

2019 SCHEDULE OF DENTAL PROCEDURES AND ALLOWABLE CHARGES FOR THE STATE DENTAL PLAN

PLEASE NOTE THAT THE ALLOWABLE DOLLAR CHARGE IS SET BY THE STATE AND MAY NOT REFLECT THE TOTAL CHARGE FOR THE PARTICULAR SERVICE BY YOUR DENTIST. YOU ARE RESPONSIBLE FOR PAYMENT OF ANY DIFFERENCE BETWEEN THE AMOUNT COVERED BY THE STATE AS AN EMPLOYEE, OR A COVERED DEPENDENT, AND THE DENTIST'S CHARGE. YOU SHOULD DISCUSS FEES WITH YOUR DENTIST PRIOR TO TREATMENT.

THE MAXIMUM ALLOWABLE CHARGE FOR ANY DENTAL PROCEDURE NOT SPECIFIED IN THIS SCHEDULE WILL BE DETERMINED BY THE PLAN ADMINISTRATOR THROUGH ITS MEDICAL STAFF AND/OR DENTAL CONSULTANTS BASED ON COMPARABLE OR SIMILAR SERVICES, UNLESS SUCH PROCEDURE IS SPECIFICALLY EXCLUDED IN THIS SCHEDULE OR BY OTHER TERMS AND CONDITIONS OF COVERAGE.

"NC" INDICATES NON COVERED.

| PROCEDURE CODE | CLASS I. DIAGNOSTIC AND PREVENTIVE (Payable @ 100% of State Allowance) | ALLOWANCE |
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| | ORAL EXAMINATIONS: | |
| D0120 | PERIODIC ORAL EVALUATION | \$18.20 |
| D0140 | LIMITED ORAL EVALUATION-PROBLEM FOCUSED | \$20.40 |
| D0145 | ORAL EVALUATION PATIENT UNDER 3 | \$19.30 |
| D0150 | COMPREHENSIVE ORAL EVALUATION | \$19.30 |
| D0160 | DETAILED AND EXTENSIVE ORAL EVALUATION-PROBLEM- FOCUSED, BY REPORT | \$19.30 |
| D0170 | RE-EVALUATION-LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT) | \$18.20 |
| D0171 | RE-EVALUATION- POST-OPERATIVE OFFICE VISIT | NC |
| D0180 | COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT | \$19.30 |
| D0190 | SCREENING OF NEW PATIENT TO DETERMINE THE NEED TO SEE A DENTIST FOR DIAGNOSIS | NC |
| D0191 | ASSESSMENT OF A PATIENT TO IDENTIFY THE NEED FOR A REFERRAL | \$11.85 |
| | RADIOGRAPHS: NO BENEFITS ARE PAYABLE FOR ANY CHARGES FOR BITEWING X-RAYS MORE THAN TWICE DURING ANY BENEFIT YEAR OR MORE THAN ONE SERIES OF FULL-MOUTH X-RAYS OR ONE PANORAMIC FILM IN ANY 36-MONTH PERIOD, UNLESS A SPECIAL NEED FOR THESE SERVICES AT MORE FREQUENT INTERVALS IS DOCUMENTED BY THE DENTIST AND DEEMED NECESSARY BY THE PLAN ADMINISTRATOR. | |
| D0210 | RADIOGRAPHIC IMAGES- INTRAORAL - COMPLETE SERIES | \$49.30 |
| D0220 | RADIOGRAPHIC IMAGE- INTRAORAL- PERIAPICAL-FIRST RADIOGRAPHIC IMAGE | \$8.40 |
| D0230 | RADIOGRAPHIC IMAGE- INTRAORAL- PERIAPICAL- EACH ADDITIONAL RADIOGRAPHIC IMAGE | \$6.20 |
| D0240 | INTRAORAL- OCCLUSAL RADIOGRAPHIC IMAGE | \$16.70 |
| D0250 | EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGES CREATED USING A STATIONARY RADIATION SOURCE, AND DETECTOR | \$7.30 |
| D0251 | EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE | \$7.30 |
| D0270 | BITEWING - SINGLE RADIOGRAPHIC IMAGE | \$12.00 |
| D0272 | BITEWINGS - TWO RADIOGRAPHIC IMAGES | \$14.50 |
| D0273 | BITEWINGS - THREE RADIOGRAPHIC IMAGES | \$16.90 |
| D0274 | BITEWINGS - FOUR RADIOGRAPHIC IMAGES | \$19.30 |
| D0277 | VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES | \$36.00 |
| D0290 | POSTERIOR-ANTERIOR OR LATERAL SKULL AND FACIAL BONE SURVEY RADIOGRAPHIC IMAGES | \$33.70 |
| D0310 | SIALOGRAPHY | NC |
| D0320 | TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION | NC |
| D0321 | OTHER TEMPOROMANDIBULAR JOINT RADIOGRAPHIC IMAGES | NC |
| D0322 | TOMOGRAPHIC SURVEY | NC |
| D0330 | PANORAMIC RADIOGRAPHIC IMAGE | \$42.10 |
| D0340 | 2D CEPHALOMETRIC RADIOGRAPHIC IMAGE- ACQUISITION, MEASUREMENT AND ANALYSIS | NC |
| D0350 | ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRAORALLY OR EXTRAORALLY | NC |
| D0351 | 3D PHOTOGRAPHIC IMAGE | NC |

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| D0364 | CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW- LESS THAN ONE WHOLE JAW | NC |
| D0365 | CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW- MANDIBLE | NC |
| D0366 | CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW- MAXILLA | NC |
| D0367 | CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS | NC |
| D0368 | CONE BEAM CT CAPTURE AND INTERPRETATION FOR TMJ SERIES | NC |
| D0369 | MAXILLOFACIAL MRI CAPTURE AND INTERPRETATION | NC |
| D0370 | MAXILLOFACIAL UNTRASOUND CAPTURE AND INTERPRETATION | NC |
| D0371 | SIALOENDOSCOPY- CAPTURE AND INTERPRETATION | NC |
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| | IMAGE CAPTURE ONLY: | |
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| D0380 | CONE BEAM CT IMAGE CAPTURE WITH LIMITED FIELD OF VIEW- LESS THAN ONE WHOLE JAW | NC |
| D0381 | CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW- MANDIBLE | NC |
| D0382 | CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW- MAXILLA | NC |
| D0383 | CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF BOTH JAWS | NC |
| D0384 | CONE BEAM CT IMAGE CAPTURE FOR TMJ SERIES | NC |
| D0385 | MAXILLOFACIAL MRI IMAGE CAPTURE | NC |
| D0386 | MAXILLOFACIAL UNTRASOUND IMAGE CAPTURE | NC |
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| | INTERPRETATION AND REPORT ONLY | |
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| D0391 | INTERPRETATION OF DIAGNOSTIC IMAGE, INCLUDING REPORT | NC |
| D0393 | TREATMENT SIMULATION USING 3D IMAGE VOLUME | NC |
| D0394 | DIGITAL SUBTRACTION OF TWO OR MORE IMAGES OR IMAGE VOLUMES OF THE SAME MODALITY | NC |
| D0395 | FUSION OF TWO OR MORE 3D IMAGE VOLUMES OF ONE OR MORE MODALITIES | NC |
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| | TEST AND LABORATORY EXAMINATIONS: | |
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| D0411 | HbA1c IN OFFICE POINT OF SERVICE TESTING | NC |
| D0412 | BLOOD GLUCOSE LEVEL TEST - IN OFFICE USING A GLUCOSE METER | NC |
| D0415 | COLLECTION OF MICROORGANISMS FOR CULTURE AND SENSITIVITY | NC |
| D0416 | VIRAL CULTURE | NC |
| D0417 | COLLECTION AND PREPARATION OF SALIVA SAMPLE FOR LABORATORY DIAGNOSTIC TESTING | NC |
| D0418 | ANALYSIS OF SALIVA SAMPLE | NC |
| D0422 | COLLECTION AND PREPARATION OF GENETIC SAMPLE MATERIAL FOR LABORATORY ANALYSIS AND REPORT | NC |
| D0423 | GENETIC TEST FOR SUSCEPTIBILITY TO DISEASES- SPECIMEN ANALYSIS | NC |
| D0425 | CARIES SUSCEPTIBILITY TESTS | NC |
| D0431 | ADJUNCTIVE PRE-DIAGNOSTIC TEST THAT AIDS IN DETECTION OF MUCOSAL ABNORMALITIES | NC |
| D0460 | PULP VITALITY TESTS | \$16.70 |
| D0470 | DIAGNOSTIC CASTS (NC ON A ROUTINE BASIS- BENEFITS ARE PAYABLE ONLY ONCE IN A FIVE YEAR PERIOD.) | \$37.30 |
| D0472 | ACCESSION OF TISSUE- GROSS EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT | NC |
| D0473 | ACCESSION OF TISSUE- GROSS EXAMINATION | NC |
| D0474 | ACCESSION OF TISSUE- GROSS AND MICROSCOPIC EXAMINATION | NC |
| D0475 | DECALCIFICATION PROCEDURE | NC |
| D0476 | SPECIAL STAINS FOR MICROORGANISMS | NC |
| D0477 | SPECIAL STAINS, NOT FOR MICROORGANISMS | NC |
| D0478 | IMMUNOHISTOCHEMICAL STAINS | NC |
| D0479 | TISSUE IN-SITU HYBRIDIZATION, INCLUDING INTERPRETATION | NC |
| D0480 | ACCESSION OF EXFOLIATIVECYTOLOGIC SMEARS | NC |
| D0481 | ELECTRON MICROSCOPY- DIAGNOSTIC | NC |
| D0482 | DIRECT IMMUNOFLUORESCENCE | NC |
| D0483 | INDIRECT IMMUNOFLUORESCENCE | NC |
| D0484 | CONSULTATION ON SLIDES PREPARED ELSEWHERE | NC |
| D0485 | CONSULTATION, INCLUDING PREPARATION OF SLIDES FROM BIOPSY MATERIAL SUPPLIED FROM REFERRING SOURCE | NC |
| D0486 | ACCESSION OF TRANSEPITHELIAL CYTOLOGIC SAMPLE, MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT | NC |
| D0502 | OTHER ORAL PATHOLOGY PROCEDURES | NC |
| D0601 | CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF LOW RISK | NC |
| D0602 | CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF MODERATE RISK | NC |

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| D0603 | CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF HIGH RISK | NC |
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| D0999 | UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT | BY REPORT |
| | DENTAL PROPHYLAXIS: (NO MORE THAN TWO PROCEDURES IN ANY BENEFIT YEAR.) | |
| D1110 | PROPHYLAXIS - ADULT | \$30.10 |
| D1120 | PROPHYLAXIS - CHILD | \$27.60 |
| | TOPICAL APPLICATION OF FLUORIDE: NO BENEFITS ARE PAYABLE FOR MORE THAN ANY COMBINATION OF TWO APPLICATIONS OF STANNOUS FLUORIDE OR ACID FLUORIDE PHOSPHATE DURING ANY BENEFIT YEAR. | |
| D1206 | TOPICAL APPLICATION OF FLUORIDE VARNISH | \$13.10 |
| D1208 | TOPICAL APPLICATION OF FLUORIDE | \$13.10 |
| | OTHER PREVENTIVE SERVICES: | |
| D1310 | NUTRITIONAL COUNSELING FOR THE CONTROL OF DENTAL DISEASE | NC |
| D1320 | TOBACCO COUNSELING | NC |
| D1330 | ORAL HYGIENE INSTRUCTION | NC |
| D1351 | SEALANT - TOPICAL APPLICATION OF SEALANTS PER TOOTH, FOR UNRESTORED, RECENTLY ERUPTED PERMANENT MOLARS FOR PATIENTS THROUGH AGE 15. ONE TREATMENT EVERY THREE YEARS PER TOOTH | \$19.30 |
| D1352 | PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH CARIES RISK PATIENT- PERMANENT TOOTH | \$26.60 |
| D1353 | SEALANT REPAIR- PER TOOTH | \$15.44 |
| D1354 | INTERIM CARIES ARRESTING MEDICAMENT APPLICATION | NC |
| | SPACE MAINTAINERS (CHILD): | |
| D1510 | SPACE MAINTAINER - FIXED- UNILATERAL | \$127.50 |
| D1516 | SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY | \$192.30 |
| D1517 | SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR | \$192.30 |
| D1520 | SPACE MAINTAINER - REMOVABLE- UNILATERAL | \$69.60 |
| D1526 | SPACE MAINTAINER - REMOVABLE- BILATERAL, MAXILLARY | \$174.40 |
| D1527 | SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR | \$174.40 |
| D1550 | RECEMENTATION OF SPACE MAINTAINER | \$33.70 |
| D1555 | REMOVAL OF FIXED SPACE MAINTAINER- PERFORMED BY A DENTIST WHO DID NOT ORIGINALLY PLACE THE APPLIANCE | \$25.50 |
| D1575 | DISTAL SHOE SPACE MAINTAINER - FIXED - UNILATERAL | \$127.50 |
| | UNCLASSIFIED TREATMENT: | |
| D1999 | UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT | BY REPORT |
| D9110 | PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN- MINOR PROCEDURES | \$21.70 |
| | PROFESSIONAL CONSULTATION: | |
| D9310 | CONSULTATION (DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN) | \$24.00 |
| | PERIODONTAL MAINTENANCE (ONLY ALLOWED WITH HISTORY OF PERIODONTAL THERAPY): | |
| D4910 | PERIODONTAL MAINTENANCE PROCEDURE | \$45.70 |
| | MISCELLANEOUS SERVICES: | |
| D9910 | APPLICATION OF DESENSITIZING MEDICAMENTS (NO MORE THAN TWO PROCEDURES PER QUADRANT IN ANY BENEFIT YEAR)- NARRATIVE REQUIRED | \$15.60 |
| D9911 | APPLICATION OF DESENSITIZING RESIN- PER TOOTH | NC |

| CLASS II. BASIC DENTAL SERVICES | | |
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| (PAYABLE AT 80% OF THE STATE ALLOWANCE AFTER THE BENEFIT YEAR DEDUCTIBLE) | | |
| NO BENEFITS ARE PAYABLE FOR TEMPORARY PROCEDURES WHICH ARE CONSIDERED PART OF A MORE DEFINITIVE TREATMENT. | | |
| AMALGAM RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS): | | |
| D2140 | AMALGAM - ONE SURFACE, PERMANENT | \$33.90 |
| D2150 | AMALGAM - TWO SURFACES, PERMANENT | \$44.80 |
| D2160 | AMALGAM - THREE SURFACES, PERMANENT | \$54.60 |
| D2161 | AMALGAM - FOUR OR MORE SURFACES, PERMANENT | \$68.80 |
| D2951 | PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION | \$14.20 |
| COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS): | | |
| D2330 | RESIN - ONE SURFACE, ANTERIOR | \$39.30 |
| D2331 | RESIN - TWO SURFACES, ANTERIOR | \$53.60 |
| D2332 | RESIN - THREE SURFACES, ANTERIOR | \$65.60 |
| D2335 | RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR) | \$72.10 |
| D2390 | RESIN-BASED COMPOSITE CROWN, ANTERIOR | \$192.50 |
| D2391 | RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2140) | NC |
| D2392 | RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2150) | NC |
| D2393 | RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) | NC |
| D2394 | RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2161) | NC |
| D2410 | GOLD FOIL-ONE SURFACE | NC |
| D2420 | GOLD FOIL-TWO SURFACE | NC |
| D2430 | GOLD FOIL-THREE SURFACE | NC |
| D2940 | PROTECTIVE RESTORATION | \$37.40 |
| D2951 | PIN RETENTION- PER TOOTH, IN ADDITION TO RESTORATION | \$14.20 |
| OTHER RESTORATIVE SERVICES: | | |
| D2921 | REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP | NC |
| D2941 | INTERIM THERAPEUTIC RESTORATION- PRIMARY DENTITION | NC |
| D2949 | RESTORATIVE FOUNDATION FOR AN INDIRECT RESTORATION | NC |
| ENDODONTICS: | | |
| PULP CAPPING: | | |
| D3110 | PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION) | NC |
| D3120 | PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION) | NC |
| PULPOTOMY: | | |
| D3220 | THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT | \$42.60 |
| D3221 | PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH | \$42.60 |
| D3222 | PARTIAL PULPOTOMY FOR APEXOGENESIS- PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT | \$42.60 |

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| | ENDODONTIC THERAPY ON PRIMARY TEETH: | |
| D3230 | PULPAL THERAPY (RESORBABLE FILLING) - ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION) | \$75.00 |
| D3240 | PULPAL THERAPY (RESORBABLE FILLING) - POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION) | \$85.00 |
| | ENDODONTIC THERAPY: (INCLUDES TREATMENT PLAN, CLINICAL PROCEDURES AND FOLLOW-UP CARE) BENEFITS ARE PAYABLE FOR MORE THAN ONE ROOT CANAL TREATMENT ON THE SAME TOOTH ONLY AFTER REVIEW AND APPROVAL BY A DENTAL CONSULTANT OF SUBMITTED DOCUMENTATION AND THE APPROPRIATE ADA PROCEDURE CODE. | |
| D3310 | ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) | \$205.40 |
| D3320 | BICUSPID TOOTH (EXCLUDING FINAL RESTORATION) | \$237.10 |
| D3330 | MOLAR TOOTH (EXCLUDING FINAL RESTORATION) | \$339.80 |
| D3331 | TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS | \$167.20 |
| D3332 | INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH | \$237.10 |
| D3333 | INTERNAL ROOT REPAIR OF PERFORATION DEFECTS | \$167.20 |
| D3346 | RETREATMENT OF PREVIOUS ROOT CANAL THERAPY- ANTERIOR- SUBJECT TO DENTAL CONSULTANT REVIEW | \$205.40 |
| D3347 | RETREATMENT OF PREVIOUS ROOT CANAL THERAPY- BICUSPID- SUBJECT TO DENTAL CONSULTANT REVIEW | \$237.10 |
| D3348 | RETREATMENT OF PREVIOUS ROOT CANAL THERAPY- MOLAR- SUBJECT TO DENTAL CONSULTANT REVIEW | \$339.80 |
| D3351 | APEXIFICATION/ RECALCIFICATION- INITIAL VISIT (APICAL CLOSURE/ CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, PULP SPACE DISINFECTION, ETC.) | \$167.20 |
| D3352 | APEXIFICATION/ RECALCIFICATION- INTERIM MEDICATION REPLACEMENT | \$167.20 |
| D3353 | APEXIFICATION/ RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY-APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.) | \$167.20 |
| D3355 | PULPAL REGENERATION- INITIAL VISIT | \$209.00 |
| D3356 | PULPAL REGENERATION- INTERIM MEDICATION REPLACEMENT | \$209.00 |
| D3357 | PULPAL REGENERATION- COMPLETION OF TREATMENT | \$209.00 |
| | APICOECTOMY/PERIRADICULAR SERVICES: | |
| D3410 | APICOECTOMY- ANTERIOR | \$232.80 |
| D3421 | APICOECTOMY- BICUSPID (FIRST ROOT) | \$232.80 |
| D3425 | APICOECTOMY- MOLAR (FIRST ROOT) | \$232.80 |
| D3426 | APICOECTOMY- EACH ADDITIONAL ROOT | \$232.80 |
| D3427 | PERIRADICULAR SURGERY WITHOUT APICOECTOMY | \$174.60 |
| D3428 | BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY- PER TOOTH, SINGLE SITE | \$155.00 |
| D3429 | BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY- EACH ADDITIONAL CONTIGUOUS TOOTH IN THE SAME SURGICAL SITE | \$85.00 |
| D3430 | RETROGRADE FILLING - PER ROOT | \$51.40 |
| D3431 | BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION IN CONJUNCTION WITH PERIRADICULAR SURGERY | NC |
| D3432 | GUIDED TISSUE REGENERATION, RESORBABLE BARRIER, PER SITE, IN CONJUNCTION WITH PERIRADICULAR SURGERY | \$240.00 |
| D3450 | ROOT AMPUTATION - PER ROOT | \$124.50 |
| D3460 | ENDODONTIC ENDOSSEOUS IMPLANT | NC |
| D3470 | INTENTIONAL REIMPLANTATION (INCLUDING NECESSARY SPLINTING) | NC |
| | OTHER ENDODONTIC PROCEDURES: | |
| D3910 | SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM | NC |
| D3920 | HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY | \$89.60 |
| D3950 | CANAL PREP/FITTING OF PREFORMED DOWEL OR POST | NC |
| D3999 | UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT | BY REPORT |

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| | PERIODONTICS: | |
| | NO BENEFITS ARE PAYABLE FOR MORE THAN FOUR QUADRANTS IN ANY 36-MONTH PERIOD FOR THE FOLLOWING: | |
| | GINGIVECTOMY OR GINGIVOPLASTY | |
| | GINGIVAL CURRETAGE | |
| | OSSEOUS SURGERY | |
| | PERIODONTAL SCALING AND ROOT PLANING | |
| | MUCOGINGIVAL SUGERY | |
| | PERIODONTAL/ SURGICAL SERVICES MAY BE SUBJECT TO DENTAL CONSULTANT REVIEW | |
| D4210 | GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER QUADRANT | \$169.40 |
| D4211 | GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER QUADRANT | \$45.60 |
| D4212 | GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, PER TOOTH | \$45.60 |
| D4230 | ANATOMICAL CROWN EXPOSURE- FOUR OR MORE CONTIGUOUS TEETH PER QUADRANT | \$165.60 |
| D4231 | ANATOMICAL CROWN EXPOSURE- ONE TO THREE TEETH PER QUADRANT | \$44.70 |
| D4240 | GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER QUADRANT | \$191.30 |
| D4241 | GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER QUADRANT | \$95.50 |
| D4245 | APICALLY POSITIONED FLAP | \$200.00 |
| D4249 | CLINICAL CROWN LENGTHENING- HARD TISSUE | \$172.60 |
| D4260 | OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER QUADRANT | \$403.20 |
| D4261 | OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER QUADRANT | \$241.92 |
| D4263 | BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT | \$155.00 |
| D4264 | BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT | \$85.00 |
| D4265 | BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION | NC |
| D4266 | GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, PER SITE | \$240.00 |
| D4267 | GUIDED TISSUE REGENERATION- NONRESORBABLE BARRIER, PER SITE (INCLUDES MEMBRANE REMOVAL) | \$290.00 |
| D4268 | SURGICAL REVISION PROCEDURE, PER TOOTH | \$174.60 |
| D4270 | PEDICLE SOFT TISSUE GRAFT PROCEDURE | \$298.30 |
| D4273 | AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT | \$375.00 |
| D4274 | DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA) | \$74.30 |
| D4275 | NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT | \$400.00 |
| D4276 | COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT, PER TOOTH- NARRATIVE REQUIRED FOR DENTAL CONSULTANT REVIEW | \$383.00 |
| D4277 | FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH | \$320.20 |
| 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 | \$176.00 |
| D4283 | AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES)- EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE | \$187.50 |
| D4285 | NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT SURGICAL SITE AND DONOR MATERIAL)- EACH ADDITIONAL TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE | \$200.00 |
| | NON-SURGICAL PERIODONTAL SERVICES: | |
| D4320 | PROVISIONAL SPLINTING - INTRACORONAL | NC |
| D4321 | PROVISIONAL SPLINTING - EXTRACORONAL | NC |
| D4341 | PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT | \$84.20 |
| D4342 | PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH PER QUADRANT | \$31.59 |
| D4346 | SCALINE IN PRESENCE OF GENERALIZED MODERATE OR SEVERE INFLAMMATION - FULL MOUTH AFTER ORAL EVALUATION | \$45.15 |
| D4355 | FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE PERIODONTAL EVALUATION AND DIAGNOSIS (BENEFITS ARE PAYABLE ONLY ONCE PER LIFETIME.) | \$82.00 |
| D4381 | LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH | \$17.75 |
| D4920 | UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST OR THEIR STAFF) | NC |
| D4921 | GINGIVAL IRRIGATION- PER QUADRANT | BY REPORT |
| D4999 | UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT | BY REPORT |

| CLASS III. PROSTHODONTIC- MAJOR DENTAL SERVICES | | |
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| (PAYABLE AT 50% OF THE STATE ALLOWANCE AFTER THE BENEFIT YEAR DEDUCTIBLE) | | |
| INLAYS ARE NOT CONSIDERED A BENEFIT UNDER THIS PLAN. THE ALLOWANCE WILL BE BASED ON A COMPARABLE AMALGAM RESTORATION. | | |
| ONLAY RESTORATIONS: | | |
| D2542 | ONLAY- METALLIC- TWO SURFACES | \$380.00 |
| D2543 | ONLAY- METALLIC- THREE SURFACES | \$390.00 |
| D2544 | ONLAY- METALLIC- FOUR OR MORE SURFACES | \$400.00 |
| D2642 | ONLAY- PROCELAIN/CERAMIC- TWO SURFACES | \$380.00 |
| D2643 | ONLAY- PROCELAIN/CERAMIC- THREE SURFACES | \$390.00 |
| D2644 | ONLAY- PROCELAIN/CERAMIC- FOUR OR MORE SURFACES | \$400.00 |
| D2662 | ONLAY- RESIN-BASED COMPOSITE- TWO SURFACES | \$380.00 |
| D2663 | ONLAY- RESIN-BASED COMPOSITE- THREE SURFACES | \$390.00 |
| D2664 | ONLAY- RESIN-BASED COMPOSITE- FOUR OR MORE SURFACES | \$400.00 |
| CROWNS: SINGLE RESTORATIONS - MAY BE SUBJECT TO DENTAL CONSULTANT REVIEW | | |
| D2710 | CROWN - RESIN-BASED COMPOSITE (INDIRECT) | \$192.50 |
| D2712 | CROWN - 3/4 RESIN-BASED COMPOSITE (INDIRECT) | \$391.00 |
| D2720 | CROWN- RESIN WITH HIGH NOBLE METAL | \$391.00 |
| D2721 | CROWN- RESIN WITH PREDOMINANTLY BASE METAL | \$349.00 |
| D2722 | CROWN- RESIN WITH NOBLE METAL | \$370.00 |
| D2740 | CROWN- PORCELAIN/ CERAMIC SUBSTRATE | \$391.00 |
| D2750 | CROWN- PORCELAIN FUSED TO HIGH NOBLE METAL | \$409.60 |
| D2751 | CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL | \$409.60 |
| D2752 | CROWN- PORCELAIN FUSED TO NOBLE METAL | \$409.60 |
| D2780 | CROWN - 3/4 CAST HIGH NOBLE METAL | \$391.00 |
| D2781 | CROWN - 3/4 CAST PREDOMINANTLY BASE METAL | \$391.00 |
| D2782 | CROWN - 3/4 CAST NOBLE METAL | \$391.00 |
| D2783 | CROWN - 3/4 PORCELAIN/CERAMIC | \$391.00 |
| D2790 | CROWN-FULL CAST HIGH NOBLE METAL | \$409.60 |
| D2791 | CROWN-FULL CAST PREDOMINANTLYBASE METAL | \$370.00 |
| D2792 | CROWN-FULL CAST NOBLE METAL | \$396.80 |
| D2794 | CROWN -TITANIUM | \$370.00 |
| D2799 | PROVISIONAL CROWN | NC |

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| | OTHER RESTORATIVE SERVICES: | |
| D2910 | RECEMENT INLAY, ONLAY OR PARTIAL COVERAGE RESTORATION | \$24.50 |
| D2915 | RECEMENT CAST OR PREFABRICATED POST AND CORE | \$20.50 |
| D2920 | RECEMENT CROWN | \$25.60 |
| D2929 | PREFABRICATED PORCELAIN/ CERAMIC CROWN- PRIMARY TOOTH | \$67.80 |
| D2930 | PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH | \$67.80 |
| D2931 | PREFABRICATED STAINLESS STEEL CROWN- PERMANENT TOOTH | \$67.80 |
| D2932 | PREFABRICATED RESIN CROWN | \$99.20 |
| D2933 | PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW | \$99.20 |
| D2934 | PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH | \$99.20 |
| D2950 | CORE BUILD-UP, INCLUDING ANY PINS, WHEN REQUIRED | \$93.30 |
| D2952 | POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED | \$135.30 |
| D2953 | EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH | \$61.00 |
| D2954 | PREFABRICATED POST AND CORE IN ADDITION TO CROWN | \$95.70 |
| D2955 | POST REMOVAL | \$65.00 |
| D2957 | EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH | \$56.00 |
| D2960 | LABIAL VENEER (LAMINATE) - CHAIRSIDE | \$175.00 |
| D2961 | LABIAL VENEER (RESIN LAMINATE) - LABORATORY | NC |
| D2962 | LABIAL VENEER (PORCELAIN LAMINATE)- LABORATORY | \$275.00 |
| D2971 | ADDITIONAL PROCEDURES TO CONSTRUCT NEW CROWN UNDER EXISTING PARTIAL DENTURE FRAMEWORK | \$47.90 |
| D2975 | COPING | NC |
| D2980 | CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE | \$125.00 |
| D2981 | INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE | \$33.90 |
| D2982 | ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE | \$44.80 |
| D2983 | VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE | \$68.80 |
| D2990 | RESIN INFILTRATION OF INCIPIENT SMOOTH SURFACE LESIONS | \$26.60 |
| D2999 | UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT | BY REPORT |
| | COMPLETE DENTURES: (INCLUDING SIX MONTHS POST-DELIVERY CARE) | |
| D5110 | COMPLETE UPPER DENTURE | \$379.20 |
| D5120 | COMPLETE LOWER DENTURE | \$379.20 |
| D5130 | IMMEDIATE DENTURE- MAXILLARY | \$417.80 |
| D5140 | IMMEDIATE DENTURE- MANDIBULAR | \$417.80 |
| | PARTIAL DENTURES: (INCLUDING SIX MONTHS POST-DELIVERY CARE) | |
| D5211 | UPPER PARTIAL- RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH) | \$260.30 |
| D5212 | LOWER PARTIAL- RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH) | \$260.30 |
| D5213 | MAXILLARY PARTIAL DENTURE-CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH) | \$501.80 |
| D5214 | MANDIBULAR PARTIAL DENTURE-CAST METAL FRAMEWORK WITH RESIN DENTAL BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH) | \$501.80 |
| D5221 | IMMEDIATE MAXILLARY PARTIAL DENTURE- RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS, AND TEETH) | \$260.30 |
| D5222 | IMMEDIATE MANDIBULAR PARTIAL DENTURE- RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH) | \$260.30 |
| D5223 | IMMEDIATE MAXILLARY PARTIAL DENTURE- CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH) | \$501.80 |
| D5224 | IMMEDIATE MANDIBULAR PARTIAL DENTURE- CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH) | \$501.80 |
| D5225 | MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH) | \$390.50 |
| D5226 | MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH) | \$390.50 |
| D5282 | REMOVABLE UNILATERAL PARTIAL DENTURE- ONE PIECE CAST METAL (INCLUDING CLASPS AND TEETH), MAXILLARY | \$274.30 |
| D5283 | REMOVABLE UNILATERAL PARTIAL DENTURE- ONE PIECE CAST METAL (INCLUDING CLASPS AND TEETH), MANDIBULAR | \$274.30 |

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| | ADJUSTMENTS TO DENTURES: (MORE THAN 90 DAYS AFTER INITIAL PLACEMENT) | |
| D5410 | ADJUST COMPLETE DENTURE - MAXILLARY | \$26.90 |
| D5411 | ADJUST COMPLETE DENTURE - MANDIBULAR | \$26.90 |
| D5421 | ADJUST PARTIAL DENTURE - MAXILLARY | \$37.40 |
| D5422 | ADJUST PARTIAL DENTURE - MANDIBULAR | \$37.40 |
| | REPAIRS TO COMPLETE DENTURES: | |
| D5511 | REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR | \$45.50 |
| D5512 | REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY | \$45.50 |
| D5520 | REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH) | \$40.90 |
| | REPAIRS TO PARTIAL DENTURES: | |
| D5611 | REPAIR RESIN DENTURE BASE, MANDIBULAR | \$45.50 |
| D5612 | REPAIR RESIN DENTURE BASE, MAXILLARY | \$45.50 |
| D5621 | REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR | \$46.70 |
| D5622 | REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY | \$46.70 |
| D5630 | REPAIR OR REPLACE BROKEN RETENTIVE/CLASPING MATERIALS - PER TOOTH | \$47.90 |
| D5640 | REPLACE BROKEN TEETH - PER TOOTH | \$21.00 |
| D5650 | ADD TOOTH TO EXISTING PARTIAL DENTURE | \$45.50 |
| D5660 | ADD CLASP TO EXISTING PARTIAL DENTURE- PER TOOTH | \$68.80 |
| D5670 | REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MAXILLARY) | \$260.30 |
| D5671 | REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MANDIBULAR) | \$260.30 |
| | REBASE PROCEDURES (D5710-D5721) ARE NOT COVERED UNDER THE STATE DENTAL PLAN. | |
| | RELINE PROCEDURES: | |
| D5730 | RELINE MAXILLARY COMPLETE DENTURE (CHAIRSIDE) | \$102.70 |
| D5731 | RELINE MANDIBULAR COMPLETE DENTURE (CHAIRSIDE) | \$102.70 |
| D5740 | RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE) | \$102.70 |
| D5741 | RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE) | \$102.70 |
| D5750 | RELINE MAXILLARY COMPLETE DENTURE (LABORATORY) | \$123.70 |
| D5751 | RELINE MANDIBULAR COMPLETE DENTURE (LABORATORY) | \$123.70 |
| D5760 | RELINE MAXILLARY PARTIAL DENTURE (LABORATORY) | \$150.60 |
| D5761 | RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY) | \$150.60 |
| | INTERIM PROSTHESIS PROCEDURES (D5810-D5821) ARE NOT COVERED UNDER THE STATE DENTAL PLAN. | |
| | OTHER REMOVABLE PROSTHODONTIC SERVICES: | |
| D5850 | TISSUE CONDITIONING, MAXILLARY (BENEFITS ARE ALLOWED TWICE PER UNIT IN A 36 MONTH PERIOD) | \$47.90 |
| D5851 | TISSUE CONDITIONING, MANDIBULAR (BENEFITS ARE ALLOWED TWICE PER UNIT IN A 36 MONTH PERIOD) | \$47.90 |
| D5862 | PRECISION ATTACHMENT | NC |
| D5863 | OVERDENTURE- COMPLETE MAXILLARY | \$379.20 |
| D5864 | OVERDENTURE- PARTIAL MAXILLARY | \$260.30 |
| D5865 | OVERDENTURE- COMPLETE MANDIBULAR | \$379.20 |
| D5866 | OVERDENTURE- PARTIAL MANDIBULAR | \$260.30 |
| D5867 | REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT | NC |
| D5875 | MODIFICATION OF REMOVBLE PROSTHESIS FOLLOWING IMPLANT SURGERY | \$68.80 |
| D5876 | ADD MEDTAL SUBSTRUCTURE TO ACRYLIC FULL DENTURE (PER ARCH) | \$45.50 |
| D5899 | UNSPECIFIED PROSTHODONTIC PROCEDURE, BY REPORT | BY REPORT |

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| | MAXILLOFACIAL PROSTHETICS (D5911-D5993) ARE NOT COVERED UNDER THE STATE DENTAL PLAN | |
| | CARRIERS: | |
| D5983 | RADIATION CARRIER | NC |
| D5986 | FLUORIDE GEL CARRIER | NC |
| D5991 | VESICULOBULLOUS DISEASE MEDICAMENT CARRIER | NC |
| D5994 | PERIODONTAL MEDICAMENT CARRIER WITH PERIPHERAL SEAL- LABORATORY PROCESSED | NC |
| D5999 | UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT | NC |
| | IMPLANT SERVICES: | |
| | PRE-SURGICAL SERVICES: | |
| D6190 | RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT | \$95.20 |
| | SURGICAL SERVICES: | |
| D6010 | SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT | \$766.00 |
| D6011 | SECOND STAGE IMPLANT SURGERY | NC |
| D6012 | SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL PROSTHESIS: ENDOSTEAL IMPLANT | \$890.40 |
| D6013 | SURGICAL PLACEMENT OF MINI IMPLANT | \$383.00 |
| D6040 | SURGICAL PLACEMENT: EPOSTEAL IMPLANT | \$3,242.80 |
| D6050 | SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT | \$2,419.20 |
| D6096 | REMOVE BROKEN IMPLANT RETAINING SCREW | \$65.00 |
| D6100 | IMPLANT REMOVAL, BY REPORT | BY REPORT |
| D6101 | DEBRIDEMENT OF A PERIIMPLANT DEFECT OR DEFECTS SURROUNDING A SINGLE IMPLANT, AND SURFACE CLEANING OF EXPOSED IMPLANT SURFACES, INCLUDING FLAP ENTRY AND CLOSURE | \$95.60 |
| D6102 | DEBRIDEMENT AND OSSEOUS CONTOURING OF A PERIIMPLANT DEFECT OR DEFECTS SURROUNDING A SINGLE IMPLANT AND INCLUDES SURFACE CLEANING OF EXPOSED IMPLANT SURFACES AND FLAP ENTRY AND CLOSURE | \$241.92 |
| D6103 | BONE GRAFT FOR REPAIR OF PERIIMPLANT DEFECT- DOES NOT INCLUDE FLAP ENTRY AND CLOSURE. PLACEMENT OF A BARRIER MEMBRANE OR BIOLOGIC MATERIALS TO AID IN OSSEOUS REGENERATION ARE REPORTED SEPARATELY. | \$155.00 |
| D6104 | BONE GRAFT AT TIME OF IMPLANT PLACEMENT | \$155.00 |
| D6118 | IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH - MANDIBULAR | NC |
| D6119 | IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH - MAXILLARY | NC |

| | IMPLANT SUPPORTED PROSTHETICS: | |
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| D6055 | CONNECTING BAR- IMPLANT OR ABUTMENT SUPPORTED | \$283.20 |
| D6056 | PREFABRICATED ABUTMENT- INCLUDES MODIFICATION AND PLACEMENT | \$245.20 |
| D6057 | CUSTOM FABRICATED ABUTMENT- INCLUDES PLACEMENT | \$280.00 |
| D6051 | INTERIM ABUTMENT | NC |
| D6052 | SEMI-PRECISION ATTACHMENT ABUTMENT | NC |
| D6058 | ABUTMENT SUPPORTED PORCELAIN/ CERAMIC CROWN | \$542.40 |
| D6059 | ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN- HIGH NOBLE METAL | \$608.00 |
| D6060 | ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN- PREDOMINANTLY BASE METAL) | \$506.00 |
| D6061 | ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN- NOBLE METAL | \$516.40 |
| D6062 | ABUTMENT SUPPORTED CAST METAL CROWN- HIGH NOBLE METAL | \$514.40 |
| D6063 | ABUTMENT SUPPORTED CAST METAL CROWN- PREDOMINANTLY BASE METAL | \$448.00 |
| D6064 | ABUTMENT SUPPORTED CAST METAL CROWN- NOBLE METAL | \$468.40 |
| D6094 | ABUTMENT SUPPORTED CROWN- TITANIUM | \$424.80 |
| D6065 | IMPLANT SUPPORTED PORCELAIN/ CERAMIC CROWN | \$533.60 |
| D6066 | IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN- TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL | \$680.00 |
| D6067 | IMPLANT SUPPORTED METAL CROWN- TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL | \$504.40 |
| D6068 | ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/ CERAMIC FPD | \$538.00 |
| D6069 | ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD- HIGH NOBLE METAL | \$535.20 |
| D6070 | ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD- PREDOMINANTLY BASE METAL | \$506.00 |
| D6071 | ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD- NOBLE METAL | \$516.40 |
| D6072 | ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD- HIGH NOBLE METAL | \$522.40 |
| D6073 | ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD- PREDOMINANTLY BASE METAL | \$477.20 |
| D6074 | ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD- NOBLE METAL | \$507.20 |
| D6194 | ABUTMENT SUPPORTED RETAINER CROWN FOR FPD- TITANIUM | \$437.60 |
| D6075 | IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD | \$533.60 |
| D6076 | IMPLANT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD- TITANIUM, TITANIUM ALLOY, OR HIGH NOBLE METAL | \$520.00 |
| D6077 | IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD- TITANIUM, TITANIUM ALLOY, OR HIGH NOBLE METAL | \$504.40 |
| D6110 | IMPLANT/ ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH- MAXILLARY | \$703.60 |
| D6111 | IMPLANT/ ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH- MANDIBULAR | \$703.60 |
| D6112 | IMPLANT/ ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH- MAXILLARY | \$703.60 |
| D6113 | IMPLANT/ ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH- MANDIBULAR | \$703.60 |
| D6114 | IMPLANT/ ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS ARCH- MAXILLARY | \$400.00 |
| D6115 | IMPLANT/ ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS ARCH- MANDIBULAR | \$400.00 |
| D6116 | IMPLANT/ ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH- MAXILLARY | \$400.00 |
| D6117 | IMPLANT/ ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH- MANDIBULAR | \$400.00 |

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| | OTHER IMPLANT SERVICES: | |
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| D6080 | IMPLANT MAINTENANCE PROCEDURES WHEN PROSTHESES ARE REMOVED AND REINSERTED, INCLUDING CLEANSING OF PROSTHESES AND ABUTMENTS | \$44.00 |
| D6081 | SCALING AND DEBRIDEMENT IN THE PRESENCE OF INFLAMMATION OR MUCOSITIS OF A SINGLE IMPLANT, INCLUDING CLEANING OF THE IMPLANT SURFACES, WITHOUT FLAP ENTRY AND CLOSURE | \$44.00 |
| D6085 | PROVISIONAL IMPLANT CROWN | NC |
| D6090 | REPAIR IMPLANT SUPPORTED PROSTHESIS | \$36.00 |
| D6095 | REPAIR IMPLANT ABUTMENT, BY REPORT | BY REPORT |
| D6091 | REPLACEMENT OF SEMI-PRECISION OR PRECISION ATTACHMENT OF IMPLANT- ABUTMENT SUPPORTED PROSTHESIS, PER ATTACHMENT | \$213.60 |
| D6092 | RECEMENT OR RE-BOND IMPLANT/ ABUTMENT SUPPORTED CROWN | \$25.60 |
| D6093 | RECEMENT OR RE-BOND IMPLANT/ ABUTMENT SUPPORTED FIXED PARTIAL DENTURE | \$50.20 |
| D6199 | UNSPECIFIED IMPLANT PROCEDURE, BY REPORT | BY REPORT |
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| | BRIDGE PONTICS: | |
| | | |
| D6205 | PONTIC - INDIRECT RESIN BASED COMPOSITE | \$330.20 |
| D6210 | PONTIC - CAST HIGH NOBLE METAL | \$403.80 |
| D6211 | PONTIC - CAST PREDOMINANTLY BASE METAL | \$370.00 |
| D6212 | PONTIC - CAST NOBLE METAL | \$382.70 |
| D6214 | PONTIC - TITANIUM | \$370.00 |
| D6240 | PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL | \$409.60 |
| D6241 | PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL | \$409.60 |
| D6242 | PONTIC - PORCELAIN FUSED TO NOBLE METAL | \$409.60 |
| D6245 | PONTIC - PORCELAIN/ CERAMIC | \$409.60 |
| D6250 | PONTIC - RESIN WITH HIGH NOBLE METAL | \$403.80 |
| D6251 | PONTIC - RESIN WITH PREDOMINANTLY BASE METAL | \$330.20 |
| D6252 | PONTIC - RESIN WITH NOBLE METAL | \$384.00 |
| D6253 | PROVISIONAL PONTIC | NC |
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| | INLAY/ONLAY- ABUTMENTS/ RETAINERS: | |
| | | |
| D6545 | RETAINER-CAST METAL FOR RESIN BONDED FIXED PROSTHESIS | \$128.30 |
| D6549 | RESIN RETAINER- FOR RESIN BONDED FIXED PROSTHESIS | \$102.60 |
| D6548 | RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS | \$128.30 |
| D6608 | ONLAY - PORCELAIN/CERAMIC, TWO SURFACES | \$345.00 |
| D6609 | ONLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES | \$360.00 |
| D6610 | ONLAY - CAST HIGH NOBLE METAL, TWO SURFACES | \$345.00 |
| D6611 | ONLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES | \$360.00 |
| D6612 | ONLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES | \$345.00 |
| D6613 | ONLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES | \$360.00 |
| D6614 | ONLAY - CAST NOBLE METAL, TWO SURFACES | \$345.00 |
| D6615 | ONLAY - CAST NOBLE METAL, THREE OR MORE SURFACES | \$360.00 |
| D6634 | ONLAY - TITANIUM | \$360.00 |

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| | CROWN-ABUTMENTS: | |
| D6710 | CROWN - INDIRECT RESIN BASED COMPOSITE | \$370.00 |
| D6720 | BRIDGE RETAINERS - CROWN-RESIN WITH HIGH NOBLE METAL | \$391.00 |
| D6721 | BRIDGE RETAINERS- CROWN- RESIN WITH PREDOMINANTLY BASE METAL | \$304.60 |
| D6722 | BRIDGE RETAINERS - CROWN- RESIN WITH NOBLE METAL | \$336.10 |
| D6740 | CROWN - PORCELAIN/CERAMIC | \$409.60 |
| D6750 | BRIDGE RETAINERS - CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL | \$409.60 |
| D6751 | BRIDGE RETAINERS - CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL | \$409.60 |
| D6752 | BRIDGE RETAINERS - CROWN- PORCELAIN FUSED TO NOBLE METAL | \$409.60 |
| D6780 | BRIDGE RETAINERS - CROWN-3/4 CAST HIGH NOBLE METAL | \$360.60 |
| D6781 | CROWN - 3/4 CAST PREDOMINANTLY BASED METAL | \$360.60 |
| D6782 | CROWN - 3/4 CAST NOBLE METAL | \$360.60 |
| D6783 | CROWN - 3/4 PORCELAIN/CERAMIC | \$409.60 |
| D6790 | BRIDGE RETAINERS - CROWN-FULL CAST HIGH NOBLE ME- TAL | \$409.60 |
| D6791 | BRIDGE RETAINERS - CROWN- FULL CAST PREDOMINANTLY BASE METAL | \$370.00 |
| D6792 | BRIDGE RETAINERS - CROWN- FULL CAST NOBLE METAL | \$396.80 |
| D6794 | CROWN - TITANIUM | \$370.00 |
| D6930 | RECEMENT FIXED PARTIAL DENTURE | \$50.20 |
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| | CLASS II. ORAL SURGICAL SERVICES | |
| | (COVERED SERVICES ARE PAYABLE AT 80% OF THE STATE ALLOWANCE AFTER THE BENEFIT YEAR DEDUCTIBLE) | |
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| | SIMPLE EXTRACTIONS: (INCLUDES LOCAL ANESTHESIA AND POST-OPERATIVE CARE) | |
| | | |
| D7111 | EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOOTH | \$35.00 |
| D7140 | EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL) | \$45.90 |
| | | |
| | SURGICAL EXTRACTIONS: INCLUDES LOCAL ANESTHESIA AND POST-OPERATIVE CARE) | |
| | | |
| | **- PROCEDURE IS COVERED BY THE STATE HEALTH PLAN- IF THE PROCEDURE IS COVERED BY THE STATE HEALTH AND DENTAL PLANS, THE STATE HEALTH PLAN WILL PROCESS THE CHARGE FIRST. THE STATE DENTAL PLAN WILL THEN COORDINATE PAYMENT WITH THE STATE HEALTH PLAN'S PAYMENT. | |
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| D7210 | SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED | \$66.60 |
| D7220** | REMOVAL OF IMPACTED TOOTH- SOFT TISSUE | \$83.00 |
| D7230** | REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY | \$115.90 |
| D7240** | REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY | \$127.80 |
| D7241** | REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS | \$196.70 |
| D7250** | SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE) | \$57.90 |
| D7251** | CORONECTOMY- INTENTIONAL PARTIAL TOOTH REMOVAL | \$83.00 |

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| | OTHER SURGICAL PROCEDURES: | |
| D7260** | ORAL ANTRAL FISTULA CLOSURE | \$267.80 |
| D7261** | PRIMARY CLOSURE OF A SINUS PERFORATION | \$267.80 |
| D7270 | TOOTH RE-IMPLANTATION AND /OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH | NC |
| D7272 | TOOTH TRANSPLANTATION | NC |
| D7280 | SURGICAL ACCESS OF AN UNERUPTED TOOTH | \$134.40 |
| D7282 | MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION | \$115.90 |
| D7283 | PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH (PLACEMENT OF AN ATTACHMENT ON AN UNERUPTED TOOTH, AFTER ITS EXPOSURE, TO AID IN ITS ERUPTION. REPORT THE SURGICAL EXPOSURE SEPARATELY USING D7280). | \$18.50 |
| D7285** | BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH) | \$102.70 |
| D7286** | BIOPSY OF ORAL TISSUE - SOFT | \$83.00 |
| D7287 | EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION | NC |
| D7288 | BRUSH BIOPSY - TRANSEPIHELIAL SAMPLE COLLECTION | \$83.00 |
| D7290 | SURGICAL REPOSITIONING OF TEETH | NC |
| D7291 | TRANSSEPTAL FIBEROTOMY, BY REPORT | \$163.90 |
| D7295 | HARVEST OF BONE FOR USE IN AUTOGENOUS GRAFTING PROCEDURE | NC |
| D7296 | CORTICOTOMY - ONE TO THREE TEETH OR TOOTH SPACES, PER QUAD | NC |
| D7297 | CORTICOTOMY - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUAD | NC |
| | ALVEOLOPLASTY: (SURGICAL PREPARATION OF RIDGE FOR DENTURES) | |
| D7310 | ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT | \$67.80 |
| D7311 | ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT | \$50.80 |
| D7320 | ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS- PER QUADRANT | \$99.40 |
| D7321 | ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT | \$74.50 |
| | VESTIBULOPLASTY: | |
| D7340 | VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION) | \$320.20 |
| D7350 | VESTIBULOPLASTY-RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT TISSUE ATTACHMENT AND MANAGEMENT OF HYPERTROPHIED AND HYPERPLASTIC TISSUE) | \$610.10 |
| | EXCISION OF REACTIVE INFLAMMATORY LESIONS: (SCAR TISSUE OR LOCALIZED CONGENITAL LESIONS): | |
| D7410** | EXCISION OF BENIGN LESION UP TO 1.25 CM | \$108.30 |
| D7411** | EXCISION OF BENIGN LESION GREATER THAN 1.25 CM | \$108.30 |
| D7412** | EXCISION OF BENIGN LESION, COMPLICATED | \$108.30 |
| D7413** | EXCISION OF MALIGNANT LESION UP TO 1.25 CM | \$108.30 |
| D7414** | EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM | \$108.30 |
| D7415** | EXCISION OF MALIGNANT LESION, COMPLICATED | \$108.30 |
| | REMOVAL OF TUMORS, CYSTS AND NEOPLASMS: | |
| D7440** | EXCISION OF MALIGNANT TUMOR-LESION DIAMETER UP TO 1.25CM | NC |
| D7441** | EXCISION OF MALIGNANT TUMOR-LESION DIAMETER OVER 1.25CM | NC |
| D7450** | REMOVAL OF ODONTOGENIC CYST OR TUMOR UP TO 1.25 CM | NC |
| D7451** | REMOVAL OF ODONTOGENIC CYST OR TUMOR OVER 1.25 CM | NC |
| D7460** | REMOVAL OF NON- ODONTOGENIC CYST OR TUMOR UP TO 1.25 CM | NC |
| D7461** | REMOVAL OF NON-ODONTOGENIC CYST OR TUMOR OVER 1.25 CM | NC |
| D7465** | DESTRUCTION OF LESIONS BY PHYSICAL METHODS:ELECTROSURGERY, CHEMOTHERAPY OR CRYOTHERAPY | NC |

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| | EXCISION OF BONE TISSUE: | |
| D7471** | REMOVAL OF EXOSTOSIS - PER SITE | \$180.40 |
| D7472** | REMOVAL OF TORUS PALATINUS | \$180.40 |
| D7473** | REMOVAL OF TORUS MANDIBULARIS | \$180.40 |
| D7485** | SURGICAL REDUCTION OF OSSEOUS TUBEROSITY | NC |
| D7490** | RADICAL RESECTION OF MANDIBLE WITH BONE GRAFT | NC |
| | SURGICAL INCISIONS: | |
| D7510 | INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE | \$44.80 |
| D7511 | INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES) | \$56.00 |
| D7520 | INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE | \$151.90 |
| D7521 | INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES) | \$189.90 |
| | TREATMENT OF FRACTURES/DISLOCATION PROCEDURES (D7610-D7850) ARE NOT COVERED BY THE STATE DENTAL PLAN | |
| | REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTIONS (D7810-D7899) ARE NOT COVERED BY THE STATE DENTAL PLAN | |
| | OTHER REPAIR PROCEDURES: | |
| D7910 | SUTURE OF RECENT SMALL WOUNDS, UP TO 5 CM | NC |
| D7911 | COMPLICATED SUTURING OF SMALL WOUND UP TO 5 CM | NC |
| D7912 | COMPLICATED SUTURING OF SMALL WOUND GREATER THAN 5 CM | NC |
| D7920 | SKIN GRAFTS | NC |
| D7921 | COLLECTION AND APPLICATION OF AUTOLOGOUS BLOOD CONCENTRATE | NC |
| D7940 | OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES | NC |
| D7941 | OSTEOTOMY-RAMUS-CLOSED | NC |
| D7942 | OSTEOTOMY-RAMUS-OPEN | NC |
| D7943 | OSTEOTOMY-RAMUS-OPEN WITH BONE GRAFT | NC |
| D7944 | OSTEOTOMY-SEGMENTED OR SUBAPICAL | NC |
| D7945 | OSTEOTOMY-BODY OF MANDIBLE | NC |
| D7946 | LEFORT I (MAXILLA-TOTAL) | NC |
| D7947 | LEFORT I (MAXILLA- SEGMENTED) | NC |
| D7948 | LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) WITHOUT BONE GRAFT | NC |
| D7949 | LEFORT II OR LEFORT III WITH BONE GRAFT | NC |
| D7950 | OSSEOUS, OSTEOPERIOSTEAL, PERIOSTEAL, OR CARTILAGE GRAFT OF MANDIBLE-AUTOGENOUS OR NONAUTOGENOUS | NC |
| D7951 | SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES | NC |
| D7952 | SINUS AUGMENTATION VIA A VERTICAL APPROACH | NC |
| D7953 | BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION- PER SITE | \$155.00 |
| D7960 | FRENULECTOMY- ALSO KNOWN AS FRENECTOMY OR FRENOTOMY- SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE | \$138.70 |
| D7963 | FRENULOPLASTY | \$138.70 |
| D7970 | EXCISION OF HYPERPLASTIC TISSUE - PER ARCH | \$120.90 |
| D7971 | EXCISION OF PERICORONAL GINGIVA | \$69.00 |
| D7972 | SURGICAL REDUCTION OF FIBROUS TUBEROSITY | \$138.70 |
| D7979 | NON-SURGICAL SIALOLITHOTOMY | \$72.09 |
| D7980 | SIALOLITHOTOMY | NC |
| D7981 | EXCISION OF SALIVARY GLAND, BY REPORT | NC |
| D7982 | SIALODOCHOPLASTY | NC |
| D7983 | CLOSURE OF SALIVARY FISTULA | NC |
| D7990 | EMERGENCY TRACHEOTOMY | NC |
| D7991 | CORONOIDECTOMY | NC |
| D7995 | SYNTHETIC GRAFT-MANDIBLE OR FACIAL BONES | NC |
| D7996 | IMPLANT- MANDIBLE FOR AUGMENTATION PURPOSES, EXCLUDING ALVEOLAR RIDGE- BY REPORT | NC |
| D7997 | APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE)- INCLUDES REMOVAL OF ARCHBAR | NC |
| D7998 | INTRAORAL PLACEMENT OF FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTURE | NC |

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| D7999 | UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT | BY REPORT |
| | MISCELLANEOUS SERVICES: | |
| D9120 | FIXED PARTIAL DENTURE SECTIONING | \$50.20 |
| D9130 | TEMPOROMANDIBULAR JOINT DYSFUNCTION, NON-INVASIVE PHYSICAL THERAPIES | NC |
| D9210 | LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES | NC |
| D9211 | REGIONAL BLOCK ANESTHESIA | NC |
| D9212 | TRIGEMINAL DIVISION BLOCK ANESTHESIA | NC |
| D9215 | LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES | NC |
| D9219 | EVALUATION FOR MODERATE SEDATION, DEEP SEDATION OR GENERAL ANESTHESIA | NC |
| D9222 | DEEP SEDATION/GENERAL ANESTHESIA- FIRST 15 MINUTES | \$38.25 |
| D9223 | DEEP SEDATION/ GENERAL ANESTHESIA- EACH 15 MINUTE INCREMENT | \$38.25 |
| D9230 | INHALATION OF NITROUS OXIDE/ ANALGESIA, ANXIOLYSIS | NC |
| D9239 | IV MODERATE(CONCIOUS)SEDATION/ANALGESIA - FIRST 15 MINUTES | \$38.25 |
| D9243 | INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ ANALGESIA- EACH 15 MINUTE INCREMENT | \$38.25 |
| D9248 | NON-INTRAVENOUS CONSCIOUS SEDATION | \$60.00 |
| D9310 | CONSULTATION- DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN | \$24.00 |
| D9311 | CONSULTATION WITH A MEDICAL HEALTHCARE PROFESSIONAL - TREATING DENTIS CONSULTS WITH A MEDICAL HEALTHCARE PROFESSIONAL CONCERNING MEDICAL ISSUES THAT MAY AFFECT PATIENT'S PLANNED DENTAL TREATMENT | NC |
| D9410 | HOUSE/ EXTENDED CARE FACILITY CALL | NC |
| D9420 | HOSPITAL OR AMBULATORY SURGICAL CENTER CALL | NC |
| D9430 | OFFICE VISIT FOR OBSERVATION DURING REGULAR OFFICE HOURS- NO OTHER SERVICES PERFORMED | NC |
| D9440 | OFFICE VISIT AFTER REGULARLY SCHEDULED HOURS | NC |
| D9450 | CASE PRESENTATION, DETAILED AND EXTENSIVE TREATMENT PLANNING | NC |
| D9610 | THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION | NC |
| D9612 | THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS | NC |
| D9613 | INFILTRATION OF SUSTAINED RELEASE THERAPEUTIC DRUG - SINGLE OR MULTIPLE SITES | \$170.00 |
| D9630 | OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT | NC |
| D9910 | APPLICATION OF DESENSITIZING MEDICAMENT- MUST BE AN APPROVED MEDICATION | \$15.60 |
| D9911 | APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/ OR ROOT SURFACE, PER TOOTH | NC |
| D9920 | BEHAVIOR MANAGEMENT | NC |
| D9930 | TREATMENT OF COMPLICATIONS (POST-SURGICAL)- UNUSUAL CIRCUMSTANCES, BY REPORT | NC |
| D9932 | CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MAXILLARY | NC |
| D9933 | CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MANDIBULAR | NC |
| D9934 | CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, MAXILLARY | NC |
| D9935 | CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, MANDIBULAR | NC |
| D9941 | FABRICATION OF ATHLETIC MOUTHGUARD | NC |
| D9942 | REPAIR/ RELINE OF OCCLUSAL GUARD | \$14.90 |
| D9943 | OCCLUSAL GUARD ADJUSTMENT | NC |
| D9944 | OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH. REMOVABLE DENTAL APPLIANCE DESIGNED TO MINIMIZE THE EFFECTS OF BRUXISM OR OTHER OCCLUSAL FACTORS. NOT TO BE REPROTED FOR ANY TYPE OF SLEEP APNEA, SNORING OR TMD APPLIANCE. ONCE EVERY 5 YEARS. | \$99.40 |
| D9945 | OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH. REMOVABLE DENTAL APPLIANCE DESIGNED TO MINIMIZE THE EFFECTS OF BRUXISM OR OTHER OCCLUSAL FACTORS. NOT TO BE REPROTED FOR ANY TYPE OF SLEEP APNEA, SNORING OR TMD APPLIANCE. ONCE EVERY 5 YEARS. | \$99.40 |
| D9946 | OCCLUSAL GUARD - HARD APPLIANCE, PARTIAL ARCH. REMOVABLE DENTAL APPLIANCE DESIGNED TO MINIMIZE THE EFFECTS OF BRUXISM OR OTHER OCCLUSAL FACTORS. NOT TO BE REPROTED FOR ANY TYPE OF SLEEP APNEA, SNORING OR TMD APPLIANCE. ONCE EVERY 5 YEARS. | \$99.40 |
| D9950 | OCCLUSION ANALYSIS- MOUNTED CASE | NC |
| D9951 | OCCLUSAL ADJUSTMENT-LIMITED | \$19.70 |
| D9952 | OCCLUSAL ADJUSTMENT- COMPLETE | NC |
| D9961 | DUPLICATE/COPY PATIENT'S RECORDS | NC |
| D9970 | ENAMEL MICROABRASION | NC |
| D9971 | ODONTOPLASTY 1-2 TEETH, INCLUDES REMOVAL OF ENAMEL PROJECTIONS | NC |
| D9972 | EXTERNAL BLEACHING- PER ARCH- PERFORMED IN OFFICE | NC |
| D9973 | EXTERNAL BLEACHING- PER TOOTH | NC |
| D9974 | INTERNAL BLEACHING- PER TOOTH | NC |
| D9975 | EXTERNAL BLEACHING FOR HOME APPLICATION, PER ARCH- INCLUDES MATERIALS AND FABRICATION OF CUSTOM TRAYS | NC |
| D9985 | SALES TAX | NC |
| D9986 | MISSED APPOINTMENT | NC |

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| D9987 | CANCELLED APPOINTMENT | NC |
| D9990 | CERTIFIED TRANSLATION OR SIGN LANGUAGE SERVICES - PER VISIT | NC |
| D9991 | DENTAL CASE MANAGEMENT - ADDRESSING APPOINTMENT COMPLIANCE BARRIERS | NC |
| D9992 | DENTAL CASE MANAGEMENT - CARE COORDINATION | NC |
| D9993 | DENTAL CASE MANAGEMENT - MOTIVATIONAL INTERVIEWING | NC |
| D9994 | DENTAL CASE MANAGEMENT - PATIENT EDUCATION TO IMPROVE ORAL HEALTH LITERACY | NC |
| D9995 | TELEDENTISTRY - SYNCHRONOUS: REAL-TIME ENCOUNTER | NC |
| D9996 | TELEDENTISTRY - ASYNCHRONOUS: INFORMATION STORED AND FORWARDED TO DENTIST FOR SUBSEQUENT REVIEW | NC |
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| CLASS IV. ORTHODONTICS | | |
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| (PAYABLE AT 50% OF THE STATE ALLOWANCE) | | |
| | TREATMENT FOR THE CORRECTION OF DYSFUNCTIONAL MALOCCLUSION OF A COVERED CHILD UNDER THE AGE OF 19 WITH A MAXIMUM LIFETIME BENEFIT PAYMENT OF \$1,000.00: | |
| | 1. DIAGNOSIS, INCLUDING MODELS AND RADIOGRAPHS | |
| | 2. ACTIVE TREATMENT, INCLUDING NECESSARY APPLIANCES | |
| | 3. RETENTION TREATMENT FOLLOWING ACTIVE TREATMENT, LIMITED TO 10 VISITS IN AN 18 MONTH PERIOD. | |
| | PAYMENTS FOR ORTHODONTIC BENEFITS WILL BE MADE AUTOMATICALLY EACH MONTH BY THE THIRD-PARTY CLAIMS ADMINISTRATOR. TO INITIATE THIS, THE DENTIST MUST SUBMIT A COMPLETE TREATMENT PLAN WHICH INCLUDES DIAGNOSTIC FEES, INITIAL BANDING FEES, ANTICIPATED LENGTH (MONTHS) OF TREATMENT AND TOTAL FEE. MONTHLY PAYMENTS WILL BE MADE AUTOMATICALLY (WITHOUT THE SUBMISSION OF A CLAIM) UNTIL EITHER THE MAXIMUM BENEFIT OR LENGTH OF TREATMENT IS MET, WHICHEVER COMES FIRST. NOTIFY THE THIRD-PARTY CLAIMS ADMINISTRATOR IMMEDIATELY OF ANY CHANGE OR VARIATION IN THE TREATMENT PLAN. LUMP SUM BENEFIT PAYMENTS WILL NOT BE ISSUED. | |
| | THE FOLLOWING ORTHODONTIC SERVICES ARE NOT CONSIDERED PART OF COMPREHENSIVE ORTHODONTIC TREATMENT. BENEFITS FOR THESE SERVICES ARE PAYABLE AT 50% OF THE ALLOWANCE, IF COVERED, AND SUBJECT TO THE \$1,000 MAXIMUM ORTHODONTIC BENEFIT PAYMENT. | |
| D8210 | REMOVABLE APPLICANCE THERAPY | \$20.00 |
| D8220 | FIXED APPLIANCE THERAPY- (NOT COVERED FOR THE TREATMENT OF THUMB SUCKING, TONGUE THRUSTING , OR OTHER HARMFUL HABITS) | \$275.00 |
| D8681 | REMOVABLE ORTHODONTIC RETAINER ADJUSTMENT | NC |
| D8691 | REPAIR OF ORTHODONTIC APPLIANCE | \$50.00 |
| D8692 | REPLACEMENT OF LOST OR BROKEN RETAINER | \$50.00 |
| D8693 | REBONDING OR RECEMENTING OF FIXED RETAINERS | NC |
| D8694 | REPAIR OF FIXED RETAINERS, INCLUDES REATTACHMENT | \$50.00 |
| D8695 | REMOVAL OF FIXED ORTHODONTIC APPLIANCE(S) - OTHER THAN AT CONCLUSION OF TREATMENT | NC |
| D8999 | UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT | BY REPORT |
| | THE THIRD-PARTY CLAIMS ADMINISTRATOR WILL PERIODICALLY SUBMIT LETTERS REQUESTING VERIFICATION OF CONTINUED TREATMENT. IF A RESPONSE IS NOT RECEIVED WITHIN 45 DAYS, PAYMENT WILL CEASE UNTIL THE INFORMATION IS RECEIVED. | |