

DENTAL COVERED SERVICES REVISED 04/01/2016

CPTCODE	PROCEDURES	CPTCode begin date	CPT code end date	Max Pay Amt
D0120	PERIODIC ORAL EXAM	4/1/2016	3/31/2017	\$44.00
D0140	EMERGENCY/LIMITED ORAL EXAM	4/1/2016	3/31/2017	\$32.00
D0150	COMPREHENSIVE ORAL EXAM	4/1/2016	3/31/2017	\$54.00
D0190	SCREENING OF A PATIENT	4/1/2016	3/31/2017	\$18.00
D0191	ASSESSMENT OF A PATIENT	4/1/2016	3/31/2017	\$18.00
D0210	FULL MOUTH SERIES - ONCE PER YEAR	4/1/2016	3/31/2017	\$105.00
D0220	PERIAPICAL, SINGLE FILM	4/1/2016	3/31/2017	\$24.00
D0230	PERIAPICAL, EACH ADDITIONAL FILM	4/1/2016	3/31/2017	\$15.00
D0240	OCCLUSAL FILM	4/1/2016	3/31/2017	\$66.00
D0270	BITEWING, SINGLE FILM	4/1/2016	3/31/2017	\$13.00
D0272	BITEWINGS, 2 FILMS	4/1/2016	3/31/2017	\$17.00
D0273	BITEWINGS, 3 FILMS	4/1/2016	3/31/2017	\$20.00
D0274	BITEWING, 4 FILMS	4/1/2016	3/31/2017	\$25.00
D0330	PANORAMIC RADIOGRAPHIC IMAGE	4/1/2016	3/31/2017	\$68.00
D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY	4/1/2016	3/31/2017	\$70.00
D0460	PULP VITALITY TEST	4/1/2016	3/31/2017	\$30.00
D1110	ADULT PROPHYLAXIS, UP TO FOUR A YEAR	4/1/2016	3/31/2017	\$98.00
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	4/1/2016	3/31/2017	\$31.00
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	4/1/2016	3/31/2017	\$37.00
D2140	AMALGAM - 1 SURFACE	4/1/2016	3/31/2017	\$85.00
D2150	AMALGAM - 2 SURFACES	4/1/2016	3/31/2017	\$113.00
D2160	AMALGAM - 3 SURFACES	4/1/2016	3/31/2017	\$163.00
D2161	AMALGAM - 4 OR MORE SURFACES	4/1/2016	3/31/2017	\$163.00
D2330	RESIN - 1 SURFACE - ANTERIOR	4/1/2016	3/31/2017	\$175.00
D2331	RESIN - 2 SURFACES - ANTERIOR	4/1/2016	3/31/2017	\$127.00
D2332	RESIN - 3 SURFACES - ANTERIOR	4/1/2016	3/31/2017	\$148.00
D2335	RESIN - 4+ SURFACES OR INVOLVING INCISAL ANGLE	4/1/2016	3/31/2017	\$265.00
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	4/1/2016	3/31/2017	\$151.00
D2391	RESIN-BASED COMPOSITE ONE SURFACE - POSTERIOR	4/1/2016	3/31/2017	\$90.00
D2392	RESIN-BASED COMPOSITE TWO SURFACES - POSTERIOR	4/1/2016	3/31/2017	\$113.00
D2393	RESIN-BASED COMPOSITE THREE SURFACES - POSTERIOR	4/1/2016	3/31/2017	\$127.00
D2394	RESIN-BASED COMPOSITE FOUR OR MORE SURFACES - POSTERIOR	4/1/2016	3/31/2017	\$256.00
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	4/1/2016	3/31/2017	\$329.00

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D2720	CROWN - RESIN WITH HIGH NOBLE METAL	4/1/2016	3/31/2017	\$468.00
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	4/1/2016	3/31/2017	\$468.00
D2722	CROWN - RESIN WITH NOBLE METAL	4/1/2016	3/31/2017	\$468.00
D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	4/1/2016	3/31/2017	\$1,028.00
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	4/1/2016	3/31/2017	\$1,028.00
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	4/1/2016	3/31/2017	\$1,028.00
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	4/1/2016	3/31/2017	\$1,028.00
D2790	CROWN FULL CAST HIGH NOBLE METAL	4/1/2016	3/31/2017	\$771.00
D2792	CROWN FULL CAST NOBLE METAL	4/1/2016	3/31/2017	\$771.00
D2910	RE-CEMENT OR RE-BOND INLAY,ONLAY,VENEER OR PARTIAL COVERAGE RESTORATION	4/1/2016	3/31/2017	\$27.00
D2920	RE-CEMENT OR RE-BOND CROWN	4/1/2016	3/31/2017	\$32.00
D2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH	4/1/2016	3/31/2017	\$143.00
D2940	SEDATIVE FILLING	4/1/2016	3/31/2017	\$75.00
D2941	INTERIM THERAPEUTIC RESTORATION - PRIMARY DETENTION	4/1/2016	3/31/2017	\$112.00
D2950	CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED	4/1/2016	3/31/2017	\$200.00
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	4/1/2016	3/31/2017	\$259.00
D2957	EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH	4/1/2016	3/31/2017	\$60.00
D3110	PULP CAP – DIRECT (EXCLUDING FINAL RESTORATION)	4/1/2016	3/31/2017	\$130.00
D3120	PULP CAP – INDIRECT (EXCLUDING FINAL RESTORATION)	4/1/2016	3/31/2017	\$152.00
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)	4/1/2016	3/31/2017	\$153.00
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	4/1/2016	3/31/2017	\$130.00
D3230	PULPAL THERAPY (RESTORABLE FILLING) ANTERIOR-PRIMARY TOOTH	4/1/2016	3/31/2017	\$112.00
D3240	PULPAL THERAPY (RESTORABLE FILLING) POSTERIOR-PRIMARY TOOTH	4/1/2016	3/31/2017	\$200.00
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH	4/1/2016	3/31/2017	\$820.00
D3320	ENDODONTIC THERAPY, BICUSPID TOOTH	4/1/2016	3/31/2017	\$820.00
D3330	ENDODONTIC THERAPY, MOLAR	4/1/2016	3/31/2017	\$987.52
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION, NON-SURGICAL ACCESS	4/1/2016	3/31/2017	\$454.00
D3332	INCOMPLETE ENDODONTICS THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH	4/1/2016	3/31/2017	\$421.00
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - ANTERIOR	4/1/2016	3/31/2017	\$1,097.00
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – BICUSPID	4/1/2016	3/31/2017	\$1,383.00
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – MOLAR	4/1/2016	3/31/2017	\$1,383.00
D3410	APICOECTOMY/PERIADICULAR SURGERY- ANTERIOR	4/1/2016	3/31/2017	\$1,212.00
D3421	APICOECTOMY/PERIADICULAR SURGERY- BICUSPID - 1ST ROOT	4/1/2016	3/31/2017	\$1,076.00
D3425	APICOECTOMY/PERIADICULAR SURGERY- MOLAR- 1ST ROOT	4/1/2016	3/31/2017	\$1,076.00

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D3426	APICOECTOMY/PERIADICULAR SURGERY- EACH ADDITIONAL ROOT	4/1/2016	3/31/2017	\$324.00
D3430	RETROGRADE FILLING - PER ROOT	4/1/2016	3/31/2017	\$379.00
D4210	GINGIVECTOMY OR GINGIVOPLASTY – 4 OR MORE CONTIGUOUS TEETH	4/1/2016	3/31/2017	\$340.00
D4211	GINGIVECTOMY OR GINGIVOPLASTY – 1-3 CONTIGUOUS TEETH	4/1/2016	3/31/2017	\$220.00
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING – 4 OR MORE CONTIGUOUS TEETH	4/1/2016	3/31/2017	\$771.00
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING – 1-3 CONTIGUOUS TEETH	4/1/2016	3/31/2017	\$608.00
D4249	CLINICAL CROWN LENGTHENING ON HARD TISSUE (EXCLUDING TEETH 6-11 AND 22-27)	4/1/2016	3/31/2017	\$1,488.00
D4341	PERIODONTAL SCALING & ROOT PLANING PER QUAD 4 OR MORE TEETH	4/1/2016	3/31/2017	\$176.00
D4342	PERIODONTAL SCALING & ROOT PLANING PER QUAD 1-3 TEETH	4/1/2016	3/31/2017	\$125.00
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS	4/1/2016	3/31/2017	\$176.00
D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE, PER TOOTH	4/1/2016	3/31/2017	\$24.00
D4910	PERIODONTAL MAINTENANCE	4/1/2016	3/31/2017	\$147.00
D5110	COMPLETE UPPER DENTURE (MAXILLARY)	4/1/2016	3/31/2017	\$632.00
D5120	COMPLETE LOWER DENTURE (MANDIBULAR)	4/1/2016	3/31/2017	\$632.00
D5130	COMPLETE UPPER IMMEDIATE DENTURE (MAXILLARY)	4/1/2016	3/31/2017	\$1,400.00
D5140	COMPLETE LOWER IMMEDIATE DENTURE (MANDIBULAR)	4/1/2016	3/31/2017	\$1,400.00
D5211	UPPER (MAXILLARY) PARTIAL DENTURE - RESIN BASE	4/1/2016	3/31/2017	\$370.00
D5212	LOWER (MANDIBULAR) PARTIAL DENTURE-RESIN BASE	4/1/2016	3/31/2017	\$370.00
D5213	UPPER PARTIAL DENTURE CAST METAL FRAMEWORK WITH RESIN	4/1/2016	3/31/2017	\$712.00
D5214	LOWER PARTIAL DENTURE CAST METAL FRAMEWORK WITH RESIN	4/1/2016	3/31/2017	\$712.00
D5410	DENTURE ADJUSTMENTS - COMPLETE UPPER	4/1/2016	3/31/2017	\$26.00
D5411	DENTURE ADJUSTMENTS - COMPLETE LOWER	4/1/2016	3/31/2017	\$26.00
D5421	DENTURE ADJUSTMENTS - PARTIAL UPPER	4/1/2016	3/31/2017	\$26.00
D5422	DENTURE ADJUSTMENTS - PARTIAL LOWER	4/1/2016	3/31/2017	\$26.00
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	4/1/2016	3/31/2017	\$58.00
D5520	REPLACE MISSING OR BROKEN TOOTH	4/1/2016	3/31/2017	\$58.00
D5610	REPAIR RESIN DENTURE BASE	4/1/2016	3/31/2017	\$60.00
D5620	REPAIR CAST FRAMEWORK	4/1/2016	3/31/2017	\$75.00
D5630	REPAIR/REPLACE BROKEN CLASP	4/1/2016	3/31/2017	\$87.00
D5640	REPLACE BROKEN TEETH - PER TOOTH	4/1/2016	3/31/2017	\$65.00
D5650	ADD TOOTH TO PARTIAL	4/1/2016	3/31/2017	\$61.00
D5660	ADD CLASP TO PARTIAL	4/1/2016	3/31/2017	\$150.00
D5710	REBASE COMPLETE DENTURE MAXILLARY DENTURE	4/1/2016	3/31/2017	\$304.00
D5711	REBASE COMPLETE MANDIBULAR DENTURE	4/1/2016	3/31/2017	\$304.00

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D5720	REBASE MAXILLARY PARTIAL DENTURE	4/1/2016	3/31/2017	\$199.00
D5721	REBASE MANDIBULAR PARTICLE DENTURE	4/1/2016	3/31/2017	\$199.00
D5740	RELIN PARTIAL UPPER OR LOWER	4/1/2016	3/31/2017	\$129.00
D5741	RELIN PARTIAL UPPER OR LOWER	4/1/2016	3/31/2017	\$129.00
D5750	RELIN COMPLETE UPPER OR LOWER, LAB	4/1/2016	3/31/2017	\$187.00
D5751	RELIN COMPLETE UPPER OR LOWER, LAB	4/1/2016	3/31/2017	\$187.00
D5760	RELIN COMPLETE UPPER OR LOWER, LAB	4/1/2016	3/31/2017	\$176.00
D5761	RELIN PARTIAL UPPER OR LOWER, LAB	4/1/2016	3/31/2017	\$176.00
D5820	INTERIM PARTIAL DENTURE UPPER (MAXILLARY)	4/1/2016	3/31/2017	\$250.00
D5821	INTERIM PARTIAL DENTURE LOWER (MANDIBULAR)	4/1/2016	3/31/2017	\$250.00
D5850	TISSUE CONDITIONING, MAXILLARY	4/1/2016	3/31/2017	\$30.00
D5851	TISSUE CONDITIONING, MANDIBULAR	4/1/2016	3/31/2017	\$30.00
D6057	CUSTOM ABUTMENT *for existing implants only	4/1/2016	3/31/2017	\$500.00
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED METAL CROWN *for existing implants only	4/1/2016	3/31/2017	\$1,250.00
D6080	IMPLANT MAINTENANCE PROCEDURES	4/1/2016	3/31/2017	\$128.00
D6090	REPAIR IMPANT SUPPORTED PROSTHESIS, BY REPORT	4/1/2016	3/31/2017	\$175.00
D6095	REPAIR IMPLANT ABUTMENT, BY REPORT	4/1/2016	3/31/2017	\$175.00
D6240	PONTIC – PORCELAIN FUSED TO HIGH NOBLE METAL	4/1/2016	3/31/2017	\$1,028.00
D6241	PONTIC – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	4/1/2016	3/31/2017	\$1,028.00
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	4/1/2016	3/31/2017	\$1,028.00
D6251	PONTIC – RESIN WITH PREDOMINANTLY BASE METAL	4/1/2016	3/31/2017	\$1,028.00
D6750	CROWN – PORCELAIN FUSED TO HIGH NOBLE METAL	4/1/2016	3/31/2017	\$1,028.00
D6751	CROWN - PROCELAIN TO PREDOMINATLY BASE METAL	4/1/2016	3/31/2017	\$1,028.00
D6930	RE-CEMENT OR RE-BOND FIXED PARTIAL DENTURE	4/1/2016	3/31/2017	\$54.00
D7111	EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOOTH	4/1/2016	3/31/2017	\$59.00
D7140	EXTRACTION, ERIPED TOOTH OR EXPOSED ROOT	4/1/2016	3/31/2017	\$135.00
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE	4/1/2016	3/31/2017	\$299.00
D7220	REMOVAL OF IMPACTED TOOTH, SOFT TISSUE	4/1/2016	3/31/2017	\$241.76
D7230	REMOVAL OF IMPACTED TOOTH, PARTIALLY BONY	4/1/2016	3/31/2017	\$261.28
D7240	REMOVAL OF IMPACTED TOOTH, COMPLETELY BONY	4/1/2016	3/31/2017	\$298.40
D7241	REMOVAL OF IMPACTED TOOTH, BONY W/UNUSUAL SURGICAL COMPLICATIONS	4/1/2016	3/31/2017	\$348.80
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS CUTTING PROCEDURE	4/1/2016	3/31/2017	\$188.53
D7270	TOOTH RE-IMPLANTATION AND/OR STABILIZATION	4/1/2016	3/31/2017	\$464.00
D7285	INCISIONAL BIOPSY OF ORAL TISSUE – HARD (BONE OR TOOTH)	4/1/2016	3/31/2017	\$840.00

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D7286	INCISIONAL BIOPSY OF ORAL TISSUE – SOFT	4/1/2016	3/31/2017	\$520.00
D7310	ALVEOPLASTY IN CONJUNCTION WITH EXTRATIONS- FOUR OR MORE TEETH OR SPACES, PER QUADRANT	4/1/2016	3/31/2017	\$150.00
D7311	ALVEOPLASTY IN CONJUNCTION WITH EXTRATIONS- ONE TO THREE TEETH OR SPACES, PER QUADRANT	4/1/2016	3/31/2017	\$150.00
D7320	ALVEOPLASTY NOT IN CONJUNCTION WITH EXTRATIONS- FOUR OR MORE TEETH OR SPACES, PER QUADRANT	4/1/2016	3/31/2017	\$150.00
D7321	ALVEOPLASTY NOT IN CONJUNCTION WITH EXTRATIONS- ONE TO THREE TEETH OR SPACES, PER QUADRANT	4/1/2016	3/31/2017	\$150.00
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	4/1/2016	3/31/2017	\$465.00
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	4/1/2016	3/31/2017	\$780.00
D7472	REMOVAL OF TORUS PALANTINUS	4/1/2016	3/31/2017	\$400.00
D7473	REMOVAL OF TORUS MANDIBULARIS	4/1/2016	3/31/2017	\$400.00
D7460	REMOVAL OF BENIGN NONDOTONGENIC CYST OR TUMOR- LESION DIAMETER UP TO 1.25 CM	4/1/2016	3/31/2017	\$982.00
D7510	INCISION & DRAINAGE OF INTRAORAL ABSCESS	4/1/2016	3/31/2017	\$250.00
D7520	INCISION & DRAINAGE OF ABSCESS EXTRAORAL SOFT TISSUE	4/1/2016	3/31/2017	\$443.00
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	4/1/2016	3/31/2017	\$357.00
D7880	OCCLUSAL ORTHOTIC DEVICE	4/1/2016	3/31/2017	\$520.00
D9223	DEEP SEDATION/GENERAL ANESTHESIA- EACH 15 MINUTES	4/1/2016	3/31/2017	\$218.00
D9230	NITROUS OXIDE	4/1/2016	3/31/2017	\$35.00
D9248	NON-INTRA VENOUS CONSCIOUS SEDATION	4/1/2016	3/31/2017	\$260.00
D9630	OTHER DRUGS AND/OR MEDICAMENTS BY REPORT	4/1/2016	3/31/2017	\$70.00
D9940	OCCLUSAL GUARD	4/1/2016	3/31/2017	\$176.00

For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).