Dental Health Services Inc.

Code	Description	Copayment Dentist	Specialist
D9543	**Office Visit**	**0**	**0**
SSM	**Specialty Services - Annual Maximum**	**No Maximum**	

General Dentist services are to be performed by your Selected Participating Dentist. Your Designated Participating Primary Dentist will coordinate your care to a participating specialist or other healthcare professional such as RN, ARNP operating within the scope of their license. The dental benefits provided under this plan for dependent children applies to the congenital anomalies of such dependents from the moment of birth.

Diagnostic

Code	Description	Copayment Dentist	Specialist
D0120	**periodic oral evaluation - established patient**	**0**	**0**
D0140	**limited oral evaluation - problem focused**	**0**	**0**
D0145	**oral evaluation for a patient under three years of age and counseling with primary caregiver**	**0**	**0**
D0150	**comprehensive oral evaluation - new or established patient**	**0**	**0**
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 - comprehensive series of radiographic images**	**0**	**0**
D0220	**intraoral - periapical first radiographic image**	**0**	**0**
D0230	**intraoral - periapical each additional radiographic image**	**0**	**0**
D0240	**intraoral - occlusal radiographic image**	**0**	**0**
D0250	extra-oral – 2D projection **radiographic image created using a stationary radiation source, and detector**	**0**	**0**

Code	Description	Copayment Dentist	Specialist
D0270	**bitewing - single radiographic image**	**0**	**0**
D0272	**bitewings - two radiographic images**	**0**	**0**
D0273	**bitewings - three radiographic images**	**0**	**0**
D0274	**bitewings - four radiographic images**	**0**	**0**
D0277	**vertical bitewings - 7 to 8 radiographic images**	**0**	**0**
D0330	**panoramic radiographic image**	**0**	**0**
D0340	**2D cephalometric radiographic** image – acquisition, **measurement and analysis**	**0**	**0**
D0350	**2D oral/facial photographic image obtained intra-orally or extra-orally**	**0**	**0**
D0391	**interpretation of diagnostic image by a practitioner not associated with capture of the image, including report**	**0**	**0**
D0415	**collection of microorganisms for culture and sensitivity**	**0**	**0**
D0425	**caries susceptibility tests**	**0**	**0**
D0431	**adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures**	**50**	**50**
D0460	**pulp vitality tests**	**0**	**0**
D0470	**diagnostic casts**	**0**	**0**
D0601	**caries risk assessment and documentation, with a finding of low risk**	**0**	**0**
D0602	**caries risk assessment and documentation, with a finding of moderate risk**	**0**	**0**
D0603	**caries risk assessment and documentation, with a finding of high risk**	**0**	**0**
D0701	panoramic radiographic image – **image capture only**	**0**	**0**
D0702	**2-D cephalometric radiographic** image – image capture only	**0**	**0**

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Code	Description	Copayment Dentist	Specialist
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	0	0
D0705	extra-oral posterior dental radiographic image – image capture only	0	0
D0706	intraoral – occlusal radiographic image – image capture only	0	0
D0707	intraoral – periapical radiographic image – image capture only	0	0
D0708	intraoral – bitewing radiographic image – image capture only	0	0
D0709	intraoral – comprehensive series of radiographic images – image capture only	0	0

Preventive

Code	Description	Copayment Dentist	Specialist
D1110	prophylaxis - adult (limited to 1 per 6 months)	0	0
D1120	prophylaxis - child (limited to 1 in 6 months)	0	0
D1206	topical application of fluoride varnish	0	0
D1208	topical application of fluoride – excluding varnish	0	0
D1310	nutritional counseling for control of dental disease	0	0
D1320	tobacco counseling for the control and prevention of oral disease	0	0
D1321	counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	0	0
D1330	oral hygiene instructions	0	0
D1351	sealant - per tooth	0	0
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	0	0
D1353	sealant repair – per tooth	0	0
D1354	application of caries arresting medicament – per tooth	0	0
D1355	caries preventive medicament application – per tooth	0	0

Space Maintainers

Code	Description	Copayment Dentist	Specialist
D1510	space maintainer - fixed, unilateral – per quadrant	0	0

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

Amalgam Restorations - Primary or Permanent

Code	Description	Copayment Dentist	Specialist
D2140	amalgam - one surface, primary or permanent	0	0
D2150	amalgam - two surfaces, primary or permanent	0	0
D2160	amalgam - three surfaces, primary or permanent	0	0
D2161	amalgam - four or more surfaces, primary or permanent	0	0

Resin-Based Composite Restorations

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

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

Crowns - Single Restoration Only

D27SP, D27HP, and D27NP are allowable upgrade charges for specialized porcelain such as Lava, Captek, Cercon, etc. It is charged in addition to the type of crown billed..

Code	Description	Copayment Dentist	Specialist
D2510	inlay - metallic - one surface	80	
D2520	inlay - metallic - two surfaces	80	
D2530	inlay - metallic - three or more surfaces	80	
D2542	onlay - metallic - two surfaces	80	
D2543	onlay - metallic - three surfaces	80	
D2544	onlay - metallic - four or more surfaces	80	
D2610	inlay - porcelain/ceramic - one surface	0	
D2620	inlay - porcelain/ceramic - two surfaces	0	
D2630	inlay - porcelain/ceramic - three or more surfaces	0	
D2642	onlay - porcelain/ceramic - two surfaces	0	
D2643	onlay - porcelain/ceramic - three surfaces	0	
D2644	onlay - porcelain/ceramic - four or more surfaces	0	
D2650	inlay - resin-based composite - one surface	0	
D2651	inlay - resin-based composite - two surfaces	0	
D2652	inlay - resin-based composite - three or more surfaces	0	
D2662	onlay - resin-based composite - two surfaces	0	
D2663	onlay - resin-based composite - three surfaces	0	
D2664	onlay - resin-based composite - four or more surfaces	0	
D2710	crown - resin-based composite (indirect)	0	
D2712	crown - ¾ resin-based composite (indirect)	0	
D2720	crown - resin with high noble metal	80	

Code	Description	Copayment Dentist	Specialist
D2721	crown - resin with predominantly base metal	0	
D2722	crown - resin with noble metal	50	
D2740	crown - porcelain/ceramic	0	
D2750	crown - porcelain fused to high noble metal	80	
D2751	crown - porcelain fused to predominantly base metal	0	
D2752	crown - porcelain fused to noble metal	50	
D2753	crown - porcelain fused to titanium and titanium alloys	80	
D2780	crown - 3/4 cast high noble metal	80	
D2781	crown - 3/4 cast predominantly base metal	0	
D2782	crown - 3/4 cast noble metal	50	
D2783	crown - 3/4 porcelain/ceramic	0	
D2790	crown - full cast high noble metal	80	
D2791	crown - full cast predominantly base metal	0	
D2792	crown - full cast noble metal	50	
D2794	crown - titanium and titanium alloys	80	
D2799	interim crown – further treatment or completion of diagnosis necessary prior to final impression	0	
D27HP	specialized porcelain- high noble/titanium crown	45	
D27NP	specialized porcelain- noble metal crown	75	
D27SP	specialized porcelain-all porcelain crown	125	

Other Restorative Services

Code	Description	Copayment Dentist	Specialist
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	0	0
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	0	0
D2920	re-cement or re-bond crown	0	0
D2921	reattachment of tooth fragment, incisal edge or cusp	0	0
D2928	prefabricated porcelain/ceramic crown – permanent tooth	0	0
D2929	prefabricated porcelain/ceramic crown – primary tooth	0	0

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Code	Description	Copayment Dentist	Specialist	Code	Description	Copayment Dentist	Specialist
D2930	prefabricated stainless steel crown - primary tooth	0	0	D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	55	55
D2931	prefabricated stainless steel crown - permanent tooth	0	0	D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	0	0
D2932	prefabricated resin crown	0	0	D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	0	0
D2933	prefabricated stainless steel crown with resin window	0	0	D3310	endodontic therapy, anterior tooth (excluding final restoration)	0	0
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	0	0	D3320	endodontic therapy, premolar tooth (excluding final restoration)	0	0
D2940	protective restoration	0	0	D3330	endodontic therapy, molar tooth (excluding final restoration)	0	0
D2941	interim therapeutic restoration – primary dentition	0	0	D3331	treatment of root canal obstruction; non-surgical access	0	0
D2949	restorative foundation for an indirect restoration	0	0	D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	0	0
D2950	core buildup, including any pins when required	0	0	D3333	internal root repair of perforation defects	0	0
D2951	pin retention - per tooth, in addition to restoration	0	0	D3346	retreatment of previous root canal therapy - anterior	0	0
D2952	post and core in addition to crown, indirectly fabricated	0	0	D3347	retreatment of previous root canal therapy - premolar	0	0
D2953	each additional indirectly fabricated post - same tooth	0	0	D3348	retreatment of previous root canal therapy - molar	0	0
D2954	prefabricated post and core in addition to crown	0	0	D3351	apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	0	0
D2955	post removal	0	0				
D2957	each additional prefabricated post - same tooth	0	0	D3352	apexification/recalcification – interim medication replacement	0	0
D2971	additional procedures to customize a crown to fit under an existing partial denture framework	25	25	D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	0	0
D2975	coping	200	200				
D2980	crown repair necessitated by restorative material failure	0	0	D3355	pulpal regeneration - initial visit	0	0
D2990	resin infiltration of incipient smooth surface lesions	0	0	D3356	pulpal regeneration - interim medication replacement	0	0
				D3357	pulpal regeneration - completion of treatment	0	0
Endodontics (root canal therapy)				D3410	apicoectomy - anterior	0	0
D3110	pulp cap - direct (excluding final restoration)	0	0	D3421	apicoectomy - premolar (first root)	0	0
D3120	pulp cap - indirect (excluding final restoration)	0	0	D3425	apicoectomy - molar (first root)	0	0
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	0	0	D3426	apicoectomy (each additional root)	0	0
D3221	pulpal debridement, primary and permanent teeth	0	0				

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Effective Date: 1/1/2023

Code	Description	Copayment Dentist	Specialist
D3430	retrograde filling - per root	0	0
D3450	root amputation - per root	0	0
D3471	surgical repair of root resorption - anterior	0	0
D3472	surgical repair of root resorption – premolar	0	0
D3473	surgical repair of root resorption – molar	0	0
D3911	intraorifice barrier	0	0
D3920	hemisection (including any root removal), not including root canal therapy	0	0
D3921	decoronation or submergence of an erupted tooth	200	200
D3950	canal preparation and fitting of preformed dowel or post	0	0

Periodontics

Code	Description	Copayment Dentist	Specialist
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	0	0
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	0	0
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	0	0
D4230	anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant	0	0
D4231	anatomical crown exposure - one to three teeth or contiguous teeth or tooth bounded spaces per quadrant	0	0
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	0	0
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	0	0
D4245	apically positioned flap	350	350
D4249	clinical crown lengthening – hard tissue	0	0

Code	Description	Copayment Dentist	Specialist
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	0	0
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	0	0
D4263	bone replacement graft – retained natural tooth – first site in quadrant	0	0
D4264	bone replacement graft – retained natural tooth – each additional site in quadrant	0	0
D4266	guided tissue regeneration - natural teeth resorbable barrier, per site	300	300
D4267	guided tissue regeneration - natural teeth nonresorbable barrier, per site (includes membrane removal)	350	350
D4268	surgical revision procedure, per tooth	450	450
D4270	pedicle soft tissue graft procedure	0	0
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	0	0
D4274	mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	0	0
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	0	0
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	0	0
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	0	0

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Code	Description	Copayment Dentist	Specialist	Code	Description	Copayment Dentist	Specialist
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	0	0	D5211	maxillary partial denture - resin base (including any retentive/clasping materials, rests, and teeth)	0	0
D4285	non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	0	0	D5212	mandibular partial denture- resin base (including retentive/clasping materials, rests, and teeth)	0	0
D4341	periodontal scaling and root planing - four or more teeth per quadrant	0	0	D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	0	0
D4342	periodontal scaling and root planing - one to three teeth per quadrant	0	0	D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	0	0
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	0	0	D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	0	
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	0	0	D5222	immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	0	
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	0	0	D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	0	
D4910	periodontal maintenance (1st and 2nd in year)	0	0	D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	0	
D4921	gingival irrigation with a medicinal agent – per quadrant	10	10	D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	0	0
D49XC	periodontal maintenance (3rd and 4th in year)	25	25	D5226	mandibular partial denture - flexible base (including retentive/clasping materials, rests and teeth)	0	0

Dentures

Full/partial dentures (upper and/or lower) - one per five year period. Replacement will be provided where casing is unsatisfactory and cannot be made satisfactory. Lost or stolen appliances are the responsibilty of the patient. Unilateral partials (Nesbitt) are not recommended treatment. Copayment amount applies to both General Dentist and Denturists.

Code	Description	Copayment Dentist	Specialist	Code	Description	Copayment Dentist	Specialist
D5110	complete denture - maxillary	0	0	D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	0	
D5120	complete denture - mandibular	0	0	D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	0	
D5130	immediate denture - maxillary	0	0				
D5140	immediate denture - mandibular	0	0				

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Effective Date: 1/1/2023

Code	Description	Copayment Dentist	Specialist	Code	Description	Copayment Dentist	Specialist
D5282	removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	0	0	D5710	rebase complete maxillary denture	0	0
D5283	removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	0	0	D5711	rebase complete mandibular denture	0	0
				D5720	rebase maxillary partial denture	0	0
				D5721	rebase mandibular partial denture	0	0
D5284	removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests, and teeth) – per quadrant	0	0	D5730	reline complete maxillary denture (direct)	0	0
				D5731	reline complete mandibular denture (direct)	0	0
				D5740	reline maxillary partial denture (direct)	0	0
D5286	removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests, and teeth) – per quadrant	0	0	D5741	reline mandibular partial denture (direct)	0	0
				D5750	reline complete maxillary denture (indirect)	0	0
				D5751	reline complete mandibular denture (indirect)	0	0
				D5760	reline maxillary partial denture (indirect)	0	0

Denture Adjustments & Repairs

Code	Description	Copayment Dentist	Specialist	Code	Description	Copayment Dentist	Specialist
D5410	adjust complete denture - maxillary	0	0	D5761	reline mandibular partial denture (indirect)	0	0
D5411	adjust complete denture - mandibular	0	0	D5765	soft liner for complete or partial removable denture – indirect	0	0
D5421	adjust partial denture - maxillary	0	0	D5810	interim complete denture (maxillary)	0	0
D5422	adjust partial denture - mandibular	0	0	D5811	interim complete denture (mandibular)	0	0
D5511	repair broken complete denture base, mandibular	0	0	D5820	interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	0	0
D5512	repair broken complete denture base, maxillary	0	0				
D5520	replace missing or broken teeth - complete denture (each tooth)	0	0	D5821	interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	0	0
D5611	repair resin partial denture base, mandibular	0	0				
D5612	repair resin partial denture base, maxillary	0	0	D5850	tissue conditioning, maxillary	0	0
				D5851	tissue conditioning, mandibular	0	0
D5621	repair cast partial framework, mandibular	0	0	D5863	overdenture – complete maxillary	0	0
				D5864	overdenture – partial maxillary	0	0
D5622	repair cast partial framework, maxillary	0	0	D5865	overdenture – complete mandibular	0	0
D5630	repair or replace broken retentive/clasping materials per tooth	0	0	D5866	overdenture – partial mandibular	0	0
				D5875	modification of removable prosthesis following implant surgery	125	0
D5640	replace broken teeth - per tooth	0	0	D5986	fluoride gel carrier	0	0
D5650	add tooth to existing partial denture	0	0				
D5660	add clasp to existing partial denture - per tooth	0	0				

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Code	Description	Copayment Dentist	Specialist

Implants

D60SP, D60HP, and D60NP are allowable upgrade charges for specialized porcelain such as Lava, Captek, Cercon, etc. It is charged in addition to the type of abutment retainer billed. There are additional fees for any replacement parts, screws, etc.

Code	Description	Copayment Dentist	Specialist
D6010	**surgical placement of implant body: endosteal implant**	1300	
D6056	prefabricated abutment – **includes modification and placement**	300	
D6057	custom fabricated abutment – **includes placement**	450	
D6058	**abutment supported porcelain/ceramic crown**	550	
D6059	**abutment supported porcelain fused to metal crown (high noble metal)**	1080	
D6060	**abutment supported porcelain fused to metal crown (predominantly base metal)**	500	
D6061	**abutment supported porcelain fused to metal crown (noble metal)**	1000	
D6062	**abutment supported cast metal crown (high noble metal)**	580	
D6063	**abutment supported cast metal crown (predominantly base metal)**	900	
D6064	**abutment supported cast metal crown (noble metal)**	1000	
D6065	**implant supported porcelain/ceramic crown**	1000	
D6066	**implant supported crown - porcelain fused to high noble alloys**	1000	
D6067	**implant supported crown - high noble alloys**	1000	
D6068	**abutment supported retainer for porcelain/ceramic FPD**	1000	
D6069	**abutment supported retainer for porcelain fused to metal FPD (high noble metal)**	1000	
D6070	**abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)**	900	
D6071	**abutment supported retainer for porcelain fused to metal FPD (noble metal)**	950	
D6072	**abutment supported retainer for cast metal FPD (high noble metal)**	1000	
D6073	**abutment supported retainer for cast metal FPD (predominantly base metal)**	900	
D6074	**abutment supported retainer for cast metal FPD (noble metal)**	950	
D6075	**implant supported retainer for ceramic FPD**	1000	
D6076	**implant supported retainer for FPD - porcelain fused to high noble alloys**	1000	
D6077	**implant supported retainer for metal FPD - high noble alloys**	1000	
D6080	**implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments**	100	100
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**	0	0
D6082	**implant supported crown - porcelain fused to predominantly base alloys**	1000	
D6083	**implant supported crown - porcelain fused to noble alloys**	1000	
D6084	**implant supported crown - porcelain fused to titanium and titanium alloys**	1000	
D6085	**interim implant crown**	0	0
D6086	**implant supported crown - predominantly base alloys**	1000	
D6087	**implant supported crown - noble alloys**	1000	
D6088	**implant supported crown - titanium and titanium alloys**	1000	
D6092	**re-cement or re-bond implant/abutment supported crown**	30	
D6093	**re-cement or re-bond implant/abutment supported fixed partial denture**	40	
D6094	**abutment supported crown - titanium and titanium alloys**	600	600
D6097	**abutment supported crown - porcelain fused to titanium and titanium alloys**	1080	
D6098	**implant supported retainer - porcelain fused to predominantly base alloys**	1000	

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Code	Description	Copayment Dentist	Specialist
D6099	**implant supported retainer for FPD - porcelain fused to noble alloys**	**1000**	
D60HP	**specialized porcelain- high noble/titanium abutment retainer**	**45**	
D60NP	**specialized porcelain- noble metal abutment retainer**	**75**	
D60SP	**specialized porcelain- all porcelain abutment retainer**	**125**	
D6110	**implant /abutment supported removable denture for** edentulous arch – maxillary	**2300**	
D6111	**implant /abutment supported removable denture for** edentulous arch – mandibular	**2300**	
D6112	**implant /abutment supported removable denture for partially** edentulous arch – maxillary	**2300**	
D6113	**implant /abutment supported removable denture for partially** edentulous arch – mandibular	**2300**	
D6120	**implant supported retainer – porcelain fused to titanium and titanium alloys**	**1000**	
D6121	**implant supported retainer for** metal FPD – predominantly base **alloys**	**1000**	
D6122	**implant supported retainer for** metal FPD – noble alloys	**1000**	
D6123	**implant supported retainer for** metal FPD – titanium and **titanium alloys**	**1000**	
D6194	**abutment supported retainer** crown for FPD – titanium and **titanium alloys**	**600**	**600**
D6195	**abutment supported retainer -** porcelain fused to titanium and **titanium alloys**	**1000**	
D6198	**remove interim implant component**	**0**	**NC**

Services not listed are performed at the dentist's usual and customary fee.

Bridges

D62SP, D62HP, D62NP, D67SP, D67HP, and D67NP are allowable upgrade charges for specialized porcelain such as Lava, Captek, Cercon, etc. It is charged in addition to the type of abutment or pontic billed.

Code	Description	Copayment Dentist	Specialist
D6205	**pontic - indirect resin based composite**	**0**	**0**
D6210	**pontic - cast high noble metal**	**80**	**0**

Code	Description	Copayment Dentist	Specialist
D6211	**pontic - cast predominantly base metal**	**0**	**0**
D6212	**pontic - cast noble metal**	**50**	**0**
D6214	**pontic - titanium and titanium alloys**	**80**	**0**
D6240	**pontic - porcelain fused to high noble metal**	**80**	**0**
D6241	**pontic - porcelain fused to predominantly base metal**	**0**	**0**
D6242	**pontic - porcelain fused to noble metal**	**50**	**0**
D6243	**pontic - porcelain fused to titanium and titanium alloys**	**80**	**0**
D6245	**pontic - porcelain/ceramic**	**125**	**0**
D6250	**pontic - resin with high noble metal**	**80**	
D6251	**pontic - resin with predominantly base metal**	**0**	
D6252	**pontic - resin with noble metal**	**50**	
D6253	**interim pontic - further treatment or completion of diagnosis necessary prior to final impression**	**0**	
D62HP	**specialized porcelain- high noble/titanium pontic**	**45**	
D62NP	**specialized porcelain- noble metal pontic**	**75**	
D62SP	**specialized porcelain- all porcelain pontic**	**125**	
D6545	**retainer - cast metal for resin bonded fixed prosthesis**	**80**	
D6548	**retainer - porcelain/ceramic for resin bonded fixed prosthesis**	**125**	
D6549	resin retainer – for resin bonded **fixed prosthesis**	**80**	
D6600	**inlay - porcelain/ceramic, two surfaces**	**0**	
D6601	**retainer inlay - porcelain/ceramic, three or more surfaces**	**0**	
D6602	**retainer inlay - cast high noble metal, two surfaces**	**80**	
D6603	**retainer inlay - cast high noble metal, three or more surfaces**	**80**	
D6604	**retainer inlay - cast predominantly base metal, two surfaces**	**0**	
D6605	**retainer inlay - cast predominantly base metal, three or more surfaces**	**0**	

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Code	Description	Copayment Dentist	Specialist
D6606	retainer inlay - cast noble metal, two surfaces	50	
D6607	retainer inlay - cast noble metal, three or more surfaces	50	
D6608	retainer onlay - porcelain/ceramic, two surfaces	125	
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	125	
D6610	retainer onlay - cast high noble metal, two surfaces	80	
D6611	retainer onlay - cast high noble metal, three or more surfaces	80	
D6612	retainer onlay - cast predominantly base metal, two surfaces	0	
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	0	
D6614	retainer onlay - cast noble metal, two surfaces	50	
D6615	retainer onlay - cast noble metal, three or more surfaces	50	
D6624	retainer inlay - titanium	80	
D6634	retainer onlay - titanium	80	
D6710	retainer crown - indirect resin based composite	0	
D6720	retainer crown - resin with high noble metal	80	
D6721	retainer crown - resin with predominantly base metal	0	
D6722	retainer crown - resin with noble metal	50	
D6740	retainer crown - porcelain/ceramic	0	
D6750	retainer crown - porcelain fused to high noble metal	80	
D6751	retainer crown - porcelain fused to predominantly base metal	0	
D6752	retainer crown - porcelain fused to noble metal	50	
D6753	retainer crown - porcelain fused to titanium and titanium alloys	80	
D6780	retainer crown - 3/4 cast high noble metal	80	
D6781	retainer crown - 3/4 cast predominantly base metal	0	
D6782	retainer crown - 3/4 cast noble metal	50	
D6783	retainer crown - 3/4 porcelain/ceramic	0	
D6784	retainer crown ¾ - titanium and titanium alloys	80	
D6790	retainer crown - full cast high noble metal	80	
D6791	retainer crown - full cast predominantly base metal	0	
D6792	retainer crown - full cast noble metal	50	
D6793	interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	0	
D6794	retainer crown - titanium and titanium alloys	80	
D67HP	specialized porcelain- high noble/titanium abutment	45	
D67NP	specialized porcelain- noble metal abutment	75	
D67SP	specialized porcelain- all porcelain abutment	125	
D6930	re-cement or re-bond fixed partial denture	0	0
D6980	fixed partial denture repair necessitated by restorative material failure	0	0

Oral Surgery

Code	Description	Copayment Dentist	Specialist
D7111	extraction, coronal remnants - primary tooth	0	0
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	0	0
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	0	0
D7220	removal of impacted tooth - soft tissue	0	0
D7230	removal of impacted tooth - partially bony	0	0
D7240	removal of impacted tooth - completely bony	0	0
D7241	removal of impacted tooth - completely bony, with unusual surgical complications	0	0
D7250	removal of residual tooth roots (cutting procedure)	0	0
D7251	coronectomy – intentional partial tooth removal, impacted teeth only	200	200

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Effective Date: 1/1/2023

Code	Description	Copayment Dentist	Specialist
D7260	oroantral fistula closure	0	0
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	0	0
D7280	exposure of an unerupted tooth	0	0
D7282	mobilization of erupted or malpositioned tooth to aid eruption	270	270
D7283	placement of device to facilitate eruption of impacted tooth	90	90
D7285	incisional biopsy of oral tissue- hard (bone, tooth)	100	100
D7286	incisional biopsy of oral tissue- soft	100	100
D7288	brush biopsy - transepithelial sample collection	85	85
D7291	transseptal fiberotomy/supra crestal fiberotomy, by report	0	0
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	0	0
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	0	0
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	0	0
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	0	0
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	0	0
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	0	0
D7471	removal of lateral exostosis (maxilla or mandible)	0	0
D7510	incision and drainage of abscess - intraoral soft tissue	0	0
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	0	0
D7520	incision and drainage of abscess - extraoral soft tissue	0	0

Code	Description	Copayment Dentist	Specialist
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	0	0
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	0	0
D7540	removal of reaction producing foreign bodies, musculoskeletal system	0	0
D7670	alveolus - closed reduction, may include stabilization of teeth	0	0
D7671	alveolus - open reduction, may include stabilization of teeth	0	0
D7910	suture of recent small wounds up to 5 cm	0	0
D7911	complicated suture - up to 5 cm	0	0
D7912	complicated suture - greater than 5 cm	0	0
D7922	placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	0	0
D7961	buccal / labial frenectomy (frenulectomy)	0	0
D7962	lingual frenectomy (frenulectomy)	0	0
D7963	frenuloplasty	0	0
D7970	excision of hyperplastic tissue - per arch	0	0
D7971	excision of pericoronal gingiva	0	0
D7979	non- surgical sialolithotomy	0	0
D7980	surgical sialolithotomy	0	0

Other Services

General Anesthesia is covered solely for dependent children under the age of seven (7) or the physically or developmentally disabled, only when medically necessary and in conjunction with a covered dental procedure performed at a participating provider or when your required care is not availabel withing the network.

Code	Description	Copayment Dentist	Specialist
D9110	palliative treatment of dental pain - per visit	0	0
D9120	fixed partial denture sectioning	35	35
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

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Effective Date: 1/1/2023

Code	Description	Copayment Dentist	Specialist
D9215	local anesthesia in conjunction with operative or surgical procedures	0	0
D9219	evaluation for moderate sedation, deep sedation or general anesthesia	40	40
D9222	deep sedation/general anesthesia – first 15 minutes	125	250
D9223	deep sedation/general anesthesia – each subsequent 15 minute increment	125	250
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	0	0
D9239	intravenous moderate (conscious) sedation/analgesia – first 15 minutes	125	0
D9243	intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	125	0
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	0	0
D9311	consultation with a medical health care professional	0	0
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	0	0
D9440	office visit - after regularly scheduled hours	25	25
D9450	case presentation, subsequent to detailed and extensive treatment planning	0	0
D9610	therapeutic parenteral drug, single administration	0	0
D9612	therapeutic parenteral drugs, two or more administrations, different medications	10	10
D9613	infiltration of sustained release therapeutic drug, per quadrant	0	0
D9630	drugs or medicaments dispensed in the office for home use	10	10
D9910	application of desensitizing medicament	0	0
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	0	0
D9912	pre-visit patient screening	0	0

Code	Description	Copayment Dentist	Specialist
D9932	cleaning and inspection of removable complete denture, maxillary	15	15
D9933	cleaning and inspection of removable complete denture, mandibular	15	15
D9934	cleaning and inspection of removable partial denture, maxillary	15	15
D9935	cleaning and inspection of removable partial denture, mandibular	15	15
D9941	fabrication of athletic mouthguard	250	250
D9942	repair and/or reline of occlusal guard	90	90
D9943	occlusal guard adjustment	15	15
D9944	occlusal guard- hard appliance, full arch	350	350
D9945	occlusal guard- soft appliance, full arch	350	350
D9951	occlusal adjustment - limited	0	0
D9952	occlusal adjustment - complete	0	0
D9961	duplicate/copy patient's records	0	0
D9970	enamel microabrasion	0	0
D9971	odontoplasty - per tooth	75	75
D9972	external bleaching - per arch - performed in office	200	200
D9973	external bleaching - per tooth	40	40
D9974	internal bleaching - per tooth	100	100
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	200	200
D9990	certified translation or sign-language services per visit	0	0
D9991	dental case management – addressing appointment compliance barriers	0	0
D9992	dental case management – care coordination	0	0
D9993	dental case management – motivational interviewing	0	0
D9994	dental case management – patient education to improve oral health literacy	0	0
D9995	teledentistry- synchronous; real-time encounter	0	0
D9996	teledentistry- asynchronous; information stored and forwarded to dentist for subsequent review	0	0

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Effective Date: 1/1/2023

Code	Description	Copayment Dentist	Specialist

Orthodontics

When performed by a Dental Health Services participating orthodontist. Please call your Dental Health Services Member Services Specialist at 206-788-3444 or 877-495-4455 for assistance in locating a conveniently located participating orthodontist.

Code	Description	Dentist	Specialist
D8010	Limited orthodontic treatment of the primary dentition	Prorated**	
D8020	Limited orthodontic treatment of the transitional dentition	Prorated**	
D8030	Limited orthodontic treatment of the adolescent dentition	Prorated**	
D8040	Limited orthodontic treatment of the adult dentition	Prorated**	
D8070	Comprehensive orthodontic treatment of the transitional dentition	400	400
D8080	Comprehensive orthodontic treatment of the adolescent dentition	400	400
D8090	Comprehensive orthodontic treatment of the adult dentition	400	400
D8681	Removable orthodontic retainer adjustment	0	0
D8709	Retention appliance - after orthodontic treatment	0	0
D8714	Orthodontic treatment plan and records (pre/post x-rays, photos, study models)	125	125
D8715	Initial orthodontic exam	25	25
D8716	Case presentation	0	0

*Comprehensive orthodontic treatment copayment amounts (D8070, D8080, D8090) are based on a typical 24-month case. If case extends beyond 24 months, additional months are prorated according to the number of extra months of treatment. Copayments for limited and interceptive orthodontic services will be prorated based on the treatment rendered. *The Prorated amount is calculated by taking the full copayment (D8090 for adults & D8040 for child) and dividing by 24 and multiplying by the number of months of expected*
service. Orthodontist models, x-rays, photographs and records are not covered. There may be additional copayments depending on treatment needs.   *Prenatal Periodontal Benefit*
In order to improve the overall health of our enrollees, your plan includes a prenatal health improvement program.
Numerous studies indicate that women who have periodontal disease while pregnant are at much greater risk for having other health issues. While you are pregnant, your benefit includes a program to reimburse your copayments for
necessary periodontic services when provided by a Dental Health Services' General Dentist.
This includes additional cleanings, scalings and periodontal irrigation/antimicrobials treatment determined by your dentist to be necessary. You must submit an itemized receipt from the dental office that provided the services to Dental Health Services within 180 days of treatment.

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