



PPO – Fixed Copay Program

Full Copay Sheet

PPO Copay 120

Covered Procedures

Enrollee Copayments

D0100-D0999 DIAGNOSTIC		
D0120	Periodic oral evaluation - established patient	\$0
D0140	Limited oral evaluation - problem focused	\$0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$0
D0150	Comprehensive oral evaluation - new or established patient	\$0
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$0
D0171	Re-evaluation - post-operative office visit	\$0
D0180	Comprehensive periodontal evaluation - new or established patient	\$0
D0190	Screening of a patient	\$0
D0191	Assessment of a patient	\$0
D0210	Intraoral - complete series of radiographic images	\$0
D0220	Intraoral - periapical first radiographic image	\$0
D0230	Intraoral - periapical each additional radiographic image	\$0
D0240	Intraoral - occlusal radiographic image	\$0
D0250	Extraoral – 2D projection radiographic image created using a stationary radiation source and detector	\$0
D0251	Extraoral posterior dental radiographic image	\$0
D0270	Bitewing - single radiographic image	\$0
D0272	Bitewings - two radiographic images	\$0
D0273	Bitewings three radiographic images	\$0
D0274	Bitewings - four radiographic images	\$0
D0277	Vertical bitewings - 7 to 8 radiographic images	\$0
D0330	Panoramic radiographic image	\$0
D0364	Cone beam CT capture and interpretation with limited field of view - less than whole jaw	\$140
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	\$210
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	\$210
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	\$210
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	\$210
D0415	Collection of microorganisms for culture and sensitivity	\$0
D0425	Caries susceptibility tests	\$0
D0460	Pulp vitality tests	\$0
D0470	Diagnostic casts	\$0
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$0
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$0
D0601	Caries risk assessment and documentation, with a finding of low risk	\$0
D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$0
D0603	Caries risk assessment and documentation, with a finding of high risk	\$0
D0999	Unspecified diagnostic procedure, by report - includes office visit, per visit (in addition to other services)	\$0
D1000-D1999 PREVENTIVE		
D1110	Prophylaxis cleaning - adult	\$0
D1120	Prophylaxis cleaning - child	\$0
D1206	Topical application of fluoride varnish	\$0
D1208	Topical application of fluoride - excluding varnish	\$0
D1310	Nutritional counseling for control of dental disease	\$0
D1330	Oral hygiene instructions	\$0
D1351	Sealant - per tooth	\$10
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	\$15
D1353	Sealant repair - per tooth	\$10

D1354	Interim caries arresting medicament application	\$0
D1510	Space maintainer - fixed – unilateral	\$20
D1516	Space maintainer - fixed - bilateral, maxillary	\$20
D1517	Space maintainer - fixed - bilateral, mandibular	\$20
D1520	Space maintainer - removable – unilateral	\$20
D1526	Space maintainer - removable - bilateral, maxillary	\$20
D1527	Space maintainer - removable - bilateral, mandibular	\$20
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	\$0
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	\$0
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	\$0
D1556	Removal of fixed unilateral space maintainer - per quadrant	\$0
D1557	Removal of fixed bilateral space maintainer - maxillary	\$0
D1558	Removal of fixed bilateral space maintainer - mandibular	\$0
D1575	Distal shoe space maintainer - fixed – unilateral	\$0

D2000-D2999 RESTORATIVE

D2140	Amalgam - one surface, primary or permanent	\$35
D2150	Amalgam - two surfaces, primary or permanent	\$25
D2160	Amalgam - three surfaces, primary or permanent	\$30
D2161	Amalgam - four or more surfaces, primary or permanent	\$35
D2330	Resin-based composite - one surface, anterior	\$35
D2331	Resin-based composite - two surfaces, anterior	\$25
D2332	Resin-based composite - three surfaces, anterior	\$30
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$60
D2390	Resin-based composite crown, anterior	\$95
D2391	Resin-based composite - one surface, posterior	\$40
D2392	Resin-based composite - two surfaces, posterior	\$65
D2393	Resin-based composite - three surfaces, posterior	\$85
D2394	Resin-based composite - four or more surfaces, posterior	\$100
D2510	Inlay - metallic - one surface	\$170
D2520	Inlay - metallic - two surfaces	\$240
D2530	Inlay - metallic - three or more surfaces	\$360
D2542	Onlay - metallic - two surfaces	\$280
D2543	Onlay - metallic - three surfaces	\$420
D2544	Onlay - metallic - four or more surfaces	\$440
D2610	Inlay - porcelain/ceramic - one surface	\$300
D2620	Inlay - porcelain/ceramic - two surfaces	\$360
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$400
D2642	Onlay - porcelain/ceramic - two surfaces	\$420
D2643	Onlay - porcelain/ceramic - three surfaces	\$450
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$470
D2650	Inlay - resin-based composite - one surface	\$280
D2651	Inlay - resin-based composite - two surfaces	\$340
D2652	Inlay - resin-based composite - three or more surfaces	\$360
D2662	Onlay - resin-based composite - two surfaces	\$360
D2663	Onlay - resin-based composite - three surfaces	\$390
D2664	Onlay - resin-based composite - four or more surfaces	\$445
D2710	Crown - resin-based composite (indirect)	\$400
D2712	Crown - ¾ resin-based composite (indirect)	\$435
D2720	Crown - resin with high noble metal	\$420
D2721	Crown - resin with predominantly base metal	\$360
D2722	Crown - resin with noble metal	\$360
D2740	Crown - porcelain/ceramic substrate	\$520
D2750	Crown - porcelain fused to high noble metal	\$450
D2751	Crown - porcelain fused to predominantly base metal	\$385
D2752	Crown - porcelain fused to noble metal	\$435
D2780	Crown - ¾ cast high noble metal	\$495
D2781	Crown - ¾ cast predominantly base metal	\$425

D2782	Crown - ¾ cast noble metal	\$450
D2783	Crown - ¾ porcelain/ceramic	\$455
D2790	Crown - full cast high noble metal	\$470
D2791	Crown - full cast predominantly base metal	\$380
D2792	Crown - full cast noble metal	\$430
D2794	Crown – titanium	\$450
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$30
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$30
D2920	Re-cement or re-bond crown	\$30
D2921	Reattachment of tooth fragment, incisal edge or cusp (anterior)	\$80
D2929	Prefabricated porcelain/ceramic crown - primary tooth - anterior	\$125
D2930	Prefabricated stainless steel crown - primary tooth	\$95
D2931	Prefabricated stainless steel crown - permanent tooth	\$130
D2932	Prefabricated resin crown - anterior primary tooth	\$120
D2933	Prefabricated stainless steel crown with resin window - anterior primary tooth	\$125
D2934	Prefabricated esthetic coated stainless steel crown-primary tooth	\$125
D2940	Placement of interim direct restoration	\$30
D2949	Restorative foundation for an indirect restoration	70
D2950	Core buildup, including any pins when required	90
D2951	Pin retention - per tooth, in addition to restoration	\$20
D2952	Post and core in addition to crown, indirectly fabricated - includes canal preparation	\$160
D2953	Each additional indirectly fabricated post - same tooth - includes canal preparation	\$120
D2954	Prefabricated post and core in addition to crown - base metal post; includes canal preparation	\$125
D2957	Each additional prefabricated post - same tooth - base metal post; includes canal preparation	\$95
D2971	Additional procedures to construct new crown under existing partial denture framework	\$70
D2980	Crown repair necessitated by restorative material failure	\$70
D2981	Inlay repair necessitated by restorative material failure	\$130
D2982	Onlay repair necessitated by restorative material failure	\$225
D2983	Veneer repair necessitated by restorative material failure	\$235
D2990	Resin infiltration of incipient smooth surface lesions	\$170

D3000-D3999 ENDODONTICS

D3110	Pulp cap - direct (excluding final restoration)	\$15
D3120	Pulp cap - indirect (excluding final restoration)	\$15
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$65
D3221	Pulpal debridement, primary and permanent teeth	\$20
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$65
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$75
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$85
D3310	Root canal - endodontic therapy, anterior tooth (excluding final restoration)	\$240
D3320	Root canal - endodontic therapy, bicuspid tooth (excluding final restoration)	\$300
D3330	Root canal - endodontic therapy, molar (excluding final restoration)	\$390
D3331	Treatment of root canal obstruction; non-surgical access	\$220
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$160
D3333	Internal root repair of perforation defects	\$140
D3346	Retreatment of previous root canal therapy - anterior	\$250
D3347	Retreatment of previous root canal therapy - bicuspid	\$330
D3348	Retreatment of previous root canal therapy - molar	\$480
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc	\$145
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforation	\$75
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific rep	\$390
D3410	Apicoectomy – anterior	\$180
D3421	Apicoectomy - bicuspid (first root)	\$260
D3425	Apicoectomy - molar (first root)	\$160
D3426	Apicoectomy (each additional root)	\$155
D3430	Retrograde filling - per root	\$85
D3450	Root amputation - per root	\$185

D3471	Surgical repair of root resorption - anterior	\$165
D3472	Surgical repair of root resorption – premolar	\$165
D3473	Surgical repair of root resorption – molar	\$165
D3920	Hemisection (including any root removal), not including root canal therapy	\$170

D4000-D4999 PERIODONTICS

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$180
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$85
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$105
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$380
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$250
D4245	Apically positioned flap	\$255
D4249	Clinical crown lengthening - hard tissue	\$160
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$420
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$200
D4263	Bone replacement graft - retained natural tooth –first site in quadrant	\$170
D4264	Bone replacement graft - retained natural tooth –each additional site in quadrant	\$185
D4270	Pedicle soft tissue graft procedure	\$330
D4274	Mesial/distal, wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$200
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous tooth position in graft	\$200
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	\$200
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$70
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$40
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	\$50
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$80
D4910	Periodontal maintenance	\$55
D4921	Gingival irrigation - per quadrant	\$10

D5000-D5899 PROSTHODONTICS (removable)

D5110	Complete denture – maxillary	\$505
D5120	Complete denture – mandibular	\$505
D5130	Immediate denture – maxillary	\$565
D5140	Immediate denture – mandibular	\$565
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$400
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$400
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$575
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$575
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$450
D5222	Immediate mandibular partial denture – resin base (including conventional clasps, rests and teeth)	\$450
D5223	Immediate maxillary partial denture – cast metal frameworks with resin denture bases (including any conventional clasps, rests and teeth)	\$640
D5224	Immediate mandibular partial denture – cast metal frameworks with resin denture bases (including any conventional clasps, rests and teeth)	\$640
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$500
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$500
D5410	Adjust complete denture – maxillary	\$25
D5411	Adjust complete denture – mandibular	\$25
D5421	Adjust partial denture – maxillary	\$25

D5422	Adjust partial denture – mandibular	\$25
D5511	Repair broken complete denture base, mandibular	\$45
D5512	Repair broken complete denture base, maxillary	\$45
D5520	Replace missing or broken teeth - complete denture - per tooth	\$45
D5611	Repair resin partial denture base, mandibular	\$50
D5612	Repair resin partial denture base, maxillary	\$50
D5621	Repair cast partial framework, mandibular	\$65
D5622	Repair cast partial framework, maxillary	\$65
D5630	Repair or replace broken clasp per tooth	\$60
D5640	Replace missing or broken teeth - partial denture - per tooth	\$45
D5650	Add tooth to existing partial denture - per tooth	\$60
D5660	Add clasp to existing partial denture per tooth	\$75
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$280
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$280
D5710	Rebase complete maxillary denture	\$125
D5711	Rebase complete mandibular denture	\$125
D5720	Rebase maxillary partial denture	\$110
D5721	Rebase mandibular partial denture	\$110
D5730	Reline complete maxillary denture (chairside)	\$85
D5731	Reline complete mandibular denture (chairside)	\$85
D5740	Reline maxillary partial denture (chairside)	\$85
D5741	Reline mandibular partial denture (chairside)	\$85
D5750	Reline complete maxillary denture (laboratory)	\$145
D5751	Reline complete mandibular denture (laboratory)	\$145
D5760	Reline maxillary partial denture (laboratory)	\$125
D5761	Reline mandibular partial denture (laboratory)	\$125
D5820	Interim partial denture (maxillary)	\$290
D5821	Interim partial denture (mandibular)	\$290
D5850	Tissue conditioning, maxillary	\$60
D5851	Tissue conditioning, mandibular	\$60

D6000-D6199 IMPLANT SERVICES

D6010	Surgical placement of implant body: endosteal implant	\$946
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$946
D6013	Surgical placement of mini implant	\$568
D6040	Surgical placement: eposteal implant	\$450
D6050	Surgical placement: transosteal implant	\$2,587
D6051	Placement of interim implant abutment	\$450
D6053	Implant/abutment supported removable denture for completely edentulous arch	\$1,200
D6054	Implant/abutment supported removable denture for partially edentulous arch	\$1,200
D6055	Connecting bar – implant supported or abutment supported	\$948
D6056	Prefabricated abutment – includes modification and placement	\$329
D6057	Custom fabricated abutment – includes placement	\$381
D6058	Abutment supported porcelain/ceramic crown	\$559
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$598
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$542
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$576
D6062	Abutment supported cast metal crown (high noble metal)	\$582
D6063	Abutment supported cast metal crown (predominantly base metal)	\$542
D6064	Abutment supported cast metal crown (noble metal)	\$569
D6065	Implant supported porcelain/ceramic crown	\$573
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$648
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$649
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$573
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$600
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$580
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$608
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$619

D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$539
D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$604
D6075	Implant supported retainer for ceramic FPD	\$573
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$660
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$653
D6078	Implant/abutment supported fixed denture for completely edentulous arch	\$10,260
D6080	Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments	\$206
D6090	Repair of implant/abutment supported prosthesis	\$122
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	\$293
D6092	Recement implant/abutment supported crown	\$34
D6093	Recement implant/abutment supported fixed partial denture	\$53
D6094	Abutment supported crown (titanium)	\$574
D6100	Implant removal, by report	\$235
D6101	Debridement of a periimplant defect and surface cleaning of exposed implant surfaces, including flap entry and closure	\$164
D6102	Debridement and osseous contouring of a periimplant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure	\$272
D6103	Bone graft for repair of periimplant defect – not including flap entry and closure or, when indicated, placement of a barrier membrane or biologic materials to aid in osseous regeneration	\$164
D6104	Bone graft at time of implant placement	\$164
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleans	\$206
D6190	Radiographic/surgical implant index, by report	\$189
D6193	Replacement of an implant screw	\$28
D6194	Abutment supported retainer crown for FPD (titanium)	\$629
D6200-D6999	PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture (bridge))	
D6210	Pontic - cast high noble metal	\$440
D6211	Pontic - cast predominantly base metal	\$380
D6212	Pontic - cast noble metal	\$410
D6240	Pontic - porcelain fused to high noble metal	\$440
D6241	Pontic - porcelain fused to predominantly base metal	\$400
D6242	Pontic - porcelain fused to noble metal	\$440
D6245	Pontic - porcelain/ceramic	\$520
D6250	Pontic - resin with high noble metal	\$415
D6251	Pontic - resin with predominantly base metal	\$350
D6252	Pontic - resin with noble metal	\$390
D6280	Implant maintenance procedures when a full arch removable implant/abutment supported denture is removed and reinserted, including cleansing of prosthesis and abutments – per arch	\$206
D6600	Inlay - porcelain/ceramic, two surfaces	\$345
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	\$380
D6602	Retainer inlay - cast high noble metal, two surfaces	\$345
D6603	Retainer inlay - cast high noble metal, three or more surfaces	\$355
D6604	Retainer inlay - cast predominantly base metal, two surfaces	\$315
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	\$335
D6606	Retainer inlay - cast noble metal, two surfaces	\$325
D6607	Retainer inlay - cast noble metal, three or more surfaces	\$350
D6608	Retainer onlay - porcelain/ceramic, two surfaces	\$415
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	\$440
D6610	Retainer onlay - cast high noble metal, two surfaces	\$365
D6611	Retainer onlay - cast high noble metal, three or more surfaces	\$475
D6612	Retainer onlay - cast predominantly base metal, two surfaces	\$355
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	\$465
D6614	Retainer onlay - cast noble metal, two surfaces	\$350
D6615	Retainer onlay - cast noble metal, three or more surfaces	\$465
D6720	Retainer crown - resin with high noble metal	\$415
D6721	Retainer crown - resin with predominantly base metal	\$350

D6722	Retainer crown - resin with noble metal	\$380
D6740	Retainer crown - porcelain/ceramic	\$520
D6750	Retainer crown - porcelain fused to high noble metal	\$435
D6751	Retainer crown - porcelain fused to predominantly base metal	\$435
D6752	Retainer crown - porcelain fused to noble metal	\$435
D6780	Retainer crown - ¾ cast high noble metal	\$505
D6781	Retainer crown - ¾ cast predominantly base metal	\$420
D6782	Retainer crown - ¾ cast noble metal	\$465
D6783	Retainer crown - ¾ porcelain/ceramic	\$465
D6790	Retainer crown - full cast high noble metal	\$500
D6791	Retainer crown - full cast predominantly base metal	\$425
D6792	Retainer crown - full cast noble metal	\$455
D6930	Re-cement or re-bond fixed partial denture	\$45
D6940	Stress breaker	\$110
D6980	Fixed partial denture repair necessitated by restorative material failure	\$90

D7000-D7999 ORAL AND MAXILLOFACIAL SURGERY

D7111	Extraction, coronal remnants - primary tooth	\$30
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$40
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$85
D7220	Removal of impacted tooth - soft tissue	\$100
D7230	Removal of impacted tooth - partially bony	\$120
D7240	Removal of impacted tooth - completely bony	\$140
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$165
D7250	Removal of residual tooth roots (cutting procedure)	\$80
D7251	Coronectomy - intentional partial tooth removal	\$380
D7252	Partial extraction for immediate implant placement	\$85
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$260
D7280	Exposure of an unerupted tooth	\$160
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$180
D7283	Placement of device to facilitate eruption of impacted tooth	\$45
D7286	Incisional biopsy of oral tissue - soft - does not include pathology laboratory procedures	\$75
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$40
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$45
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$250
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$200
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$100
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$160
D7471	Removal of lateral exostosis (maxilla or mandible)	\$140
D7472	Removal of torus palatines	\$180
D7473	Removal of torus mandibularis	\$180
D7510	Incision and drainage of abscess - intraoral soft tissue	\$35
D7511	Incision and drainage of abscess - intraoral soft tissue	\$0
D7961	Buccal/labial frenectomy (frenulectomy)	\$110
D7962	Lingual frenectomy (frenulectomy)	\$110
D7970	Excision of hyperplastic tissue - per arch	\$195
D7971	Excision of pericoronal gingiva	\$120

D8000-D8999 ORTHODONTICS

D8070	Comprehensive Ortho Treatment - Transitional Dentition	\$2900
D8080	Comprehensive Ortho Treatment - Adolescent Dentition	\$2900
D8090	Comprehensive Ortho Treatment - Adult Dentition	\$2900
D8999	Unspecified Orthodontic Procedure, by report	\$200

D9000-D9999 ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$20
D9211	Regional block anesthesia	\$20

D9212	Trigeminal division block anesthesia	\$60
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$20
D9219	Evaluation for deep sedation or general anesthesia	\$15
D9222	Administration of deep sedation/general anesthesia - first 15 minute increment, or any portion thereof	\$85
D9223	Administration of deep sedation/general anesthesia - each subsequent 15 minute increment or any portion thereof	\$85
D9224	Administration of general anesthesia with advanced airway – first 15 minute increment, or any portion thereof	\$85
D9225	Administration of general anesthesia with advanced airway – each subsequent 15 minute increment, or any portion thereof	\$85
D9230	Administration of nitrous oxide	\$25
D9239	Administration of moderate sedation intravenous - first 15 minute increment or any portion thereof	\$85
D9243	Administration of moderate intravenous - each subsequent 15 minute increment or any portion thereof	\$85
D9248	Non-intravenous conscious sedation	\$50
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$40
D9932	Cleaning and inspection of removable denture, maxillary	\$10
D9933	Cleaning and inspection of removable complete denture, mandibular	\$10
D9934	Cleaning and inspection of removable partial denture, maxillary	\$10
D9935	Cleaning and inspection of removable partial denture, mandibular	\$10
D9936	Cleaning and inspection of occlusal guard – per appliance	\$10
D9941	Fabrication of athletic mouthguard	\$125
D9943	Occlusal guard adjustment	\$25
D9944	Occlusal guard - hard appliance, full arch	\$140
D9945	Occlusal guard - soft appliance, full arch	\$140
D9946	Occlusal guard - hard appliance, partial arch	\$75
D9951	Occlusal adjustment, limited	\$30
D9952	Occlusal adjustment, complete	\$100
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$85

Limitations and Exclusions may apply. Refer to your Dental Benefits Member Booklet.

Benefits are available only for Covered Services you receive from a Delta Dental PPO Dentist. If you receive services from a Delta Dental Premier Dentist or from a Non-Participating Dentist, you shall receive no Benefit, except in the case of an emergency service that is limited to an emergency exam and palliative treatment with a maximum annual benefit payment of \$300.

Call **800-452-9310** for benefits or claims questions or sign in to your **MySmile®** account at www.DeltaDentalNJ.com/MySmile to find a participating dentist.