



# Schedule of Covered Services and Copayments CA Super SmartSmile Plan

Code	Description	Copayment	
		Dentist	Specialist
D9543	Office Visit	4	
D9986	missed appointment	Per office policy	
D9987	cancelled appointment	Per office policy	

*NC indicates the procedure is not covered*

## Diagnostic

D0120	periodic oral evaluation - established patient	0	45
D0140	limited oral evaluation - problem focused	0	45
D0150	comprehensive oral evaluation - new or established patient	0	45
D0160	detailed and extensive oral evaluation - problem focused, by report	0	0
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	0
D0171	re-evaluation – post-operative office visit	0	0
D0180	comprehensive periodontal evaluation - new or established patient	0	0
D0210	intraoral - complete series of radiographic images	0	65
D0220	intraoral - periapical first radiographic image	0	12
D0230	intraoral - periapical each additional radiographic image	0	8
D0240	intraoral - occlusal radiographic image	0	0
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	0	0
D0270	bitewing - single radiographic image	0	0
D0272	bitewings - two radiographic images	0	21
D0273	bitewings - three radiographic images	0	0
D0274	bitewings - four radiographic images	0	30
D0277	vertical bitewings - 7 to 8 radiographic images	0	0
D0330	panoramic radiographic image	0	55
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	10	NC
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	NC

Code	Description	Copayment	
		Dentist	Specialist
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	5	NC
D0415	collection of microorganisms for culture and sensitivity	20	NC
D0425	caries susceptibility tests	15	NC
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	10	NC
D0460	pulp vitality tests	0	NC
D0470	diagnostic casts	5	NC
D0601	caries risk assessment and documentation, with a finding of low risk	10	NC
D0602	caries risk assessment and documentation, with a finding of moderate risk	10	NC
D0603	caries risk assessment and documentation, with a finding of high risk	10	NC

## Preventive

D1110	prophylaxis - adult (limited to 1 per 6 months & additional at higher copayments)	0	30
D1110+	Prophylaxis - adult (additional beyond 1 in 6 months)	80	NC
D1120	prophylaxis - child (limited to 1 per 6 months & additional at higher copayments)	0	40
D1120+	Prophylaxis - child (additional beyond 1 in 6 months)	80	NC
D1206	topical application of fluoride varnish	12	36
D1208	topical application of fluoride – excluding varnish	0	26
D1310	nutritional counseling for control of dental disease	0	NC
D1320	tobacco counseling for the control and prevention of oral disease	0	0
D1330	oral hygiene instructions	0	0
D1351	sealant - per tooth	5	35
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	20	0
D1353	sealant repair – per tooth	5	35
D1354	interim caries arresting medicament application	20	0

## Space Maintainers

Code	Description	Copayment	
		Dentist	Specialist
D1510	space maintainer - fixed - unilateral	40	210
D1515	space maintainer - fixed - bilateral	60	290
D1520	space maintainer - removable - unilateral	30	240
D1525	space maintainer - removable - bilateral	40	300
D1550	re-cement or re-bond space maintainer	0	48
D1555	removal of fixed space maintainer	0	0

### Amalgam Restorations - Primary or Permanent

D2140	amalgam - one surface, primary or permanent	0	60
D2150	amalgam - two surfaces, primary or permanent	0	80
D2160	amalgam - three surfaces, primary or permanent	0	95
D2161	amalgam - four or more surfaces, primary or permanent	0	115

### Resin-Based Composite Restorations

D2330	resin-based composite - one surface, anterior	20	78
D2331	resin-based composite - two surfaces, anterior	33	100
D2332	resin-based composite - three surfaces, anterior	46	120
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	60	140
D2390	resin-based composite crown, anterior	60	200
D2391	resin-based composite - one surface, posterior	85	85
D2392	resin-based composite - two surfaces, posterior	120	115
D2393	resin-based composite - three surfaces, posterior	150	143
D2394	resin-based composite - four or more surfaces, posterior	160	175

### Crowns - Single Restoration Only

*\*Copayment already includes metal fees of \$125 for noble metal and \$150 for high noble metal/titanium. Additional copayments may be charged for specialized/ upgraded products such as: porcelain butt margin- (D27BM) \$50, specialized crowns such as Lava, Captek, Empress, E-Max, Procera, etc.- (D2740SPC or D2750SPC) \$200, and porcelain on molar crowns (D27MOL) \$100.*

D2510	inlay - metallic - one surface	200	NC
D2520	inlay - metallic - two surfaces	200	NC
D2530	inlay - metallic - three or more surfaces	200	NC
D2542	onlay - metallic - two surfaces	200	NC
D2543	onlay - metallic - three surfaces	200	NC
D2544	onlay - metallic - four or more	200	NC
D2610	inlay - porcelain/ceramic - one surface	340	NC

Code	Description	Copayment	
		Dentist	Specialist
D2620	inlay - porcelain/ceramic - two surfaces	340	NC
D2630	inlay - porcelain/ceramic - three or more surfaces	340	NC
D2642	onlay - porcelain/ceramic - two surfaces	340	NC
D2643	onlay - porcelain/ceramic - three surfaces	340	NC
D2644	onlay - porcelain/ceramic - four or more surfaces	340	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)	120	330
D2712	crown - 3/4 resin-based composite (indirect)	120	306
D2720	* crown - resin with high noble metal	270	300
D2721	crown - resin with predominantly base metal	120	450
D2722	* crown - resin with noble metal	245	NC
D2740	crown - porcelain/ceramic substrate	240	NC
D2740SPC	crown- ceramic specialty upgrade	200	NC
D2750	* crown - porcelain fused to high noble metal	390	380
D27BM	crown-butt margin	50	NC
D27MOL	crown- porcelain on molar	100	NC
D2750SPC	crown- specialty upgrade	200	NC
D2751	crown - porcelain fused to predominantly base metal	240	470
D2752	* crown - porcelain fused to noble metal	365	470
D2780	* crown - 3/4 cast high noble metal	375	NC
D2781	crown - 3/4 cast predominantly base metal	225	NC
D2782	* crown - 3/4 cast noble metal	350	NC
D2783	crown - 3/4 porcelain/ceramic	240	NC
D2790	* crown - full cast high noble metal	375	270
D2791	crown - full cast predominantly base metal	225	420
D2792	* crown - full cast noble metal	350	295
D2794	* crown - titanium	375	NC
D2799	provisional crown- further treatment or completion of diagnosis necessary prior to final impression	200	NC

### Other Restorative Services

Code	Description	Copayment	
		Dentist	Specialist
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	15	NC
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	15	30
D2920	re-cement or re-bond crown	15	44
D2921	reattachment of tooth fragment, incisal edge or cusp	35	45
D2929	prefabricated porcelain/ceramic crown – primary tooth	50	145
D2930	prefabricated stainless steel crown - primary tooth	50	135
D2931	prefabricated stainless steel crown - permanent tooth	50	145
D2932	prefabricated resin crown	50	160
D2933	prefabricated stainless steel crown with resin window	70	160
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	70	156
D2940	protective restoration	0	60
D2941	interim therapeutic restoration – primary dentition	60	120
D2949	restorative foundation for an indirect restoration	10	60
D2950	core buildup, including any pins when required	25	110
D2951	pin retention - per tooth, in addition to restoration	20	30
D2952	post and core in addition to crown, indirectly fabricated	60	180
D2953	each additional indirectly fabricated post - same tooth	0	0
D2954	prefabricated post and core in addition to crown	55	78
D2955	post removal	55	NC
D2957	each additional prefabricated post - same tooth	0	NC
D2960	labial veneer (resin laminate) - chairside	220	NC
D2961	labial veneer (resin laminate) - laboratory	260	NC
D2962	labial veneer (porcelain laminate) - laboratory	340	NC
D2971	additional procedures to construct new crown under existing partial denture framework	25	25
D2975	coping	200	390
D2990	resin infiltration of incipient smooth surface lesions	5	35

### Endodontics

D3110	pulp cap - direct (excluding final restoration)	10	40
D3120	pulp cap - indirect (excluding final restoration)	4	40

Code	Description	Copayment	
		Dentist	Specialist
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	15	135
D3221	pulpal debridement, primary and permanent teeth	15	140
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	15	135
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	45	210
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	55	225
D3310	endodontic therapy, anterior tooth (excluding final restoration)	100	450
D3320	endodontic therapy, bicuspid tooth (excluding final restoration)	175	525
D3330	endodontic therapy, molar (excluding final restoration)	300	645
D3331	treatment of root canal obstruction; non-surgical access	45	NC
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	70	NC
D3333	internal root repair of perforation defects	45	NC
D3346	retreatment of previous root canal therapy - anterior	150	520
D3347	retreatment of previous root canal therapy - bicuspid	250	575
D3348	retreatment of previous root canal therapy - molar	350	700
D3351	apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	30	230
D3352	apexification/recalcification – interim medication replacement	30	155
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	30	260
D3355	pulpal regeneration - initial visit	30	230
D3356	pulpal regeneration - interim medication replacement	30	155
D3357	pulpal regeneration - completion of treatment	100	350
D3410	apicoectomy - anterior	150	420
D3421	apicoectomy - bicuspid (first root)	150	495
D3425	apicoectomy - molar (first root)	150	550
D3426	apicoectomy (each additional root)	100	310
D3427	periradicular surgery without apicoectomy	150	420
D3430	retrograde filling - per root	80	220

Code	Description	Copayment	
		Dentist	Specialist
D3920	hemisection (including any root removal), not including root canal therapy	200	330
D3950	canal preparation and fitting of preformed dowel or post	55	175

### Periodontics

D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	120	280
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	50	100
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	50	100
D4230	anatomical crown exposure - four or more contiguous teeth per quadrant	250	350
D4231	anatomical crown exposure - one to three teeth per quadrant	200	300
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	250	350
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	400
D4249	clinical crown lengthening – hard tissue	250	320
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	300	500
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	200	350
D4263	bone replacement graft - first site in quadrant	215	300
D4264	bone replacement graft - each additional site in quadrant	120	200
D4266	guided tissue regeneration - resorbable barrier, per site	230	275
D4267	guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	325	350
D4268	surgical revision procedure, per tooth	400	450
D4270	pedicle soft tissue graft procedure	400	450
D4274	distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	350	350
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	400	520

Code	Description	Copayment	
		Dentist	Specialist
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	125
D4320	provisional splinting - intracoronal	200	240
D4321	provisional splinting - extracoronal	200	240
D4341	periodontal scaling and root planing - four or more teeth per quadrant	45	110
D4342	periodontal scaling and root planing - one to three teeth per quadrant	30	90
D4355	full mouth debridement to enable comprehensive evaluation and diagnosis	45	100
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	50	50
D4910	periodontal maintenance (first 2 cleanings within calendar year)	45	80
D4910+	Periodontal maintenance (3rd and 4th cleaning within calendar year)	50	50
D4921	gingival irrigation – per quadrant	25	25

### Dentures

*Dentures and partials include four months free adjustments. Add lab cost of any gold.*

D5110	complete denture - maxillary	310	NC
D5120	complete denture - mandibular	310	NC
D5130	immediate denture - maxillary	320	NC
D5140	immediate denture - mandibular	320	NC
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	180	NC
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	180	NC
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	410	NC
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	410	NC
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	370	NC
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	370	NC
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	370	NC



Code	Description	Copayment	
		Dentist	Specialist
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	370	NC
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	610	NC
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	610	NC
D5281	removable unilateral partial denture - one piece cast metal (including clasps and teeth)	130	NC

### Denture Adjustments & Repairs

D5410	adjust complete denture - maxillary	0	NC
D5411	adjust complete denture - mandibular	0	NC
D5421	adjust partial denture - maxillary	0	NC
D5422	adjust partial denture - mandibular	0	NC
D5510	repair broken complete denture base	30	NC
D5520	replace missing or broken teeth - complete denture (each tooth)	20	NC
D5610	repair resin denture base	30	NC
D5620	repair cast framework	50	NC
D5630	repair or replace broken clasp - per tooth	40	NC
D5640	replace broken teeth - per tooth	20	NC
D5650	add tooth to existing partial denture	20	NC
D5660	add clasp to existing partial denture - per tooth	30	NC
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	220	NC
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	220	NC
D5710	rebase complete maxillary denture	120	NC
D5711	rebase complete mandibular denture	120	NC
D5720	rebase maxillary partial denture	120	NC
D5721	rebase mandibular partial denture	120	NC
D5730	reline complete maxillary denture (chairside)	60	NC
D5731	reline complete mandibular denture (chairside)	60	NC
D5740	reline maxillary partial denture (chairside)	60	NC
D5741	reline mandibular partial denture (chairside)	60	NC
D5750	reline complete maxillary denture (laboratory)	90	NC
D5751	reline complete mandibular denture (laboratory)	90	NC
D5760	reline maxillary partial denture (laboratory)	90	NC
D5761	reline mandibular partial denture (laboratory)	90	NC
D5810	interim complete denture (maxillary)	100	NC
D5811	interim complete denture (mandibular)	100	NC

Code	Description	Copayment	
		Dentist	Specialist
D5820	interim partial denture (maxillary)	100	NC
D5821	interim partial denture (mandibular)	100	NC
D5850	tissue conditioning, maxillary	25	NC
D5851	tissue conditioning, mandibular	25	NC
D5863	overdenture – complete maxillary	260	NC
D5864	overdenture – partial maxillary	260	NC
D5865	overdenture – complete mandibular	260	NC
D5866	overdenture – partial mandibular	260	NC

### Implants

*\*Copayment already includes metal fees of \$125 for noble metal and \$150 for high noble metal/titanium. Implant services are covered only when performed by a participating general dentist.*

D6010	surgical placement of implant body: endosteal implant	1500	NC
D6011	second stage implant surgery	200	NC
D6051	interim abutment	200	NC
D6052	semi-precision attachment abutment	200	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

Code	Description	Copayment	
		Dentist	Specialist
D6072	* abutment supported retainer for cast metal FPD (high noble metal)	1150	NC
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
D6092	re-cement or re-bond implant/abutment supported crown	30	NC
D6093	re-cement or re-bond implant/abutment supported fixed partial denture	40	NC
D6094	* abutment supported crown - (titanium)	650	NC
D6104	bone graft at time of implant placement	180	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

*\*Copayment already includes metal fees of \$125 for noble metal and \$150 for high noble metal/titanium. Additional copayments may be charged for specialized/ upgraded products such as: porcelain butt margin- (D62BM or D67BM) \$50, porcelain on molar crowns (D62MOL or D67MOL) \$100, and specialized crowns such as Lava, Captek, Empress, E-Max, Procera, etc.- (D6240.SPC, D6250.SPC, D6740.SPC or D6750.SPC) \$200.*

D6205	pontic - indirect resin based composite	120	NC
D6210	* pontic - cast high noble metal	375	NC
D6211	pontic - cast predominantly base metal	225	NC
D6212	* pontic - cast noble metal	350	NC
D6214	* pontic - titanium	375	NC
D6240	* pontic - porcelain fused to high noble metal	390	NC
D6240SPC	pontic - ceramic specialty upgrade	200	NC
D6241	pontic - porcelain fused to predominantly base metal	240	NC
D6242	* pontic - porcelain fused to noble metal	365	NC

Code	Description	Copayment	
		Dentist	Specialist
D6245	pontic - porcelain/ceramic	240	NC
D6250	* pontic - resin with high noble metal	270	NC
D62BM	pontic- butt margin	50	NC
D62MOL	pontic- porcelain on molar	100	NC
D6250SPC	pontic- specialty upgrade	200	NC
D6251	pontic - resin with predominantly base metal	120	NC
D6252	* pontic - resin with noble metal	245	NC
D6253	provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	200	NC
D6545	retainer - cast metal for resin bonded fixed prosthesis	170	NC
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	170	NC
D6549	resin retainer – for resin bonded fixed prosthesis	170	NC
D6600	inlay - porcelain/ceramic, two surfaces	240	NC
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	240	NC
D6602	* retainer inlay - cast high noble metal, two surfaces	380	NC
D6603	* retainer inlay - cast high noble metal, three or more surfaces	380	NC
D6604	retainer inlay - cast predominantly base metal, two surfaces	230	NC
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	230	NC
D6606	* retainer inlay - cast noble metal, two surfaces	355	NC
D6607	* retainer inlay - cast noble metal, three or more surfaces	355	NC
D6608	retainer onlay - porcelain/ceramic, two surfaces	230	NC
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	230	NC
D6610	* retainer onlay - cast high noble metal, two surfaces	380	NC
D6611	* retainer onlay - cast high noble metal, three or more surfaces	380	NC
D6612	retainer onlay - cast predominantly base metal, two surfaces	230	NC
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	230	NC
D6614	* retainer onlay - cast noble metal, two surfaces	355	NC
D6615	* retainer onlay - cast noble metal, three or more surfaces	355	NC
D6624	* retainer inlay - titanium	375	NC
D6634	* retainer onlay - titanium	375	NC
D6710	retainer crown - indirect resin based composite	120	NC
D6720	* retainer crown - resin with high noble metal	270	NC
D6721	retainer crown - resin with predominantly base metal	120	NC
D6722	* retainer crown - resin with noble metal	245	NC

Code	Description	Copayment	
		Dentist	Specialist
D6740	retainer crown - porcelain/ceramic	230	NC
D6740SPC	abutment crown- ceramic specialty upgrade	200	0
D6750	* retainer crown - porcelain fused to high noble metal	390	NC
D67BM	abutment crown- butt margin	50	0
D67MOL	abutment crown-porcelain on molar	100	0
D6750SPC	abutment crown- specialty upgrade	200	0
D6751	retainer crown - porcelain fused to predominantly base metal	240	NC
D6752	* retainer crown - porcelain fused to noble metal	365	NC
D6780	* retainer crown - 3/4 cast high noble metal	375	NC
D6781	retainer crown - 3/4 cast predominantly base metal	225	NC
D6782	* retainer crown - 3/4 cast noble metal	350	NC
D6783	retainer crown - 3/4 porcelain/ceramic	250	NC
D6790	* retainer crown - full cast high noble metal	375	NC
D6791	retainer crown - full cast predominantly base metal	225	NC
D6792	* retainer crown - full cast noble metal	350	NC
D6793	provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	200	NC
D6794	* retainer crown - titanium	375	NC
D6930	re-cement or re-bond fixed partial denture	20	NC

### Oral Surgery

D7111	extraction, coronal remnants - deciduous tooth	0	65
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	0	70
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	30	150
D7220	removal of impacted tooth - soft tissue	50	150
D7230	removal of impacted tooth - partially bony	75	215
D7240	removal of impacted tooth - completely bony	100	265
D7241	removal of impacted tooth - completely bony, with unusual surgical complications	275	275
D7250	surgical removal of residual tooth roots (cutting procedure)	120	222
D7251	coronectomy – intentional partial tooth removal	100	265
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	200	300

Code	Description	Copayment	
		Dentist	Specialist
D7280	surgical access of an unerupted tooth	150	265
D7282	mobilization of erupted or malpositioned tooth to aid eruption	200	300
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	75	95
D7286	incisional biopsy of oral tissue-soft	75	95
D7288	brush biopsy - transepithelial sample collection	30	60
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	55	140
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	55	240
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	55	140
D7471	removal of lateral exostosis (maxilla or mandible)	150	300
D7510	incision and drainage of abscess - intraoral soft tissue	5	100
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	100	150
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	150	200
D7963	frenuloplasty	175	225
D7970	excision of hyperplastic tissue - per arch	175	250
D7971	excision of pericoronal gingiva	40	70

### Other Services

D9110	palliative (emergency) treatment of dental pain - minor procedure	10	100
D9120	fixed partial denture sectioning	40	NC
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
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	0	0
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	0	5
D9440	office visit - after regularly scheduled hours	50	NC
D9450	case presentation, detailed and extensive treatment planning	0	NC
D9610	therapeutic parenteral drug, single administration	15	NC

Code	Description	Copayment	
		Dentist	Specialist
D9612	therapeutic parenteral drugs, two or more administrations, different medications	30	NC
D9630	other drugs and/or medicaments, by report	25	25
D9910	application of desensitizing medicament	20	NC
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	20	NC
D9932	cleaning and inspection of removable complete denture, maxillary	25	NC
D9933	cleaning and inspection of removable complete denture, mandibular	25	NC
D9934	cleaning and inspection of removable partial denture, maxillary	25	NC
D9935	cleaning and inspection of removable partial denture, mandibular	25	NC
D9940	occlusal guard, by report	180	NC
D9941	fabrication of athletic mouthguard	100	NC
D9942	repair and/or reline of occlusal guard	90	NC
D9943	occlusal guard adjustment	15	NC
D9951	occlusal adjustment - limited	35	80
D9952	occlusal adjustment - complete	75	150
D9970	enamel microabrasion	20	NC
D9971	odontoplasty 1 - 2 teeth; includes removal of enamel projections	20	NC
D9972	external bleaching - per arch - performed in office	200	NC
D9973	external bleaching - per tooth	100	NC
D9974	internal bleaching - per tooth	100	NC
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	200	NC

## Orthodontics

removable orthodontic retainer adjustment	0
Consultation	25
Failed/no-show appointment without 24-hour notice	25
Full banded - child, up to age 19	1975
Full banded - adult	2175
Partial banded - child, up to age 19	1250
Partial banded - adult	1550
Mixed dentition - phase 1	600
Palatal expansion	450
Rapid palatal expansion	600
Retention appliance - after orthodontic treatment	250
Functional appliance (Bionator-Frankel)	600
Headgear	400
Simple crossbite	400
Copying records	40

Code	Description	Copayment	
		Dentist	Specialist

*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.*





## Exclusions and Limitations of Coverage CA Super SmartSmile<sup>SM</sup> Plan

### Orthodontic exclusions

The following services 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.
- G. Cephalometric x-rays, dental x-rays.
- H. Tracings and photographs.
- I. Study models.
- J. Replacement of lost or broken appliances.
- K. Changes in treatment necessitated by an accident of any kind.
- L. Services which are compensable under worker's compensation or employer liability laws.
- M. Malocclusions so severe or mutilated they are not amenable to ideal orthodontic therapy.

### Orthodontic limitations

The following are subject to additional charges:

- A. 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.
- B. If the member should terminate coverage, they are no longer eligible for the plan's orthodontic rate.
- C. Should the contract between Dental Health Services and the orthodontist terminate, any Dental Health Services members in treatment would not be subject to proration.

### Dental exclusions

The following services 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.
- H. Procedures performed by a prosthodontist.

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

### Dental limitations

Restrictions on benefits are applied to the following services:

- 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. Specialty referrals must be pre-approved by Dental Health Services for any treatment deemed necessary by the treating participating dentist.
- E. Pre-authorization is required for all specialty services, with the exception of orthodontics.
- F. Periodontal surgical procedures are limited to four quadrants every two years.
- G. There are additional charges for precious/noble metals (gold).
- H. 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.
- I. Relines are limited to once per twelve months, per appliance.
- J. Single unit inlays and crowns are a benefit as provided above only when the teeth cannot be adequately restored with other restorative materials.
- K. The maximum benefit for pedodontic specialty care is \$500 per lifetime.
- L. There is a \$1,000 maximum benefit per member, per contract year, excluding orthodontics.

## 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: The maximum benefit for pedodontic specialty care is \$500 per lifetime. 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 of Covered Services and Copayments.

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

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

Professional services - specialty services: Copayments vary by procedure and appear in the enclosed Schedule of Covered Services and Copayments. There is a \$1,000 maximum benefit per member, per contract year, excluding orthodontics.

Outpatient office visits: \$4

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

## Dental Health Services

*A Great Reason to Smile<sup>sm</sup>*

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