

# FY09 CCDP DENTAL SCHEDULE OF BENEFITS

The CCDP reimburses only those services that are listed on the Dental Schedule of Benefits. Listed services are reimbursed at a pre-determined maximum scheduled amount. Members are responsible for all charges over the scheduled amount and/or the annual maximum benefit.

DIAGNOSTIC SERVICES	Maximum Benefit	Code
Periodic Oral Examination .....	\$ 20	D0120*
Limited Oral Evaluation (specific oral health problem) .....	\$ 20	D0140*
Oral Evaluation for Patient Under 3 Years of Age and Counseling with Primary Care giver .....	\$ 31	D0145*
Comprehensive Oral Examination- new or established patient .....	\$ 31	D0150*
<b>Radiographs/Diagnostic Imaging</b>		
Intraoral Complete Series (once in a period of three plan years, including bitewings) .....	\$ 66	D0210*
Intraoral - Periapical First Film .....	\$ 14	D0220*
Intraoral - Periapical Each Additional Film .....	\$ 11	D0230*
Bitewing Single Film .....	\$ 12	D0270*
Bitewing Two Films .....	\$ 22	D0272*
Bitewing Three Film .....	\$ 34	D0273*
Bitewing Four Films .....	\$ 34	D0274*
Panoramic Film, (once in a period of three plan years) .....	\$ 55	D0330*
<b>PREVENTIVE SERVICES</b>		
Prophylaxis Adult - Twice each plan year .....	\$ 45	D1110*
Prophylaxis Child - Twice each plan year .....	\$ 31	D1120*
Topical Application of Fluoride - Child (including prophylaxis) (once each plan year, covered through age 18 only) .....	\$ 48	D1201*
Topical Application of Fluoride - Child (not including prophylaxis) (once each plan year, covered through age 18 only) .....	\$ 19	D1203*
Topical Fluoride Varnish; Therapeutic Application for Moderate to High Carries Risk Patients .....	\$ 19	D1206*
Sealant - per tooth, covered through age 18 only .....	\$ 31	D1351*
<b>Space Maintainers (Passive Appliances)</b>		
Fixed Unilateral .....	\$ 95	D1510*
Fixed Bilateral .....	\$107	D1515*
Removable Unilateral .....	\$ 95	D1520*
Removable Bilateral .....	\$107	D1525*

\*New benefit level effective July 1, 2008

RESTORATIVE SERVICES		Maximum Benefit	Code
<b>Amalgam Restorations</b>			
Amalgam One Surface, Primary or Permanent .....	\$ 52		D2140*
Amalgam Two Surfaces, Primary or Permanent .....	\$ 74		D2150*
Amalgam Three Surfaces, Primary or Permanent .....	\$ 85		D2160*
Amalgam Four or More Surfaces, Primary or Permanent .....	\$ 94		D2161*
<b>Resin-Based Composite Restorations</b>			
One Surface, Anterior .....	\$ 46		D2330
Two Surfaces, Anterior .....	\$ 59		D2331
Three Surfaces, Anterior .....	\$ 73		D2332
Four or More Surfaces or involving incisal angle (anterior) .....	\$ 79		D2335
One Surface Posterior .....	\$ 81		D2391
Two Surface Posterior .....	\$112		D2392
Three Surface Posterior .....	\$139		D2393
Four or More Surfaces, Posterior .....	\$172		D2394
<b>Crowns/Single Restorations Only</b>			
Crown-Resin (indirect) .....	\$ 86		D2710
Crown-Resin with high noble metal .....	\$250		D2720
Crown-Resin predominantly base metal .....	\$215		D2721
Crown-Resin with noble metal .....	\$241		D2722
Crown-Porcelain/Ceramic Substrate .....	\$253		D2740
Crown-Porcelain fused to high noble metal .....	\$254		D2750
Crown-Porcelain fused to predominantly base metal .....	\$237		D2751
Crown-Porcelain fused to noble metal .....	\$246		D2752
Crown-3/4 cast predominately base metal .....	\$252		D2781
Crown-Full cast high noble metal .....	\$227		D2790
Crown-Full cast predominantly base metal .....	\$233		D2791
Crown-Full cast noble metal .....	\$246		D2792
<b>Other Restorative Services</b>			
Recement Inlay .....	\$ 17		D2910
Recement Crown .....	\$ 18		D2920
Prefabricated stainless steel Crown (primary tooth) .....	\$ 58		D2930
Prefabricated stainless steel Crown (permanent tooth) .....	\$ 62		D2931
Prefabricated Resin Crown .....	\$ 54		D2932
Recement Implant/Abutment Supported Crown .....	\$ 22		D6092
Recement Implant/Abutment Supported Fixed Partial Denture.....	\$ 28		D6093
<b>ENDODONTICS</b>			
<b>Pulp Capping</b>			
Pulp Cap - Direct (excluding final restoration) .....	\$ 26		D3110
Pulp Cap - Indirect (excluding final restoration) .....	\$ 20		D3120
Pulpotomy - Therapeutic (excluding final restoration) .....	\$ 62		D3220
<b>Root Canal Therapy (include intra-operative radiographs)</b>			
Anterior (excludes final restoration) .....	\$244		D3310
Bicuspid (excludes final restoration) .....	\$304		D3320
Molar (excludes final restoration) .....	\$410		D3330
<b>Retreatment of Previous Root Canal Therapy</b>			
Anterior .....	\$266		D3346
Bicuspid .....	\$316		D3347
Molar .....	\$432		D3348
<b>PERIODONTICS</b>			
<b>Gingivectomy/Gingivoplasty</b>			
Per quadrant .....	\$155		D4210
1 - 3 Teeth per quadrant .....	\$ 33		D4211
<b>Gingival Flap Procedure</b>			
Per quadrant - includes root planing .....	\$155		D4240
Gingival Flap - including root planing, 1-3 teeth per quadrant .....	\$117		D4241
<b>Osseous Surgery (including flap entry and closure)</b>			
4 or More contiguous teeth or bounded teeth spaces per quadrant .....	\$224		D4260
1-3 contiguous teeth or bounded teeth spaces per quadrant .....	\$120		D4261
<b>Bone Replacement Graft</b>			
First site in quadrant .....	\$228		D4263
Each additional site in quadrant .....	\$173		D4264
<b>Pedicle Soft Tissue Graft</b> .....	\$138		D4270

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PERIODONTICS CONTINUED		Maximum Benefit	Code
<b>Free Soft Tissue Graft</b> .....		\$178	D4271
<b>Provisional Splinting</b>			
Intracoronaral .....		\$ 73	D4320
Extracoronaral .....		\$ 84	D4321
<b>Periodontal Scaling and Root Planing</b>			
4 or More contiguous teeth or bounded teeth spaces per quadrant .....		\$ 70	D4341
<b>Full Mouth Debridement to Enable Comprehensive Periodontal</b>			
<b>Evaluation and Diagnosis</b> .....		\$ 35	D4355
<b>Periodontal Maintenance Procedure</b>			
Following active therapy .....		\$ 28	D4910
Unscheduled Dressing Change .....		\$ 14	D4920
PROSTHODONTICS			
<b>Removable Prosthetics</b>			
Complete Denture - Maxillary .....		\$523	D5110
Complete Denture - Mandibular .....		\$523	D5120
Immediate Denture - Maxillary .....		\$442	D5130
Immediate Denture - Mandibular .....		\$460	D5140
<b>Partial Dentures (removable)</b>			
Maxillary Partial Denture - resin base			
(conventional clasps, rests and teeth) .....		\$442	D5211
Mandibular Partial Denture - resin base			
(conventional clasps, rests and teeth) .....		\$501	D5212
Maxillary Partial Denture - cast metal framework, resin base			
(conventional clasps, rests and teeth) .....		\$529	D5213
Mandibular Partial Denture - cast metal framework, resin base			
(convention clasps, rests and teeth) .....		\$540	D5214
Unilateral, Partial Denture, Removable - one piece cast metal			
(includes clasps and teeth) .....		\$173	D5281
<b>Adjustments to Dentures</b>			
Adjust complete denture - Maxillary .....		\$ 25	D5410
Adjust complete denture - Mandibular .....		\$ 25	D5411
Adjust partial denture - Maxillary .....		\$ 25	D5421
Adjust partial denture - Mandibular .....		\$ 25	D5422
<b>Repairs to Complete Dentures</b>			
Repair broken complete denture base .....		\$ 48	D5510
Replace missing or broken teeth - complete denture (each tooth) .....		\$ 44	D5520
<b>Repairs to Partial Dentures</b>			
Repair resin denture base .....		\$ 48	D5610
Repair cast framework .....		\$ 62	D5620
Repair or replace broken clasp .....		\$ 54	D5630
Replace broken teeth - per tooth .....		\$ 41	D5640
Add tooth to existing partial denture .....		\$ 59	D5650
Add clasp to existing partial denture .....		\$ 77	D5660
<b>Denture Rebase Procedure</b>			
Rebase complete maxillary denture .....		\$179	D5710
Rebase complete mandibular denture .....		\$179	D5711
Rebase maxillary partial denture .....		\$179	D5720
Rebase mandibular partial denture .....		\$179	D5721
<b>Denture Reline Procedure</b>			
Reline complete maxillary denture (chairside) .....		\$109	D5730
Reline complete mandibular denture (chairside) .....		\$109	D5731
Reline maxillary partial denture (chairside) .....		\$109	D5740
Reline mandibular partial denture (chairside) .....		\$109	D5741
Reline complete maxillary denture (laboratory) .....		\$154	D5750
Reline complete mandibular denture (laboratory) .....		\$154	D5751
Reline maxillary partial denture (laboratory) .....		\$154	D5760
Reline mandibular partial denture (laboratory) .....		\$154	D5761
<b>Fixed Partial Denture Pontics</b>			
(Each retainer and each pontic constitutes a unit in a fixed partial denture)			
Pontic-Cast high noble metal .....		\$248	D6210
Pontic-Cast predominantly base metal .....		\$219	D6211
Pontic-Cast noble metal .....		\$224	D6212

PROSTHODONTICS CONTINUED		Maximum Benefit	Code
<b>Fixed Partial Denture Pontics Continued</b>			
Pontic-Porcelain fused to high noble metal .....	\$249		D6240
Pontic-Porcelain fused to predominantly base metal .....	\$227		D6241
Pontic-Porcelain fused to noble metal .....	\$237		D6242
Pontic-Resin with high noble metal .....	\$234		D6250
Pontic-Resin with predominantly base metal .....	\$227		D6251
Pontic-Resin with noble metal .....	\$257		D6252
<b>Fixed Partial Denture Retainers - Crowns</b>			
Crown-Resin with high noble metal .....	\$245		D6720
Crown-Resin with predominantly base metal .....	\$230		D6721
Crown-Resin with noble metal .....	\$211		D6722
Crown-Porcelain fused to high noble metal .....	\$250		D6750
Crown-Porcelain fused to predominantly base metals .....	\$232		D6751
Crown-Porcelain fused to noble metal .....	\$231		D6752
Crown-3/4 cast high noble metal .....	\$240		D6780
Crown-Full cast high noble metal .....	\$245		D6790
Crown-Full cast predominantly base metal .....	\$230		D6791
Crown-Full cast noble metal .....	\$234		D6792
<b>Other Fixed Partial Denture Services</b>			
Recement Fixed Partial Denture .....	\$ 23		D6930
Fixed Partial Denture Repair, by report .....	\$ 45		D6980
<b>ORAL SURGERY</b>			
<b>Extractions</b>			
Coronal Remnants - Deciduous Tooth .....	\$ 74		D7111
Extraction, Erupted Tooth or Exposed Root (elevation and/ or forceps removal) .....	\$ 70		D7140
<b>Surgical Extraction</b>			
(Includes local anesthesia, suturing if needed, and routine postoperative care)			
Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth .....	\$ 50		D7210
Removal of impacted tooth - soft tissue .....	\$ 67		D7220
Removal of impacted tooth - partially bony .....	\$ 90		D7230
Removal of impacted tooth - completely bony .....	\$107		D7240
Removal of impacted tooth - completely bony with unusual surgical complications .....	\$121		D7241
Surgical removal of residual tooth roots (cutting procedure) .....	\$ 46		D7250
<b>Other Surgical Procedures</b>			
Biopsy of oral tissue - hard (bone/tooth) .....	\$ 66		D7285
Biopsy of soft tissue - soft (all others) .....	\$ 57		D7286
Alveoloplasty in conjunction with extractions, per quadrant .....	\$ 46		D7310
Alveoloplasty in conjunction with extractions - 1-3 teeth or tooth spaces, per quadrant .....	\$ 46		D7311
Alveoloplasty not in conjunction with extractions, per quadrant .....	\$ 62		D7320
Alveoloplasty not in conjunction with extractions - 1-3 teeth or tooth spaces, per quadrant .....	\$ 62		D7321
Frenulectomy - separate procedure .....	\$ 83		D7960
<b>ADJUNCTIVE GENERAL SERVICES</b>			
<b>Surgical Incision</b>			
Palliative (emergency) treatment of dental pain (minor procedure) .....	\$ 12		D9110
<b>Anesthesia</b>			
<b>General Anesthesia and Intravenous Sedation will be covered only if a qualified medical condition exists with supporting documentation from the patient's medical provider.</b>			
General anesthesia - first 30 minutes .....	\$156		D9220
General anesthesia - each additional 15 minutes .....	\$ 61		D9221
Intravenous sedation/analgesia - first 30 minutes .....	\$180		D9241
Intravenous sedation/analgesia - each additional 15 minutes .....	\$ 75		D9242
<b>Miscellaneous Services</b>			
Occlusal guards, by report .....	\$110		D9940
Occlusal adjustment, limited .....	\$ 39		D9951
Occlusal adjustment, complete .....	\$ 77		D9952