



Code	Description	Copayment
D9543	Office Visit	7
D9986	missed appointment	According to office policy
D9987	cancelled appointment	According to office policy
<p><i>Services when performed by a Dental Health Services participating dentist. Specialty Services are not a covered benefit (except orthodontia). If you need dental services that your general dentist cannot perform, contact Member Services to discuss options.</i></p>		
Diagnostic		
D0120	periodic oral evaluation - established patient	2
D0140	limited oral evaluation - problem focused	2
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	2
D0150	comprehensive oral evaluation - new or established patient	5
D0160	detailed and extensive oral evaluation - problem focused, by report	40
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	2
D0171	re-evaluation – post-operative office visit	2
D0180	comprehensive periodontal evaluation - new or established patient	12
D0210	intraoral - complete series of radiographic images	0
D0220	intraoral - periapical first radiographic image	0
D0230	intraoral - periapical each additional radiographic image	0
D0240	intraoral - occlusal radiographic image	0
D0250	extraoral - first radiographic image	0
D0260	extraoral - each additional radiographic image	0
D0270	bitewing - single radiographic image	0
D0272	bitewings - two radiographic images	0
D0273	bitewings - three radiographic images	0
D0274	bitewings - four radiographic images	0
D0277	vertical bitewings - 7 to 8 radiographic images	0
D0330	panoramic radiographic image	18
D0340	cephalometric radiographic image	25
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	5
D0415	collection of microorganisms for culture and sensitivity	75
D0425	caries susceptibility tests	30
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	50
D0460	pulp vitality tests	0
D0470	diagnostic casts	35
D0601	caries risk assessment and documentation, with a finding of low risk	30

Code	Description	Copayment
D0602	caries risk assessment and documentation, with a finding of moderate risk	30
D0603	caries risk assessment and documentation, with a finding of high risk	30
Preventive		
D1110	prophylaxis - adult (limited to 1 per 6 months & additional at higher copayments)	12
D1110	Prophylaxis - adult (additional beyond 1 in 6 months)	80
D1120	prophylaxis - child (limited to 1 per 6 months & additional at higher copayments)	12
D1120	Prophylaxis - child (additional beyond 1 in 6 months)	80
D1206	topical application of fluoride varnish	12
D1208	topical application of fluoride – excluding varnish	5
D1310	nutritional counseling for control of dental disease	0
D1320	tobacco counseling for the control and prevention of oral disease	0
D1330	oral hygiene instructions	0
D1351	sealant - per tooth	5
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	50
D1353	sealant repair – per tooth	5
Space Maintainers		
D1510	space maintainer - fixed - unilateral	125
D1515	space maintainer - fixed - bilateral	150
D1520	space maintainer - removable - unilateral	125
D1525	space maintainer - removable - bilateral	150
D1550	re-cement or re-bond space maintainer	10
D1555	removal of fixed space maintainer	10
Amalgam Restorations - Primary or Permanent		
D2140	amalgam - one surface, primary or permanent	25
D2150	amalgam - two surfaces, primary or permanent	35
D2160	amalgam - three surfaces, primary or permanent	48
D2161	amalgam - four or more surfaces, primary or permanent	60
Resin-Based Composite Restorations		
D2330	resin-based composite - one surface, anterior	47
D2331	resin-based composite - two surfaces, anterior	57
D2332	resin-based composite - three surfaces, anterior	67
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	77
D2390	resin-based composite crown, anterior	90
D2391	resin-based composite - one surface, posterior	60
D2392	resin-based composite - two surfaces, posterior	75
D2393	resin-based composite - three surfaces, posterior	90

Code	Description	Copayment
D2394	resin-based composite - four or more surfaces, posterior	105

Crowns - Single Restoration Only

**Additional charges of \$125 for noble metal, \$150 for high noble metal/titanium, \$175 for upgraded, specialized porcelain such as Lava, Captek, Cercon, etc. If standard porcelain is used, there is no extra charge.*

D2510	* inlay - metallic - one surface	400
D2520	* inlay - metallic - two surfaces	435
D2530	* inlay - metallic - three or more surfaces	465
D2542	* onlay - metallic - two surfaces	435
D2543	* onlay - metallic - three surfaces	435
D2544	* onlay - metallic - four or more surfaces	435
D2610	inlay - porcelain/ceramic - one surface	400
D2620	inlay - porcelain/ceramic - two surfaces	435
D2630	inlay - porcelain/ceramic - three or more surfaces	465
D2642	onlay - porcelain/ceramic - two surfaces	435
D2643	onlay - porcelain/ceramic - three surfaces	465
D2644	onlay - porcelain/ceramic - four or more surfaces	465
D2650	inlay - resin-based composite - one surface	400
D2651	inlay - resin-based composite - two surfaces	435
D2652	inlay - resin-based composite - three or more surfaces	465
D2662	onlay - resin-based composite - two surfaces	435
D2663	onlay - resin-based composite - three surfaces	465
D2664	onlay - resin-based composite - four or more surfaces	465
D2710	crown - resin-based composite (indirect)	240
D2712	crown - ¾ resin-based composite (indirect)	240
D2720	* crown - resin with high noble metal	475
D2721	crown - resin with predominantly base metal	475
D2722	* crown - resin with noble metal	475
D2740	* crown - porcelain/ceramic substrate	475
D2750	* crown - porcelain fused to high noble metal	475
D2751	crown - porcelain fused to predominantly base metal	475
D2752	* crown - porcelain fused to noble metal	475
D2780	* crown - 3/4 cast high noble metal	475
D2781	crown - 3/4 cast predominantly base metal	475
D2782	* crown - 3/4 cast noble metal	475
D2783	* crown - 3/4 porcelain/ceramic	475
D2790	* crown - full cast high noble metal	475
D2791	crown - full cast predominantly base metal	475
D2792	* crown - full cast noble metal	475
D2794	* crown - titanium	475
D2799	provisional crown— further treatment or completion of diagnosis necessary prior to final impression	200

Other Restorative Services

D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	15
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	15
D2920	re-cement or re-bond crown	15
D2921	reattachment of tooth fragment, incisal edge or cusp	77
D2929	prefabricated porcelain/ceramic crown – primary tooth	165

Code	Description	Copayment
D2930	prefabricated stainless steel crown - primary tooth	75
D2931	prefabricated stainless steel crown - permanent tooth	125
D2932	prefabricated resin crown	125
D2933	prefabricated stainless steel crown with resin window	110
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	110
D2940	protective restoration	30
D2941	interim therapeutic restoration – primary dentition	5
D2949	restorative foundation for an indirect restoration	30
D2950	core buildup, including any pins when required	95
D2951	pin retention - per tooth, in addition to restoration	35
D2952	post and core in addition to crown, indirectly fabricated	100
D2953	each additional indirectly fabricated post - same tooth	90
D2954	prefabricated post and core in addition to crown	100
D2955	post removal	125
D2957	each additional prefabricated post - same tooth	80
D2960	labial veneer (resin laminate) - chairside	350
D2961	labial veneer (resin laminate) - laboratory	400
D2962	labial veneer (porcelain laminate) - laboratory	500
D2970	temporary crown (fractured tooth)	125
D2971	additional procedures to construct new crown under existing partial denture framework	20
D2975	coping	200
D2990	resin infiltration of incipient smooth surface lesions	8

Endodontics (root canal therapy)

D3110	pulp cap - direct (excluding final restoration)	35
D3120	pulp cap - indirect (excluding final restoration)	35
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	55
D3221	pulpal debridement, primary and permanent teeth	55
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	55
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	80
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	80
D3310	endodontic therapy, anterior tooth (excluding final restoration)	275
D3320	endodontic therapy, bicuspid tooth (excluding final restoration)	370
D3330	endodontic therapy, molar (excluding final restoration)	575
D3331	treatment of root canal obstruction; non-surgical access	175
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	200
D3333	internal root repair of perforation defects	150

Code	Description	Copayment
D3346	retreatment of previous root canal therapy - anterior	600
D3347	retreatment of previous root canal therapy - bicuspid	700
D3348	retreatment of previous root canal therapy - molar	850
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	30
D3355	pulpal regeneration - initial visit	30
D3356	pulpal regeneration - interim medication replacement	30
D3357	pulpal regeneration - completion of treatment	550
D3421	apicoectomy - bicuspid (first root)	375
D3425	apicoectomy - molar (first root)	425
D3426	apicoectomy (each additional root)	140
D3427	periradicular surgery without apicoectomy	330
D3430	retrograde filling - per root	120
D3450	root amputation - per root	200
D3920	hemisection (including any root removal), not including root canal therapy	300
D3950	canal preparation and fitting of preformed dowel or post	75

Periodontics

D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	225
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	80
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	80
D4230	anatomical crown exposure - four or more contiguous teeth per quadrant	450
D4231	anatomical crown exposure - one to three teeth per quadrant	350
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	300
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	200
D4245	apically positioned flap	350
D4249	clinical crown lengthening – hard tissue	350
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	500
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	350
D4263	bone replacement graft - first site in quadrant	300
D4264	bone replacement graft - each additional site in quadrant	350
D4266	guided tissue regeneration - resorbable barrier, per site	300
D4267	guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	350
D4268	surgical revision procedure, per tooth	450
D4270	pedicle soft tissue graft procedure	450

Code	Description	Copayment
D4274	distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	250
D4277	free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	445
D4278	free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	100
D4341	periodontal scaling and root planing - four or more teeth per quadrant	70
D4342	periodontal scaling and root planing - one to three teeth per quadrant	45
D4355	full mouth debridement to enable comprehensive evaluation and diagnosis	55
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	40
D4910	periodontal maintenance (limited to 1 per 6 months & additional at higher copayments)	40
D4910	Periodontal maintenance (additional beyond 1 in 6 months)	125
D4921	gingival irrigation – per quadrant	25

Dentures

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.

D5110	complete denture - maxillary	825
D5120	complete denture - mandibular	825
D5130	immediate denture - maxillary	900
D5140	immediate denture - mandibular	900
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	675
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	675
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	875
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	875
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	825
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	825
D5281	removable unilateral partial denture - one piece cast metal (including clasps and teeth)	425

Denture Adjustments & Repairs

D5410	adjust complete denture - maxillary	30
D5411	adjust complete denture - mandibular	30
D5421	adjust partial denture - maxillary	30
D5422	adjust partial denture - mandibular	30
D5510	repair broken complete denture base	130
D5520	replace missing or broken teeth - complete denture (each tooth)	125
D5610	repair resin denture base	135
D5620	repair cast framework	135

Code	Description	Copayment
D5630	repair or replace broken clasp	130
D5640	replace broken teeth - per tooth	130
D5650	add tooth to existing partial denture	130
D5660	add clasp to existing partial denture	135
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	500
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	500
D5710	rebase complete maxillary denture	225
D5711	rebase complete mandibular denture	225
D5720	rebase maxillary partial denture	225
D5721	rebase mandibular partial denture	225
D5730	reline complete maxillary denture (chairside)	125
D5731	reline complete mandibular denture (chairside)	125
D5740	reline maxillary partial denture (chairside)	125
D5741	reline mandibular partial denture (chairside)	125
D5750	reline complete maxillary denture (laboratory)	200
D5751	reline complete mandibular denture (laboratory)	200
D5760	reline maxillary partial denture (laboratory)	200
D5761	reline mandibular partial denture (laboratory)	200
D5810	interim complete denture (maxillary)	325
D5811	interim complete denture (mandibular)	325
D5820	interim partial denture (maxillary)	325
D5821	interim partial denture (mandibular)	325
D5850	tissue conditioning, maxillary	30
D5851	tissue conditioning, mandibular	30
D5863	overdenture – complete maxillary	900
D5864	overdenture – partial maxillary	900
D5865	overdenture – complete mandibular	900
D5866	overdenture – partial mandibular	900

Implants

*Implants are only available at specific participating dental offices. Check www.dentalhealthservices.com to locate participating dental offices which offer this service. *Additional charges of \$125 for noble metal, \$150 for high noble metal/titanium, \$175 for upgraded, specialized porcelain such as Lava, Captek, Cercon, etc. If standard porcelain is used, there is no charge to patient. **Standard x-rays include periapical, bitewing and occlusal films. There is an additional fee for panoramic, cephalometric, CT or other films. ***There is an additional fee for any replacement parts, screws, etc.*

D6010	surgical placement of implant body: endosteal implant	1500
D6056	prefabricated abutment – includes modification and placement	450
D6057	custom fabricated abutment – includes placement	450
D6058	* abutment supported porcelain/ceramic crown	1000
D6059	* abutment supported porcelain fused to metal crown (high noble metal)	1000
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	1000
D6061	* abutment supported porcelain fused to metal crown (noble metal)	1000
D6062	* abutment supported cast metal crown (high noble metal)	1000
D6063	abutment supported cast metal crown (predominantly base metal)	1000
D6064	* abutment supported cast metal crown (noble metal)	1000
D6065	* implant supported porcelain/ceramic crown	1000

Code	Description	Copayment
D6066	* implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1000
D6067	* implant supported metal crown (titanium, titanium alloy, high noble metal)	1000
D6068	* abutment supported retainer for porcelain/ceramic FPD	1000
D6069	* abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1000
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	1000
D6071	* abutment supported retainer for porcelain fused to metal FPD (noble metal)	1000
D6072	* abutment supported retainer for cast metal FPD (high noble metal)	1000
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	1000
D6074	* abutment supported retainer for cast metal FPD (noble metal)	1000
D6075	implant supported retainer for ceramic FPD	1000
D6076	* implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	1000
D6077	* implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	1000
D6092	re-cement or re-bond implant/abutment supported crown	30
D6093	re-cement or re-bond implant/abutment supported fixed partial denture	40
D6094	* abutment supported crown - (titanium)	500
D6110	implant /abutment supported removable denture for edentulous arch – maxillary	2300
D6111	implant /abutment supported removable denture for edentulous arch – mandibular	2300
D6112	implant /abutment supported removable denture for partially edentulous arch – maxillary	2300
D6113	implant /abutment supported removable denture for partially edentulous arch – mandibular	2300
D6194	* abutment supported retainer crown for FPD (titanium)	500

Bridges

**Additional charges of \$125 for noble metal, \$150 for high noble metal/titanium, \$175 for upgraded, specialized porcelain such as Lava, Captek, Cercon, etc. If standard porcelain is used, there is no charge to patient.*

D6205	pontic - indirect resin based composite	240
D6210	* pontic - cast high noble metal	475
D6211	pontic - cast predominantly base metal	475
D6212	* pontic - cast noble metal	475
D6214	* pontic - titanium	475
D6240	* pontic - porcelain fused to high noble metal	475
D6241	pontic - porcelain fused to predominantly base metal	475
D6242	* pontic - porcelain fused to noble metal	475
D6245	* pontic - porcelain/ceramic	475
D6250	* pontic - resin with high noble metal	475
D6251	pontic - resin with predominantly base metal	475
D6252	* pontic - resin with noble metal	475

Code	Description	Copayment
D6253	provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	200
D6545	retainer - cast metal for resin bonded fixed prosthesis	310
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	550
D6549	resin retainer – for resin bonded fixed prosthesis	310
D6600	inlay - porcelain/ceramic, two surfaces	435
D6601	inlay - porcelain/ceramic, three or more surfaces	475
D6602	* inlay - cast high noble metal, two surfaces	435
D6603	* inlay - cast high noble metal, three or more surfaces	475
D6604	inlay - cast predominantly base metal, two surfaces	435
D6605	inlay - cast predominantly base metal, three or more surfaces	475
D6606	* inlay - cast noble metal, two surfaces	435
D6607	* inlay - cast noble metal, three or more surfaces	475
D6608	* onlay - porcelain/ceramic, two surfaces	435
D6609	* onlay - porcelain/ceramic, three or more surfaces	475
D6610	* onlay - cast high noble metal, two surfaces	435
D6611	* onlay - cast high noble metal, three or more surfaces	475
D6612	onlay - cast predominantly base metal, two surfaces	435
D6613	onlay - cast predominantly base metal, three or more surfaces	475
D6614	* onlay - cast noble metal, two surfaces	435
D6615	* onlay - cast noble metal, three or more surfaces	475
D6624	* inlay - titanium	475
D6634	* onlay - titanium	475
D6710	crown - indirect resin based composite	475
D6720	* crown - resin with high noble metal	475
D6721	crown - resin with predominantly base metal	475
D6722	* crown - resin with noble metal	475
D6740	* crown - porcelain/ceramic	475
D6750	* crown - porcelain fused to high noble metal	475
D6751	crown - porcelain fused to predominantly base metal	475
D6752	* crown - porcelain fused to noble metal	475
D6780	* crown - 3/4 cast high noble metal	475
D6781	crown - 3/4 cast predominantly base metal	475
D6782	* crown - 3/4 cast noble metal	475
D6783	crown - 3/4 porcelain/ceramic	475
D6790	* crown - full cast high noble metal	475
D6791	crown - full cast predominantly base metal	475
D6792	* crown - full cast noble metal	475
D6793	provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	200
D6794	* crown - titanium	475
D6930	re-cement or re-bond fixed partial denture	30

Oral Surgery

D7111	extraction, coronal remnants - deciduous tooth	60
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Code	Description	Copayment
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	60
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	135
D7220	removal of impacted tooth - soft tissue	150
D7230	removal of impacted tooth - partially bony	180
D7240	removal of impacted tooth - completely bony	215
D7241	removal of impacted tooth - completely bony, with unusual surgical complications	265
D7250	surgical removal of residual tooth roots (cutting procedure)	150
D7251	coronectomy – intentional partial tooth removal	210
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	270
D7280	surgical access of an unerupted tooth	125
D7282	mobilization of erupted or malpositioned tooth to aid eruption	275
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	100
D7286	incisional biopsy of oral tissue-soft	100
D7288	brush biopsy - transepithelial sample collection	25
D7310	alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	110
D7311	alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	150
D7320	alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	140
D7321	alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	80
D7510	incision and drainage of abscess - intraoral soft tissue	100
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	125
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	150
D7963	frenuloplasty	225
D7970	excision of hyperplastic tissue - per arch	125
D7971	excision of pericoronal gingiva	40

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	30
D9120	fixed partial denture sectioning	35
D9210	local anesthesia not in conjunction with operative or surgical procedures	50
D9211	regional block anesthesia	60
D9212	trigeminal division block anesthesia	150
D9215	local anesthesia in conjunction with operative or surgical procedures	0
D9219	evaluation for deep sedation or general anesthesia	40

Code	Description	Copayment
D9220	deep sedation/general anesthesia - first 30 minutes	300
D9221	deep sedation/general anesthesia – each additional 15 minutes	100
D9230	inhalation of nitrous oxide/analgesia, anxietyolysis	40
D9241	intravenous moderate (conscious) sedation/analgesia – first 30 minutes	300
D9242	intravenous moderate (conscious) sedation/analgesia – each additional 15 minutes	150
D9248	non-intravenous moderate (conscious) sedation	250
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	20
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	25
D9440	office visit - after regularly scheduled hours	40
D9450	case presentation, detailed and extensive treatment planning	0
D9610	therapeutic parenteral drug, single administration	15
D9612	therapeutic parenteral drugs, two or more administrations, different medications	30
D9630	other drugs and/or medicaments, by report	25
D9910	application of desensitizing medicament	15
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	15
D9931	cleaning and inspection of a removable appliance	15
D9940	occlusal guard, by report	350
D9941	fabrication of athletic mouthguard	350
D9942	repair and/or relin of occlusal guard	75
D9951	occlusal adjustment - limited	35
D9952	occlusal adjustment - complete	75
D9970	enamel microabrasion	175
D9971	odontoplasty 1 - 2 teeth; includes removal of enamel projections	130
D9972	external bleaching - per arch - performed in office	200
D9973	external bleaching - per tooth	40
D9974	internal bleaching - per tooth	75
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	200

Orthodontics

When performed by a Dental Health Services participating orthodontist.

D8010	limited orthodontic treatment of the primary dentition	D8070 prorated
D8020	limited orthodontic treatment of the transitional dentition	D8070 prorated
D8030	limited orthodontic treatment of the adolescent dentition	D8080 prorated
D8040	limited orthodontic treatment of the adult dentition	D8090 prorated
D8050	interceptive orthodontic treatment of the primary dentition	D8070 prorated
D8060	interceptive orthodontic treatment of the transitional dentition	D8070 prorated
D8070	comprehensive orthodontic treatment of the transitional dentition	3395

Code	Description	Copayment
D8080	comprehensive orthodontic treatment of the adolescent dentition	3395
D8090	comprehensive orthodontic treatment of the adult dentition	3495
D8210	removable appliance therapy	250
D8220	fixed appliance therapy	230
D8660	pre-orthodontic treatment examination to monitor growth and development	40
D8670	periodic orthodontic treatment visit	5
D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s))	315
D8690	orthodontic treatment (alternative billing to a contract fee)	included
D8691	repair of orthodontic appliance	50
D8693	re-cement or re-bond fixed retainer	45

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.

Denturists

Covered Denturist Services and Copayments when services are received from a licensed Dental Health Services' Denturist. Only Plastic Teeth will be covered by Dental Health Services. Upgrades on dentures will be the member's responsibility (at a 20% discount).

D5110	Complete denture - maxillary	700
D5120	Complete denture - mandibular	700
D5130	Immediate denture - maxillary	725
D5140	Immediate denture - mandibular	725
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	750
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	750
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	750
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	750
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	750
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	750
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	300
D5410	Adjust complete denture - maxillary	20
D5411	Adjust complete denture - mandibular	20
D5421	Adjust partial denture - maxillary	20
D5422	Adjust partial denture - mandibular	20
D5510	Repair broken complete denture base	100
D5520	Replace missing or broken teeth - complete denture (each tooth)	100
D5610	Repair resin denture base	110
D5620	Repair cast framework	110
D5630	Repair or replace broken clasp	100
D5640	Replace broken teeth - per tooth	100
D5650	Add tooth to existing partial denture	100
D5660	Add clasp to existing partial denture	105
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	375

Code	Description	Copayment	Code	Description	Copayment
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	375			
D5710	Rebase complete maxillary denture	195			
D5711	Rebase complete mandibular denture	195			
D5720	Rebase maxillary partial denture	195			
D5721	Rebase mandibular partial denture	195			
D5730	Reline complete maxillary denture (chairside)	110			
D5731	Reline complete mandibular denture (chairside)	110			
D5740	Reline maxillary partial denture (chairside)	110			
D5741	Reline mandibular partial denture (chairside)	110			
D5750	Reline complete maxillary denture (laboratory)	170			
D5751	Reline complete mandibular denture (laboratory)	170			
D5760	Reline maxillary partial denture (laboratory)	170			
D5761	Reline mandibular partial denture (laboratory)	170			
D5810	Interim complete denture (maxillary)	300			
D5811	Interim complete denture (mandibular)	300			
D5820	Interim partial denture (maxillary)	300			
D5821	Interim partial denture (mandibular)	300			
D5850	Tissue conditioning, maxillary	25			
D5851	Tissue conditioning, mandibular	25			
D5863	Overdenture – complete maxillary	725			
D5864	Overdenture – partial maxillary	725			
D5865	Overdenture – complete mandibular	725			
D5866	Overdenture – partial mandibular	725			
	Denture Cleaning	5			



Dental Limitations

The following are limitations on covered benefits.

- A. Authorized treatment is rendered only by your selected participating provider. Services provided by a dentist other than the enrollee's designated participating provider, except for emergency dental conditions, 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. 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.
 3. D4341 or D4342 – Periodontal scaling and root planing – limited to four quadrants per six months; and two quadrants per day.
 4. 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.
 5. Fixed bridges are optional and not covered for patients under the age of 16.
- C. Emergency dental condition – is the emergent and acute onset of a symptom or symptoms, including severe pain that would lead a prudent layperson acting reasonably to believe that dental condition exists that requires immediate, palliative care by a licensed dentist for the relief of pain, swelling or bleeding. This does not include routine, extensive or postponable treatment. Emergency dental care is limited to palliative treatment.
- D. 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.
- E. 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.
- F. 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.
- G. 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.
- H. Crowns and Bridges – limited to 10 in a 12 month period. Additional Crowns and Bridges are subject to a \$200 copayment increase per procedure.
- I. 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, is abusive to the participating provider or their staff, or obtains services by fraud or deception.
- J. Submit claims within 60 days. Dental Health Services shall not be liable to pay a claim for emergency care or for any Dental Health Services authorized treatment provided by a dentist other than a participating provider unless the enrollee submits the claim to Dental Health Services within 60 days after treatment.
- K. 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.
- L. Benefits are only available if work is completed in enrollee's participating provider's office.
- M. 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.

- N. Coverage for services only available during period of enrollment.
- O. 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. Treatment at a specialist is not covered, but may be available at a discount unless your specific plan contains specialty copayments.
- C. 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.
- D. 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.)
- E. Any dental procedure that cannot be performed in the dental office due to the general health and/or physical limitations of the enrollee.
- F. 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 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
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