

Code	Description	Copayment	Code	Description	Copayment
D9543	Office Visit	0	D0415	collection of microorganisms for culture and sensitivity	0
D9986	missed appointment	20	D0425	caries susceptibility tests	0
Diagnostic			D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	5
D0120	periodic oral evaluation - established patient	0	D0460	pulp vitality tests	0
D0140	limited oral evaluation - problem focused	0	D0470	diagnostic casts	5
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	0	D0701	panoramic radiographic image – image capture only	0
D0150	comprehensive oral evaluation - new or established patient	0	D0702	2-D cephalometric radiographic image – image capture only	5
D0160	detailed and extensive oral evaluation - problem focused, by report	0	D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	5
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	D0706	intraoral – occlusal radiographic image – image capture only	0
D0171	re-evaluation – post-operative office visit	0	D0707	intraoral – periapical radiographic image – image capture only	0
D0180	comprehensive periodontal evaluation - new or established patient	0	D0708	intraoral – bitewing radiographic image – image capture only	0
D0210	intraoral - complete series of radiographic images	0	D0709	intraoral – complete series of radiographic images – image capture only	0
D0220	intraoral - periapical first radiographic image	0	Preventive		
D0230	intraoral - periapical each additional radiographic image	0	D1110	prophylaxis - adult (limited to 1 every 6 months)	0
D0240	intraoral - occlusal radiographic image	0	D1120	prophylaxis - child (limited to 1 every 6 months)	0
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	0	D1206	topical application of fluoride varnish	0
D0270	bitewing - single radiographic image	0	D1208	topical application of fluoride – excluding varnish	0
D0272	bitewings - two radiographic images	0	D1310	nutritional counseling for control of dental disease	0
D0273	bitewings - three radiographic images	0	D1320	tobacco counseling for the control and prevention of oral disease	0
D0274	bitewings - four radiographic images	0	D1321	counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	0
D0277	vertical bitewings - 7 to 8 radiographic images	0	D1330	oral hygiene instructions	0
D0330	panoramic radiographic image	0	D1351	sealant - per tooth	0
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	10	D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	0
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	10	D1353	sealant repair – per tooth	0
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	5			

Code	Description	Copayment
D1354	application of caries arresting medicament – per tooth	0
D1355	caries preventive medicament application – per tooth	0

Space Maintainers

D1510	space maintainer - fixed, unilateral – per quadrant	0
D1516	space maintainer - fixed - bilateral, maxillary	0
D1517	space maintainer - fixed - bilateral, mandibular	0
D1520	space maintainer - removable, unilateral - per quadrant	0
D1526	space maintainer - removable - bilateral, maxillary	0
D1527	space maintainer - removable - bilateral, mandibular	0
D1551	re-cement or re-bond bilateral space maintainer - maxillary	0
D1552	re-cement or re-bond bilateral space maintainer - mandibular	0
D1553	re-cement or re-bond unilateral space maintainer - per quadrant	0
D1556	removal of fixed unilateral space maintainer - per quadrant	0
D1557	removal of fixed bilateral space maintainer - maxillary	0
D1558	removal of fixed bilateral space maintainer - mandibular	0
D1575	distal shoe space maintainer - fixed, unilateral - per quadrant	0

Amalgam Restorations - Primary or Permanent

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

Resin-Based Composite Restorations

D2330	resin-based composite - one surface, anterior	0
D2331	resin-based composite - two surfaces, anterior	0
D2332	resin-based composite - three surfaces, anterior	0
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	0
D2390	resin-based composite crown, anterior	0
D2391	resin-based composite - one surface, posterior	0

Code	Description	Copayment
D2392	resin-based composite - two surfaces, posterior	0
D2393	resin-based composite - three surfaces, posterior	0
D2394	resin-based composite - four or more surfaces, posterior	0

Crowns - Single Restoration Only

*Copayments include charges for noble metal and high noble metal/titanium. D27SC is an optional upgrade charge added to the standard base crown copayment for specialized porcelain such as Lava, Captek, Zirconia, Empress, E-Max, etc. and D27BM is an optional benefit for porcelain butt margin. D27ML is an additional copayment for porcelain crowns on molar teeth.

D2510	inlay - metallic - one surface	40
D2520	inlay - metallic - two surfaces	40
D2530	inlay - metallic - three or more surfaces	45
D2542	onlay - metallic - two surfaces	40
D2543	onlay - metallic - three surfaces	40
D2544	onlay - metallic - four or more surfaces	40
D2610	inlay - porcelain/ceramic - one surface	130
D2620	inlay - porcelain/ceramic - two surfaces	130
D2630	inlay - porcelain/ceramic - three or more surfaces	130
D2642	onlay - porcelain/ceramic - two surfaces	130
D2643	onlay - porcelain/ceramic - three surfaces	130
D2644	onlay - porcelain/ceramic - four or more surfaces	130
D2650	inlay - resin-based composite - one surface	130
D2651	inlay - resin-based composite - two surfaces	130
D2652	inlay - resin-based composite - three or more surfaces	130
D2662	onlay - resin-based composite - two surfaces	130
D2663	onlay - resin-based composite - three surfaces	130
D2664	onlay - resin-based composite - four or more surfaces	130
D2710	crown - resin-based composite (indirect)	40
D2712	crown - ¾ resin-based composite (indirect)	40
D2720	* crown - resin with high noble metal	130
D2721	crown - resin with predominantly base metal	50
D2722	* crown - resin with noble metal	100
D2740	crown - porcelain/ceramic	55
D2750	* crown - porcelain fused to high noble metal	135
D2751	crown - porcelain fused to predominantly base metal	55

Code	Description	Copayment
D2752	* crown - porcelain fused to noble metal	105
D2753	crown - porcelain fused to titanium and titanium alloys	105
D2780	* crown - 3/4 cast high noble metal	135
D2781	crown - 3/4 cast predominantly base metal	55
D2782	* crown - 3/4 cast noble metal	105
D2783	crown - 3/4 porcelain/ceramic	55
D2790	* crown - full cast high noble metal	135
D2791	crown - full cast predominantly base metal	55
D2792	* crown - full cast noble metal	105
D2794	* crown - titanium and titanium alloys	55
D2799	interim crown – further treatment or completion of diagnosis necessary prior to final impression	200
D27BM	crown-butt margin	50
D27ML	crown- porcelain on molar	100
D27SC	crown- specialty upgrade	200

Other Restorative Services

D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	5
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	5
D2920	re-cement or re-bond crown	5
D2928	prefabricated porcelain/ceramic crown – permanent tooth	0
D2929	prefabricated porcelain/ceramic crown – primary tooth	0
D2930	prefabricated stainless steel crown - primary tooth	0
D2931	prefabricated stainless steel crown - permanent tooth	0
D2932	prefabricated resin crown	0
D2933	prefabricated stainless steel crown with resin window	20
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	20
D2940	protective restoration	0
D2950	core buildup, including any pins when required	5
D2951	pin retention - per tooth, in addition to restoration	0
D2952	post and core in addition to crown, indirectly fabricated	10
D2953	each additional indirectly fabricated post - same tooth	0
D2954	prefabricated post and core in addition to crown	10
D2955	post removal	55
D2957	each additional prefabricated post - same tooth	0
D2960	labial veneer (resin laminate) - direct	35
D2961	labial veneer (resin laminate) - indirect	50

Code	Description	Copayment
D2962	labial veneer (porcelain laminate) - indirect	50
D2971	additional procedures to customize a crown to fit under an existing partial denture framework	25
D2975	coping	55
D2990	resin infiltration of incipient smooth surface lesions	0

Endodontics (root canal therapy)

D3110	pulp cap - direct (excluding final restoration)	0
D3120	pulp cap - indirect (excluding final restoration)	0
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	0
D3221	pulpal debridement, primary and permanent teeth	0
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	0
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	20
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	20
D3310	endodontic therapy, anterior tooth (excluding final restoration)	0
D3320	endodontic therapy, premolar tooth (excluding final restoration)	0
D3330	endodontic therapy, molar tooth (excluding final restoration)	0
D3331	treatment of root canal obstruction; non-surgical access	0
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	10
D3333	internal root repair of perforation defects	20
D3346	retreatment of previous root canal therapy - anterior	150
D3347	retreatment of previous root canal therapy - premolar	150
D3348	retreatment of previous root canal therapy - molar	150
D3351	apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	0
D3352	apexification/recalcification – interim medication replacement	0
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	0

Code	Description	Copayment	Code	Description	Copayment
D3410	apicoectomy - anterior	20	D4267	guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	225
D3421	apicoectomy - premolar (first root)	20	D4268	surgical revision procedure, per tooth	435
D3425	apicoectomy - molar (first root)	20	D4270	pedicle soft tissue graft procedure	445
D3426	apicoectomy (each additional root)	20	D4274	mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	200
D3430	retrograde filling - per root	0	D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	275
D3450	root amputation - per root	55	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
D3911	intraorifice barrier	25	D4322	splint – intra-coronal; natural teeth or prosthetic crowns	160
D3920	hemisection (including any root removal), not including root canal therapy	100	D4341	periodontal scaling and root planing - four or more teeth per quadrant	0
D3921	decoronation or submergence of an erupted tooth	40	D4342	periodontal scaling and root planing - one to three teeth per quadrant	0
D3950	canal preparation and fitting of preformed dowel or post	10	D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	0
Periodontics			D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	0
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	25	D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	50
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	10	D4910	periodontal maintenance (1st and 2nd in year)	0
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	10	D4921	gingival irrigation – per quadrant	25
D4230	anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant	300	D49XC	periodontal maintenance (3rd and 4th in year)	50
D4231	anatomical crown exposure - one to three teeth or contiguous teeth or tooth bounded spaces per quadrant	200	Dentures		
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	300	<i>Dentures and partials include four months free adjustments.</i>		
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	200	D5110	complete denture - maxillary	65
D4245	apically positioned flap	200	D5120	complete denture - mandibular	65
D4249	clinical crown lengthening – hard tissue	200	D5130	immediate denture - maxillary	65
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	325	D5140	immediate denture - mandibular	65
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	200	D5211	maxillary partial denture - resin base (including any retentive/clasping materials, rests, and teeth)	75
D4263	bone replacement graft – retained natural tooth – first site in quadrant	200	D5212	mandibular partial denture- resin base (including retentive/clasping materials, rests, and teeth)	75
D4264	bone replacement graft – retained natural tooth – each additional site in quadrant	100	D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	75
D4266	guided tissue regeneration - resorbable barrier, per site	230			

Code	Description	Copayment	Code	Description	Copayment
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	75	D5512	repair broken complete denture base, maxillary	5
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	115	D5520	replace missing or broken teeth - complete denture (each tooth)	5
D5222	immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	115	D5611	repair resin partial denture base, mandibular	5
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	115	D5612	repair resin partial denture base, maxillary	5
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	115	D5621	repair cast partial framework, mandibular	5
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	275	D5622	repair cast partial framework, maxillary	5
D5226	mandibular partial denture - flexible base (including retentive/clasping materials, rests and teeth)	275	D5630	repair or replace broken retentive/clasping materials per tooth	5
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	115	D5640	replace broken teeth - per tooth	5
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	115	D5650	add tooth to existing partial denture	5
D5282	removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	50	D5660	add clasp to existing partial denture - per tooth	5
D5283	removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	50	D5670	replace all teeth and acrylic on cast metal framework (maxillary)	60
D5284	removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests, and teeth) - per quadrant	275	D5671	replace all teeth and acrylic on cast metal framework (mandibular)	60
D5286	removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests, and teeth) - per quadrant	275	D5710	rebase complete maxillary denture	50
Denture Adjustments & Repairs			D5711	rebase complete mandibular denture	50
D5410	adjust complete denture - maxillary	0	D5720	rebase maxillary partial denture	50
D5411	adjust complete denture - mandibular	0	D5721	rebase mandibular partial denture	50
D5421	adjust partial denture - maxillary	0	D5730	reline complete maxillary denture (direct)	20
D5422	adjust partial denture - mandibular	0	D5731	reline complete mandibular denture (direct)	20
D5511	repair broken complete denture base, mandibular	5	D5740	reline maxillary partial denture (direct)	20
			D5741	reline mandibular partial denture (direct)	20
			D5750	reline complete maxillary denture (indirect)	30
			D5751	reline complete mandibular denture (indirect)	30
			D5760	reline maxillary partial denture (indirect)	30
			D5761	reline mandibular partial denture (indirect)	30
			D5765	soft liner for complete or partial removable denture - indirect	20
			D5810	interim complete denture (maxillary)	45
			D5811	interim complete denture (mandibular)	45
			D5820	interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	45
			D5821	interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	45
			D5850	tissue conditioning, maxillary	20
			D5851	tissue conditioning, mandibular	20
			Implants		

Code	Description	Copayment	Code	Description	Copayment
D6198	remove interim implant component	0	D6609	retainer onlay - porcelain/ceramic, three or more surfaces	55
Bridges			D6610	* retainer onlay - cast high noble metal, two surfaces	125
<i>*Copayments include charges for noble metal and high noble metal/titanium. D62SC and D67SC are ore optional upgrade charges to the standard crown copayment for specialized porcelain such as Lava, Captek, Zirconia, Empress, E-Max, etc. and D67BM is an optional benefit for porcelain butt margin. D62ML and D67ML have an additional copayment for porcelain crowns on molar teeth.</i>					
D6205	pontic - indirect resin based composite	45	D6611	* retainer onlay - cast high noble metal, three or more surfaces	125
D6210	* pontic - cast high noble metal	130	D6612	retainer onlay - cast predominantly base metal, two surfaces	45
D6211	pontic - cast predominantly base metal	50	D6613	retainer onlay - cast predominantly base metal, three or more surfaces	45
D6212	* pontic - cast noble metal	100	D6614	* retainer onlay - cast noble metal, two surfaces	95
D6214	* pontic - titanium and titanium alloys	50	D6615	* retainer onlay - cast noble metal, three or more surfaces	95
D6240	* pontic - porcelain fused to high noble metal	135	D6624	* retainer inlay - titanium	50
D6241	pontic - porcelain fused to predominantly base metal	55	D6634	* retainer onlay - titanium	50
D6242	* pontic - porcelain fused to noble metal	105	D6710	retainer crown - indirect resin based composite	40
D6243	pontic - porcelain fused to titanium and titanium alloys	105	D6720	* retainer crown - resin with high noble metal	120
D6245	pontic - porcelain/ceramic	55	D6721	retainer crown - resin with predominantly base metal	40
D6250	* pontic - resin with high noble metal	125	D6722	* retainer crown - resin with noble metal	90
D6251	pontic - resin with predominantly base metal	45	D6740	retainer crown - porcelain/ceramic	135
D6252	* pontic - resin with noble metal	95	D6750	* retainer crown - porcelain fused to high noble metal	135
D6253	interim pontic - further treatment or completion of diagnosis necessary prior to final impression	200	D6751	retainer crown - porcelain fused to predominantly base metal	55
D62ML	pontic- porcelain on molar	100	D6752	* retainer crown - porcelain fused to noble metal	105
D62SC	pontic - specialty upgrade	200	D6753	retainer crown - porcelain fused to titanium and titanium alloys	105
D6545	retainer - cast metal for resin bonded fixed prosthesis	40	D6780	* retainer crown - 3/4 cast high noble metal	135
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	55	D6781	retainer crown - 3/4 cast predominantly base metal	55
D6549	resin retainer – for resin bonded fixed prosthesis	40	D6782	* retainer crown - 3/4 cast noble metal	105
D6600	inlay - porcelain/ceramic, two surfaces	55	D6783	retainer crown - 3/4 porcelain/ceramic	55
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	55	D6784	retainer crown ¾ - titanium and titanium alloys	105
D6602	* retainer inlay - cast high noble metal, two surfaces	125	D6790	* retainer crown - full cast high noble metal	135
D6603	* retainer inlay - cast high noble metal, three or more surfaces	125	D6791	retainer crown - full cast predominantly base metal	55
D6604	retainer inlay - cast predominantly base metal, two surfaces	45	D6792	* retainer crown - full cast noble metal	105
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	45	D6793	interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	200
D6606	* retainer inlay - cast noble metal, two surfaces	95	D6794	* retainer crown - titanium and titanium alloys	50
D6607	* retainer inlay - cast noble metal, three or more surfaces	95	D67BM	abutment crown- butt margin	50
D6608	retainer onlay - porcelain/ceramic, two surfaces	55	D67ML	abutment crown-porcelain on molar	100
			D67SC	abutment crown- specialty upgrade	200
			D6930	re-cement or re-bond fixed partial denture	0

Code	Description	Copayment	Code	Description	Copayment
Oral Surgery			D7970	excision of hyperplastic tissue - per arch	100
D7111	extraction, coronal remnants - primary tooth	0	D7971	excision of pericoronal gingiva	0
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	0	Other Services		
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	0	D00SO	second opinion consultation	20
D7220	removal of impacted tooth - soft tissue	30	D9110	palliative (emergency) treatment of dental pain - minor procedure	25
D7230	removal of impacted tooth - partially bony	40	D9120	fixed partial denture sectioning	35
D7240	removal of impacted tooth - completely bony	40	D9210	local anesthesia not in conjunction with operative or surgical procedures	0
D7241	removal of impacted tooth - completely bony, with unusual surgical complications	40	D9211	regional block anesthesia	0
D7250	removal of residual tooth roots (cutting procedure)	5	D9212	trigeminal division block anesthesia	0
D7251	coronectomy – intentional partial tooth removal	40	D9215	local anesthesia in conjunction with operative or surgical procedures	0
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	50	D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	20
D7280	exposure of an unerupted tooth	0	D9430	office visit for observation (during regularly scheduled hours) - no other services performed	0
D7282	mobilization of erupted or malpositioned tooth to aid eruption	200	D9440	office visit - after regularly scheduled hours	25
D7283	placement of device to facilitate eruption of impacted tooth	90	D9450	case presentation, detailed and extensive treatment planning	0
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	80	D9610	therapeutic parenteral drug, single administration	15
D7286	incisional biopsy of oral tissue-soft	75	D9612	therapeutic parenteral drugs, two or more administrations, different medications	30
D7288	brush biopsy - transepithelial sample collection	30	D9613	infiltration of sustained release therapeutic drug, per quadrant	0
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	10	D9630	drugs or medicaments dispensed in the office for home use	25
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	10	D9910	application of desensitizing medicament	20
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	10	D9911	application of desensitizing resin for cervical and/or root surface, per tooth	20
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	10	D9912	pre-visit patient screening	0
D7510	incision and drainage of abscess - intraoral soft tissue	0	D9932	cleaning and inspection of removable complete denture, maxillary	25
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	50	D9933	cleaning and inspection of removable complete denture, mandibular	25
D7961	buccal / labial frenectomy (frenulectomy)	100	D9934	cleaning and inspection of removable partial denture, maxillary	25
D7962	lingual frenectomy (frenulectomy)	100	D9935	cleaning and inspection of removable partial denture, mandibular	25
D7963	frenuloplasty	100	D9941	fabrication of athletic mouthguard	100
			D9942	repair and/or relin of occlusal guard	90
			D9943	occlusal guard adjustment	15
			D9944	occlusal guard- hard appliance, full arch	120
			D9945	occlusal guard- soft appliance, full arch	120
			D9951	occlusal adjustment - limited	35
			D9952	occlusal adjustment - complete	75

Code	Description	Copayment
D9961	duplicate/copy patient's records	0
D9970	enamel microabrasion	20
D9971	odontoplasty - per tooth	10
D9972	external bleaching - per arch - performed in office	200
D9973	external bleaching - per tooth	100
D9974	internal bleaching - per tooth	100
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	200
D9990	certified translation or sign-language services per visit	0
D9991	dental case management – addressing appointment compliance barriers	0
D9992	dental case management – care coordination	0
D9993	dental case management – motivational interviewing	0
D9994	dental case management – patient education to improve oral health literacy	0
D9995	teledentistry- synchronous; real-time encounter	0
D9996	teledentistry- asynchronous; information stored and forwarded to dentist for subsequent review	0

Orthodontics

D8681	Removable orthodontic retainer adjustment	0
	Consultation	60
	Partial banded - adult	750
	Mixed dentition - phase 1	450
	Palatal expansion	350
	Rapid palatal expansion	550
	Retention appliance - after orthodontic treatment	180
	Functional appliance (Bionator-Frankel)	550
	Headgear	350
	Simple crossbite	275
	Copying records	40
	Failed/no-show appointment without 24-hour notice	25
	Full banded - child, up to age 19	1000
	Full banded - adult	1000
	Partial banded - child, up to age 19	750

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

Dental Limitations

The following are limitations on covered benefits.

- A. Treatment of dental emergencies is limited to treatment that will alleviate acute symptoms and does not cover definitive restorative treatment including, but not limited to root canal treatment and crowns.
- B. Optional services: when the patient selects a plan of treatment that is considered optional or unnecessary by the attending dentist, the additional cost is the responsibility of the patient.
- C. Routine teeth cleaning (prophylaxis) is limited to once every six months and full mouth x-rays are limited to one set every three years if needed.
- D. Covered specialist referrals must be pre-approved by Dental Health Services.
- E. Periodontal surgical procedures are limited to four quadrants every two years.
- F. There are no additional charges for precious/noble metals (gold).
- G. Replacement will be made of any existing appliance (denture, etc.) only if it is unsatisfactory and cannot be made satisfactory. Prosthetic appliances will be replaced only after five years have elapsed from the time of delivery. Lost or stolen removable appliances are the responsibility of the enrollee.
- H. Relines are limited to once per twelve months, per appliance.
- I. Single unit inlays and crowns are a benefit as provided above only when the teeth cannot be adequately restored with other restorative materials.
- J. The maximum benefit for pedodontic specialty care is \$500 per lifetime.

Dental Exclusions

The following are not covered by your dental plan.

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

than four teeth in an arch, replacement of missing third molars, or when the prognosis is poor.

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

Orthodontic Limitations

The following are limitations on covered benefits.

- A. Cephalometric x-rays, dental x-rays.
- B. Tracings and photographs.
- C. Study models.
- D. Replacement of lost or broken appliances.
- E. Changes in treatment necessitated by an accident of any kind.
- F. Services which are compensable under worker's compensation or employer liability laws.
- G. Malocclusions so severe or mutilated they are not amenable to ideal orthodontic therapy.
- H. Full banded treatments are based on a 24-month standard treatment plan. Additional treatment, or treatment that extends beyond that time may be subject to additional charges.

If the contract between the group and Dental Health Services is terminated, service is subject to a pro-rated fee based on current market value for the balance of orthodontic treatment. If the member should terminate group coverage, they are no longer eligible for the group orthodontic rate.

Should the contract between Dental Health Services and the orthodontist terminate, any Dental Health Services members in treatment would not be subject to proration.

Please call your Member Service Specialist at 800-637-6453 for a referral to the nearest participating orthodontist.

Orthodontic Exclusions

The following are not covered by your dental plan.

- A. Retreatment of orthodontic cases.
- B. Treatment of a case in progress at inception of eligibility.
- C. Surgical procedures (including extraction of teeth) incidental orthodontic treatment.
- D. Surgical procedures related to cleft palate, micrognathia or macrognathia.
- E. Treatment related to temporomandibular joint (TMJ) disturbances and/or hormonal imbalances.
- F. Any dental procedure considered within the field of general dentistry including but not limited to: myofunctional therapy; general anesthetics, including intravenous and inhalation sedation dental services of any nature performed in a hospital.

Health plan benefits and coverage matrix

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

Deductibles: None

Lifetime maximums: There are no other maximums.

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

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

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

Professional services - specialty services: Copayments vary by procedure and appear in the enclosed Schedule of Covered Services and Copayments.

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

Outpatient office visits: No additional charge

Hospitalization services: Not covered

Prescription drug coverage: Not covered

Emergency health services: Not covered

Ambulance services: Not covered

Durable medical equipment: Not covered

Mental health services: Not covered

Chemical dependency services: Not covered

Home health services: Not covered

These benefits can only be changed by Dental Health Services with 30 days prior notice given to the group, and with the group's consent to the proposed changes.

Dental Health Services

A Great Reason to Smilesm

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