Covered
D2643	Onlay - porcelain/ceramic - three surfaces	Not Covered
D2644	Onlay - porcelain/ceramic - four or more surfaces	Not Covered
D2662	Onlay - resin-based composite - two surfaces	Not Covered
D2663	Onlay - resin-based composite - three surfaces	Not Covered
D2664	Onlay - resin-based composite - four or more surfaces	Not Covered
D2710	crown - resin-based composite laboratory	\$140
D2712	Crown - 3/4 resin-based composite (indirect)	\$190
D2720	Crown - resin with high noble metal	Not Covered
D2721	Crown - resin with predominantly base metal	\$300
D2722	Crown - resin with noble metal	Not Covered
D2740	crown - porcelain/ceramic substrate	\$300
D2750	crown - porcelain fused to high noble metal	Not Covered

Member Copayment Schedule 2021
California Dental Network Children's Dental HMO

D2751	crown - porcelain fused to predominantly base metal	\$300
D2752	crown - porcelain fused to noble metal	Not Covered
D2753	crown - porcelain fused to titanium and titanium alloys	Not Covered
D2780	Crown - 3/4 cast high noble metal	Not Covered
D2781	crown - 3/4 cast predominantly base metal	\$300
D2782	Crown - 3/4 cast noble metal	Not Covered
D2783	Crown – 3/4 porcelain/ceramic	\$310
D2790	crown - full cast high noble metal	Not Covered
D2791	crown - full cast predominantly base metal	\$300
D2792	crown - full cast noble metal	Not Covered
D2794	crown - titanium and titanium alloys	Not Covered
D2910	Recement inlay, onlay or partial coverage restoration	\$25
D2915	Recement cast or prefabricated post and core	\$25
D2920	Recement crown	\$25
D2921	Reattachment of tooth fragment, incisal edge or cusp	\$45
D2929	Prefabricated porcelain/ceramic crown - primary tooth	\$95
D2930	prefabricated stainless steel crown - primary tooth	\$65
D2931	prefabricated stainless steel crown - permanent tooth	\$75
D2932	Prefabricated resin crown	\$75
D2933	Prefabricated stainless steel crown with resin window	\$80
D2940	protective restoration	\$25
D2941	Interim therapeutic restoration – primary dentition	\$30
D2949	Restorative foundation for an indirect restoration	\$45
D2950	Core buildup, including any pins	\$20
D2951	pin retention - per tooth, in addition to restoration	\$25
D2952	post and core in addition to crown, indirectly fabricated	\$100
D2953	Each additional indirectly fabricated post, same tooth	\$30
D2954	prefabricated post and core in addition to crown	\$90
D2955	Post removal	\$60
D2957	Each additional prefabricated post - same tooth	\$35
D2971	Additional procedures to construct new crown under existing partial denture framework	\$35
D2980	crown repair, by report	\$50
D2999	Unspecified restorative procedure, by report	\$40
Endodontics		
D3110	pulp cap - direct (excluding final restoration)	\$20
D3120	Pulp cap (indirect) excluding final restoration	\$25
D3220	therapeutic pulpotomy (excluding final restoration)	\$40
D3221	Pulpal debridement, primary and permanent teeth	\$40
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$60
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	\$55
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	\$55
D3310	root canal therapy, anterior tooth (excluding final restoration)	\$195
D3320	root canal therapy, bicuspid tooth (excluding final restoration)	\$235
D3330	root canal therapy, molar (excluding final restoration)	\$300
D3331	Treatment of root canal obstruction; non-surgical access	\$50
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	Not Covered
D3333	Internal root repair of perforation defects	\$80
D3346	retreatment of previous root canal therapy - anterior	\$240
D3347	retreatment of previous root canal therapy - bicuspid	\$295
D3348	retreatment of previous root canal therapy - molar	\$365

Member Copayment Schedule 2021
California Dental Network Children's Dental HMO

D3351	Apexification/recalcification – initial visit	\$85
D3352	Apexification/recalcification - interim	\$45
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	Not Covered
D3410	apicoectomy/periradicular surgery - anterior	\$240
D3421	apicoectomy/periradicular surgery - bicuspid (first root)	\$250
D3425	apicoectomy/periradicular surgery - molar (first root)	\$275
D3426	Apicoectomy / periradicular surgery - molar, each additional root	\$110
D3427	Periradicular surgery without apicoectomy	\$160
D3430	retrograde filling - per root	\$90
D3450	root amputation - per root	Not Covered
D3910	Surgical procedure for isolation of tooth with rubber dam	\$30
D3920	Hemisection (including any root removal; not including root canal therapy)	Not Covered
D3950	Canal preparation and fitting of preformed dowel or post	Not Covered
D3999	Unspecified endodontic procedure, by report	\$100
Periodontics		
D4210	gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	\$150
D4211	gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	\$50
D4240	Gingival flap procedure including root planing four or more teeth per quadrant	Not Covered
D4241	Gingival flap procedure including root planing one to three teeth per quadrant	Not Covered
D4249	Clinical crown lengthening – hard tissue	\$165
D4260	Osseous – muco - gingival surgery per quadrant	\$265
D4261	Osseous surgery (including flap entry and closures) - one to three contiguous teeth or tooth bounded spaces - per quadrant	\$140
D4263	Bone replacement graft - first site in quadrant	Not Covered
D4264	Bone replacement graft - each additional site in quadrant	Not Covered
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$80
D4266	Guided tissue regeneration - resorbable barrier - per site	Not Covered
D4267	Guided tissue regeneration - non-resorbable barrier - per site (includes membrane removal)	Not Covered
D4270	Pedicle soft tissue graft procedure	Not Covered
D4273	Subepithelial connective tissue graft procedure - per tooth	Not Covered
D4275	Non-autogenous connective tissue graft procedure (including recipient site and donor material) – first tooth, implant or edentulous tooth position in same graft site	Not Covered
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	Not Covered
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	Not Covered
D4341	periodontal scaling and root planing - four or more teeth per quadrant	\$55
D4342	periodontal scaling and root planing - one to three teeth per quadrant	\$30
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	\$40
D4355	full mouth debridement to enable comprehensive evaluation and diagnosis	\$40
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$10
D4910	Periodontal maintenance	\$30
D4920	Unscheduled dressing change (by someone other than treating dentist)	\$15
D4999	Unspecified periodontal procedure, by report	\$350

Member Copayment Schedule 2021
California Dental Network Children's Dental HMO

Prosthodontics, Removable		
D5110	complete denture – maxillary	\$300
D5120	complete denture – mandibular	\$300
D5130	immediate denture - maxillary	\$300
D5140	immediate denture - mandibular	\$300
D5211	maxillary partial denture - resin based (including retentive/clasping materials, rests, and teeth)	\$300
D5212	mandibular partial denture - resin based (including retentive/clasping materials, rests, and teeth)	\$300
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials any conventional clasps, rests and teeth)	\$335
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials any conventional clasps, rests and teeth)	\$335
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	\$275
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	\$275
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$330
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$330
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	Not Covered
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	Not Covered
D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	Not Covered
D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	Not Covered
D5284	Removable unilateral partial denture – one piece flexible base (including clasps and teeth), per quadrant	Not Covered
D5286	Removable unilateral partial denture – one piece resin (including clasps and teeth), per quadrant	Not Covered
D5410	adjust complete denture - maxillary	\$20
D5411	adjust complete denture – mandibular	\$20
D5421	adjust partial denture – maxillary	\$20
D5422	adjust partial denture – mandibular	\$20
D5511	repair broken complete denture base-maxillary	\$40
D5512	repair broken complete denture base-mandibular	\$40
D5520	replace missing or broken teeth - complete denture (each tooth)	\$40
D5611	repair resin denture base-Maxillary	\$40
D5612	repair resin denture base-Mandibular	\$40
D5621	repair cast framework-Maxillary	\$40
D5622	repair cast framework-Mandibular	\$40
D5630	repair or replace broken clasp	\$50
D5640	replace broken teeth - per tooth	\$35
D5650	add tooth to existing partial denture	\$35
D5660	add clasp to existing partial denture	\$60
D5670	Replace all teeth and acrylic on cast framework - maxillary	Not Covered
D5671	Replace all teeth and acrylic on cast framework - mandibular	Not Covered
D5710	Rebase complete maxillary denture	Not Covered
D5711	Rebase complete mandibular denture	Not Covered
D5720	Rebase maxillary partial denture	Not Covered
D5721	Rebase mandibular partial denture	Not Covered
D5730	reline complete maxillary denture (chairside)	\$60
D5731	reline complete mandibular denture (chairside)	\$60
D5740	reline maxillary partial denture (chairside)	\$60
D5741	reline mandibular partial denture (chairside)	\$60

Member Copayment Schedule 2021
California Dental Network Children's Dental HMO

D5750	reline complete maxillary denture (laboratory)	\$90
D5751	reline complete mandibular denture (laboratory)	\$90
D5760	reline maxillary partial denture (laboratory)	\$80
D5761	reline mandibular partial denture (laboratory)	\$80
D5850	tissue conditioning, maxillary	\$30
D5851	tissue conditioning, mandibular	\$30
D5862	Precision attachment, by report	\$90
D5863	Overdenture – Complete Maxillary	\$300
D5864	Overdenture – partial maxillary	\$300
D5865	Overdenture – Complete Mandibular	\$300
D5866	Overdenture – partial mandibular	\$300
D5876	Add metal substructure to acrylic full denture (per arch)	Not Covered
D5899	Unspecified removable prosthodontic procedure, by report	\$350
Maxillofacial Prosthetics		
D5911	Facial moulage (sectional)	\$285
D5912	Facial moulage (complete)	\$350
D5913	Nasal prosthesis	\$350
D5914	Auricular prosthesis	\$350
D5915	Orbital prosthesis	\$350
D5916	Ocular prosthesis	\$350
D5919	Facial prosthesis	\$350
D5922	Nasal septal prosthesis	\$350
D5923	Ocular prosthesis, interim	\$350
D5924	Cranial prosthesis	\$350
D5925	Facial augmentation implant prosthesis	\$200
D5926	Nasal prosthesis, replacement	\$200
D5927	Auricular prosthesis, replacement	\$200
D5928	Orbital prosthesis, replacement	\$200
D5929	Facial prosthesis, replacement	\$200
D5931	Obturator prosthesis, surgical	\$350
D5932	Obturator prosthesis, definitive	\$350
D5933	Obturator prosthesis, modification	\$150
D5934	Mandibular resection prosthesis with guide flange	\$350
D5935	Mandibular resection prosthesis without guide flange	\$350
D5936	Obturator prosthesis, interim	\$350
D5937	Trismus appliance (not for TMD treatment)	\$85
D5951	Feeding aid	\$135
D5952	Speech aid prosthesis, pediatric	\$350
D5953	Speech aid prosthesis, adult	\$350
D5954	Palatal augmentation prosthesis	\$135
D5955	Palatal lift prosthesis, definitive	\$350
D5958	Palatal lift prosthesis, interim	\$350
D5959	Palatal lift prosthesis, modification	\$145
D5960	Speech aid prosthesis, modification	\$145
D5982	Surgical stent	\$70
D5983	Radiation carrier	\$55
D5984	Radiation shield	\$85
D5985	Radiation cone locator	\$135
D5986	Fluoride gel carrier	\$35
D5987	Commissure splint	\$85
D5988	Surgical splint	\$95
D5991	Topical Medicament Carrier	\$70
D5999	Unspecified maxillofacial prosthesis, by report	\$350
Implant Services		

Member Copayment Schedule 2021
California Dental Network Children's Dental HMO

D6010	Surgical placement of implant body: endosteal implant	\$350
D6011	Second stage implant surgery	\$350
D6013	Surgical placement of mini implant	\$350
D6040	Surgical placement: eposteal implant	\$350
D6050	Surgical placement: transosteal implant	\$350
D6052	Semi-precision attachment abutment	\$350
D6055	Connecting bar - implant supported or abutment supported	\$350
D6056	Prefabricated abutment - includes modification and placement	\$135
D6057	Custom fabricated abutment - includes placement	\$180
D6058	Abutment supported porcelain/ceramic crown	\$320
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$315
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$295
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$300
D6062	Abutment supported cast metal crown (high noble metal)	\$315
D6063	Abutment supported cast metal crown (predominantly base metal)	\$300
D6064	Abutment supported cast metal crown (noble metal)	\$315
D6065	Implant supported porcelain/ceramic crown	\$340
D6066	Implant supported crown (porcelain fused to high noble alloys)	\$335
D6067	Implant supported crown (high noble alloys)	\$340
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$320
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$315
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$290
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$300
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$315
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$290
D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$320
D6075	Implant supported retainer for ceramic FPD	\$335
D6076	Implant supported retainer for FPD (porcelain fused to high noble alloys)	\$330
D6077	Implant supported retainer for metal FPD (high noble alloys)	\$350
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	\$30
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	\$30
D6082	Implant supported crown - porcelain fused to predominantly base alloys	\$335
D6083	Implant supported crown - porcelain fused to noble alloys	\$335
D6084	Implant supported crown - porcelain fused to titanium and titanium alloys	\$335
D6085	Provisional implant crown	\$300
D6086	Implant supported crown - predominantly base alloys	\$340
D6087	Implant supported crown - noble alloys	\$340
D6088	Implant supported crown - titanium and titanium alloys	\$340
D6090	Repair implant supported prosthesis, by report	\$65
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	\$40
D6092	Recement implant/abutment supported crown	\$25
D6093	Recement implant/abutment supported fixed partial denture	\$35
D6094	Abutment supported crown (titanium)	\$295
D6095	Repair implant abutment, by report	\$65
D6096	Remove broken implant retaining screw	\$60

Member Copayment Schedule 2021
California Dental Network Children's Dental HMO

D6097	Abutment supported crown - porcelain fused to titanium and titanium alloys	\$315
D6098	Implant supported retainer - porcelain fused to predominantly base alloys	\$330
D6099	Implant supported retainer for FPD - porcelain fused to noble alloys	\$330
D6100	Implant removal, by report	\$110
D6110	Implant/abutment supported removable denture for edentulous arch - maxillary	\$350
D6111	Implant/abutment supported removable denture for edentulous arch - mandibular	\$350
D6112	Implant/abutment supported removable denture for partially edentulous arch – maxillary	\$350
D6113	Implant/abutment supported removable denture for partially edentulous arch – mandibular	\$350
D6114	Implant/abutment supported fixed denture for edentulous arch - maxillary	\$350
D6115	Implant/abutment supported fixed denture for edentulous arch - mandibular	\$350
D6116	Implant/abutment supported fixed denture for partially edentulous arch – maxillary	\$350
D6117	Implant/abutment supported fixed denture for partially edentulous arch – mandibular	\$350
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys	\$330
D6121	Implant supported retainer for metal FPD – predominantly base alloys	\$350
D6122	Implant supported retainer for metal FPD – noble alloys	\$350
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys	\$350
D6190	Radiographic/Surgical implant index, by report	\$75
D6194	Abutment supported retainer crown for FPD (titanium and titanium alloys)	\$265
D6195	Abutment supported retainer - porcelain fused to titanium and titanium alloys	\$315
D6199	Unspecified implant procedure, by report	\$350
Prosthodontics, Fixed		
D6205	Pontic - indirect resin based composite	Not Covered
D6210	pontic - cast high noble metal	Not Covered
D6211	pontic - cast predominantly base metal	\$300
D6212	pontic - cast noble metal	Not Covered
D6214	Pontic - cast titanium and titanium alloys	Not Covered
D6240	pontic - porcelain fused to high noble metal	Not Covered
D6241	pontic - porcelain fused to predominantly base metal	\$300
D6242	pontic - porcelain fused to noble metal	Not Covered
D6243	Pontic - porcelain fused to titanium and titanium alloys	Not Covered
D6245	Pontic - porcelain/ceramic	\$300
D6250	Pontic - resin with high noble metal	Not Covered
D6251	pontic - resin with predominantly base metal	\$300
D6252	Pontic - resin with noble metal	Not Covered
D6545	retainer - cast metal for resin bonded fixed prosthesis	Not Covered
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	Not Covered
D6549	Retainer – for resin bonded fixed prosthesis	Not Covered
D6608	Onlay - porcelain/ceramic - two surfaces	Not Covered
D6609	Onlay - porcelain/ceramic - three or more surfaces	Not Covered
D6610	Onlay - cast high noble metal - two surfaces	Not Covered
D6611	Onlay - cast high noble metal - three or more surfaces	Not Covered
D6612	Onlay - cast predominantly base metal - two surfaces	Not Covered
D6613	Onlay - cast predominantly base metal - three or more surfaces	Not Covered
D6614	Onlay - cast noble metal- two surfaces	Not Covered
D6615	Onlay - cast noble metal - three or more surfaces	Not Covered
D6634	Onlay - titanium	Not Covered
D6710	Crown - indirect resin based composite	Not Covered
D6720	crown - resin with high noble metal	Not Covered
D6721	crown - resin with predominantly base metal	\$300
D6722	crown - resin with noble metal	Not Covered

Member Copayment Schedule 2021
California Dental Network Children's Dental HMO

D6740	crown - porcelain/ceramic	\$300
D6750	Retainer crown - porcelain fused to high noble metal	Not Covered
D6751	crown - porcelain fused to predominantly base metal	\$300
D6752	Retainer crown - porcelain fused to noble metal	Not Covered
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	Not Covered
D6781	crown - 3/4 cast predominantly base metal	\$300
D6782	crown - 3/4 cast noble metal	Not Covered
D6783	crown - 3/4 porcelain/ceramic	\$300
D6784	Retainer crown 3/4 - titanium and titanium alloys	\$300
D6791	crown - full cast predominantly base metal	\$300
D6794	Retainer crown - titanium and titanium alloys	Not Covered
D6930	recement bridge	\$40
D6980	fixed partial denture repair necessitated by restorative material failure	\$95
D6999	Unspecified fixed prosthodontic procedure, by report	\$350
Oral Maxillofacial Surgery		
D7111	Extraction, coronal remnants - deciduous tooth	\$40
D7140	extraction, erupted tooth or exposed root	\$65
D7210	surgical removal of erupted tooth requiring elevation of flap and removal of bone and/or sectioning of tooth	\$120
D7220	removal of impacted tooth - soft tissue	\$95
D7230	removal of impacted tooth - partially bony	\$145
D7240	removal of impacted tooth - completely bony	\$160
D7241	Removal of impacted tooth - complete bony with unusual surgical complications	\$175
D7250	surgical removal of residual tooth roots requiring cutting of soft tissue and bone and removal of tooth structure and closure.	\$80
D7260	Oral Antral Fistula Closure	\$280
D7261	Primary closure of a sinus perforation	\$285
D7270	tooth reimplantation / stabilization	\$185
D7280	Surgical access of an unerupted tooth	\$220
D7283	Placement of device to facilitate eruption of impacted tooth	\$85
D7285	biopsy of oral tissue - hard (bone, tooth)	\$180
D7286	biopsy of oral tissue – soft	\$110
D7287	Exfoliative cytological sample collection	Not Covered
D7288	Brush biopsy transepithelial sample collection	Not Covered
D7290	Surgical repositioning of teeth	\$185
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$80
D7310	alveoplasty in conjunction with extractions – per quadrant	\$85
D7311	alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$50
D7320	alveoplasty not in conjunction with extractions – per quadrant	\$120
D7321	alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$65
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	\$350
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$350
D7410	excision of benign lesion up to 1.25 cm	\$75
D7411	excision of benign lesion greater than 1.25 cm	\$115
D7412	Excision of benign lesion, complicated	\$175
D7413	Excision of malignant lesion up to 1.25 cm	\$95
D7414	Excision of malignant lesion greater than 1.25 cm	\$120
D7415	Excision of malignant lesion, complicated	\$255
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm	\$105
D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm	\$185
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$180

Member Copayment Schedule 2021
California Dental Network Children's Dental HMO

D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$330
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$155
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$250
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$40
D7471	Removal of lateral exostosis (maxilla or mandible)	\$140
D7472	Removal of Torus Palatinus	\$145
D7473	Removal of torus mandibularis	\$140
D7485	Surgical reduction of osseous tuberosity	\$105
D7490	Radical resection of maxilla or mandible	\$350
D7510	incision and drainage of abscess - intraoral soft tissue	\$70
D7511	Incision & drainage of abscess - intraoral soft tissue - complicated	\$70
D7520	incision and drainage of abscess - extraoral soft tissue	\$70
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$80
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$45
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$75
D7550	Partial ostectomy /sequestrectomy for removal of non-vital bone	\$125
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$235
D7610	Maxilla – open reduction (teeth immobilized, if present)	\$140
D7620	Maxilla – closed reduction (teeth immobilized, if present)	\$250
D7630	Mandible – open reduction (teeth immobilized, if present)	\$350
D7640	Mandible – closed reduction (teeth immobilized, if present)	\$350
D7650	Malar and/or zygomatic arch – open reduction	\$350
D7660	Malar and/or zygomatic arch – closed reduction	\$350
D7670	Alveolus – closed reduction, may include stabilization of teeth	\$170
D7671	Alveolus – open reduction, may include stabilization of teeth	\$230
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches	\$350
D7710	Maxilla – open reduction	\$110
D7720	Maxilla – closed reduction	\$180
D7730	Mandible – open reduction	\$350
D7740	Mandible – closed reduction	\$290
D7750	Malar and/or zygomatic arch – open reduction	\$220
D7760	Malar and/or zygomatic arch – closed reduction	\$350
D7770	Alveolus – open reduction stabilization of teeth	\$135
D7771	Alveolus, closed reduction stabilization of teeth	\$160
D7780	Facial bones – complicated reduction with fixation and multiple surgical approaches	\$350
D7810	Open reduction of dislocation	\$350
D7820	Closed reduction of dislocation	\$80
D7830	Manipulation under anesthesia	\$85
D7840	Condylectomy	\$350
D7850	Surgical discectomy, with/without implant	\$350
D7852	Disc repair	\$350
D7854	Synovectomy	\$350
D7856	Myotomy	\$350
D7858	Joint reconstruction	\$350
D7860	Arthroscopy	\$350
D7865	Arthroplasty	\$350
D7870	Arthrocentesis	\$90
D7871	Non-arthroscopic lysis and lavage	\$150
D7872	Arthroscopy – diagnosis, with or without biopsy	\$350
D7873	Arthroscopy – surgical: lavage and lysis of adhesions	\$350

Member Copayment Schedule 2021
California Dental Network Children's Dental HMO

D7874	Arthroscopy – surgical: disc repositioning and stabilization	\$350
D7875	Arthroscopy – surgical: synovectomy	\$350
D7876	Arthroscopy – surgical: discectomy	\$350
D7877	Arthroscopy – surgical: debridement	\$350
D7880	Occlusal orthotic device, by report	\$120
D7881	Occlusal orthotic device adjustment	\$30
D7899	Unspecified TMD therapy, by report	\$350
D7910	Suture of recent small wounds up to 5 cm	\$35
D7911	Complicated suture – up to 5 cm	\$55
D7912	Complicated suture – greater than 5 cm	\$130
D7920	Skin graft (identify defect covered, location and type of graft)	\$120
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	\$80
D7940	Osteoplasty – for orthognathic deformities	\$160
D7941	Osteotomy – mandibular rami	\$350
D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft	\$350
D7944	Osteotomy – segmented or subapical	\$275
D7945	Osteotomy – body of mandible	\$350
D7946	LeFort I (maxilla – total)	\$350
D7947	LeFort I (maxilla – segmented)	\$350
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft	\$350
D7949	LeFort II or LeFort III – with bone graft	\$350
D7950	Osseous, osteoperiosteal, or cartilage graft of mandible or facial bones – autogenous or nonautogenous, by report	\$190
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$290
D7952	Sinus augmentation with bone or bone substitute via a vertical approach	\$175
D7955	Repair of maxillofacial soft and/or hard tissue defect	\$200
D7960	frenulectomy – also known as frenectomy or frenotomy – separate procedure	\$120
D7963	Frenuloplasty	\$120
D7970	Excision of hyperplastic tissue - per arch	\$175
D7971	Excision of pericoronal gingival	\$80
D7972	Surgical reduction of fibrous tuberosity	\$100
D7979	Non-surgical Sialolithotomy	\$155
D7980	Sialolithotomy	\$155
D7981	Excision of salivary gland, by report	\$120
D7982	Sialodochoplasty	\$215
D7983	Closure of salivary fistula	\$140
D7990	Emergency tracheotomy	\$350
D7991	Coronoidectomy	\$345
D7995	Synthetic graft – mandible or facial bones, by report	\$150
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	\$60
D7999	Unspecified oral surgery procedure, by report	\$350
D8080	Comprehensive orthodontic treatment of the adolescent dentition Handicapping malocclusion	\$350
D8210	Removable appliance therapy	
D8220	Fixed appliance therapy	
D8660	Pre-orthodontic treatment visit	
D8670	Periodic orthodontic treatment visit (as part of contract) Handicapping malocclusion	
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	
D8681	Removable orthodontic retainer adjustment	

Member Copayment Schedule 2021
California Dental Network Children's Dental HMO

D8696	Repair of orthodontic appliance – maxillary	
D8697	Repair of orthodontic appliance – mandibular	
D8698	Re-cement or re-bond fixed retainer – maxillary	
D8699	Re-cement or re-bond fixed retainer – mandibular	
D8701	Repair of fixed retainer, includes reattachment – maxillary	
D8702	Repair of fixed retainer, includes reattachment – mandibular	
D8703	Replacement of lost or broken retainer – maxillary	
D8704	Replacement of lost or broken retainer – mandibular	
D8999	Unspecified orthodontic procedure, by report	
Adjunctive General Services		
D9110	palliative (emergency) treatment of dental pain - minor procedure	\$30
D9120	Fixed partial denture sectioning	\$95
D9210	Local anesthesia not in conjunction with outpatient surgical procedures	\$10
D9211	Regional block anesthesia	\$20
D9212	Trigeminal division block anesthesia	\$60
D9215	local anesthesia	\$15
D9222	Deep sedation/analgesia - first 15 minutes	\$45
D9223	Deep sedation/general anesthesia - each 15 minute increment	\$45
D9230	analgesia nitrous oxide	\$15
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	\$60
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment	\$60
D9248	non-intravenous conscious sedation	\$65
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$50
D9311	Consultation with a medical health professional	No Charge
D9410	House/Extended care facility call	\$50
D9420	Hospital or ambulatory surgical center call	\$135
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	\$20
D9440	office visit - after regularly scheduled hours	\$45
D9450	Case presentation	Not Covered
D9610	Therapeutic parenteral drug, single administration	\$30
D9612	Therapeutic parenteral drug, two or more administrations, different medications	\$40
D9910	Application of desensitizing medicament	\$20
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	\$35
D9942	Repair and/or relin of occlusal guard	Not Covered
D9943	Occlusal guard adjustment	Not Covered
D9944	Occlusal guard hard appliance, full arch	Not Covered
D9945	Occlusal guard soft appliance, full arch	Not Covered
D9946	Occlusal guard hard appliance, partial arch	Not Covered
D9950	Occlusion analysis – mounted case	\$120
D9951	Occlusal adjustment - limited	\$45
D9952	Occlusal adjustment - complete	\$210
D9995	Teledentistry - synchronous; real-time encounter	Not Covered
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	Not Covered
D9997	Dental case management - patients with special health care needs	No Charge
D9999	unspecified adjunctive procedure, by report	\$0

Endnotes to 2021 Dental Standard Benefit Plan Designs

Pediatric Dental EHB Notes (only applicable to the pediatric portion of the Children's Dental Plan, Family Dental Plan or Group Dental Plan)

- 1) Cost sharing payments made by each individual child for in-network covered services accrue to the child's out-of-pocket maximum. Once the child's individual out-of-pocket maximum has been reached, the plan pays all costs for covered services for that child.

Member Copayment Schedule 2021
California Dental Network Children's Dental HMO

- 2) In a plan with two or more children, cost sharing payments made by each individual child for in-network services contribute to the family in-network deductible, if applicable, as well as the family out-of-pocket maximum.
- 3) In a plan with two or more children, cost sharing payments made by each individual child for out-of-network covered services contribute to the family out-of-network deductible, if applicable, and do not accumulate to the family out-of-pocket maximum.
- 4) Administration of these plan designs must comply with requirements of the pediatric dental EHB benchmark plan, including coverage of services in circumstances of medical necessity as defined in the Early Periodic Screening, Diagnosis and Treatment (EPSDT) benefit.
- 5) Member cost share for Medically Necessary Orthodontia services applies to course of treatment, not individual benefit years within a multi-year course of treatment. This member cost share applies to the course of treatment as long as the member remains enrolled in the plan.