

CDT Codes ++	Covered Dental Services	Patient Charges
<b>D0100-D0999</b>	<b>I. Diagnostic</b>	
D0999	Office visit during regular hours, general dentist only*	\$5
D0120	Periodic oral evaluation - established patient	0
D0140	Limited oral evaluation - problem focused	0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	0
D0150	Comprehensive oral evaluation - new or established patient	0
D0160	Detailed and extensive oral evaluation - problem focused, by report	0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	0
D0171	Re-evaluation - post-operative office visit	0
D0180	Comprehensive periodontal evaluation - new or established patient	0
D0190	Screening of a patient	0
D0191	Assessment of a patient	0
D0210	Intraoral - complete series of radiographic images	0
D0220	Intraoral - periapical first radiographic image	0
D0230	Intraoral - periapical each additional radiographic image	0
D0240	Intraoral - occlusal radiographic image	0
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	0
D0270	Bitewing - single radiographic image	0
D0272	Bitewings - two radiographic images	0
D0273	Bitewings - three radiographic images	0
D0274	Bitewings - four radiographic images	0
D0277	Vertical bitewings - 7 to 8 radiographic images	0
D0330	Panoramic radiographic image	0
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	0
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw	Not Cov.
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible	Not Cov.
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	Not Cov.
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	Not Cov.
D0415	Collection of microorganisms for culture and sensitivity	0
D0425	Caries susceptibility tests	0
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	50
D0460	Pulp vitality tests	0
D0470	Diagnostic casts	0
D0472	Accession of tissue, gross examination, preparation and transmission of written report	0
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	0
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	0
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	0
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	0
D0502	Other oral pathology procedures, by report	0
<b>D1000-D1999</b>	<b>II. Preventive</b>	
D1110	Prophylaxis - adult, for the first two services in any 12-month period	0
D1120	Prophylaxis - child, for the first two services in any 12-month period	0
D1999	Prophylaxis - adult or child, each additional service in the same 12-month period (maximum of 2 additional in the same 12 month period)	35
M1110	Prophylaxis - One additional prophylaxis will be covered at no charge for members who: (a) are pregnant in their 2nd or 3rd trimester; (b) have clinically demonstrable xerostomia (dry mouth) due to chemotherapy or radiation therapy for the treatment of cancer; or (c) are on dialysis.	0
D1206	Topical application of fluoride varnish, for the first two services in any 12-month period	0
D1208	Topical application of fluoride - excluding varnish, for the first two services in any 12-month period	0
D2999	Topical fluoride (adult or child) each additional service in same 12-month period	20
D1310	Nutritional counseling for control of dental disease	0
D1320	Tobacco counseling for the control and prevention of oral disease	0
D1330	Oral hygiene instructions	0
D1351	Sealant - per tooth - molars	8
D9999	Sealant - per tooth - non-molars	35
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	8
D1353	Sealant repair - per tooth	5
D1510	Space maintainer - fixed - unilateral	65
D1515	Space maintainer - fixed - bilateral	85
D1520	Space maintainer - removable - unilateral	65
D1525	Space maintainer - removable - bilateral	85
D1550	Re-cement or re-bond space maintainer	10
D1555	Removal of fixed space maintainer	20
<b>D2000-D2999</b>	<b>III. Restorative</b>	
D2140	Amalgam - one surface, primary or permanent	8
D2150	Amalgam - two surfaces, primary or permanent	12
D2160	Amalgam - three surfaces, primary or permanent	14
D2161	Amalgam - four or more surfaces, primary or permanent	17
D2330	Resin-based composite - one surface, anterior	20
D2331	Resin-based composite - two surfaces, anterior	28
D2332	Resin based composite - three surfaces, anterior	32
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	45
D2390	Resin-based composite crown, anterior	60
D2391	Resin-based composite - one surface, posterior	28
D2392	Resin-based composite - two surfaces, posterior	35
D2393	Resin-based composite - three surfaces, posterior	40
D2394	Resin-based composite - four or more surfaces, posterior	60
D2510	Inlay - metallic - one surface	285
D2520	Inlay - metallic - two surfaces	320
D2530	Inlay - metallic -three or more surfaces	375

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<b>D2000-D2999</b>	<b>III. Restorative (Continued)</b>	
D2542	Onlay - metallic - two surfaces	375
D2543	Onlay - metallic - three surfaces	400
D2544	Onlay - metallic - four or more surfaces	420
D2610	Inlay - porcelain/ceramic - one surface	285
D2620	Inlay - porcelain/ceramic - two surfaces	320
D2630	Inlay - porcelain/ceramic - three or more surfaces	330
D2642	Onlay - porcelain/ceramic - two surfaces	375
D2643	Onlay - porcelain/ceramic - three surfaces	400
D2644	Onlay - porcelain/ceramic - four or more surfaces	410
D2650	Inlay - resin-based composite - one surface	250
D2651	Inlay - resin-based composite - two surfaces	295
D2652	Inlay - resin-based composite - three or more surfaces	315
D2662	Onlay - resin-based composite - two surfaces	295
D2663	Onlay - resin-based composite - three surfaces	315
D2664	Onlay - resin-based composite - four or more surfaces	350
D2710	Crown - resin-based composite (indirect)	225
D2712	Crown - 3/4 resin-based composite (indirect)	225
D2720	Crown - resin with high noble metal	250
D2721	Crown - resin with predominantly base metal	250
D2722	Crown - resin with noble metal	250
D2740	Crown - porcelain/ceramic substrate	425
D2750	Crown - porcelain fused to high noble metal	375
D2751	Crown - porcelain fused to predominantly base metal	375
D2752	Crown - porcelain fused to noble metal	375
D2780	Crown - 3/4 cast high noble metal	365
D2781	Crown - 3/4 cast predominantly base metal	365
D2782	Crown - 3/4 cast noble metal	365
D2783	Crown - 3/4 porcelain/ceramic	365
D2790	Crown - full cast high noble metal	375
D2791	Crown - full cast predominantly base metal	375
D2792	Crown - full cast noble metal	375
D2794	Crown - titanium	375
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	16
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	16
D2920	Re-cement or re-bond crown	16
D2929	Prefabricated porcelain/ceramic crown - primary tooth	115
D2930	Prefabricated stainless steel crown - primary tooth	88
D2931	Prefabricated stainless steel crown - permanent tooth	88
D2932	Prefabricated resin crown	108
D2933	Prefabricated stainless steel crown with resin window	108
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	115
D2940	Protective restoration	20
D2941	Interim therapeutic restoration - primary dentition	15
D2949	Restorative foundation for an indirect restoration	0
D2950	Core buildup, including any pins when required	90
D2951	Pin retention - per tooth, in addition to restoration	18
D2952	Post and core in addition to crown, indirectly fabricated	140
D2953	Each additional indirectly fabricated post - same tooth	45
D2954	Prefabricated post and core in addition to crown	125
D2955	Post removal	85
D2957	Each additional prefabricated post - same tooth	25
D2960	Labial veneer (resin laminate) - chairside	235
D2961	Labial veneer (resin laminate) - laboratory	275
D2962	Labial veneer (porcelain laminate) - laboratory	350
D2971	Additional procedures to construct new crown under existing partial denture framework	125
D2980	Crown repair necessitated by restorative material failure	90
D2981	Inlay repair necessitated by restorative material failure	80
D2982	Onlay repair necessitated by restorative material failure	85
D2983	Veneer repair necessitated by restorative material failure	80
D2990	Resin infiltration of incipient smooth surface lesions	25
<b>D3000-D3999</b>	<b>IV. Endodontics</b>	
D3110	Pulp cap - direct (excluding final restoration)	12
D3120	Pulp cap - indirect (excluding final restoration)	12
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	35
D3221	Pulpal debridement, primary and permanent teeth	35
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	35
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	46
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	70
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	120
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	140
D3330	Endodontic therapy, molar (excluding final restoration)	180
D3331	Treatment of root canal obstruction; non-surgical access	52
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	110
D3333	Internal root repair of perforation defects	116
D3346	Retreatment of previous root canal therapy - anterior	325
D3347	Retreatment of previous root canal therapy - bicuspid	335
D3348	Retreatment of previous root canal therapy - molar	380
D3351	Apexification/recalcification - initial visit (apical closure/calific repair of perforations, root resorption, etc.)	45
D3352	Apexification/recalcification - interim medication replacement	35

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<b>D3000-D3999</b>	<b>IV. Endodontics (Continued)</b>	
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calculic repair of perforations, root resorption, etc.)	95
D3410	Apicoectomy - anterior	240
D3421	Apicoectomy - bicuspid (first root)	270
D3425	Apicoectomy - molar (first root)	335
D3426	Apicoectomy (each additional root)	95
D3427	Periradicular surgery without apicoectomy	270
D3430	Retrograde filling - per root	73
D3450	Root amputation - per root	100
D3920	Hemisection (including any root removal), not including root canal therapy	95
D3950	Canal preparation and fitting of preformed dowel or post	20
<b>D4000-D4999</b>	<b>V. Periodontics</b>	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	125
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	60
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	40
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	240
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	140
D4245	Apically positioned flap	175
D4249	Clinical crown lengthening - hard tissue	200
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	380
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	230
D4263	Bone replacement graft - first site in quadrant	180
D4264	Bone replacement graft - each additional site in quadrant	105
D4266	Guided tissue regeneration - resorbable barrier, per site	175
D4267	Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal)	175
D4268	Surgical revision procedure, per tooth	0
D4270	Pedicle soft tissue graft procedure	254
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft	275
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	125
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	285
D4276	Combined connective tissue and double pedicle graft, per tooth	285
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	270
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	175
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	188
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	165
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	50
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	30
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	34
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	60
D4910	Periodontal maintenance	27
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	25
D4921	Gingival irrigation - per quadrant	35
D4999	Periodontal maintenance, each additional service in same 12-month period (maximum of 2 additional in the same 12 month period)	60
<b>D5000-D5899</b>	<b>VI. Prosthodontics (Removable)</b>	
D5110	Complete denture - maxillary	452
D5120	Complete denture - mandibular	452
D5130	Immediate denture - maxillary	492
D5140	Immediate denture - mandibular	492
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	443
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	443
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	500
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	500
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	465
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	465
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	525
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	525
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	575
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	575
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	160
D5410	Adjust complete denture - maxillary	23
D5411	Adjust complete denture - mandibular	23
D5421	Adjust partial denture - maxillary	23
D5422	Adjust partial denture - mandibular	23
D5510	Repair broken complete denture base	50
D5520	Replace missing or broken teeth - complete denture (each tooth)	36
D5610	Repair resin denture base	45
D5620	Repair cast framework	85
D5630	Repair or replace broken clasp - per tooth	60
D5640	Replace broken teeth - per tooth	36
D5650	Add tooth to existing partial denture	52
D5660	Add clasp to existing partial denture - per tooth	64
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	196
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	196
D5710	Rebase complete maxillary denture	160
D5711	Rebase complete mandibular denture	160
D5720	Rebase maxillary partial denture	160

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<b>D5000-D5899</b>	<b>VI. Prosthodontics (Removable) (Continued)</b>	
D5721	Rebase mandibular partial denture	160
D5730	Reline complete maxillary denture (chairside)	88
D5731	Reline complete mandibular denture (chairside)	88
D5740	Reline maxillary partial denture (chairside)	88
D5741	Reline mandibular partial denture (chairside)	88
D5750	Reline complete maxillary denture (laboratory)	120
D5751	Reline complete mandibular denture (laboratory)	120
D5760	Reline maxillary partial denture (laboratory)	120
D5761	Reline mandibular partial denture (laboratory)	120
D5810	Interim complete denture (maxillary)	418
D5811	Interim complete denture (mandibular)	418
D5820	Interim partial denture (maxillary)	180
D5821	Interim partial denture (mandibular)	180
D5850	Tissue conditioning, maxillary	36
D5851	Tissue conditioning, mandibular	36
<b>D6000-D6199</b>	<b>VIII. Implants</b>	
D6010	Surgical placement of implant body: endosteal implant	Not Cov.
D6011	Second stage implant surgery	Not Cov.
D6055	Connecting bar - implant supported or abutment supported	Not Cov.
D6056	Prefabricated abutment - includes modification and placement	Not Cov.
D6057	Custom fabricated abutment - includes placement	Not Cov.
D6058	Abutment supported porcelain/ceramic crown	Not Cov.
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	Not Cov.
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	Not Cov.
D6061	Abutment supported porcelain fused to metal crown (noble metal)	Not Cov.
D6062	Abutment supported cast metal crown (high noble metal)	Not Cov.
D6063	Abutment supported cast metal crown (predominantly base metal)	Not Cov.
D6064	Abutment supported cast metal crown (noble metal)	Not Cov.
D6065	Implant supported porcelain/ceramic crown	Not Cov.
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	Not Cov.
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	Not Cov.
D6068	Abutment supported retainer for porcelain/ceramic FPD	Not Cov.
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	Not Cov.
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	Not Cov.
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	Not Cov.
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	Not Cov.
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	Not Cov.
D6074	Abutment supported retainer for cast metal FPD (noble metal)	Not Cov.
D6075	Implant supported retainer for ceramic FPD	Not Cov.
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	Not Cov.
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	Not Cov.
D6092	Re-cement or re-bond implant/abutment supported crown	Not Cov.
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	Not Cov.
D6094	Abutment supported crown (titanium)	Not Cov.
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	Not Cov.
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	Not Cov.
D6103	Bone graft for repair of peri-implant defect – does not include flap entry and closure	Not Cov.
D6104	Bone graft at time of implant placement	Not Cov.
D6110	Implant/abutment supported removable denture for edentulous arch - maxillary	Not Cov.
D6111	Implant/abutment supported removable denture for edentulous arch - mandibular	Not Cov.
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary	Not Cov.
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular	Not Cov.
D6114	Implant/abutment supported fixed denture for edentulous arch-maxillary	Not Cov.
D6115	Implant/abutment supported fixed denture for edentulous arch-mandibular	Not Cov.
D6116	Implant/abutment supported fixed denture for partially edentulous arch-maxillary	Not Cov.
D6117	Implant /abutment supported fixed denture for partially edentulous arch – mandibular	Not Cov.
D6190	Radiographic/surgical implant index, by report	Not Cov.
D6194	Abutment supported retainer crown for FPD (titanium)	Not Cov.
<b>D6200-D6999</b>	<b>IX. Prosthodontics (Fixed)</b>	
D6205	Pontic - indirect resin based composite	135
D6210	Pontic - cast high noble metal	375
D6211	Pontic - cast predominantly base metal	375
D6212	Pontic - cast noble metal	375
D6214	Pontic - titanium	375
D6240	Pontic - porcelain fused to high noble metal	375
D6241	Pontic - porcelain fused to predominantly base metal	375
D6242	Pontic - porcelain fused to noble metal	375
D6245	Pontic - porcelain/ceramic	425
D6250	Pontic - resin with high noble metal	250
D6251	Pontic - resin with predominantly base metal	250
D6252	Pontic - resin with noble metal	250
D6545	Retainer - cast metal for resin bonded fixed prosthesis	350
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	360
D6600	Retainer inlay - porcelain/ceramic, two surfaces	320
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	400
D6602	Retainer inlay - cast high noble metal, two surfaces	320
D6603	Retainer inlay - cast high noble metal, three or more surfaces	400
D6604	Retainer inlay - cast predominantly base metal, two surfaces	320

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<b>D6200-D6999</b>	<b>IX. Prosthodontics (Fixed) (Continued)</b>	
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	400
D6606	Retainer inlay - cast noble metal, two surfaces	320
D6607	Retainer inlay - cast noble metal, three or more surfaces	400
D6608	Retainer onlay - porcelain/ceramic, two surfaces	375
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	300
D6610	Retainer onlay - cast high noble metal, two surfaces	375
D6611	Retainer onlay - cast high noble metal, three or more surfaces	400
D6612	Retainer onlay - cast predominantly base metal, two surfaces	375
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	400
D6614	Retainer onlay - cast noble metal, two surfaces	375
D6615	Retainer onlay - cast noble metal, three or more surfaces	400
D6624	Retainer inlay - titanium	320
D6634	Retainer onlay - titanium	350
D6710	Retainer crown - indirect resin based composite	225
D6720	Retainer crown - resin with high noble metal	250
D6721	Retainer crown - resin with predominantly base metal	250
D6722	Retainer crown - resin with noble metal	250
D6740	Retainer crown - porcelain/ceramic	425
D6750	Retainer crown - porcelain fused to high noble metal	375
D6751	Retainer crown - porcelain fused to predominantly base metal	375
D6752	Retainer crown - porcelain fused to noble metal	375
D6780	Retainer crown - 3/4 cast high noble metal	365
D6781	Retainer crown - 3/4 cast predominantly base metal	365
D6782	Retainer crown - 3/4 cast noble metal	365
D6783	Retainer crown - 3/4 porcelain/ceramic	365
D6790	Retainer crown - full cast high noble metal	375
D6791	Retainer crown - full cast predominantly base metal	375
D6792	Retainer crown - full cast noble metal	375
D6794	Retainer crown - titanium	375
D6930	Re-cement or re-bond fixed partial denture	16
D6940	Stress breaker	100
D6980	Fixed partial denture repair necessitated by restorative material failure	85
D6999	Multiple crown and fixed partial denture (bridge) treatment plan - per unit, six or more	125
<b>D7000-D7999</b>	<b>X. Oral and Maxillofacial Surgery</b>	
D7111	Extraction, coronal remnants - deciduous tooth	12
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	15
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	40
D7220	Removal of impacted tooth - soft tissue	70
D7230	Removal of impacted tooth - partially bony	80
D7240	Removal of impacted tooth - completely bony	110
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	140
D7250	Surgical removal of residual tooth roots (cutting procedure)	35
D7251	Coronectomy - intentional partial tooth removal	110
D7260	Oroantral fistula closure	215
D7261	Primary closure of a sinus perforation	255
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	160
D7280	Surgical access of an unerupted tooth	210
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	210
D7283	Placement of device to facilitate eruption of impacted tooth	50
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	95
D7286	Incisional biopsy of oral tissue - soft	70
D7287	Exfoliative cytological sample collection	60
D7288	Brush biopsy - transepithelial sample collection	65
D7291	Transseptal fibrotomy/supra crestal fibrotomy, by report	40
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	65
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	40
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	85
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	70
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	180
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	235
D7471	Removal of lateral exostosis (maxilla or mandible)	224
D7472	Removal of torus palatinus	224
D7473	Removal of torus mandibularis	224
D7485	Surgical reduction of osseous tuberosity	224
D7510	Incision and drainage of abscess - intraoral soft tissue	35
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	60
D7520	Incision and drainage of abscess - extraoral soft tissue	65
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	70
D7953	Bone replacement graft for ridge preservation - per site	170
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	115
D7963	Frenuloplasty	170
D7970	Excision of hyperplastic tissue - per arch	85
D7971	Excision of pericoronal gingiva	65
D7972	Surgical reduction of fibrous tuberosity	128
<b>D9000-D9999</b>	<b>XII. Adjunctive General Services</b>	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	20
D9120	Fixed partial denture sectioning	20
D9210	Local anesthesia not in conjunction with operative or surgical procedures	0
D9211	Regional block anesthesia	0
D9212	Trigeminal division block anesthesia	0

CDT Codes ++	Covered Dental Services	Patient Charges
<b>D9000-D9999</b>	<b>XII. Adjunctive General Services (Continued)</b>	
D9215	Local anesthesia in conjunction with operative or surgical procedures	0
D9219	Evaluation for deep sedation or general anesthesia	55
D9223	Deep sedation/general anesthesia - each 15 minute increment	98
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	25
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment	40
D9248	Non-intravenous conscious sedation	75
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	30
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	0
D9440	Office visit - after regularly scheduled hours	50
D9450	Case presentation, detailed and extensive treatment planning	0
D9610	Therapeutic parenteral drug, single administration	10
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	15
D9630	Other drugs and/or medicaments by report	15
D9910	Application of desensitizing medicament	15
D9940	Occlusal guard, by report	45
D9942	Repair and/or reline occlusal guard	7
D9951	Occlusal adjustment - limited	20
D9952	Occlusal adjustment - complete	95
D9971	Odontoplasty 1 - 2 teeth; includes removal of enamel projections	18
D9972	External bleaching - per arch - performed in office	165
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	99
D9986	Missed appointment	25
D9987	Cancelled appointment	25

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\* The Member will be responsible for the Office Visit Fee when the Plan Schedule suffix listed on the Eligibility Report is an "M". The Plan will be responsible for the Office Visit Fee when the Plan Schedule Suffix listed on the Eligibility Report is a "G".

# MANAGED DENTAL CARE ORTHODONTIC BENEFITS

## Managed Dental Care Orthodontic Plan Schedule - Option A2

CDT Codes	Covered Services and Patient Charges ++	Patient Charges
	<b>Orthodontics</b>	
D8010	Limited orthodontic treatment of the primary dentition	\$700
D8020	Limited orthodontic treatment of the transitional dentition	700
D8030	Limited orthodontic treatment of the adolescent dentition	700
D8040	Limited orthodontic treatment of the adult dentition	700
D8050	Interceptive orthodontic treatment of the primary dentition	900
D8060	Interceptive orthodontic treatment of the transitional dentition	900
D8070	Comprehensive orthodontic treatment of the transitional dentition **	
D8080	Comprehensive orthodontic treatment of the adolescent dentition **	Child: 1,895
D8090	Comprehensive orthodontic treatment of the adult dentition **	Adult: 2,195
D8660	Pre-orthodontic treatment examination to monitor growth and development (includes treatment plan, records, evaluation and consultation)	250
D8670	Periodic orthodontic treatment visit	0
D8680	Orthodontic retention (removal of appliances, construction and placement of retainers(s))	400
D8681	Removable orthodontic retainer adjustment	0

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\*\* Child orthodontics is limited to dependent children under age 19; adult orthodontics is limited to dependent children age 19 and above and employee or spouse. A member's age is determined on the date of banding.

++ Covered Services are subject to exclusions, limitations and Plan provisions as described in Member's Plan Booklet and the Manual.

### The Policy Covers:

- Orthodontic Procedures as listed under Covered Dental Procedures and Patient Charges, limited to one course of comprehensive treatment per Member. Treatment must be preauthorized and performed by an orthodontist Contracted Specialist.
- Patient Charge for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment.
- Treatment plan and records, including initial records and any interim and final records.
- Comprehensive orthodontic treatment covers the fixed banding appliances and related visits only. Additional fixed or removable appliances will be the Member's responsibility.
- Retention services following a course of comprehensive orthodontic treatment that was covered under this Policy.
- Orthodontic retention, including any and all necessary fixed and removable appliances and related visits.
- If a Member has orthodontic treatment associated with orthognathic surgery (a non-covered procedure involving the surgical moving of teeth), the Policy provides the standard orthodontic benefit. The Member will be responsible for additional charges related to the orthognathic surgery and the complexity of the orthodontic treatment. The additional charge will be based on the orthodontic Contracted Specialist's usual fee.

### The Policy Does Not Cover:

- Any procedure listed as an exclusion, in excess of Policy limitations, or as not covered under MDC.
- Orthodontic treatment performed by any dentist other than an orthodontist Contracted Specialist.
- Treatment beyond 24 months. The Member will be responsible for each additional month of treatment, based upon the orthodontist Contracted Specialist's contract.
- Except as describe under the Treatment in progress – Takeover Benefit for Orthodontic Treatment Provision, orthodontic procedures are not covered if comprehensive treatment begins before the Member is eligible for benefits under the Policy.
- If the Member's coverage terminates after the fixed banding appliances are inserted, the Member is responsible for any additional charges incurred for the remaining orthodontic treatment. The orthodontist Contracted Specialist may prorate his or her usual fee over the remaining months of treatment. The Member is responsible for all payments to the orthodontist Contracted Specialist for procedures after the termination date.
- Any incremental charges for non-standard orthodontic appliances or those made with clear, ceramic, white or other optional material or lingual brackets. Any additional costs for the use of optional materials will be the Member's responsibility.
- Procedures, appliances or devices to guide minor tooth movement, except as covered under limited, interceptive or comprehensive orthodontic treatment or correct or control harmful habits.
- Retreatment of orthodontic cases, or charges in orthodontic treatment necessitated by any kind of accident.
- Replacement or repair of orthodontic appliances lost or damaged.
- Extractions performed solely to facilitate orthodontic treatment.
- Orthognathic surgery (moving of teeth by surgical means) and associated incremental charges.
- If a Member transfers to another orthodontist Contracted Specialist after authorized comprehensive orthodontic treatment has started under the Policy, the Member will be responsible for any additional costs associated with the change in orthodontist Contracted Specialist and subsequent treatment.

Underwritten by: (IL) – First Commonwealth Insurance Company, (MO) – First Commonwealth of Missouri, (IN) – First Commonwealth Limited Health Services Corporation, (MI) – First Commonwealth Limited Health Services Corporation of Michigan, (CA) – Managed Dental Care, (TX) – Managed DentalGuard, Inc. (DHMO), (NJ, OH) – Managed DentalGuard Inc., (CO, FL, NY) – The Guardian Life Insurance Company of America. All First Commonwealth, Managed DentalGuard, Inc., and Managed Dental Care entities referenced are wholly-owned subsidiaries of The Guardian Life Insurance Company of America. Products are not available in all states. Limitations and exclusions apply. Plan documents are the final arbiter of coverage.