FY09 Dental Schedule of Benefits

The LGDP 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*
Radiographs/Diagnostic Imaging		
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*
PREVENTIVE SERVICES		
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*
Space Maintainers (Passive Appliances)		
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
Amalgam Restorations		
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*
Resin-Based Composite Restorations		
One Surface, Anterior	$ 55	D2330
Two Surfaces, Anterior	$ 71	D2331
Three Surfaces, Anterior	$ 88	D2332
Four or More Surfaces or involving incisal angle (anterior)	$ 95	D2335
One Surface Posterior	$ 97	D2391
Two Surface Posterior	$134	D2392
Three Surface Posterior	$167	D2393
Four or More Surfaces, Posterior	$206	D2394
Crowns/Single Restorations Only		
Crown-Resin (indirect)	$103	D2710
Crown-Resin with high noble metal	$300	D2720
Crown-Resin predominantly base metal	$258	D2721
Crown-Resin with noble metal	$289	D2722
Crown-Porcelain/Ceramic Substrate	$304	D2740
Crown-Porcelain fused to high noble metal	$305	D2750
Crown-Porcelain fused to predominantly base metal	$284	D2751
Crown-Porcelain fused to noble metal	$295	D2752
Crown-3/4 cast predominately base metal	$302	D2781
Crown-Full cast high noble metal	$272	D2790
Crown-Full cast predominantly base metal	$280	D2791
Crown-Full cast noble metal	$295	D2792
Other Restorative Services		
Recement Inlay	$ 20	D2910
Recement Crown	$ 22	D2920
Prefabricated stainless steel Crown (primary tooth)	$ 70	D2930
Prefabricated stainless steel Crown (permanent tooth)	$ 74	D2931
Prefabricated Resin Crown	$ 65	D2932
Recement Implant/Abutment Supported Crown	$ 22	D6092
Recement Implant/Abutment Supported Fixed Partial Denture	$ 28	D6093
ENDODONTICS		
Pulp Capping		
Pulp Cap - Direct (excluding final restoration)	$ 31	D3110
Pulp Cap - Indirect (excluding final restoration)	$ 24	D3120
Pulpotomy - Therapeutic (excluding final restoration)	$ 74	D3220
Root Canal Therapy (include intra-operative radiographs)		
Anterior (excludes final restoration)	$293	D3310
Bicuspid (excludes final restoration)	$365	D3320
Molar (excludes final restoration)	$492	D3330
Retreatment of Previous Root Canal Therapy		
Anterior	$319	D3346
Bicuspid	$379	D3347
Molar	$518	D3348
PERIODONTICS		
Gingivectomy/Gingivoplasty		
Per quadrant	$186	D4210
1 - 3 Teeth per quadrant	$ 40	D4211
Gingival Flap Procedure		
Per quadrant - includes root planing	$186	D4240
Gingival Flap - including root planing, 1-3 teeth per quadrant	$140	D4241
Osseous Surgery (including flap entry and closure)		
4 or More contiguous teeth or bounded teeth spaces per quadrant	$269	D4260
1-3 contiguous teeth or bounded teeth spaces per quadrant	$234	D4261
Bone Replacement Graft		
First site in quadrant	$137	D4263
Each additional site in quadrant	$ 68	D4264
Pedicle Soft Tissue Graft	$166	D4270

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PERIODONTICS CONTINUED	Maximum Benefit	Code
Free Soft Tissue Graft	$214	D4271
Provisional Splinting		
Intracoronal	$ 88	D4320
Extracoronal	$101	D4321
Periodontal Scaling and Root Planing		
4 or More contiguous teeth or bounded teeth spaces per quadrant	$ 84	D4341
Full Mouth Debridement to Enable Comprehensive Periodontal Evaluation and Diagnosis	$ 42	D4355
Periodontal Maintenance Procedure		
Following active therapy	$ 34	D4910
Unscheduled Dressing Change	$ 17	D4920
PROSTHODONTICS		
Removable Prosthetics		
Complete Denture - Maxillary	$543	D5110
Complete Denture - Mandibular	$543	D5120
Immediate Denture - Maxillary	$530	D5130
Immediate Denture - Mandibular	$552	D5140
Partial Dentures (removable)		
Maxillary Partial Denture - resin base (conventional clasps, rests and teeth)	$458	D5211
Mandibular Partial Denture - resin base (conventional clasps, rests and teeth)	$533	D5212
Maxillary Partial Denture - cast metal framework, resin base (conventional clasps, rests and teeth)	$600	D5213
Mandibular Partial Denture - cast metal framework, resin base (convention clasps, rests and teeth)	$600	D5214
Unilateral, Partial Denture, Removable - one piece cast metal (includes clasps and teeth)	$208	D5281
Adjustments to Dentures		
Adjust complete denture - Maxillary	$ 30	D5410
Adjust complete denture - Mandibular	$ 30	D5411
Adjust partial denture - Maxillary	$ 30	D5421
Adjust partial denture - Mandibular	$ 30	D5422
Repairs to Complete Dentures		
Repair broken complete denture base	$ 58	D5510
Replace missing or broken teeth - complete denture (each tooth)	$ 50	D5520
Repairs to Partial Dentures		
Repair resin denture base	$ 58	D5610
Repair cast framework	$ 69	D5620
Repair or replace broken clasp	$ 65	D5630
Replace broken teeth - per tooth	$ 49	D5640
Add tooth to existing partial denture	$ 71	D5650
Add clasp to existing partial denture	$ 89	D5660
Denture Rebase Procedure		
Rebase complete maxillary denture	$215	D5710
Rebase complete mandibular denture	$211	D5711
Rebase maxillary partial denture	$208	D5720
Rebase mandibular partial denture	$208	D5721
Denture Reline Procedure		
Reline complete maxillary denture (chairside)	$124	D5730
Reline complete mandibular denture (chairside)	$124	D5731
Reline maxillary partial denture (chairside)	$114	D5740
Reline mandibular partial denture (chairside)	$114	D5741
Reline complete maxillary denture (laboratory)	$166	D5750
Reline complete mandibular denture (laboratory)	$166	D5751
Reline maxillary partial denture (laboratory)	$164	D5760
Reline mandibular partial denture (laboratory)	$164	D5761
Fixed Partial Denture Pontics		
(Each retainer and each pontic constitutes a unit in a fixed partial denture)		
Pontic-Cast high noble metal	$298	D6210
Pontic-Cast predominantly base metal	$263	D6211
Pontic-Cast noble metal	$269	D6212

	Maximum Benefit	Code
Fixed Partial Denture Pontics Continued		
Pontic-Porcelain fused to high noble metal	$299	D6240
Pontic-Porcelain fused to predominantly base metal	$272	D6241
Pontic-Porcelain fused to noble metal	$284	D6242
Pontic-Resin with high noble metal	$281	D6250
Pontic-Resin with predominantly base metal	$272	D6251
Pontic-Resin with noble metal	$308	D6252
Fixed Partial Denture Retainers - Crowns		
Crown-Resin with high noble metal	$294	D6720
Crown-Resin with predominantly base metal	$276	D6721
Crown-Resin with noble metal	$253	D6722
Crown-Porcelain fused to high noble metal	$300	D6750
Crown-Porcelain fused to predominantly base metals	$278	D6751
Crown-Porcelain fused to noble metal	$277	D6752
Crown-3/4 cast high noble metal	$288	D6780
Crown-Full cast high noble metal	$294	D6790
Crown-Full cast predominantly base metal	$276	D6791
Crown-Full cast noble metal	$281	D6792
Other Fixed Partial Denture Services		
Recement Fixed Partial Denture	$ 28	D6930
Fixed Partial Denture Repair, by report	$ 49	D6980
ORAL SURGERY		
Extractions		
Coronal Remnants - Deciduous Tooth	$ 75	D7111
Extraction, Erupted Tooth or Exposed Root (elevation and/ or forceps removal)	$ 70	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	$ 60	D7210
Removal of impacted tooth - soft tissue	$ 80	D7220
Removal of impacted tooth - partially bony	$108	D7230
Removal of impacted tooth - completely bony	$128	D7240
Removal of impacted tooth - completely bony with unusual surgical complications	$145	D7241
Surgical removal of residual tooth roots (cutting procedure)	$ 55	D7250
Other Surgical Procedures		
Biopsy of oral tissue - hard (bone/tooth)	$ 79	D7285
Biopsy of soft tissue - soft (all others)	$ 68	D7286
Alveoloplasty in conjunction with extractions, per quadrant	$ 55	D7310
Alveoloplasty in conjunction with extractions - 1-3 teeth or tooth spaces, per quadrant	$ 55	D7311
Alveoloplasty not in conjunction with extractions, per quadrant	$ 74	D7320
Alveoloplasty not in conjunction with extractions - 1-3 teeth or tooth spaces, per quadrant	$ 74	D7321
Frenulectomy - separate procedure	$100	D7960
ADJUNCTIVE GENERAL SERVICES		
Surgical Incision		
Palliative (emergency) treatment of dental pain (minor procedure)	$ 14	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	$187	D9220
General anesthesia - each additional 15 minutes	$ 73	D9221
Intravenous sedation/analgesia - first 30 minutes	$180	D9241
Intravenous sedation/analgesia - each additional 15 minutes	$ 75	D9242
Miscellaneous Services		
Occlusal guards, by report	$132	D9940
Occlusal adjustment, limited	$ 47	D9951
Occlusal adjustment, complete	$ 92	D9952