

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
	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

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
	IMAGE CAPTURE ONLY:	
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
	INTERPRETATION AND REPORT ONLY	
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
	TEST AND LABORATORY EXAMINATIONS:	
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

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		
(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

	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

	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	NC
D4231	ANATOMICAL CROWN EXPOSURE- ONE TO THREE TEETH PER QUADRANT	NC
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		
(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

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

	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

	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:	
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

	OTHER IMPLANT SERVICES:	
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
	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
	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

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
CLASS II. ORAL SURGICAL SERVICES		
(COVERED SERVICES ARE PAYABLE AT 80% OF THE STATE ALLOWANCE AFTER THE BENEFIT YEAR DEDUCTIBLE)		
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.		
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

	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

	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

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

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

CLASS IV. ORTHODONTICS		
(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.	