

Procedure Code	Nomenclature	Member Pays	
		GP	Splst

D0100-D0999 — Diagnostic

CLINICAL ORAL EVALUATIONS

D0120	Periodic oral evaluation - established patient	23	23
D0140	Limited oral evaluation - problem focused	32	32
D0145	Oral evaluation - patient under three and counseling with primary caregiver	39	39
D0150	Comprehensive oral evaluation - new or established patient	39	39
D0160	Detailed and extensive oral evaluation - problem focused, by report	42	42
D0170	Re-evaluation - limited, problem focused	36	36
D0180	Comprehensive periodontal evaluation - new or established patient	39	39

RADIOGRAPHS/DIAGNOSTIC IMAGING

D0210	Intraoral - complete series (including bitewings)	63	63
D0220	Intraoral - periapical first film	14	14
D0230	Intraoral - periapical each additional film	14	14
D0240	Intraoral - occlusal film	16	16
D0250	Extraoral - first film	12	12
D0260	Extraoral - each additional film	10	10
D0270	Bitewing - single film	14	14
D0272	Bitewings - two films	23	23
D0273	Bitewings - three films	23	23
D0274	Bitewings - four films	30	30
D0277	Vertical bitewings - 7 to 8 films	30	30
D0290	Posterior - anterior or lateral skull film	54	54
D0310	Sialography	218	218
D0320	Tmj arthrogram including injection	243	243
D0321	Other temporomandibular joint films, by report	71	71
D0322	Tomographic survey	83	83
D0330	Panoramic film	69	69
D0340	Cephalometric film	62	62
D0350	Oral/facial photographic images	26	26

TESTS AND EXAMINATIONS

D0415	Collection of microorganisms for culture and sensitivity	10	10
D0425	Caries susceptibility tests	12	12
D0460	Pulp vitality tests	24	24
D0470	Diagnostic casts	41	41

ORAL PATHOLOGY LABORATORY

D0472	Accession of tissue, gross examination, prep and report	26	26
D0473	Accession of tissue, gross and micro. exam, prep and report	75	75
D0474	Accession of tissue, gross and micro. exam, prep and report	77	77
D0480	Accession of exfoliative cytologic smears, micro exam, prep & trans report ..	44	44

D1000-D1999 — Preventive

DENTAL PROPHYLAXIS

D1110	Prophylaxis - adult	0*	0*
D1120	Prophylaxis - child	0*	0*

TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)

D1203	Topical application of fluoride - child	22	22
D1204	Topical application of fluoride - adult	22	22
D1206	Topical fluoride varnish; therapeutic application moderate to high caries risk.	22	22

OTHER PREVENTIVE SERVICES

D1310	Nutritional counseling for control of dental disease	23	23
D1320	Tobacco counseling for the control and prevention of oral disease	16	16
D1330	Oral hygiene instructions	18	18
D1351	Sealant - per tooth	27	27

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SPACE MAINTENANCE (PASSIVE APPLIANCES)

D1510	Space maintainer - fixed - unilateral	149	149
D1515	Space maintainer - fixed - bilateral	250	250
D1520	Space maintainer - removable - unilateral	227	227
D1525	Space maintainer - removable - bilateral	219	219
D1550	Re-cementation of space maintainer	20	20
D1555	Removal of fixed space maintainer	39	39

D2000-D2999 — Restorative

AMALGAM RESTORATIONS (INCLUDING POLISHING)

D2140	Amalgam - one surface, primary or permanent	58	58
D2150	Amalgam - two surfaces, primary or permanent	73	73
D2160	Amalgam - three surfaces, primary or permanent	91	91
D2161	Amalgam - four or more surfaces, primary or permanent	107	107

RESIN-BASED COMPOSITE RESTORATIONS - DIRECT

D2330	Resin-based composite - one surface, anterior	76	76
D2331	Resin-based composite - two surfaces, anterior	96	96
D2332	Resin-based composite - three surfaces, anterior	113	113
D2335	Resin-based composite - four or more surfaces, anterior	141	141
D2390	Resin-based composite crown, anterior	138	138
D2391	Resin-based composite - one surface, posterior	88	88
D2392	Resin-based composite - two surfaces, posterior	109	109
D2393	Resin-based composite - three surfaces, posterior	136	136
D2394	Resin-based composite - four or more surfaces, posterior	161	161

INLAY/ONLAY RESTORATIONS

D2510	Inlay - metallic - one surface	219	219
D2520	Inlay - metallic - two surfaces	439	439
D2530	Inlay - metallic - three or more surfaces	548	548
D2542	Onlay - metallic - two surfaces	475	475
D2543	Onlay - metallic - three surfaces	603	603
D2544	Onlay - metallic - four or more surfaces	603	603
D2610	Inlay - porcelain/ceramic - one surface	219	219
D2620	Inlay - porcelain/ceramic - two surfaces	439	439
D2630	Inlay - porcelain/ceramic - three or more surfaces	548	548
D2642	Onlay - porcelain/ceramic - two surfaces	439	439
D2643	Onlay - porcelain/ceramic - three surfaces	603	603
D2644	Onlay - porcelain/ceramic - four or more surfaces	603	603
D2650	Inlay - resin-based composite - one surface	388	388
D2651	Inlay - resin-based composite - two surfaces	412	412
D2652	Inlay - resin-based composite - three or more surfaces	521	521
D2662	Onlay - resin-based composite - two surfaces	443	443
D2663	Onlay - resin-based composite - three surfaces	603	603
D2664	Onlay - resin-based composite - four or more surfaces	603	603

CROWNS - SINGLE RESTORATIONS ONLY

D2710	Crown - resin-based composite (indirect)	204	204
D2712	Crown - 3/4 resin-based composite (indirect)	603	603
D2720	Crown - resin with high noble metal	603	603
D2721	Crown - resin with predominantly base metal	427	427
D2722	Crown - resin with noble metal	558	558
D2740	Crown - porcelain/ceramic substrate	626	626
D2750	Crown - porcelain fused to high noble metal	660	660
D2751	Crown - porcelain fused to predominantly base metal	660	660
D2752	Crown - porcelain fused to noble metal	660	660
D2780	Crown - 3/4 cast high noble metal	614	614

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CROWNS - SINGLE RESTORATIONS ONLY			
D2781	Crown - 3/4 cast predominantly base metal	520	520
D2782	Crown - 3/4 cast noble metal	609	609
D2783	Crown - 3/4 porcelain/ceramic	603	603
D2790	Crown - full cast high noble metal	655	655
D2791	Crown - full cast predominantly base metal	655	655
D2792	Crown - full cast noble metal	655	655
D2794	Crown - titanium	631	631
D2799	Provisional crown	113	113

OTHER RESTORATIVE SERVICES			
D2910	Recement inlay, onlay, or partial coverage restoration	49	49
D2915	Recement cast or prefabricated post and core	47	47
D2920	Recement crown	47	47
D2930	Prefabricated stainless steel crown - primary tooth	164	164
D2931	Prefabricated stainless steel crown - permanent tooth	164	164
D2932	Prefabricated resin crown	126	126
D2933	Prefabricated stainless steel crown with resin window	175	175
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	175	175
D2940	Sedative filling	42	42
D2950	Core buildup, including any pins	138	138
D2951	Pin retention - per tooth, in addition to restoration	23	23
D2952	Post and core in addition to crown, indirectly fabricated	175	175
D2953	Each additional indirectly fabricated post - same tooth	94	94
D2954	Prefabricated post and core in addition to crown	148	148
D2955	Post removal (not in conjunction with endodontic therapy)	99	99
D2957	Each additional prefabricated post - same tooth	76	76
D2960	Labial veneer (resin laminate) - chairside	257	257
D2961	Labial veneer (resin laminate) - laboratory	366	366
D2962	Labial veneer (porcelain laminate) - laboratory	510	510
D2970	Temporary crown (fractured tooth)	165	165
D2971	Add'l procedures to construct new crown under existing partial denture	28	28
D2980	Crown repair, by report	101	101

D3000-D3999 — Endodontics

PULP CAPPING			
D3110	Pulp cap - direct (excluding final restoration)	28	28
D3120	Pulp cap - indirect (excluding final restoration)	23	23

PULPOTOMY			
D3220	Therapeutic pulpotomy (excluding final restoration)	99	99
D3221	Pulpal debridement, primary and permanent teeth	43	43

ENDODONTIC THERAPY ON PRIMARY TEETH			
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth	108	160
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth	125	190

ENDODONTIC THERAPY			
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	373	443
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	457	554
D3330	Endodontic therapy, molar (excluding final restoration)	597	664
D3331	Treatment of root canal obstruction; non-surgical access	95	95
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	68	68
D3333	Internal root repair of perforation defects	152	152

ENDODONTIC RETREATMENT			
D3346	Retreatment of previous root canal therapy - anterior	473	510
D3347	Retreatment of previous root canal therapy - bicuspid	536	620
D3348	Retreatment of previous root canal therapy - molar	660	747

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APEXIFICATION/RECALCIFICATION PROCEDURES			
D3351	Apexification/recalcification - initial visit	115	115
D3352	Apexification/recalcification - interim medication replacement	83	83
D3353	Apexification/recalcification - final visit	548	548

APICOECTOMY/PERIRADICULAR SERVICES			
D3410	Apicoectomy/periradicular surgery - anterior	425	425
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	458	458
D3425	Apicoectomy/periradicular surgery - molar (first root)	519	519
D3426	Apicoectomy/periradicular surgery (each additional root)	164	164
D3430	Retrograde filling - per root	114	114
D3450	Root amputation - per root	158	244
D3460	Endodontic endosseous implant	820	820
D3470	Intentional reimplantation (including necessary splinting)	58	58

OTHER ENDODONTIC PROCEDURES			
D3910	Surgical procedure for isolation of tooth with rubber dam	83	83
D3920	Hemisection (including any root removal)	181	181
D3950	Canal preparation and fitting of preformed dowel or post	68	68

D4000-D4999 — Periodontics

SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE)			
D4210	Gingivectomy or gingivoplasty - 4+ teeth/spaces, per quadrant	350	379
D4211	Gingivectomy or gingivoplasty - 1-3 teeth/spaces, per quadrant	141	152
D4240	Gingival flap procedure, incl. root planing - 4+ teeth/spaces per quadrant	274	310
D4241	Gingival flap procedure, incl. root planing - 1-3 teeth/spaces per quadrant	138	138
D4245	Apically positioned flap	292	292
D4249	Clinical crown lengthening - hard tissue	272	272
D4260	Osseous surgery (incl. flap entry & closure) - 4+ teeth/spaces per quadrant	675	698
D4261	Osseous surgery (incl. flap entry & closure) - 1-3 teeth/spaces per quadrant	270	280
D4263	Bone replacement graft - first site in quadrant	241	241
D4264	Bone replacement graft - each additional site in quadrant	83	190
D4266	Guided tissue regeneration - resorbable barrier, per site	329	329
D4267	Guided tissue regeneration - nonresorbable barrier, per site	329	329
D4268	Surgical revision procedure, per tooth	377	377
D4270	Pedicle soft tissue graft procedure	483	491
D4271	Free soft tissue graft procedure (including donor site surgery)	527	554
D4273	Subepithelial connective tissue graft procedure, per tooth	527	554
D4274	Distal or proximal wedge procedure	201	201
D4275	Soft tissue allograft	527	554
D4276	Combined connective tissue and double pedicle graft, per tooth	527	554

NON-SURGICAL PERIODONTAL SERVICES			
D4320	Provisional splinting - intracoronary	101	101
D4321	Provisional splinting - extracoronary	90	90
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	139	148
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	34	48
D4355	Full mouth debridement to enable comp. evaluation and diagnosis	120	120
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle	41	41

OTHER PERIODONTAL SERVICES			
D4910	Periodontal maintenance	74	97

D5000-D5899 — Prosthodontics, removable

COMPLETE DENTURES			
D5110	Complete denture - maxillary	739	739
D5120	Complete denture - mandibular	739	739
D5130	Immediate denture - maxillary	825	825

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COMPLETE DENTURES			
D5140	Immediate denture - mandibular	825	825
PARTIAL DENTURES			
D5211	Maxillary partial denture - resin base	620	620
D5212	Mandibular partial denture - resin base	620	620
D5213	Maxillary partial denture - cast metal framework	825	825
D5214	Mandibular partial denture - cast metal framework	825	825
D5225	Maxillary partial denture - flexible base	949	949
D5226	Mandibular partial denture - flexible base	949	949
D5281	Removable unilateral partial denture - one piece cast metal	403	403
ADJUSTMENTS TO DENTURES			
D5410	Adjust complete denture - maxillary	23	23
D5411	Adjust complete denture - mandibular	23	23
D5421	Adjust partial denture - maxillary	33	33
D5422	Adjust partial denture - mandibular	33	33
REPAIRS TO COMPLETE DENTURES			
D5510	Repair broken complete denture base	71	71
D5520	Replace missing or broken teeth - complete denture (each tooth)	76	76
REPAIRS TO PARTIAL DENTURES			
D5610	Repair resin denture base	76	76
D5620	Repair cast framework	90	90
D5630	Repair or replace broken clasp	105	105
D5640	Replace broken teeth - per tooth	76	76
D5650	Add tooth to existing partial denture	83	83
D5660	Add clasp to existing partial denture	114	114
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	516	516
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	516	516
DENTURE REBASE PROCEDURES			
D5710	Rebase complete maxillary denture	219	219
D5711	Rebase complete mandibular denture	219	219
D5720	Rebase maxillary partial denture	143	143
D5721	Rebase mandibular partial denture	143	143
DENTURE RELINE PROCEDURES			
D5730	Reline complete maxillary denture (chairside)	154	154
D5731	Reline complete mandibular denture (chairside)	154	154
D5740	Reline maxillary partial denture (chairside)	88	88
D5741	Reline mandibular partial denture (chairside)	88	88
D5750	Reline complete maxillary denture (laboratory)	219	219
D5751	Reline complete mandibular denture (laboratory)	219	219
D5760	Reline maxillary partial denture (laboratory)	164	164
D5761	Reline mandibular partial denture (laboratory)	164	164
INTERIM PROSTHESIS			
D5810	Interim complete denture (maxillary)	263	263
D5811	Interim complete denture (mandibular)	263	263
D5820	Interim partial denture (maxillary)	263	263
D5821	Interim partial denture (mandibular)	263	263
OTHER REMOVABLE PROSTHETIC SERVICES			
D5850	Tissue conditioning, maxillary	94	94
D5851	Tissue conditioning, mandibular	94	94
D5860	Overdenture - complete, by report	682	682
D5861	Overdenture - partial, by report	661	661
D5862	Precision attachment, by report	214	214
D5867	Replacement of replaceable part of semi-precision or precision attachment	168	168

Procedure Code	Nomenclature	Member Pays	
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OTHER REMOVABLE PROSTHETIC SERVICES			
D5875	Modification of removable prosthesis following implant surgery	164	164
D5900-D5999 — Maxillofacial Prosthetics			
MAXILLOFACIAL PROSTHETICS			
D5982	Surgical stent	158	158
D5986	Fluoride gel carrier	94	94
D6000-D6199 — Implant Services			
SURGICAL IMPLANT PROCEDURES			
D6010	Surgical placement of implant body: endosteal implant	1129	1129
D6040	Surgical placement: eosteal implant	1261	1261
D6050	Surgical placement: transosteal implant	1159	1159
IMPLANT SUPPORTED PROSTHETICS			
D6055	Dental implant supported connecting bar	349	349
D6056	Prefabricated abutment - includes placement	349	349
D6057	Custom abutment - includes placement	349	349
D6058	Abutment supported porcelain/ceramic crown	718	718
D6059	Abutment supported PFM crown (high noble metal)	718	718
D6060	Abutment supported PFM crown (predominantly base metal)	672	672
D6061	Abutment supported PFM crown (noble metal)	698	698
D6062	Abutment supported cast metal crown (high noble metal)	707	707
D6063	Abutment supported cast metal crown (predominantly base metal)	668	668
D6064	Abutment supported cast metal crown (noble metal)	694	694
D6065	Implant supported porcelain/ceramic crown	718	718
D6066	Implant supported PFM crown (Ti, Ti alloy, high noble metal)	718	718
D6067	Implant supported metal crown (Ti, Ti alloy, high noble metal)	707	707
D6068	Abutment supported retainer for porcelain/ceramic FPD	718	718
D6069	Abutment supported retainer for PFM FPD (high noble metal)	718	718
D6070	Abutment supported retainer for PFM FPD (predominantly base metal)	672	672
D6071	Abutment supported retainer for PFM FPD (noble metal)	698	698
D6072	Abutment supported retainer cast metal FPD (high noble metal)	733	733
D6073	Abutment supported retainer cast metal FPD (predominantly base metal)	681	681
D6074	Abutment supported retainer cast metal FPD (noble metal)	707	707
D6075	Implant supported retainer for ceramic FPD	718	718
D6076	Implant supported retainer for PFM FPD (Ti, Ti alloy, high noble metal)	718	718
D6077	Implant supported retainer cast metal FPD (Ti, Ti alloy, high noble metal)	733	733
D6078	Implant/abutment supported fixed denture for completely edentulous arch	1045	1045
D6079	Implant/abutment supported fixed denture for partially edentulous arch	1166	1166
D6094	Abutment supported crown (Ti)	707	707
D6194	Abutment supported retainer crown for FPD (Ti)	733	733
OTHER IMPLANT SERVICES			
D6080	Implant maintenance procedures	65	65
D6090	Repair implant supported prosthesis, by report	134	134
D6092	Recent implant/abutment supported crown	47	47
D6093	Recent implant/abutment supported fixed partial denture	71	71
D6095	Repair implant abutment, by report	134	134
D6100	Implant removal, by report	115	115
D6200-D6999 — Prosthodontics, fixed			
FIXED PARTIAL DENTURE PONTICS			
D6205	Pontic - indirect resin based composite	597	597
D6210	Pontic - cast high noble metal	643	643
D6211	Pontic - cast predominantly base metal	643	643

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FIXED PARTIAL DENTURE PONTICS			
D6212	Pontic - cast noble metal	643	643
D6214	Pontic - titanium	643	643
D6240	Pontic - porcelain fused to high noble metal	643	643
D6241	Pontic - porcelain fused to predominantly base metal	643	643
D6242	Pontic - porcelain fused to noble metal	643	643
D6245	Pontic - porcelain/ceramic	597	597
D6250	Pontic - resin with high noble metal	578	578
D6251	Pontic - resin with predominantly base metal	484	484
D6252	Pontic - resin with noble metal	542	542

FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS			
D6545	Retainer - cast metal for resin bonded fixed prosthesis	225	225
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	226	226
D6600	Inlay - porcelain/ceramic, two surfaces	439	439
D6601	Inlay - porcelain/ceramic, three or more surfaces	548	548
D6602	Inlay - cast high noble metal, two surfaces	413	413
D6603	Inlay - cast high noble metal, three or more surfaces	510	510
D6604	Inlay - cast predominantly base metal, two surfaces	413	413
D6605	Inlay - cast predominantly base metal, three or more surfaces	510	510
D6606	Inlay - cast noble metal, two surfaces	413	413
D6607	Inlay - cast noble metal, three or more surfaces	510	510
D6608	Onlay - porcelain/ceramic, two surfaces	439	439
D6609	Onlay - porcelain/ceramic, three or more surfaces	603	603
D6610	Onlay - cast high noble metal, two surfaces	475	475
D6611	Onlay - cast high noble metal, three or more surfaces	576	576
D6612	Onlay - cast predominantly base metal, two surfaces	475	475
D6613	Onlay - cast predominantly base metal, three or more surfaces	576	576
D6614	Onlay - cast noble metal, two surfaces	475	475
D6615	Onlay - cast noble metal, three or more surfaces	576	576
D6624	Inlay - titanium	413	413
D6634	Onlay - titanium	576	576

FIXED PARTIAL DENTURE RETAINERS - CROWNS			
D6710	Crown - indirect resin based composite	617	617
D6720	Crown - resin with high noble metal	655	655
D6721	Crown - resin with predominantly base metal	655	655
D6722	Crown - resin with noble metal	655	655
D6740	Crown - porcelain/ceramic	622	622
D6750	Crown - porcelain fused to high noble metal	660	660
D6751	Crown - porcelain fused to predominantly base metal	660	660
D6752	Crown - porcelain fused to noble metal	660	660
D6780	Crown - 3/4 cast high noble metal	660	660
D6781	Crown - 3/4 cast predominantly base metal	609	609
D6782	Crown - 3/4 cast noble metal	585	585
D6783	Crown - 3/4 porcelain/ceramic	608	608
D6790	Crown - full cast high noble metal	660	660
D6791	Crown - full cast predominantly base metal	660	660
D6792	Crown - full cast noble metal	660	660
D6794	Crown - titanium	631	631

OTHER FIXED PARTIAL DENTURE SERVICES			
D6920	Connector bar	96	96
D6930	Recement fixed partial denture	71	71
D6940	Stress breaker	156	156
D6950	Precision attachment	257	257
D6970	Post and core in addition to FPD retainer, indirectly fabricated	206	206

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OTHER FIXED PARTIAL DENTURE SERVICES			
D6972	Prefabricated post and core in addition to fixed partial denture retainer	170	170
D6973	Core build up for retainer, including any pins	131	131
D6975	Coping - metal	316	316
D6976	Each additional indirectly fabricated post - same tooth	134	134
D6977	Each additional prefabricated post - same tooth	76	76
D6980	Fixed partial denture repair, by report	131	131

D7000-D7999 — Oral and Maxillofacial Surgery

EXTRACTIONS			
D7111	Extraction, coronal remnants - deciduous tooth	26	29
D7140	Extraction, erupted tooth or exposed root	63	71

SURGICAL EXTRACTIONS			
D7210	Surgical removal of erupted tooth	105	116
D7220	Removal of impacted tooth - soft tissue	131	144
D7230	Removal of impacted tooth - partially bony	244	244
D7240	Removal of impacted tooth - completely bony	244	250
D7241	Removal of impacted tooth - completely bony, with unusual complications ..	223	255
D7250	Surgical removal of residual tooth roots (cutting procedure)	127	134

OTHER SURGICAL PROCEDURES			
D7260	Oroantral fistula closure	359	359
D7261	Primary closure of a sinus perforation	359	359
D7270	Tooth reimplantation and/or stabilization	175	175
D7280	Surgical access of an unerupted tooth	178	224
D7283	Placement of device to facilitate eruption of impacted tooth	45	56
D7285	Biopsy of oral tissue - hard (bone, tooth)	141	141
D7286	Biopsy of oral tissue - soft	134	134
D7288	Brush biopsy - transepithelial sample collection	99	99
D7290	Surgical repositioning of teeth	175	175
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	31	56

ALVEOLOPLASTY - SURGICAL PREPARATION			
D7310	Alveoloplasty in conj with extractions - 4+ teeth/spaces, per quadrant	114	133
D7320	Alveoloplasty not in conj with extractions - 4+ teeth/spaces, per quadrant	110	140
D7321	Alveoloplasty not in conj with extractions - 1-3 teeth/spaces, per quadrant ...	44	56

VESTIBULOPLASTY			
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	243	243
D7350	Vestibuloplasty - ridge extension	497	497

SURGICAL EXCISION OF SOFT TISSUE LESIONS			
D7410	Excision of benign lesion up to 1.25 cm	173	173
D7465	Destruction of lesion(s) by physical or chemical method, by report	105	105

SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS			
D7450	Removal of benign odontogenic cyst or tumor - up to 1.25 cm	227	227
D7451	Removal of benign odontogenic cyst or tumor - greater than 1.25 cm	320	320
D7460	Removal of benign nonodontogenic cyst or tumor - up to 1.25 cm	218	218
D7461	Removal of benign nonodontogenic cyst or tumor - greater than 1.25 cm	349	349

EXCISION OF BONE TISSUE			
D7471	Removal of lateral exotosis (maxilla or mandible)	245	245
D7472	Removal of torus palatinus	245	245
D7473	Removal of torus mandibularis	245	245
D7485	Surgical reduction of osseous tuberosity	245	245

SURGICAL INCISION			
D7510	Incision and drainage of abscess - intraoral soft tissue	71	71
D7520	Incision and drainage of abscess - extraoral soft tissue	92	92

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SURGICAL INCISION			
D7530	Removal of foreign body from mucosa, skin, subcutaneous alveolar tissue ..	91	91
TREATMENT OF FRACTURES - SIMPLE			
D7670	Alveous - closed reduction, may include stabilization of teeth	61	61
D7671	Alveous - open reduction, may include stabilization of teeth	61	61
REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER TMD			
D7880	Occlusal orthotic devise, by report	436	436
REPAIR OF TRAUMATIC WOUNDS			
D7910	Suture of recent small wounds up to 5 cm	88	88
COMPLICATED SUTURING			
D7911	Complicated suture - up to 5 cm	175	175
OTHER REPAIR PROCEDURES			
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla	420	420
D7951	sinus augmentation with bone or bone substitutes	420	420
D7953	Bone replacement graft for ridge preservation - per site	224	224
D7955	Repair of maxillofacial soft and/or hard tissue defect	325	325
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	181	181
D7963	Frenuloplasty	91	91
D7970	Excision of hyperplastic tissue - per arch	148	148
D7971	Excision of pericoronal gingiva	88	88
D7972	Surgical reduction of fibrous tuberosity	245	245

D8000-D8999 — Orthodontics

LIMITED ORTHODONTIC TREATMENT			
D8010	Limited orthodontic treatment of the primary dentition	459	459
D8020	Limited orthodontic treatment of the transitional dentition	459	459
D8030	Limited orthodontic treatment of the adolescent dentition	459	459
D8040	Limited orthodontic treatment of the adult dentition	459	459
INTERCEPTIVE ORTHODONTIC TREATMENT			
D8050	Interceptive orthodontic treatment of the primary dentition	765	765
D8060	Interceptive orthodontic treatment of the transitional dentition	765	765
COMPREHENSIVE ORTHODONTIC TREATMENT			
D8070	Comprehensive orthodontic treatment of the transitional dentition	3086	3086
D8080	Comprehensive orthodontic treatment of the adolescent dentition	3086	3086
D8090	Comprehensive orthodontic treatment of the adult dentition	3086	3086
MINOR TREATMENT TO CONTROL HARMFUL HABITS			
D8210	Removable appliance therapy	300	300
D8220	Fixed appliance therapy	450	450
OTHER ORTHODONTIC SERVICES			
D8660	Pre-orthodontic treatment visit	146	170
D8670	Periodic orthodontic treatment visit (as part of contract)	84	98
D8680	Orthodontic retention	200	200
D8690	Orthodontic treatment (alternative billing to a contract fee)	45	45

D9000-D9999 — Adjunctive General Services

UNCLASSIFIED TREATMENT			
D9110	Palliative (emergency) treatment of dental pain - minor procedure	39	39
ANESTHESIA			
D9210	Local anesthesia not in conjunction with operative or surgical procedures	17	17
D9211	Regional block anesthesia	17	17
D9212	Trigeminal division block anesthesia	13	13
D9215	Local anesthesia	13	13

Procedure Code	Nomenclature	Member Pays	
		GP	Splst
ANESTHESIA			
D9220	Deep sedation/general anesthesia - first 30 minutes	200	200
D9221	Deep sedation/general anesthesia - each additional 15 minutes	100	100
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	26	26
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	200	200
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	100	100
D9248	Non-intravenous conscious sedation	89	89
PROFESSIONAL CONSULTATION			
D9310	Consultation (other than requesting dentist or physician)	44	44
PROFESSIONAL VISITS			
D9410	House/extended care facility call	34	34
D9420	Hospital call	120	120
D9430	Office visit for observation - no other services performed	28	28
D9440	Office visit, after regularly scheduled hours	55	55
DRUGS			
D9610	Therapeutic parenteral drug, single administration	31	31
D9630	Other drugs and/or medicaments, by report	17	17
MISCELLANEOUS SERVICES			
D9910	Application of desensitizing medicament	20	20
D9911	Application of desensitizing resin for cervical and/or root surface	20	20
D9920	Behavior management, by report	51	51
D9930	Treatment of complications - unusual circumstances, by report	31	31
D9940	Occlusal guard, by report	269	269
D9941	Fabrication of athletic mouthguard	65	65
D9950	Occlusion analysis - mounted case	88	88
D9951	Occlusal adjustment - limited	45	45
D9952	Occlusal adjustment - complete	227	227
D9970	Enamel microabrasion	25	25
D9971	Odontoplasty 1 -2 teeth; includes removal of enamel projections	48	48
D9972	External bleaching - per arch	175	175
D9973	External bleaching - per tooth	176	176
D9974	Internal bleaching - per tooth	186	186

Notes:

- *United Concordia will reimburse dentist \$40.00 for D1110 and \$29.00 for D1120.
- ** Member fees shown above are applicable to services provided by participating United Concordia Dental Value Network (DVN) dentists only. All member payments are due in full at time of service unless other arrangements for payment(s) are made between the member and the participating dentist prior to services being performed. Any services performed by a dentist not participating in this plan are not covered and the provider's full charges would apply to the member at time of service.