



| Code | Description | Copayment Dentist | Copayment Specialist | Code | Description | Copayment Dentist | Copayment 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 |
| <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> | | | | 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 |

Crowns - Single Restoration Only

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.

| | | | |
|-------|--|-----|----|
| 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 | | | | |

| Code | Description | Copayment | | Code | Description | Copayment | |
|---|---|-----------|------------|-------|--|-----------|------------|
| | | Dentist | Specialist | | | Dentist | Specialist |
| Dentures | | | | D5421 | adjust partial denture - maxillary | 0 | NC |
| <i>Full/partial dentures (upper and/ or lower) - one per five year period. Replacement will be provided where casing is unsatisfactory and cannot be made satisfactory. Lost or stolen appliances are the responsibility of the patient. Unilateral partials (Nesbitt) are not a recommended treatment.</i> | | | | 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 |
| D5110 | complete denture - maxillary | 220 | NC | D5611 | repair resin partial denture base, mandibular | 30 | NC |
| D5120 | complete denture - mandibular | 220 | NC | D5612 | repair resin partial denture base, maxillary | 30 | NC |
| D5130 | immediate denture - maxillary | 230 | NC | D5621 | repair cast partial framework, mandibular | 50 | NC |
| D5140 | immediate denture - mandibular | 230 | NC | D5622 | repair cast partial framework, maxillary | 50 | NC |
| D5211 | maxillary partial denture - resin base (including any conventional clasps, rests and teeth) | 150 | NC | D5630 | repair or replace broken clasp - per tooth | 40 | NC |
| D5212 | mandibular partial denture - resin base (including any conventional clasps, rests and teeth) | 150 | NC | D5640 | replace broken teeth - per tooth | 20 | NC |
| D5213 | maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | 240 | NC | D5650 | add tooth to existing partial denture | 20 | NC |
| D5214 | mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | 240 | NC | D5660 | add clasp to existing partial denture - per tooth | 30 | NC |
| D5221 | immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth) | 280 | NC | D5670 | replace all teeth and acrylic on cast metal framework (maxillary) | 190 | NC |
| D5222 | immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth) | 280 | NC | D5671 | replace all teeth and acrylic on cast metal framework (mandibular) | 190 | NC |
| D5223 | immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | 280 | NC | D5710 | rebase complete maxillary denture | 110 | NC |
| D5224 | immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | 280 | NC | D5711 | rebase complete mandibular denture | 110 | NC |
| D5225 | maxillary partial denture - flexible base (including any clasps, rests and teeth) | 440 | NC | D5720 | rebase maxillary partial denture | 110 | NC |
| D5226 | mandibular partial denture - flexible base (including any clasps, rests and teeth) | 440 | NC | D5721 | rebase mandibular partial denture | 110 | NC |
| D5281 | removable unilateral partial denture - one piece cast metal (including clasps and teeth) | 120 | NC | D5730 | reline complete maxillary denture (chairside) | 55 | NC |
| Denture Adjustments & Repairs | | | | 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 |
| D5410 | adjust complete denture - maxillary | 0 | NC | D5821 | interim partial denture (mandibular) | 90 | NC |
| D5411 | adjust complete denture - mandibular | 0 | 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 |

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|-------|---|-----------|------------|--------------|---|-----------|------------|
| | | Dentist | Specialist | | | Dentist | Specialist |
| D6212 | pontic - cast noble metal | 285 | NC | D6614 | retainer onlay - cast noble metal, two surfaces | 335 | NC |
| D6214 | pontic - titanium | 310 | NC | D6615 | retainer onlay - cast noble metal, three or more surfaces | 335 | NC |
| D6240 | pontic - porcelain fused to high noble metal | 330 | NC | D6624 | retainer inlay - titanium | 310 | NC |
| D6241 | pontic - porcelain fused to predominantly base metal | 180 | NC | D6634 | retainer onlay - titanium | 310 | NC |
| D6242 | pontic - porcelain fused to noble metal | 305 | NC | D6710 | retainer crown - indirect resin based composite | 110 | NC |
| D6245 | pontic - porcelain/ceramic | 180 | NC | D6720 | retainer crown - resin with high noble metal | 260 | NC |
| D6250 | pontic - resin with high noble metal | 260 | NC | D6721 | retainer crown - resin with predominantly base metal | 110 | NC |
| D6251 | pontic - resin with predominantly base metal | 110 | NC | D6722 | retainer crown - resin with noble metal | 235 | NC |
| D6252 | pontic - resin with noble metal | 235 | NC | D6740 | retainer crown - porcelain/ceramic | 180 | NC |
| D6253 | provisional pontic - further treatment or completion of diagnosis necessary prior to final impression | 200 | NC | D6750 | retainer crown - porcelain fused to high noble metal | 330 | NC |
| D62HP | specialized porcelain- high noble/titanium pontic | 25 | NC | D6751 | retainer crown - porcelain fused to predominantly base metal | 180 | NC |
| D62NP | specialized porcelain- noble metal pontic | 50 | NC | D6752 | retainer crown - porcelain fused to noble metal | 305 | NC |
| D62SP | specialized porcelain- all porcelain pontic | 175 | NC | D6780 | retainer crown - 3/4 cast high noble metal | 310 | NC |
| D6545 | retainer - cast metal for resin bonded fixed prosthesis | 140 | NC | D6781 | retainer crown - 3/4 cast predominantly base metal | 160 | NC |
| D6548 | retainer - porcelain/ceramic for resin bonded fixed prosthesis | 140 | NC | D6782 | retainer crown - 3/4 cast noble metal | 285 | NC |
| D6549 | resin retainer – for resin bonded fixed prosthesis | 140 | NC | D6783 | retainer crown - 3/4 porcelain/ceramic | 210 | NC |
| D6600 | inlay - porcelain/ceramic, two surfaces | 220 | NC | D6790 | retainer crown - full cast high noble metal | 310 | NC |
| D6601 | retainer inlay - porcelain/ceramic, three or more surfaces | 220 | NC | D6791 | retainer crown - full cast predominantly base metal | 160 | NC |
| D6602 | retainer inlay - cast high noble metal, two surfaces | 360 | NC | D6792 | retainer crown - full cast noble metal | 285 | NC |
| D6603 | retainer inlay - cast high noble metal, three or more surfaces | 360 | NC | D6793 | provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression | 200 | NC |
| D6604 | retainer inlay - cast predominantly base metal, two surfaces | 210 | NC | D6794 | retainer crown - titanium | 310 | NC |
| D6605 | retainer inlay - cast predominantly base metal, three or more surfaces | 210 | NC | D67HP | specialized porcelain- high noble/titanium abutment | 25 | NC |
| D6606 | retainer inlay - cast noble metal, two surfaces | 335 | NC | D67NP | specialized porcelain- noble metal abutment | 50 | NC |
| D6607 | retainer inlay - cast noble metal, three or more surfaces | 335 | NC | D67SP | specialized porcelain- all porcelain abutment | 175 | NC |
| D6608 | retainer onlay - porcelain/ceramic, two surfaces | 180 | NC | D6930 | re-cement or re-bond fixed partial denture | 15 | NC |
| D6609 | retainer onlay - porcelain/ceramic, three or more surfaces | 180 | NC | | | | |
| D6610 | retainer onlay - cast high noble metal, two surfaces | 360 | NC | Oral Surgery | | | |
| D6611 | retainer onlay - cast high noble metal, three or more surfaces | 360 | NC | D7111 | extraction, coronal remnants - primary tooth | 10 | 47 |
| D6612 | retainer onlay - cast predominantly base metal, two surfaces | 210 | NC | D7140 | extraction, erupted tooth or exposed root (elevation and/or forceps removal) | 15 | 47 |
| D6613 | retainer onlay - cast predominantly base metal, three or more surfaces | 210 | NC | | | | |

| 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 | Specialis |
| Other Services | | | |
| 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. | | | |
| 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 | | | |
| | | | | When performed by a Dental Health Services participating orthodontist. | | | |
| D9933 | cleaning and inspection of removable complete denture, mandibular | 15 | 15 | D8010 | Limited orthodontic treatment of the primary dentition | D8070 prorated | |
| D9934 | cleaning and inspection of removable partial denture, maxillary | 15 | 15 | D8020 | Limited orthodontic treatment of the transitional dentition | D8070 prorated | |
| D9935 | cleaning and inspection of removable partial denture, mandibular | 15 | 15 | D8030 | Limited orthodontic treatment of the adolescent dentition | D8080 prorated | |
| D9940 | occlusal guard, by report | 280 | 280 | D8040 | Limited orthodontic treatment of the adult dentition | D8090 prorated | |
| D9941 | fabrication of athletic mouthguard | 100 | 100 | D8050 | Interceptive orthodontic treatment of the primary dentition | D8070 prorated | |
| D9942 | repair and/or reline of occlusal guard | 90 | 90 | D8060 | Interceptive orthodontic treatment of the transitional dentition | D8070 prorated | |
| D9943 | occlusal guard adjustment | 15 | 15 | D8070 | Comprehensive orthodontic treatment of the transitional dentition | 2500 | |
| D9951 | occlusal adjustment - limited | 35 | 42 | | | | |
| D9952 | occlusal adjustment - complete | 75 | 95 | D8080 | Comprehensive orthodontic treatment of the adolescent dentition | 2500 | |
| D9970 | enamel microabrasion | 20 | 20 | | | | |
| D9971 | odontoplasty 1 - 2 teeth; includes removal of enamel projections | 20 | 20 | D8090 | Comprehensive orthodontic treatment of the adult dentition | 2500 | |
| D9972 | external bleaching - per arch - performed in office | 200 | 200 | D8210 | Removable appliance therapy | 550 | |
| D9973 | external bleaching - per tooth | 50 | 50 | D8220 | Fixed appliance therapy | 550 | |
| D9974 | internal bleaching - per tooth | 75 | 75 | D8660 | Pre-orthodontic treatment examination to monitor growth and development | 40 | |
| D9975 | external bleaching for home application, per arch; includes materials and fabrication of custom trays | 200 | 200 | D8670 | Periodic orthodontic treatment visit | 5 | |
| D9991 | dental case management – addressing appointment compliance barriers | 0 | 0 | D8680 | Orthodontic retention (removal of appliances, construction and placement of retainer(s)) | 315 | |
| D9992 | dental case management – care coordination | 0 | 0 | D8690 | Orthodontic treatment (alternative billing to a contract fee) | included | |
| D9993 | dental case management – motivational interviewing | 0 | 0 | D8693 | Re-cement or re-bond fixed retainer | 45 | |
| D9994 | dental case management – patient education to improve oral health literacy | 0 | 0 | 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. | | | |



Dental Limitations

The following are limitations on covered benefits.

- A. Authorized treatment is rendered only by your selected participating provider. Specialty Services must be pre-authorized. Specialty Copayments are listed in your plan schedule. Services provided by a dentist other than the enrollee's designated participating provider, except for emergency dental conditions and pre-authorized specialty services, are not covered. (See item C. below)
- B. Limitation on the frequency and appropriateness of services:
 1. D0210 and D0330 – Intraoral complete series films and panoramic films – limited to once every three years.
 2. D0120 Periodic oral evaluations; D1206 and D1208 Fluoride are limited to one per six months.
 3. Caries risk assessments (D0601-D0603) are covered for members 18 years of age and younger.
 - a. D0601 & D0602 are covered once every 6 months.
 - b. D0603 is covered once every 3 months.
 4. D1110 – Prophylaxis (removal of plaque, calculus and stains from the tooth structures in the permanent and transitional dentition) or D4910 – Periodontal Maintenance – limited to one per six month period, with any additional at additional copayment.
 5. D4341 or D4342 – Periodontal scaling and root planing – limited to four quadrants per six months; and two quadrants per day.
 6. D5110 through D5281 – Full/partial dentures (upper and/or lower) – limited to one per five year period. New dentures are covered only if the existing denture cannot be made satisfactory by either a reline or repair. Lost or stolen appliances are the responsibility of the patient.
 7. Fixed bridges are optional and not covered for patients under the age of 16.
 8. Emergency dental condition – The treatment of an emergency dental condition manifesting itself by acute symptoms, including severe pain or infection that a prudent layperson, who possesses an average knowledge of health and dentistry could reasonably expect the absence of immediate dental attention to result in:
 - (i) Placing the health of the individual, or with respect to a pregnant woman the health of the woman or her unborn child, in serious jeopardy;
 - (ii) Serious impairment to bodily functions; or
 - (iii) Serious dysfunction of any bodily organ or part.
- C. The additional cost to the enrollee for laboratory charges, unless specified in the "Schedule of Covered Services and Copayments," will be charged at the provider's actual cost.
- D. Optional services – all cases in which the enrollee selects a plan of treatment that is considered unnecessary by the provider – the enrollee is responsible for fee-for-service rates. This does not apply to standard covered restorative procedures which offer a choice of material.
- E. Upgraded services – cases in which the enrollee selects a plan of treatment that is considered an upgraded procedure – Dental Health Services' upgrade charges would apply.
- F. Cosmetic dentistry – services for appearance only – may be available at a discount off full fees. This includes such services as the replacement of clinically acceptable amalgam fillings, Veneers and Bonding.
- G. Crowns and Bridges – limited to 10 in a 12 month period. Additional Crowns and Bridges are subject to a \$200 copayment increase per procedure.
- H. Unsatisfactory patient-doctor relationship – Dental Health Services providers reserve the right to limit or deny services to an enrollee who fails to follow the prescribed course of treatment, repeatedly fails to keep appointments, fails to pay applicable copayments, or obtains services by fraud or deception.
- I. Denturist benefit subject to existence and availability of a licensed denturist within a 30 mile radius. Enrollees may elect to travel to the nearest participating denturist for services.

- J. Benefits are only available if work is completed in enrollee's participating provider's office.
- K. Not all participating dentists can perform all dental procedures. Please verify what services your selected provider can perform for you. Some complicated extractions, periodontal treatment, osseous surgery and root canal treatment may be referred to a specialist at the discretion of the general dentist.
- L. Coverage for services only available during period of enrollment.
- M. Implants – only available at specific participating dental offices. Check www.dentalhealthservices.com to locate participating provider offices which offer implant services.

Dental Exclusions

The following are not covered by your dental plan.

- A. Services not specifically listed in the "Schedule of Covered Services and Copayments."
- B. Work in progress – non-emergency/temporary procedures started but not finished prior to the date of eligibility – is not covered. This includes crown preps prepared and temporized but not cemented, root canals in mid treatment, prosthetic cases post final impression stage (sent to the lab), etc. This does not include teeth slated for root canal treatment and/or canals filled during an emergency visit.
- C. Temporomandibular joint (TMJ) disorders and related disease including myofunctional therapy. Procedures for training, treating or developing muscles in and around the jaw of the mouth (unless provided by a separate, supplemental Dental Health Services program.)
- D. Any dental procedure that cannot be performed in the dental office due to the general health and/or physical limitations of the enrollee.
- E. Services that are reimbursed by a third party such as the medical portion of a health insurance plan or any other third party indemnification. (The member may be responsible for the payment of usual and customary charges to his/her dentist for services that are reimbursed by a third party.)

Orthodontic Limitations

The following are limitations on covered benefits.

- A. Changes in treatment necessitated by an accident of any kind.
- B. Services which are compensable under Worker's Compensation or employer liability laws.
- C. Malocclusions too severe or mutilated which are not amenable to ideal orthodontic therapy.

Orthodontic Exclusions

The following are not covered by your dental plan.

- A. Cephalometric x-rays, dental x-rays for orthodontic purposes.
- B. Tracings and photographs.
- C. Study models.
- D. Replacement of lost or broken appliances.
- E. Retreatment of orthodontic cases.
- F. Treatment of a case in progress at inception of eligibility.
- G. Treatment and/or surgical procedures related to cleft palate, micrognathia or microdontia.
- H. Treatment related to temporomandibular joint disturbances and/or hormonal imbalances.
- I. Any dental procedures considered to be within the field of general dentistry, including but not limited to:
 1. Myofunctional therapy.
 2. General anesthetics including intravenous and inhalation sedation.
 3. Dental services of any nature performed in a hospital.
 4. Services which are compensable under Worker's Compensation or employer liability laws.
- J. Payment by Dental Health Services or any special discounted orthodontic copayment for treatment rendered or required after enrollee is no longer eligible for coverage (i.e. current premium unpaid). The cost of treatment in progress will be prorated and converted to the Orthodontist's actual fee-for-service amount.

Dental Health Services
A Great Reason to Smilesm

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