



| Code | Description | Copayment | |
|------|---|-----------|------------|
| | | Dentist | Specialist |
| | Failed/no-show general dentist appointment without 24-hour notice | 20 | |
| | Office Visit | 4 | |

Diagnostic

| Code | Description | Copayment Dentist | Copayment Specialist |
|-------|---|----------------------|-------------------------|
| D0120 | Periodic oral evaluation - established patient | 0 | 0 |
| D0140 | Limited oral evaluation - problem focused | 0 | 0 |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary caregiver | 0 | 0 |
| D0150 | Comprehensive oral evaluation - new or established patient | 0 | 0 |
| D0160 | Detailed and extensive oral evaluation - problem focused, by report | 0 | 0 |
| D0170 | Re-evaluation - limited, problem focused (established patient; not post-operative visit) | 0 | 0 |
| D0180 | Comprehensive periodontal evaluation - new or established patient | 0 | 0 |
| D0210 | Intraoral - complete series of radiographic images | 0 | 0 |
| D0220 | Intraoral - periapical first radiographic image | 0 | 0 |
| D0230 | Intraoral - periapical each additional radiographic image | 0 | 0 |
| D0240 | Intraoral - occlusal radiographic image | 0 | 0 |
| D0250 | Extraoral - first radiographic image | 0 | 0 |
| D0260 | Extraoral - each additional radiographic image | 0 | 0 |
| D0270 | Bitewing - single radiographic image | 0 | 0 |
| D0272 | Bitewings - two radiographic images | 0 | 0 |
| D0273 | Bitewings - three radiographic images | 0 | 0 |
| D0274 | Bitewings - four radiographic images | 0 | 0 |
| D0277 | Vertical bitewings - 7 to 8 radiographic images | 0 | 0 |
| D0330 | Panoramic radiographic image | 0 | 0 |
| D0340 | Cephalometric radiographic image | 10 | 10 |
| D0350 | Oral/facial photographic images obtained intraorally or extraorally | 0 | 0 |
| D0391 | Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report | 5 | 5 |
| D0415 | Collection of microorganisms for culture and sensitivity | 0 | 0 |
| D0425 | Caries susceptibility tests | 0 | 0 |

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

Preventive

| Code | Description | Copayment Dentist | Copayment Specialist |
|-------|--|----------------------|-------------------------|
| D1110 | Prophylaxis - adult (limited to 1 per 6 months & additional at higher copayments) | 0 | 0 |
| D1110 | Prophylaxis - adult (additional beyond 1 in 6 months) | 80 | NC |
| D1120 | Prophylaxis - child (limited to 1 per 6 months & additional at higher copayments) | 0 | 0 |
| D1120 | Prophylaxis - child (additional beyond 1 in 6 months) | 80 | NC |
| D1206 | Topical application of fluoride varnish | 10 | 10 |
| D1208 | Topical application of fluoride | 0 | 0 |
| D1310 | Nutritional counseling for control of dental disease | 0 | 0 |
| D1320 | Tobacco counseling for the control and prevention of oral disease | 0 | 0 |
| D1330 | Oral hygiene instructions | 0 | 0 |
| D1351 | Sealant - per tooth | 0 | 0 |
| D1352 | Preventive resin restoration in a moderate to high caries risk patient – permanent tooth | 0 | 0 |

Space Maintainers

| Code | Description | Copayment Dentist | Copayment Specialist |
|-------|---|----------------------|-------------------------|
| D1510 | Space maintainer - fixed - unilateral | 12 | 12 |
| D1515 | Space maintainer - fixed - bilateral | 24 | 24 |
| D1520 | Space maintainer - removable - unilateral | 12 | 12 |
| D1525 | Space maintainer - removable - bilateral | 12 | 12 |
| D1550 | Re-cementation of space maintainer | 0 | 0 |
| D1555 | Removal of fixed space maintainer | 0 | 0 |

Amalgam Restorations - Primary or Permanent

| Code | Description | Copayment Dentist | Copayment Specialist |
|-------|---|----------------------|-------------------------|
| D2140 | Amalgam - one surface, primary or permanent | 0 | 0 |

| Code | Description | Copayment | |
|-------|---|-----------|------------|
| | | Dentist | Specialist |
| D2150 | Amalgam - two surfaces, primary or permanent | 0 | 0 |
| D2160 | Amalgam - three surfaces, primary or permanent | 0 | 0 |
| D2161 | Amalgam - four or more surfaces, primary or permanent | 0 | 0 |

Resin-Based Composite Restorations

| | | | |
|-------|---|----|----|
| D2330 | Resin-based composite - one surface, anterior | 0 | 0 |
| D2331 | Resin-based composite - two surfaces, anterior | 0 | 0 |
| D2332 | Resin-based composite - three surfaces, anterior | 0 | 0 |
| D2335 | Resin-based composite - four or more surfaces or involving incisal angle (anterior) | 0 | 0 |
| D2390 | Resin-based composite crown, anterior | 30 | 30 |
| D2391 | Resin-based composite - one surface, posterior | 30 | 30 |
| D2392 | Resin-based composite - two surfaces, posterior | 50 | 50 |
| D2393 | Resin-based composite - three surfaces, posterior | 70 | 70 |
| D2394 | Resin-based composite - four or more surfaces, posterior | 90 | 90 |

Crowns - Single Restoration Only

**Additional charges of \$125 for noble metal, \$150 for high noble metal. Add \$100 for porcelain on molars, \$50 for porcelain butt margin, \$200 for specialized crowns such as Lava, Captek, Empress, Procera, etc.*

| | | | |
|-------|--|-----|-----|
| D2510 | * Inlay - metallic - one surface | 35 | 35 |
| D2520 | * Inlay - metallic - two surfaces | 35 | 35 |
| D2530 | * Inlay - metallic - three or more surfaces | 35 | 35 |
| D2542 | * Onlay - metallic - two surfaces | 35 | 35 |
| D2543 | * Onlay - metallic - three surfaces | 35 | 35 |
| D2544 | * Onlay - metallic - four or more surfaces | 35 | 35 |
| D2610 | * Inlay - porcelain/ceramic - one surface | 290 | 290 |
| D2620 | * Inlay - porcelain/ceramic - two surfaces | 310 | 310 |
| D2630 | * Inlay - porcelain/ceramic - three or more surfaces | 310 | 310 |
| D2642 | * Onlay - porcelain/ceramic - two surfaces | 310 | 310 |
| D2643 | * Onlay - porcelain/ceramic - three surfaces | 310 | 310 |
| D2644 | * Onlay - porcelain/ceramic - four or more surfaces | 310 | 310 |
| D2650 | Inlay - resin-based composite - one surface | 210 | 210 |
| D2651 | Inlay - resin-based composite - two surfaces | 230 | 230 |
| D2652 | Inlay - resin-based composite - three or more surfaces | 230 | 230 |
| D2662 | Onlay - resin-based composite - two surfaces | 230 | 230 |
| D2663 | Onlay - resin-based composite - three surfaces | 230 | 230 |

| Code | Description | Copayment | |
|-------|---|-----------|------------|
| | | Dentist | Specialist |
| D2664 | Onlay - resin-based composite - four or more surfaces | 230 | 230 |
| D2710 | Crown - resin-based composite (indirect) | 35 | 35 |
| D2712 | Crown - 3/4 resin-based composite (indirect) | 35 | 35 |
| D2720 | * Crown - resin with high noble metal | 50 | 50 |
| D2721 | Crown - resin with predominantly base metal | 50 | 50 |
| D2722 | * Crown - resin with noble metal | 50 | 50 |
| D2740 | * Crown - porcelain/ceramic substrate | 50 | 50 |
| D2750 | * Crown - porcelain fused to high noble metal | 50 | 50 |
| D2751 | Crown - porcelain fused to predominantly base metal | 50 | 50 |
| D2752 | * Crown - porcelain fused to noble metal | 50 | 50 |
| D2780 | * Crown - 3/4 cast high noble metal | 50 | 50 |
| D2781 | Crown - 3/4 cast predominantly base metal | 50 | 50 |
| D2782 | * Crown - 3/4 cast noble metal | 50 | 50 |
| D2783 | * Crown - 3/4 porcelain/ceramic | 100 | 100 |
| D2790 | * Crown - full cast high noble metal | 50 | 50 |
| D2791 | Crown - full cast predominantly base metal | 50 | 50 |
| D2792 | * Crown - full cast noble metal | 50 | 50 |
| D2794 | * Crown - titanium | 50 | 50 |
| D2799 | Provisional crown— further treatment or completion of diagnosis necessary prior to final impression (Not to be used as a temporary crown for a routine prosthetic restoration.) | 200 | 200 |

Other Restorative Services

| | | | |
|-------|---|----|----|
| D2910 | Recement inlay, onlay, or partial coverage restoration | 0 | 0 |
| D2915 | Recement cast or prefabricated post and core | 0 | 0 |
| D2920 | Recement crown | 0 | 0 |
| D2921 | Reattachment of tooth fragment, incisal edge or cusp | 0 | 0 |
| D2929 | Prefabricated porcelain/ceramic crown – primary tooth | 10 | 10 |
| D2930 | Prefabricated stainless steel crown - primary tooth | 10 | 10 |
| D2931 | Prefabricated stainless steel crown - permanent tooth | 10 | 10 |
| D2932 | Prefabricated resin crown | 10 | 10 |
| D2933 | Prefabricated stainless steel crown with resin window | 30 | 30 |
| D2934 | Prefabricated esthetic coated stainless steel crown - primary tooth | 30 | 30 |
| D2940 | Protective restoration | 0 | 0 |
| D2941 | Interim therapeutic restoration – primary dentition | 0 | 0 |
| D2949 | Restorative foundation for an indirect restoration | 0 | 0 |
| D2950 | Core buildup, including any pins when required | 0 | 0 |

| Code | Description | Copayment | |
|-------|---|-----------|------------|
| | | Dentist | Specialist |
| D2951 | Pin retention - per tooth, in addition to restoration | 0 | 0 |
| D2952 | Post and core in addition to crown, indirectly fabricated | 0 | 0 |
| D2953 | Each additional indirectly fabricated post - same tooth | 0 | 0 |
| D2954 | Prefabricated post and core in addition to crown | 0 | 0 |
| D2955 | Post removal | 55 | 55 |
| D2957 | Each additional prefabricated post - same tooth | 0 | 0 |
| D2960 | Labial veneer (resin laminate) - chairside | 35 | 35 |
| D2961 | Labial veneer (resin laminate) - laboratory | 50 | 50 |
| D2962 | Labial veneer (porcelain laminate) - laboratory | 50 | 50 |
| D2970 | Temporary crown (fractured tooth) | 10 | 10 |
| D2971 | Additional procedures to construct new crown under existing partial denture framework | 25 | 25 |
| D2975 | Coping | 50 | 50 |
| D2990 | Resin infiltration of incipient smooth surface lesions | 0 | 0 |

Endodontics

| | | | |
|-------|---|----|----|
| D3110 | Pulp cap - direct (excluding final restoration) | 0 | 0 |
| D3120 | Pulp cap - indirect (excluding final restoration) | 0 | 0 |
| D3220 | Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | 0 | 0 |
| D3221 | Pulpal debridement, primary and permanent teeth | 0 | 0 |
| D3222 | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development | 0 | 0 |
| D3230 | Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) | 20 | 20 |
| D3240 | Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) | 20 | 20 |
| D3310 | Endodontic therapy, anterior tooth (excluding final restoration) | 20 | 20 |
| D3320 | Endodontic therapy, bicuspid tooth (excluding final restoration) | 20 | 20 |
| D3330 | Endodontic therapy, molar (excluding final restoration) | 20 | 20 |
| D3331 | Treatment of root canal obstruction; non-surgical access | 20 | 20 |
| D3332 | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | 20 | 20 |
| D3333 | Internal root repair of perforation defects | 20 | 20 |
| D3346 | Retreatment of previous root canal therapy - anterior | 70 | 70 |

| Code | Description | Copayment | |
|-------|---|-----------|------------|
| | | Dentist | Specialist |
| D3347 | Retreatment of previous root canal therapy - bicuspid | 120 | 120 |
| D3348 | Retreatment of previous root canal therapy - molar | 170 | 170 |
| D3351 | Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.) | 0 | 0 |
| D3352 | Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.) | 0 | 0 |
| D3353 | Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.) | 0 | 0 |
| D3355 | Pulpal regeneration - initial visit | 0 | 0 |
| D3356 | Pulpal regeneration - interim medication replacement | 0 | 0 |
| D3357 | Pulpal regeneration - completion of treatment | 20 | 20 |
| D3410 | Apicoectomy - anterior | 20 | 20 |
| D3421 | Apicoectomy - bicuspid (first root) | 20 | 20 |
| D3425 | Apicoectomy - molar (first root) | 20 | 20 |
| D3426 | Apicoectomy (each additional root) | 20 | 20 |
| D3427 | Periradicular surgery without apicoectomy | 20 | 20 |
| D3430 | Retrograde filling - per root | 0 | 0 |
| D3450 | Root amputation - per root | 130 | 130 |
| D3920 | Hemisection (including any root removal), not including root canal therapy | 0 | 0 |
| D3950 | Canal preparation and fitting of preformed dowel or post | 0 | 0 |

Periodontics

| | | | |
|-------|--|-----|-----|
| D4210 | Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant | 25 | 25 |
| D4211 | Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | 0 | 0 |
| D4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth | 0 | 0 |
| D4230 | Anatomical crown exposure - four or more contiguous teeth per quadrant | 300 | 300 |
| D4231 | Anatomical crown exposure - one to three teeth per quadrant | 200 | 200 |
| D4240 | Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant | 300 | 300 |
| D4241 | Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant | 200 | 200 |
| D4245 | Apically positioned flap | 200 | 200 |
| D4249 | Clinical crown lengthening - hard tissue | 200 | 200 |

| Code | Description | Copayment | |
|-------|---|-----------|------------|
| | | Dentist | Specialist |
| D4260 | Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant | 300 | 300 |
| D4261 | Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant | 200 | 200 |
| D4263 | Bone replacement graft - first site in quadrant | 195 | 195 |
| D4264 | Bone replacement graft - each additional site in quadrant | 60 | 60 |
| D4266 | Guided tissue regeneration - resorbable barrier, per site | 230 | 230 |
| D4267 | Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal) | 225 | 225 |
| D4268 | Surgical revision procedure, per tooth | 435 | 435 |
| D4270 | Pedicle soft tissue graft procedure | 445 | 445 |
| D4274 | Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area) | 300 | 300 |
| D4277 | Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft | 275 | 275 |
| D4278 | Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site | 100 | 100 |
| D4341 | Periodontal scaling and root planing - four or more teeth per quadrant | 0 | 0 |
| D4342 | Periodontal scaling and root planing - one to three teeth per quadrant | 0 | 0 |
| D4355 | Full mouth debridement to enable comprehensive evaluation and diagnosis | 0 | 0 |
| D4381 | Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth | 50 | 50 |
| D4910 | Periodontal maintenance (limited to 1 per 6 months & additional at higher copayments) | 0 | 0 |
| D4910 | Periodontal maintenance (additional beyond 1 in 6 months) | 125 | NC |
| D4921 | Gingival irrigation – per quadrant | 25 | 25 |

Dentures

Dentures and partials include four months free adjustments. Add lab cost of any gold.

| | | | |
|-------|--|----|----|
| D5110 | Complete denture - maxillary | 65 | NC |
| D5120 | Complete denture - mandibular | 65 | NC |
| D5130 | Immediate denture - maxillary | 65 | NC |
| D5140 | Immediate denture - mandibular | 75 | NC |
| D5211 | Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) | 75 | NC |
| D5212 | Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) | 75 | NC |

| Code | Description | Copayment | |
|-------|---|-----------|------------|
| | | Dentist | Specialist |
| D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | 75 | NC |
| D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | 75 | NC |
| D5225 | Maxillary partial denture - flexible base (including any clasps, rests and teeth) | 275 | NC |
| D5226 | Mandibular partial denture - flexible base (including any clasps, rests and teeth) | 275 | NC |
| D5281 | Removable unilateral partial denture - one piece cast metal (including clasps and teeth) | 50 | NC |

Denture Adjustments & Repairs

| | | | |
|-------|--|-----|----|
| D5410 | Adjust complete denture - maxillary | 0 | NC |
| D5411 | Adjust complete denture - mandibular | 0 | NC |
| D5421 | Adjust partial denture - maxillary | 0 | NC |
| D5422 | Adjust partial denture - mandibular | 0 | NC |
| D5510 | Repair broken complete denture base | 5 | NC |
| D5520 | Replace missing or broken teeth - complete denture (each tooth) | 5 | NC |
| D5610 | Repair resin denture base | 5 | NC |
| D5620 | Repair cast framework | 5 | NC |
| D5630 | Repair or replace broken clasp | 0 | NC |
| D5640 | Replace broken teeth - per tooth | 5 | NC |
| D5650 | Add tooth to existing partial denture | 5 | NC |
| D5660 | Add clasp to existing partial denture | 5 | NC |
| D5670 | Replace all teeth and acrylic on cast metal framework (maxillary) | 145 | NC |
| D5671 | Replace all teeth and acrylic on cast metal framework (mandibular) | 145 | NC |
| D5710 | Rebase complete maxillary denture | 0 | NC |
| D5711 | Rebase complete mandibular denture | 0 | NC |
| D5720 | Rebase maxillary partial denture | 0 | NC |
| D5721 | Rebase mandibular partial denture | 0 | NC |
| D5730 | Reline complete maxillary denture (chairside) | 10 | NC |
| D5731 | Reline complete mandibular denture (chairside) | 10 | NC |
| D5740 | Reline maxillary partial denture (chairside) | 10 | NC |
| D5741 | Reline mandibular partial denture (chairside) | 10 | NC |
| D5750 | Reline complete maxillary denture (laboratory) | 10 | NC |
| D5751 | Reline complete mandibular denture (laboratory) | 10 | NC |
| D5760 | Reline maxillary partial denture (laboratory) | 10 | NC |
| D5761 | Reline mandibular partial denture (laboratory) | 10 | NC |
| D5810 | Interim complete denture (maxillary) | 45 | NC |
| D5811 | Interim complete denture (mandibular) | 45 | NC |
| D5820 | Interim partial denture (maxillary) | 45 | NC |

| Code | Description | Copayment | |
|-------|--------------------------------------|-----------|------------|
| | | Dentist | Specialist |
| D5821 | Interim partial denture (mandibular) | 45 | NC |
| D5850 | Tissue conditioning, maxillary | 20 | NC |
| D5851 | Tissue conditioning, mandibular | 20 | NC |
| D5863 | Overdenture – complete maxillary | 270 | NC |
| D5864 | Overdenture – partial maxillary | 270 | NC |
| D5865 | Overdenture – complete mandibular | 270 | NC |
| D5866 | Overdenture – partial mandibular | 270 | NC |

Implants

**Additional charges of \$125 for noble metal, \$150 for high noble metal. Add \$100 for porcelain on molars, \$50 for porcelain butt margin, \$200 for specialized crowns such as Lava, Captek, Empress, Procera, etc. Copayments only apply when implant is performed by a participating general dentist.*

| | | | |
|-------|---|------|----|
| D6010 | Surgical placement of implant body: endosteal implant | 1500 | NC |
| D6011 | Second stage implant surgery | 200 | NC |
| D6051 | Interim abutment | 200 | NC |
| D6052 | Semi-precision attachment abutment | 200 | NC |
| D6053 | Implant/abutment supported removable denture for completely edentulous arch | 2300 | NC |
| D6054 | Implant/abutment supported removable denture for partially edentulous arch | 2300 | NC |
| D6056 | Prefabricated abutment – includes modification and placement | 450 | NC |
| D6057 | Custom fabricated abutment – includes placement | 450 | NC |
| D6058 | * Abutment supported porcelain/ceramic crown | 1000 | NC |
| D6059 | * Abutment supported porcelain fused to metal crown (high noble metal) | 1000 | NC |
| D6060 | Abutment supported porcelain fused to metal crown (predominantly base metal) | 1000 | NC |
| D6061 | * Abutment supported porcelain fused to metal crown (noble metal) | 1000 | NC |
| D6062 | * Abutment supported cast metal crown (high noble metal) | 1000 | NC |
| D6063 | Abutment supported cast metal crown (predominantly base metal) | 1000 | NC |
| D6064 | * Abutment supported cast metal crown (noble metal) | 1000 | NC |
| D6065 | * Implant supported porcelain/ceramic crown | 1000 | NC |
| D6066 | * Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal) | 1000 | NC |
| D6067 | * Implant supported metal crown (titanium, titanium alloy, high noble metal) | 1000 | NC |
| D6068 | * Abutment supported retainer for porcelain/ceramic FPD | 1000 | NC |
| D6069 | * Abutment supported retainer for porcelain fused to metal FPD (high noble metal) | 1000 | NC |
| D6070 | Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) | 1000 | NC |

| Code | Description | Copayment | |
|-------|---|-----------|------------|
| | | Dentist | Specialist |
| D6071 | * Abutment supported retainer for porcelain fused to metal FPD (noble metal) | 1000 | NC |
| D6072 | * Abutment supported retainer for cast metal FPD (high noble metal) | 1000 | NC |
| D6073 | Abutment supported retainer for cast metal FPD (predominantly base metal) | 1000 | NC |
| D6074 | * Abutment supported retainer for cast metal FPD (noble metal) | 1000 | NC |
| D6075 | Implant supported retainer for ceramic FPD | 1000 | NC |
| D6076 | * Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal) | 1000 | NC |
| D6077 | * Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal) | 1000 | NC |
| D6092 | Recement implant/abutment supported crown | 30 | NC |
| D6093 | Recement implant/abutment supported fixed partial denture | 40 | NC |
| D6094 | * Abutment supported crown - (titanium) | 500 | NC |
| D6104 | Bone graft at time of implant placement | 195 | NC |
| D6194 | * Abutment supported retainer crown for FPD (titanium) | 500 | NC |

Bridges

**Additional charges of \$125 for noble metal, \$150 for high noble metal. Add \$100 for porcelain on molars, \$50 for porcelain butt margin, \$200 for specialized crowns such as Lava, Captek, Empress, Procera, etc.*

| | | | |
|-------|---|-----|----|
| D6205 | Pontic - indirect resin based composite | 45 | NC |
| D6210 | * Pontic - cast high noble metal | 195 | NC |
| D6211 | Pontic - cast predominantly base metal | 45 | NC |
| D6212 | * Pontic - cast noble metal | 170 | NC |
| D6214 | * Pontic - titanium | 45 | NC |
| D6240 | * Pontic - porcelain fused to high noble metal | 45 | NC |
| D6241 | Pontic - porcelain fused to predominantly base metal | 45 | NC |
| D6242 | * Pontic - porcelain fused to noble metal | 45 | NC |
| D6245 | * Pontic - porcelain/ceramic | 50 | NC |
| D6250 | * Pontic - resin with high noble metal | 45 | NC |
| D6251 | Pontic - resin with predominantly base metal | 45 | NC |
| D6252 | * Pontic - resin with noble metal | 45 | NC |
| D6253 | Provisional pontic - further treatment or completion of diagnosis necessary prior to final impression (Not to be used as a temporary pontic for routine prosthetic fixed partial dentures.) | 200 | NC |
| D6545 | Retainer - cast metal for resin bonded fixed prosthesis | 45 | NC |
| D6548 | Retainer - porcelain/ceramic for resin bonded fixed prosthesis | 50 | NC |
| D6600 | * Inlay - porcelain/ceramic, two surfaces | 50 | NC |

| Code | Description | Copayment | |
|-------|---|-----------|------------|
| | | Dentist | Specialist |
| D6601 | * Inlay - porcelain/ceramic, three or more surfaces | 50 | NC |
| D6602 | * Inlay - cast high noble metal, two surfaces | 35 | NC |
| D6603 | * Inlay - cast high noble metal, three or more surfaces | 35 | NC |
| D6604 | Inlay - cast predominantly base metal, two surfaces | 35 | NC |
| D6605 | Inlay - cast predominantly base metal, three or more surfaces | 35 | NC |
| D6606 | * Inlay - cast noble metal, two surfaces | 35 | NC |
| D6607 | * Inlay - cast noble metal, three or more surfaces | 35 | NC |
| D6608 | * Onlay - porcelain/ceramic, two surfaces | 50 | NC |
| D6609 | * Onlay - porcelain/ceramic, three or more surfaces | 50 | NC |
| D6610 | * Onlay - cast high noble metal, two | 35 | NC |
| D6611 | * Onlay - cast high noble metal, three or more surfaces | 35 | NC |
| D6612 | Onlay - cast predominantly base metal, two surfaces | 35 | NC |
| D6613 | Onlay - cast predominantly base metal, three or more surfaces | 35 | NC |
| D6614 | * Onlay - cast noble metal, two surfaces | 35 | NC |
| D6615 | * Onlay - cast noble metal, three or more surfaces | 35 | NC |
| D6624 | * Inlay - titanium | 45 | NC |
| D6634 | * Onlay - titanium | 45 | NC |
| D6710 | Crown - indirect resin based composite | 35 | NC |
| D6720 | * Crown - resin with high noble metal | 60 | NC |
| D6721 | Crown - resin with predominantly base metal | 35 | NC |
| D6722 | * Crown - resin with noble metal | 35 | NC |
| D6740 | * Crown - porcelain/ceramic | 50 | NC |
| D6750 | * Crown - porcelain fused to high noble metal | 50 | NC |
| D6751 | Crown - porcelain fused to predominantly base metal | 50 | NC |
| D6752 | * Crown - porcelain fused to noble metal | 50 | NC |
| D6780 | * Crown - 3/4 cast high noble metal | 50 | NC |
| D6781 | Crown - 3/4 cast predominantly base metal | 50 | NC |
| D6782 | * Crown - 3/4 cast noble metal | 50 | NC |
| D6783 | * Crown - 3/4 porcelain/ceramic | 100 | NC |
| D6790 | * Crown - full cast high noble metal | 50 | NC |
| D6791 | Crown - full cast predominantly base | 50 | NC |
| D6792 | * Crown - full cast noble metal | 50 | NC |
| D6793 | Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression | 200 | NC |
| D6794 | * Crown - titanium | 45 | NC |
| D6930 | Recent fixed partial denture | 0 | NC |
| D6975 | Coping | 10 | NC |

Oral Surgery

| Code | Description | Copayment | |
|-------|---|-----------|------------|
| | | Dentist | Specialist |
| D7111 | Extraction, coronal remnants - deciduous tooth | 0 | 0 |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | 0 | 0 |
| D7210 | Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | 5 | 5 |
| D7220 | Removal of impacted tooth - soft tissue | 15 | 15 |
| D7230 | Removal of impacted tooth - partially bony | 40 | 40 |
| D7240 | Removal of impacted tooth - completely bony | 40 | 40 |
| D7241 | Removal of impacted tooth - completely bony, with unusual surgical complications | 90 | 90 |
| D7250 | Surgical removal of residual tooth roots (cutting procedure) | 5 | 5 |
| D7251 | Coronectomy – intentional partial tooth removal | 40 | 40 |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | 50 | 50 |
| D7280 | Surgical access of an unerupted tooth | 125 | 125 |
| D7282 | Mobilization of erupted or malpositioned tooth to aid eruption | 5 | 5 |
| D7285 | Biopsy of oral tissue - hard (bone, tooth) | 80 | 80 |
| D7286 | Biopsy of oral tissue - soft | 75 | 75 |
| D7288 | Brush biopsy - transepithelial sample collection | 30 | 30 |
| D7310 | Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | 0 | 0 |
| D7311 | Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | 0 | 0 |
| D7320 | Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | 0 | 0 |
| D7321 | Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | 0 | 0 |
| D7510 | Incision and drainage of abscess - intraoral soft tissue | 0 | 0 |
| D7511 | Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | 50 | 50 |
| D7960 | Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure | 165 | 165 |
| D7963 | Frenuloplasty | 165 | 165 |
| D7970 | Excision of hyperplastic tissue - per arch | 200 | 200 |
| D7971 | Excision of pericoronal gingiva | 0 | 0 |

Other Services

| | | | |
|-------|---|----|----|
| D9110 | Palliative (emergency) treatment of dental pain - minor procedure | 25 | 25 |
|-------|---|----|----|

| Code | Description | Copayment | |
|-------|---|-----------|------------|
| | | Dentist | Specialist |
| D9120 | Fixed partial denture sectioning | 35 | 35 |
| D9210 | Local anesthesia not in conjunction with operative or surgical procedures | 0 | 0 |
| D9211 | Regional block anesthesia | 0 | 0 |
| D9212 | Trigeminal division block anesthesia | 0 | 0 |
| D9215 | Local anesthesia in conjunction with operative or surgical procedures | 0 | 0 |
| D9310 | Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | 20 | 20 |
| D9430 | Office visit for observation (during regularly scheduled hours) - no other services performed | 0 | 0 |
| D9440 | Office visit - after regularly scheduled hours | 25 | 25 |
| D9450 | Case presentation, detailed and extensive treatment planning | 0 | 0 |
| D9610 | Therapeutic parenteral drug, single administration | 15 | 15 |
| D9612 | Therapeutic parenteral drugs, two or more administrations, different medications | 30 | 30 |
| D9630 | Other drugs and/or medicaments, by report | 25 | 25 |
| D9910 | Application of desensitizing medicament | 5 | 5 |
| D9911 | Application of desensitizing resin for cervical and/or root surface, per tooth | 5 | 5 |
| D9940 | Occlusal guard, by report | 120 | 120 |
| D9941 | Fabrication of athletic mouthguard | 60 | 60 |
| D9942 | Repair and/or relines of occlusal guard | 60 | 60 |
| D9951 | Occlusal adjustment - limited | 35 | 35 |
| D9952 | Occlusal adjustment - complete | 75 | 75 |
| D9970 | Enamel microabrasion | 20 | 20 |
| D9971 | Odontoplasty 1 - 2 teeth; includes removal of enamel projections | 5 | 5 |
| D9972 | External bleaching - per arch - performed in office | 200 | 200 |
| D9973 | External bleaching - per tooth | 100 | 100 |
| D9974 | Internal bleaching - per tooth | 100 | 100 |
| D9975 | External bleaching for home application, per arch; includes materials and fabrication of custom trays | 200 | 200 |

Orthodontics

| | |
|---|------|
| Consultation | 25 |
| Failed/no-show appointment without 24-hour notice | 25 |
| Full banded - child, up to age 19 | 1775 |
| Full banded - adult | 1975 |
| Partial banded - child, up to age 19 | 1250 |
| Partial banded - adult | 1450 |
| Mixed dentition - phase 1 | 450 |
| Palatal expansion | 350 |
| Rapid palatal expansion | 550 |

| Code | Description | Copayment | |
|------|---|-----------|------------|
| | | Dentist | Specialist |
| | Retention appliance - after orthodontic treatment | 180 | |
| | Functional appliance (Bionator-Frankel) | 550 | |
| | Headgear | 350 | |
| | Simple crossbite | 275 | |
| | Copying records | 40 | |

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



Orthodontic exclusions

The following services are not covered by your dental plan:

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

Orthodontic limitations

The following are subject to additional charges:

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

Dental exclusions

The following services are not covered by your dental plan:

- A. Services that are not consistent with professionally recognized standards of practice.
- B. Cosmetic services, for appearance only, unless specifically listed.
- C. Myofunctional therapy-procedures for training, treating or developing muscles in and around the jaw or mouth including T.M.J. and related diseases, except for occlusal guard.
- D. Treatment for malignancies, neoplasms (tumors) and cysts as well as hereditary, congenital and/or developmental malformations.
- E. Dispensing of drugs not normally supplied in a dental office.
- F. Hospitalization charges, dental procedures or services rendered while patient is hospitalized.
- G. Procedures, appliances or restorations (other than fillings) that are necessary for full mouth rehabilitation, to increase arch vertical dimension, or crown/bridgework requiring more than 10 crowns/pontics. Replacement or stabilization of tooth structure lost through attrition, abrasion or erosion.
- H. Procedures performed by a prosthodontist.

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

Dental limitations

Restrictions on benefits are applied to the following services:

- A. Treatment of dental emergencies is limited to treatment that will alleviate acute symptoms and does not cover definitive restorative treatment including, but not limited to root canal treatment and crowns.
- B. Optional services: when the patient selects a plan of treatment that is considered optional or unnecessary by the attending dentist, the additional cost is the responsibility of the patient.
- C. Routine teeth cleaning (prophylaxis) is limited to once every six months and full mouth x-rays are limited to one set every three years if needed.
- D. Specialty referrals must be pre-approved by Dental Health Services for any treatment deemed necessary by the treating participating dentist.
- E. Pre-authorization is required for all specialty services, with the exception of orthodontics.
- F. Periodontal surgical procedures are limited to four quadrants every two years.
- G. There are additional charges for precious/noble metals (gold).
- H. Replacement will be made of any existing appliance (denture, etc.) only if it is unsatisfactory and cannot be made satisfactory. Prosthetic appliances will be replaced only after five years have elapsed from the time of delivery. Lost or stolen removable appliances are the responsibility of the enrollee.
- I. Relines are limited to once per twelve months, per appliance.
- J. Single unit inlays and crowns are a benefit as provided above only when the teeth cannot be adequately restored with other restorative materials.
- K. The maximum benefit for pedodontic specialty care is \$500 per lifetime.

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

Health plan benefits and coverage matrix

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

Deductibles: None

Lifetime maximums: The maximum benefit for pedodontic specialty care is \$500 per lifetime. There are no other maximums.

Professional services - exam & preventive services: No charge for most services. Full mouth x-rays limited to every three years. Prophylaxis (cleanings) limited to every six months.

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

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

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

Outpatient office visits: \$4

Hospitalization services: Not covered

Prescription drug coverage: Not covered

Emergency health services: Not covered

Ambulance services: Not covered

Durable medical equipment: Not covered

Mental health services: Not covered

Chemical dependency services: Not covered

Home health services: Not covered

Dental Health Services

A Great Reason to Smilesm

3833 Atlantic Avenue, Long Beach, CA 90807
800-637-6453 | www.dentalhealthservices.com

© 2013 Dental Health Services