

FY09 & FY10 Dental Schedule of Benefits

DIAGNOSTIC SERVICES	Maximum Benefit	Code
Periodic Oral Examination	\$ 35	D0120
Limited Oral Evaluation (specific oral health problem)	\$ 57	D0140
Oral Examination for Patient Under 3 Years of Age and Counseling with Primary Care Giver	\$ 64	D0145
Comprehensive Oral Examination - new or established patient	\$ 64	D0150
Radiographs/Diagnostic Imaging		
Intraoral Complete Series (once in a period of three plan years, including bitewings)	\$ 99	D0210
Intraoral - Periapical First Film	\$ 21	D0220
Intraoral - Periapical Each Additional Film	\$ 15	D0230
Bitewing Single Film	\$ 24	D0270
Bitewing Two Films	\$ 32	D0272
Bitewing Three Films	\$ 48	D0273
Bitewing Four Films	\$ 48	D0274
Panoramic Film (once in a period of three plan years)	\$ 89	D0330
PREVENTIVE SERVICES		
Prophylaxis Adult - Twice each plan year	\$ 70	D1110
Prophylaxis Child - Twice each plan year	\$ 52	D1120
Topical Application of Fluoride - Child (including prophylaxis) (once each plan year, covered through age 18 only)	\$ 70	D1201
Topical Application of Fluoride - Child (not including prophylaxis) (once each plan year, covered through age 18 only)	\$ 30	D1203
Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients (once each plan year, covered through age 18 only)	\$ 30	D1206
Sealant - per tooth	\$ 40	D1351
Space Maintainers (Passive Appliances)		
Fixed Unilateral	\$275	D1510
Fixed Bilateral	\$350	D1515
Removable Unilateral	\$307	D1520
Removable Bilateral	\$425	D1525
RESTORATIVE SERVICES		
Amalgam Restorations		
Amalgam One Surface, Primary or Permanent	\$ 95	D2140
Amalgam Two Surfaces, Primary or Permanent	\$119	D2150
Amalgam Three Surfaces, Primary or Permanent	\$143	D2160
Amalgam Four or More Surfaces, Primary or Permanent	\$176	D2161
Resin-Based Composite Restorations		
One Surface, Anterior	\$114	D2330
Two Surfaces, Anterior	\$143	D2331
Three Surfaces, Anterior	\$172	D2332
Four or More Surfaces or involving incisal angle (anterior)	\$193	D2335
One Surface Posterior	\$135	D2391
Two Surface Posterior	\$180	D2392
Three Surface Posterior	\$200	D2393
Four or More Surfaces, Posterior	\$249	D2394
Inlay/Onlay Restorations		
Inlay - metallic - one surface	\$321	D2510
Inlay - metallic - two surfaces	\$364	D2520
Inlay - metallic - three or more surfaces	\$420	D2530
Onlay - metallic - three surfaces	\$431	D2543
Onlay - metallic - four or more surfaces	\$448	D2544
Inlay - porcelain/ceramic - one surface	\$378	D2610
Inlay - porcelain/ceramic - two surfaces	\$399	D2620
Inlay - porcelain/ceramic - three or more surfaces	\$425	D2630
Onlay - porcelain/ceramic - two surfaces	\$413	D2642
Onlay - porcelain/ceramic - three surfaces	\$445	D2643
Onlay - porcelain/ceramic - four or more surfaces	\$472	D2644
Inlay - resin-based composite - one surface	\$248	D2650
Inlay - resin-based composite - two surfaces	\$296	D2651
Inlay - resin-based composite - three or more surfaces	\$311	D2652
Onlay - resin-based composite - two surfaces	\$270	D2662
Onlay - resin-based composite - three surfaces	\$317	D2663
Onlay - resin-based composite - four or more surfaces	\$340	D2664

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RESTORATIVE SERVICES <i>(continued)</i>	Maximum Benefit	Code
Crowns/Single Restorations Only		
Crown-Resin (indirect)	\$306	D2710†
Crown-Resin with high noble metal	\$755	D2720†
Crown-Resin predominantly base metal	\$708	D2721†
Crown-Resin with noble metal	\$723	D2722†
Crown-Porcelain/Ceramic Substrate	\$714	D2740†
Crown-Porcelain fused to high noble metal	\$708	D2750†
Crown-Porcelain fused to predominantly base metal	\$662	D2751†
Crown-Porcelain fused to noble metal	\$719	D2752†
Crown-3/4 cast predominately base metal	\$688	D2781†
Crown-Full cast high noble metal	\$676	D2790†
Crown-Full cast predominantly base metal	\$660	D2791†
Crown-Full cast noble metal	\$712	D2792†
Other Restorative Services		
Recement Inlay	\$ 75	D2910
Recement Post/Core	\$ 74	D2915*
Recement Crown	\$ 77	D2920
Prefabricated stainless steel Crown (primary tooth)	\$350	D2930†
Prefabricated stainless steel Crown (permanent tooth)	\$450	D2931†
Prefabricated Resin Crown	\$295	D2932†
Core Buildup and Pins	\$238	D2950*
Cast Post for Crowns	\$357	D2952*
Add Post Same Tooth	\$227	D2953*
Prefab Post/Crown	\$288	D2954*
Post Removal	\$205	D2955*
Prefab Post >1 per tooth	\$171	D2957*
ENDODONTICS		
Pulp Capping		
Pulp Cap - Direct (excluding final restoration)	\$ 51	D3110
Pulp Cap - Indirect (excluding final restoration)	\$ 40	D3120
Pulpotomy - Therapeutic (excluding final restoration)	\$140	D3220
Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$140	D3222
Root Canal Therapy (include intra-operative radiographs)		
Anterior (excludes final restoration)	\$645	D3310
Bicuspid (excludes final restoration)	\$775	D3320
Molar (excludes final restoration)	\$947	D3330
Retreatment of Previous Root Canal Therapy		
Anterior	\$750	D3346
Bicuspid	\$989	D3347
Molar	\$970	D3348
PERIODONTICS		
Gingivectomy/Gingivoplasty		
Per quadrant	\$315	D4210
1 - 3 teeth per quadrant	\$135	D4211
Gingival Flap Procedure		
Per quadrant - includes root planing	\$371	D4240
Gingival Flap - including root planing, 1-3 teeth per quadrant	\$191	D4241
Crown Lengthening	\$399	D4249*
Osseous Surgery (including flap entry and closure)		
4 or more contiguous teeth or bounded teeth spaces per quadrant	\$598	D4260
1-3 contiguous teeth or bounded teeth spaces per quadrant	\$312	D4261
Bone Replacement Graft		
First site in quadrant	\$181	D4263
Each additional site in quadrant	\$ 90	D4264
Pedicle Soft Tissue Graft	\$442	D4270
Free Soft Tissue Graft	\$455	D4271
Provisional Splinting		
Intracoronal	\$185	D4320
Extracoronal	\$162	D4321

* New benefit effective July 1, 2009

† Limited to once every five plan years

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PERIODONTICS SERVICES <i>(continued)</i>	Maximum Benefit	Code
Periodontal Scaling and Root Planing		
4 or more contiguous teeth or bounded teeth spaces per quadrant.....	\$113	D4341
1-3 contiguous teeth or bounded teeth spaces per quadrant.....	\$ 75	D4342
Full Mouth Debridement to Enable Comprehensive Periodontal Evaluation and Diagnosis		
	\$ 61	D4355
Periodontal Maintenance Procedure		
Following active therapy.....	\$ 55	D4910
Unscheduled Dressing Change.....	\$ 52	D4920
PROSTHODONTICS		
Removable Prosthetics		
Complete Denture - Maxillary.....	\$920	D5110†
Complete Denture - Mandibular.....	\$926	D5120†
Immediate Denture - Maxillary.....	\$907	D5130†
Immediate Denture - Mandibular.....	\$975	D5140†
Partial Dentures (removable)		
Maxillary Partial Denture - resin base (conventional clasps, rests and teeth).....	\$666	D5211†
Mandibular Partial Denture - resin base (conventional clasps, rests and teeth).....	\$774	D5212†
Maxillary Partial Denture - cast metal framework, resin base (conventional clasps, rests and teeth).....	\$910	D5213†
Mandibular Partial Denture - cast metal framework, resin base (convention clasps, rests and teeth).....	\$921	D5214†
Unilateral, Partial Denture, Removable - one piece cast metal (includes clasps and teeth).....	\$508	D5281†
Adjustments to Dentures		
Adjust complete denture - Maxillary.....	\$ 43	D5410
Adjust complete denture - Mandibular.....	\$ 50	D5411
Adjust partial denture - Maxillary.....	\$ 43	D5421
Adjust partial denture - Mandibular.....	\$ 43	D5422
Repairs to Complete Dentures		
Repair broken complete denture base.....	\$ 95	D5510
Replace missing or broken teeth - complete denture (each tooth).....	\$ 84	D5520
Repairs to Partial Dentures		
Repair resin denture base.....	\$105	D5610
Repair cast framework.....	\$106	D5620
Repair or replace broken clasp.....	\$122	D5630
Replace broken teeth - per tooth.....	\$ 91	D5640
Add tooth to existing partial denture.....	\$108	D5650
Add clasp to existing partial denture.....	\$130	D5660
Denture Rebase Procedure		
Rebase complete maxillary denture.....	\$337	D5710
Rebase complete mandibular denture.....	\$323	D5711
Rebase maxillary partial denture.....	\$319	D5720
Rebase mandibular partial denture.....	\$319	D5721
Denture Reline Procedure		
Reline complete maxillary denture (chairside).....	\$181	D5730
Reline complete mandibular denture (chairside).....	\$190	D5731
Reline maxillary partial denture (chairside).....	\$174	D5740
Reline mandibular partial denture (chairside).....	\$174	D5741
Reline complete maxillary denture (laboratory).....	\$252	D5750
Reline complete mandibular denture (laboratory).....	\$247	D5751
Reline maxillary partial denture (laboratory).....	\$251	D5760
Reline mandibular partial denture (laboratory).....	\$246	D5761
Implant Services		
Surgical placement of implant body: endosteal implant.....	\$2,000	D6010
Surgical placement: eposteal implant.....	\$2,000	D6040

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PROSTHODONTICS <i>(continued)</i>	Maximum Benefit	Code
Implant Services <i>(continued)</i>		
Surgical placement: transosteal implant	\$2,000	D6050
Implant/abutment supported removable denture for completely edentulous arch	\$1,680	D6053
Implant/abutment supported removable denture for partially edentulous arch	\$1,680	D6054
Dental implant supported connecting bar	\$ 571	D6055
Prefabricated abutment – includes placement	\$ 399	D6056
Custom abutment – includes placement	\$ 522	D6057
Abutment supported porcelain/ceramic crown	\$1,295	D6058
Abutment supported porcelain fused to metal crown (high noble metal)	\$1,232	D6059
Abutment supported porcelain fused to metal crown (predominantly base metal)	\$1,208	D6060
Abutment supported porcelain fused to metal crown (noble metal)	\$1,233	D6061
Abutment supported cast metal crown (high noble metal)	\$1,228	D6062
Abutment supported cast metal crown (predominantly base metal)	\$1,054	D6063
Abutment supported cast metal crown (noble metal)	\$1,117	D6064
Implant supported porcelain/ceramic crown	\$1,274	D6065
Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$1,365	D6066
Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$1,204	D6067
Abutment supported retainer for porcelain/ceramic FPD	\$1,295	D6068
Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$1,278	D6069
Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$1,208	D6070
Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$1,233	D6071
Abutment supported retainer for cast metal FPD (high noble metal)	\$1,258	D6072
Abutment supported retainer for cast metal FPD (predominantly base metal)	\$1,139	D6073
Abutment supported retainer for cast metal FPD (noble metal)	\$1,228	D6074
Implant supported retainer for ceramic FPD	\$1,274	D6075
Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$1,241	D6076
Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$1,204	D6077
Implant maintenance procedures, including removal of prosthesis, cleaning of prosthesis and abutments and reinsertion of prosthesis	\$ 106	D6080
Recent Implant/Abutment Supported Crown	\$ 77	D6092
Recent Implant/Abutment Supported Fixed Partial Denture	\$ 58	D6093
Abutment supported crown – (titanium)	\$1,014	D6094
Radiographic/surgical implant index, by report	\$ 227	D6190
Abutment supported retainer crown for FPD – (titanium)	\$1,045	D6194
Fixed Partial Denture Pontics		
<i>(Each retainer and each pontic constitutes a unit in a fixed partial denture)</i>		
Pontic-Cast high noble metal	\$ 475	D6210†
Pontic-Cast predominantly base metal	\$ 414	D6211†
Pontic-Cast noble metal	\$ 430	D6212†
Pontic-Porcelain fused to high noble metal	\$ 436	D6240†
Pontic-Porcelain fused to predominantly base metal	\$ 420	D6241†
Pontic-Porcelain fused to noble metal	\$ 433	D6242†
Pontic-Resin with high noble metal	\$ 430	D6250†
Pontic-Resin with predominantly base metal	\$ 397	D6251†
Pontic-Resin with noble metal	\$ 410	D6252†
Fixed Partial Denture Retainers - Inlays/Onlays		
Inlay - cast predominantly base metal, two surfaces	\$ 359	D6604
Inlay - cast predominantly base metal, three or more surfaces	\$ 381	D6605
Onlay - cast predominantly base metal, two surfaces	\$ 393	D6612
Onlay - cast predominantly base metal, three or more surfaces	\$ 411	D6613

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PROSTHODONTICS <i>(continued)</i>	Maximum Benefit	Code
Fixed Partial Denture Retainers - Crowns		
Crown-Resin with high noble metal	\$486	D6720†
Crown-Resin with predominantly base metal	\$461	D6721†
Crown-Resin with noble metal	\$469	D6722†
Crown-Porcelain fused to high noble metal	\$497	D6750†
Crown-Porcelain fused to predominantly base metals	\$464	D6751†
Crown-Porcelain fused to noble metal	\$475	D6752†
Crown-3/4 cast high noble metal	\$469	D6780†
Crown-Full cast high noble metal	\$480	D6790†
Crown-Full cast predominantly base metal	\$455	D6791†
Crown-Full cast noble metal	\$472	D6792†
Other Fixed Partial Denture Services		
Recement Fixed Partial Denture	\$ 58	D6930
Post & Core/Bridge	\$168	D6970*
Prefab/Post & Core/Bridge	\$144	D6972*
Core Buildup/Retainer	\$119	D6973*
Fixed Partial Denture Repair, by report	\$ 49	D6980
ORAL SURGERY		
Extractions		
Coronal Remnants - Deciduous Tooth	\$ 83	D7111
Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	\$125	D7140
Surgical Extraction (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	\$125	D7210
Removal of impacted tooth - soft tissue	\$136	D7220
Removal of impacted tooth - partially bony	\$181	D7230
Removal of impacted tooth - completely bony	\$213	D7240
Removal of impacted tooth - completely bony with unusual surgical complications	\$267	D7241
Surgical removal of residual tooth roots (cutting procedure)	\$125	D7250
Other Surgical Procedures		
Biopsy of oral tissue - hard (bone/tooth)	\$453	D7285
Biopsy of soft tissue - soft (all others)	\$186	D7286
Alveoloplasty in conjunction with extractions, per quadrant	\$127	D7310
Alveoloplasty in conjunction with extractions - 1-3 teeth or tooth spaces, per quadrant	\$127	D7311
Alveoloplasty not in conjunction with extractions, per quadrant	\$565	D7320
Alveoloplasty not in conjunction with extractions - 1-3 teeth or tooth spaces, per quadrant	\$565	D7321
Frenulectomy - separate procedure	\$266	D7960
ADJUNCTIVE GENERAL SERVICES		
Surgical Incision		
Palliative (emergency) treatment of dental pain (minor procedure)	\$ 88	D9110
Anesthesia		
General Anesthesia and Intravenous Sedation will be covered only if a qualified medical condition exists with supporting documentation from the patient's medical provider.		
General anesthesia - first 30 minutes	\$365	D9220
General anesthesia - each additional 15 minutes	\$149	D9221
Intravenous sedation/analgesia - first 30 minutes	\$300	D9241
Intravenous sedation/analgesia - each additional 15 minutes	\$120	D9242
Non-IV Conscious Sedation	\$101	D9248*
Miscellaneous Services		
Occlusal guards, by report	\$331	D9940
Occlusal adjustment, limited	\$112	D9951
Occlusal adjustment, complete	\$665	D9952

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