



Code	Description	Copayment		Code	Description	Copayment	
		Dentist	Specialist			Dentist	Specialist
D9543	Office Visit	10		D0274	bitewings - four radiographic images	0	0
D9986	missed appointment	Per office policy		D0277	vertical bitewings - 7 to 8 radiographic images	0	0
D9987	cancelled appointment	Per office policy		D0330	panoramic radiographic image	0	10
<p><i>Services when performed by a Dental Health Services participating dentist. Specialty Services must be pre-authorized. Contact Member Services for a referral. NC indicates the procedure is not covered.</i></p>				D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	0	15
Diagnostic				D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	10
D0120	periodic oral evaluation - established patient	0	15	D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	5	5
D0140	limited oral evaluation - problem focused	0	15	D0415	collection of microorganisms for culture and sensitivity	50	75
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	0	15	D0425	caries susceptibility tests	25	40
D0150	comprehensive oral evaluation - new or established patient	0	15	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	60
D0160	detailed and extensive oral evaluation - problem focused, by report	0	0	D0460	pulp vitality tests	0	0
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	0	D0470	diagnostic casts	5	5
D0171	re-evaluation – post-operative office visit	0	0	D0601	caries risk assessment and documentation, with a finding of low risk	25	25
D0180	comprehensive periodontal evaluation - new or established patient	0	0	D0602	caries risk assessment and documentation, with a finding of moderate risk	25	25
D0210	intraoral - complete series of radiographic images	0	0	D0603	caries risk assessment and documentation, with a finding of high risk	25	25
D0220	intraoral - periapical first radiographic image	0	0	Preventive			
D0230	intraoral - periapical each additional radiographic image	0	0	D1110	prophylaxis - adult (limited to 1 every 6 months)	0	15
D0240	intraoral - occlusal radiographic image	0	0	D1120	prophylaxis - child (limited to 1 every 6 months)	0	15
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	0	0	D11AX	prophylaxis - adult (additional beyond 1 in 6 months)	80	90
D0270	bitewing - single radiographic image	0	0	D11CX	prophylaxis - child (additional beyond 1 in 6 months)	80	90
D0272	bitewings - two radiographic images	0	0	D1206	topical application of fluoride varnish	5	10
D0273	bitewings - three radiographic images	0	0	D1208	topical application of fluoride – excluding varnish	0	15
				D1310	nutritional counseling for control of dental disease	0	0

Code	Description	Copayment	
		Dentist	Specialist
D1320	tobacco counseling for the control and prevention of oral disease	0	0
D1330	oral hygiene instructions	0	0
D1351	sealant - per tooth	0	10
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	0	28
D1353	sealant repair – per tooth	0	10

Space Maintainers

D1510	space maintainer - fixed - unilateral	10	69
D1515	space maintainer - fixed - bilateral	15	105
D1520	space maintainer - removable - unilateral	10	84
D1525	space maintainer - removable - bilateral	15	108
D1550	re-cement or re-bond space maintainer	0	18
D1555	removal of fixed space maintainer	0	0
D1575	distal shoe space maintainer – fixed – unilateral	10	69

Amalgam Restorations - Primary or Permanent

D2140	amalgam - one surface, primary or permanent	0	22
D2150	amalgam - two surfaces, primary or permanent	0	28
D2160	amalgam - three surfaces, primary or permanent	0	36
D2161	amalgam - four or more surfaces, primary or permanent	0	42

Resin-Based Composite Restorations

D2330	resin-based composite - one surface, anterior	4	27
D2331	resin-based composite - two surfaces, anterior	6	36
D2332	resin-based composite - three surfaces, anterior	8	45
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	10	55
D2390	resin-based composite crown, anterior	42	50
D2391	resin-based composite - one surface, posterior	35	42
D2392	resin-based composite - two surfaces, posterior	50	60
D2393	resin-based composite - three surfaces, posterior	65	78
D2394	resin-based composite - four or more surfaces, posterior	80	96

Code	Description	Copayment	
		Dentist	Specialist
Crowns - Single Restoration Only			
<i>D27SP, D27HP, and D27NP are allowable upgrade charges for specialized porcelain such as Lava, Captek, Cercon, etc. It is charged in addition to the type of crown billed.</i>			
D2510	inlay - metallic - one surface	310	NC
D2520	inlay - metallic - two surfaces	310	NC
D2530	inlay - metallic - three or more surfaces	310	NC
D2542	onlay - metallic - two surfaces	310	NC
D2543	onlay - metallic - three surfaces	310	NC
D2544	onlay - metallic - four or more surfaces	310	NC
D2610	inlay - porcelain/ceramic - one surface	310	NC
D2620	inlay - porcelain/ceramic - two surfaces	330	NC
D2630	inlay - porcelain/ceramic - three or more surfaces	330	NC
D2642	onlay - porcelain/ceramic - two surfaces	330	NC
D2643	onlay - porcelain/ceramic - three surfaces	330	NC
D2644	onlay - porcelain/ceramic - four or more surfaces	330	NC
D2650	inlay - resin-based composite - one surface	230	NC
D2651	inlay - resin-based composite - two surfaces	250	NC
D2652	inlay - resin-based composite - three or more surfaces	250	NC
D2662	onlay - resin-based composite - two surfaces	250	NC
D2663	onlay - resin-based composite - three surfaces	250	NC
D2664	onlay - resin-based composite - four or more surfaces	250	NC
D2710	crown - resin-based composite (indirect)	90	NC
D2712	crown - ¾ resin-based composite (indirect)	90	NC
D2720	crown - resin with high noble metal	260	NC
D2721	crown - resin with predominantly base metal	110	NC
D2722	crown - resin with noble metal	235	NC
D2740	crown - porcelain/ceramic	180	NC
D2750	crown - porcelain fused to high noble metal	330	NC
D2751	crown - porcelain fused to predominantly base metal	180	NC
D2752	crown - porcelain fused to noble metal	305	NC
D2780	crown - 3/4 cast high noble metal	310	NC
D2781	crown - 3/4 cast predominantly base metal	160	NC
D2782	crown - 3/4 cast noble metal	285	NC

Code	Description	Copayment	
		Dentist	Specialist
D2783	crown - 3/4 porcelain/ceramic	210	NC
D2790	crown - full cast high noble metal	310	NC
D2791	crown - full cast predominantly base metal	160	NC
D2792	crown - full cast noble metal	285	NC
D2794	crown - titanium	310	NC
D2799	provisional crown— further treatment or completion of diagnosis necessary prior to final impression	200	NC
D27HP	specialized porcelain- high noble/titanium crown	25	NC
D27NP	specialized porcelain- noble metal crown	50	NC
D27SP	specialized porcelain-all porcelain crown	175	NC

Other Restorative Services

D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	10	10
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	10	25
D2920	re-cement or re-bond crown	10	25
D2921	reattachment of tooth fragment, incisal edge or cusp	10	55
D2929	prefabricated porcelain/ceramic crown – primary tooth	40	100
D2930	prefabricated stainless steel crown - primary tooth	40	82
D2931	prefabricated stainless steel crown - permanent tooth	40	100
D2932	prefabricated resin crown	40	110
D2933	prefabricated stainless steel crown with resin window	60	130
D2934	prefabricated esthetic coated stainless steel crown - primary	60	130
D2940	protective restoration	0	35
D2941	interim therapeutic restoration – primary dentition	0	10
D2949	restorative foundation for an indirect restoration	0	0
D2950	core buildup, including any pins when required	75	85
D2951	pin retention - per tooth, in addition to restoration	20	25
D2952	post and core in addition to crown, indirectly fabricated	100	150
D2953	each additional indirectly fabricated post - same tooth	0	0
D2954	prefabricated post and core in addition to crown	100	100
D2955	post removal	55	100
D2957	each additional prefabricated post - same tooth	0	0

Code	Description	Copayment	
		Dentist	Specialist
D2960	labial veneer (resin laminate) - chairside	350	350
D2961	labial veneer (resin laminate) - laboratory	400	400
D2962	labial veneer (porcelain laminate) - laboratory	500	500
D2971	additional procedures to construct new crown under existing partial denture framework	25	25
D2975	coping	160	285
D2990	resin infiltration of incipient smooth surface lesions	0	17

Endodontics (root canal therapy)

D3110	pulp cap - direct (excluding final restoration)	10	25
D3120	pulp cap - indirect (excluding final restoration)	4	30
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	15	60
D3221	pulpal debridement, primary and permanent teeth	15	60
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	15	60
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	45	150
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	55	165
D3310	endodontic therapy, anterior tooth (excluding final restoration)	90	212
D3320	endodontic therapy, premolar tooth (excluding final restoration)	120	250
D3330	endodontic therapy, molar tooth (excluding final restoration)	200	305
D3331	treatment of root canal obstruction; non-surgical access	40	40
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	60	60
D3333	internal root repair of perforation defects	40	40
D3346	retreatment of previous root canal therapy - anterior	140	240
D3347	retreatment of previous root canal therapy - premolar	220	275
D3348	retreatment of previous root canal therapy - molar	330	330

Code	Description	Copayment		Code	Description	Copayment	
		Dentist	Specialist			Dentist	Specialist
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	25	150	D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	310	310
D3355	pulpal regeneration - initial visit	25	115	D4263	bone replacement graft – retained natural tooth – first site in quadrant	300	360
D3356	pulpal regeneration - interim medication replacement	25	90	D4264	bone replacement graft – retained natural tooth – each additional site in quadrant	350	420
D3357	pulpal regeneration - completion of treatment	250	400	D4266	guided tissue regeneration - resorbable barrier, per site	300	360
D3421	apicoectomy - premolar (first root)	100	230	D4267	guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	350	420
D3425	apicoectomy - molar (first root)	125	260	D4268	surgical revision procedure, per tooth	450	540
D3426	apicoectomy (each additional root)	80	155	D4270	pedicle soft tissue graft procedure	450	540
D3427	periradicular surgery without apicoectomy	100	200	D4274	mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	300	375
D3430	retrograde filling - per root	60	125	D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	375	450
D3450	root amputation - per root	125	150	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	100	100
D3920	hemisection (including any root removal), not including root canal therapy	135	160	D4341	periodontal scaling and root planing - four or more teeth per quadrant	40	80
D3950	canal preparation and fitting of preformed dowel or post	55	90	D4342	periodontal scaling and root planing - one to three teeth per quadrant	25	40
Periodontics				D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	40	85
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	110	240	D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	40	85
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	40	85	D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	25	25
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	40	85	D4910	periodontal maintenance (1st and 2nd in year)	40	50
D4230	anatomical crown exposure - four or more contiguous teeth or bounded spaces per quadrant	300	300	D4921	gingival irrigation – per quadrant	25	25
D4231	anatomical crown exposure - one to three teeth or bounded spaces per quadrant	250	250	D49XC	periodontal maintenance (3rd and 4th in year)	125	125
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	250	250				
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	250	250				
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	380	380				

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Dentures			
<i>Full/partial dentures (upper and/or lower) - one per five year period.</i>			
<i>Replacement will be provided where casing is unsatisfactory and cannot be made satisfactory. Lost or stolen appliances are the responsibility of the patient.</i>			
<i>Unilateral partials (Nesbitt) are not a recommended treatment.</i>			
D5110	complete denture - maxillary	220	NC
D5120	complete denture - mandibular	220	NC
D5130	immediate denture - maxillary	230	NC
D5140	immediate denture - mandibular	230	NC
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	150	NC
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	150	NC
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	240	NC
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	240	NC
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	280	NC
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	280	NC
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	280	NC
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	280	NC
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	440	NC
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	440	NC
D5281	removable unilateral partial denture - one piece cast metal (including clasps and teeth)	120	NC

Denture Adjustments & Repairs

D5410	adjust complete denture - maxillary	0	NC
D5411	adjust complete denture - mandibular	0	NC

Code	Description	Copayment	
		Dentist	Specialist
D5421	adjust partial denture - maxillary	0	NC
D5422	adjust partial denture - mandibular	0	NC
D5511	repair broken complete denture base, mandibular	30	NC
D5512	repair broken complete denture base, maxillary	30	NC
D5520	replace missing or broken teeth - complete denture (each tooth)	20	NC
D5611	repair resin partial denture base, mandibular	30	NC
D5612	repair resin partial denture base, maxillary	30	NC
D5621	repair cast partial framework, mandibular	50	NC
D5622	repair cast partial framework, maxillary	50	NC
D5630	repair or replace broken clasp - per tooth	40	NC
D5640	replace broken teeth - per tooth	20	NC
D5650	add tooth to existing partial denture	20	NC
D5660	add clasp to existing partial denture - per tooth	30	NC
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	190	NC
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	190	NC
D5710	rebase complete maxillary denture	110	NC
D5711	rebase complete mandibular denture	110	NC
D5720	rebase maxillary partial denture	110	NC
D5721	rebase mandibular partial denture	110	NC
D5730	reline complete maxillary denture (chairside)	55	NC
D5731	reline complete mandibular denture (chairside)	55	NC
D5740	reline maxillary partial denture (chairside)	55	NC
D5741	reline mandibular partial denture (chairside)	55	NC
D5750	reline complete maxillary denture (laboratory)	80	NC
D5751	reline complete mandibular denture (laboratory)	80	NC
D5760	reline maxillary partial denture (laboratory)	80	NC
D5761	reline mandibular partial denture (laboratory)	80	NC
D5810	interim complete denture (maxillary)	90	NC
D5811	interim complete denture (mandibular)	90	NC
D5820	interim partial denture (maxillary)	90	NC
D5821	interim partial denture (mandibular)	90	NC
D5850	tissue conditioning, maxillary	25	NC
D5851	tissue conditioning, mandibular	25	NC

Code	Description	Copayment	
		Dentist	Specialist
D5863	overdenture – complete maxillary	450	NC
D5864	overdenture – partial maxillary	450	NC
D5865	overdenture – complete mandibular	450	NC
D5866	overdenture – partial mandibular	450	NC

Implants

*Implants are only available at specific participating dental offices. Check www.dentalhealthservices.com to locate participating dental offices which offer this service. D60SP, D60HP, and D60NP are allowable upgrade charges for specialized porcelain such as Lava, Captek, Cercon, etc. It is charged in addition to the type of abutment retainer billed.***Standard x-rays include periapical, bitewing and occlusal films. There are additional fees for panoramic, cephalometric, CT or other films. ***There are additional fees for any replacement parts, screws, etc.*

D6010	surgical placement of implant body: endosteal implant	1500	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)	1150	NC
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	1000	NC
D6061	abutment supported porcelain fused to metal crown (noble metal)	1125	NC
D6062	abutment supported cast metal crown (high noble metal)	1150	NC
D6063	abutment supported cast metal crown (predominantly base metal)	1000	NC
D6064	abutment supported cast metal crown (noble metal)	1125	NC
D6065	implant supported porcelain/ceramic crown	1000	NC
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1150	NC
D6067	implant supported metal crown (titanium, titanium alloy, high noble metal)	1150	NC
D6068	abutment supported retainer for porcelain/ceramic FPD	1000	NC
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1150	NC
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	1000	NC
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	1125	NC
D6072	abutment supported retainer for cast metal FPD (high noble metal)	1150	NC

Code	Description	Copayment	
		Dentist	Specialist
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	1000	NC
D6074	abutment supported retainer for cast metal FPD (noble metal)	1125	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)	1150	NC
D6077	implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	1150	NC
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	40	85
D6085	provisional implant crown	200	NC
D6092	re-cement or re-bond implant/abutment supported	30	NC
D6093	re-cement or re-bond implant/abutment supported fixed partial denture	40	NC
D6094	abutment supported crown - (titanium)	650	NC
D60HP	specialized porcelain- high noble/titanium abutment retainer	25	NC
D60NP	specialized porcelain- noble metal abutment retainer	50	NC
D60SP	specialized porcelain- all porcelain abutment retainer	175	NC
D6110	implant /abutment supported removable denture for edentulous arch – maxillary	2300	NC
D6111	implant /abutment supported removable denture for edentulous arch – mandibular	2300	NC
D6112	implant /abutment supported removable denture for partially edentulous arch – maxillary	2300	NC
D6113	implant /abutment supported removable denture for partially edentulous arch – mandibular	2300	NC
D6194	abutment supported retainer crown for FPD (titanium)	650	NC

Bridges

D62SP, D62HP, D62NP, D67SP, D67HP, and D67NP are allowable upgrade charges for specialized porcelain such as Lava, Captek, Cercon, etc. It is charged in addition to the type of abutment or pontic billed.

D6205	pontic - indirect resin based composite	110	NC
D6210	pontic - cast high noble metal	310	NC
D6211	pontic - cast predominantly base metal	160	NC

Code	Description	Copayment	
		Dentist	Specialist
D6212	pontic - cast noble metal	285	NC
D6214	pontic - titanium	310	NC
D6240	pontic - porcelain fused to high noble metal	330	NC
D6241	pontic - porcelain fused to predominantly base metal	180	NC
D6242	pontic - porcelain fused to noble metal	305	NC
D6245	pontic - porcelain/ceramic	180	NC
D6250	pontic - resin with high noble metal	260	NC
D6251	pontic - resin with predominantly base metal	110	NC
D6252	pontic - resin with noble metal	235	NC
D6253	provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	200	NC
D62HP	specialized porcelain- high noble/titanium pontic	25	NC
D62NP	specialized porcelain- noble metal pontic	50	NC
D62SP	specialized porcelain- all porcelain pontic	175	NC
D6545	retainer - cast metal for resin bonded fixed prosthesis	140	NC
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	140	NC
D6549	resin retainer – for resin bonded fixed prosthesis	140	NC
D6600	inlay - porcelain/ceramic, two surfaces	220	NC
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	220	NC
D6602	retainer inlay - cast high noble metal, two surfaces	360	NC
D6603	retainer inlay - cast high noble metal, three or more surfaces	360	NC
D6604	retainer inlay - cast predominantly base metal, two surfaces	210	NC
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	210	NC
D6606	retainer inlay - cast noble metal, two surfaces	335	NC
D6607	retainer inlay - cast noble metal, three or more surfaces	335	NC
D6608	retainer onlay - porcelain/ceramic, two surfaces	180	NC
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	180	NC
D6610	retainer onlay - cast high noble metal, two surfaces	360	NC
D6611	retainer onlay - cast high noble metal, three or more surfaces	360	NC
D6612	retainer onlay - cast predominantly base metal, two surfaces	210	NC
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	210	NC

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D6614	retainer onlay - cast noble metal, two surfaces	335	NC
D6615	retainer onlay - cast noble metal, three or more surfaces	335	NC
D6624	retainer inlay - titanium	310	NC
D6634	retainer onlay - titanium	310	NC
D6710	retainer crown - indirect resin based composite	110	NC
D6720	retainer crown - resin with high noble metal	260	NC
D6721	retainer crown - resin with predominantly base metal	110	NC
D6722	retainer crown - resin with noble metal	235	NC
D6740	retainer crown - porcelain/ceramic	180	NC
D6750	retainer crown - porcelain fused to high noble metal	330	NC
D6751	retainer crown - porcelain fused to predominantly base metal	180	NC
D6752	retainer crown - porcelain fused to noble metal	305	NC
D6780	retainer crown - 3/4 cast high noble metal	310	NC
D6781	retainer crown - 3/4 cast predominantly base metal	160	NC
D6782	retainer crown - 3/4 cast noble metal	285	NC
D6783	retainer crown - 3/4 porcelain/ceramic	210	NC
D6790	retainer crown - full cast high noble metal	310	NC
D6791	retainer crown - full cast predominantly base metal	160	NC
D6792	retainer crown - full cast noble metal	285	NC
D6793	provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	200	NC
D6794	retainer crown - titanium	310	NC
D67HP	specialized porcelain- high noble/titanium abutment	25	NC
D67NP	specialized porcelain- noble metal abutment	50	NC
D67SP	specialized porcelain- all porcelain abutment	175	NC
D6930	re-cement or re-bond fixed partial denture	15	NC

Oral Surgery

D7111	extraction, coronal remnants - primary tooth	10	47
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	15	47

Code	Description	Copayment	
		Dentist	Specialist
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	45	80
D7220	removal of impacted tooth - soft tissue	60	100
D7230	removal of impacted tooth - partially bony	80	125
D7240	removal of impacted tooth - completely bony	120	150
D7241	removal of impacted tooth - completely bony, with unusual surgical complications	175	200
D7250	removal of residual tooth roots (cutting procedure)	60	100
D7251	coronectomy – intentional partial tooth removal	185	250
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	150	210
D7280	exposure of an unerupted tooth	100	120
D7282	mobilization of erupted or malpositioned tooth to aid eruption	250	300
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	85	102
D7286	incisional biopsy of oral tissue-soft	85	102
D7288	brush biopsy - transepithelial sample collection	85	102
D7310	alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	50	100
D7311	alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	50	100
D7320	alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	50	150
D7321	alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	50	100
D7510	incision and drainage of abscess - intraoral soft tissue	90	90
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	100	100
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	150	155
D7963	frenuloplasty	225	225
D7970	excision of hyperplastic tissue - per arch	200	200
D7971	excision of pericoronal gingiva	45	55

Code	Description	Copayment	
		Dentist	Specialist
Other Services			
<i>General Anesthesia is covered solely for dependent children under the age of seven (7) or the physically or developmentally disabled, only when medically necessary and in conjunction with a covered dental procedure performed at a participating provider.</i>			
D9110	palliative (emergency) treatment of dental pain - minor procedure	35	10
D9120	fixed partial denture sectioning	30	36
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
D9219	evaluation for deep sedation or general anesthesia	40	
D9222	deep sedation/general anesthesia – first 15 minutes	150	150
D9223	deep sedation/general anesthesia – each subsequent 15 minute increment	150	150
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	40	65
D9239	intravenous moderate (conscious) sedation/analgesia – first 15 minutes	150	150
D9243	intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	150	150
D9248	non-intravenous conscious sedation	250	300
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	50	50
D9450	case presentation, detailed and extensive treatment planning	0	0
D9610	therapeutic parenteral drug, single administration	15	25
D9612	therapeutic parenteral drugs, two or more administrations, different medications	30	40
D9630	drugs or medicaments dispensed in the office for home use	25	25
D9910	application of desensitizing medicament	20	20
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	20	20

Code	Description	Copayment		Code	Description	Copayment	
		Dentist	Specialist			Dentist	Specialist
D9932	cleaning and inspection of removable complete denture, maxillary	15	15	Orthodontics			
D9933	cleaning and inspection of removable complete denture, mandibular	15	15	<i>When performed by a Dental Health Services participating orthodontist.</i>			
D9934	cleaning and inspection of removable partial denture, maxillary	15	15	D8010	Limited orthodontic treatment of the primary dentition	D8070	prorated
D9935	cleaning and inspection of removable partial denture, mandibular	15	15	D8020	Limited orthodontic treatment of the transitional dentition	D8070	prorated
D9940	occlusal guard, by report	280	280	D8030	Limited orthodontic treatment of the adolescent dentition	D8080	prorated
D9941	fabrication of athletic mouthguard	100	100	D8040	Limited orthodontic treatment of the adult dentition	D8090	prorated
D9942	repair and/or reline of occlusal guard	90	90	D8050	Interceptive orthodontic treatment of the primary dentition	D8070	prorated
D9943	occlusal guard adjustment	15	15	D8060	Interceptive orthodontic treatment of the transitional dentition	D8070	prorated
D9951	occlusal adjustment - limited	35	42	D8070	Comprehensive orthodontic treatment of the transitional dentition	2 00	
D9952	occlusal adjustment - complete	75	95	D8080	Comprehensive orthodontic treatment of the adolescent dentition	2 00	
D9970	enamel microabrasion	20	20	D8090	Comprehensive orthodontic treatment of the adult dentition	2 00	
D9971	odontoplasty 1 - 2 teeth; includes removal of enamel projections	20	20	D8210	Removable appliance therapy	550	
D9972	external bleaching - per arch - performed in office	200	200	D8220	Fixed appliance therapy	550	
D9973	external bleaching - per tooth	50	50	D8660	Pre-orthodontic treatment examination to monitor growth and development	40	
D9974	internal bleaching - per tooth	75	75	D8670	Periodic orthodontic treatment visit	5	
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	200	200	D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	315	
D9991	dental case management – addressing appointment compliance barriers	0	0	D8690	Orthodontic treatment (alternative billing to a contract fee)	included	
D9992	dental case management – care coordination	0	0	D8693	Re-cement or re-bond fixed retainer	45	
D9993	dental case management – motivational interviewing	0	0	<i>Comprehensive orthodontic treatment copayment amounts (D8070, D8080, D8090) are based on a typical 24-month case. If case extends beyond 24 months, additional months are prorated according to the number of extra months of treatment.</i>			
D9994	dental case management – patient education to improve oral health literacy	0	0				