	Participa	ting Network D	ental Plan		Non Par Dental Plan	Restrictions
EFFECTIVE DATE APRIL 1, 2024 (update)	Fund	Fund	Patient	Fund		and/or
	Value	Payment	Co-Payment	Pediatric	Fund	Limits
				Payment	Payment	Apply
D0100-D0999 I. Diagnostic				•		
Oral Evaluation						
D0120 Periodic oral evaluation - established patient	\$24	\$24	\$0	\$28	\$14	R
D0140 Limited oral evaluation - prob focused	\$35	\$35	\$0	\$44	\$23	
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver.						
D0150 Comprehensive oral evaluation - new or established patient	\$44	\$44	\$0	\$44	\$21	R
D0160 Detailed and extensive oral evaluation - problem focues, by report	BR	BR	BR		BR	R
D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$24	\$24	\$0		\$14	R
D0171 Re-evaluation post-operative office visit						
D0180 Comprehensive periodontal evaluation - new or established patient	\$81	\$65	\$16		\$21	R
Pre-Diagnostic Services						
D0191 Assessment of a patient						
Radiographs						
D0210 Intraoral - complete series of radiographic images	\$84	\$84	\$0	\$69	\$55	R
D0220 Intraoral - periapical first radographic image.	\$15	\$15	\$0	\$14	\$9	R
D0230 Intraoral - periapical each additional radiographic image	\$11	\$11	\$0	\$11	\$6	R
D0240 Intraoral - occlusal radographic image	\$24	\$24	\$0	\$28	\$13	R
D0250 Extraoral - 2D projection radiographic image created using a stationary radiation source,						
and detector	\$11	\$11	\$0	\$11	\$6	R
D0251 Extraoral posterior dental radiographic image	\$28					
D0270 Bitewing - single radographic image	\$13	\$13	\$0	\$15	\$8	R
D0272 Bitewings-radiographic images	\$24	\$24	\$0	\$28	\$13	R
D0273 Bitewings - three radiographic images						
D0274 Bitewings-four radographic images	\$33	\$33	\$0	\$39	\$18	R
D0277 Veritical bitewinges 7 to 8 radiographic images	\$33	\$33	\$0	\$33	\$18	R
D0290 Post-ant or lat skull & facial survey radiographic image	NC	NC	NC		NC	
D0310 Sialography	NC	NC	NC		NC	
D0320 Temporomand. joint films/incl injections	NC	NC	NC		NC	
D0321 Other temporomand joint films by report	NC	NC	NC		NC	
D0322 Tomographic survey	NC	NC	NC		NC	
D0330 Panoramic film	\$69	\$69	\$0	\$69	\$37	R
D0340 2D cephalometric radiographic image - acquisition, measurement and analysis	BR	BR	BR		BR	R

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D0350 2D oral/facial photographic image obrained intra-orally or extra-orally	BR	BR	BR		BR	R
D351 3D photographic image	NCS	NCS	NCS		NCS	
D0364 Cone beam CT caputre and interpretation with limited field of view - less than one whoe						
jaw	NCS	NCS	NCS		NCS	
D0365 Cone beam CT captrue and interpretation with field of view of one full dental arch -						
mandible	NCS	NCS	NCS		NCS	
D0366 Cone beam CT capture and interpretation with field of view of one full dental arch -						
maxilla, with or without cranium	NCS	NCS	NCS		NCS	
D0367 Cone beam CT capture and interpretation with field of view of both jaws; with or	NGG	2700	N. G.G.		N. G.G.	
without cranium	NCS	NCS	NCS		NCS	
D0368 Cone beam CT capture and interpretation for TMJ series including two or more	NCC	NGG	NGC		NGG	
exposures	NCS	NCS	NCS		NCS	
D0369 Maxillofacial MRI capture and interpretation	NCS	NCS	NCS		NCS	
D0370 Maxillofacial ultrasound capture and interpretation	NCS	NCS	NCS		NCS	
D0371 Sialoendoscopy capture and interpretation	NCS	NCS	NCS		NCS	
Image Capture Only						
D0380 Cone beam CT image capture with limited field of view - less than one whole jaw	NCS	NCS	NCS		NCS	
D0381 Cone beam CT image capture with field of view of one full dental arch - mandible	NCS	NCS	NCS		NCS	
D0382 Cone beam CT image capture with field of view of one full dental arch - maxilla, with						
or without cranium	NCS	NCS	NCS		NCS	
D0383 Cone Beam CT image capture with field of view of both jaws; with or without cranium	NCS	NCS	NCS		NCS	
D0384 Cone beam CT image capture for TMJ series including two or more exposures	NCS	NCS	NCS		NCS	
D0385 Maxillofacial MRI image capture	NCS	NCS	NCS		NCS	
D0386 Maxillofacial ultrasound image capture	NCS	NCS	NCS		NCS	
Interpretation and Report Only						
D0391 Interpretation of diagnostsic image by a practitioner not associated with capture of the						
image, including report	NCS	NCS	NCS		NCS	
Post processing of Image or Image Sets						
D0393 Treatment simulation using 3D image volume	NCS	NCS	NCS		NCS	
D0394 Digital subraction of two or more images or image volumes of the same modality	NCS	NCS	NCS		NCS	
D0395 Fusion of two or more 3D image volumes of one or more modalities	NCS	NCS	NCS		NCS	
Tests and Laboratory Examinations						

	Participa	ting Network D	ental Plan		Non Par	Restrictions
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` ```	Value	Payment	Co-Payment	Pediatric	Fund	Limits
		·	,	Payment	Payment	Apply
D0414 Laboratory processing of microbial specimen to include culture and sensitivity studies,				•	j	
preparation and transmission of written report	NCS	NCS	NCS		NCS	
D0415 Collection of microorganisms for culture and sensitivity	NCS	NCS	NCS		NC	
D0416 Viral culture						
D0417 Collection and preparation of saliva sample for laboratory and diagnostic testing	NCS	NCS	NCS		NCS	
D0418 Analysis of saliva sample	NCS	NCS	NCS		NCS	
D0422 Collection and preparation of genetic sample material for laboratory anlysis and report	NCS	NCS	NCS		NCS	
D0423 Genetic test for susceptibility to disease - specimen analysis	NCS	NCS	NCS		NCS	
D0425 Caries susceptibility tests	NCS	NCS	NCS		NC	
D0431 Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including						
premalignant and malignangt lesions, not to include cytology or biopsy procedures	BR	BR	BR		BR	
D0460 Pulp vitality tests	NCS	NCS	NCS		NC NC	R
D0470 Diagnostic casts	NCS	NCS	NCS		NC	R
D0600 Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording	Neb	Nes	Nes		NC	K
changes in structure of enamel, dentin and cementum	NCS	NCS	NCS		NCS	
D0601 Caries risk assessment and documentation, with a finding of low risk	NCS	NCS	NCS		NCS	
D0602 Caries risk assessment and documentation, with a finding of moderate risk	NCS	NCS	NCS		NCS	
D0603 Caries risk assessment and documentation, with a finding of high risk	NCS	NCS	NCS		NCS	
2000 Curie Indiana Communication, with a mining of might like	1105	1,65	1105		1105	
Oral Pathology Laboratory						
D0472 Accession of tissue, gross exam, prep & trans	BR	BR	BR		BR	
D0473 Access of tissue, gross & micro exam, prep & tran	BR	BR	BR		BR	
D0474 Accession of tissue, gross and microscopic examination, including assessment of						
surgical margins for presence of disease, preparation and transmission of written report.	BR	BR	BR		BR	
D0480 Processing & intrprestation of cyctologic smears	BR	BR	BR		BR	
D0486 Laboratory accession of transepithelial cytologic sample, microscopic examination,						
preparation and transmission of written report	BR	BR	BR		BR	
D0475 Decalcification procedure	BR	BR	BR		BR	
D0476 Special stains for microorganisms	BR	BR	BR		BR	
D0477 Special stains, not for microorganisms	BR	BR	BR		BR	
D0478 Immunohistochemical stains	BR	BR	BR		BR	
D0479 Tissue in-situ hybridization, including interpretation	BR	BR	BR		BR	
D0481 Electron microscopy	BR	BR	BR		BR	
D0482 Direct immunofluorescence	BR	BR	BR		BR	
D0483 Indirect immunofluorescence	BR	BR	BR		BR	

	Participa	ting Network I	Dental Plan		Non Par Dental Plan	Restrictions and/or
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			_	Payment	Payment	Apply
D0484 Consultation , inlcuding preparation of slides from biopsy material supplied by referring				•		
source	BR	BR	BR		BR	
D0502 Other oral pathology procedures	BR	BR	BR		BR	
D0999 Unspecified diagnostic procedure	BR	BR	BR		BR	
D1000-D1999 II. Preventive						
Prophylaxis						
D1110 Prophylaxis-adult	\$52	\$52	\$0	\$52	\$28	R
D1120 Prophylaxis-child	\$35	\$35	\$0	\$44	\$21	R
Fluoride Treat (Office Procedure)						
D1206 Topical application of fluroide varnish	\$22	\$22	UP TO AGE 16	\$26	\$22	
D1208 Topical application of fluoride - excluding varnish	\$22	\$22	UP TO AGE 16	\$26	\$11	
Other Preventive Services						
D1310 Nurtition counsel for control of dent disease	NCS	NCS	NCS		NC	
D1320 Tobac counsel-cont & prev of oral disease	NCS	NCS	NCS		NC	
D1330 Oral hygiene instructions	NCS	NCS	NCS		NC	
D1351 Sealant-per tooth	\$30	\$18	\$12		\$9	R
D1353 Sealand repair - per tooth	NCS	NCS	NCS		NCS	
D1352 Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	NCS	NCS	NCS	NCS	NCS	
D1354 Interim caries arresting medicament application	NCS	NCS	NCS	NCS	NCS	
Space Maintenance (Passive Appliances)						
D1510 Space maintainer-fixed unilateral	\$156	\$105	\$51		\$57	R
D1515 Space maintainer-fixed-bilateral	\$288	\$194	\$94		\$78	R
D1520 Space maint-removable-unilateral	\$134	\$83	\$51		\$52	R
D1525 Space maint-removable-bilateral	\$282	\$180	\$102		\$113	R
D1550 Recementation of space maintainer	\$35	\$35	\$0	\$35	\$22	R
D1555 Removal of fixed space maintainer	NCS	NCS	NCS	4	NCS	
D1575 Distal shoe space maintainer - fixed - unilateral	BR	BR	BR		BR	
D1999 Unspecified preventive procedure, by report	BR	BR	BR		BR	
D2000-D2999 III. Restorative						
Amalgam Restorations (Including Polishing)						
D2140 Amalgam-one surface, permanent/primary	\$64	\$64	\$0	\$69	\$34	R
D2150 Amalgam-two surfaces, permanent/primary	\$77	\$77	\$0	\$87	\$42	R

	Participating Network Dental Plan				Non Par	Restrictions
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D2160 Amalgam-three surfaces, permanent/primary	\$91	\$91	\$0	\$102	\$48	R
D2161 Amalgam-four or more surf, primary/perm.	\$105	\$105	\$0	\$116	\$55	R
Resin-Based Composite Restorations -Direct						
D2330 Resin-based composite one surface, anterior	\$87	\$87	\$0		\$26	R
D2331 Resin-based comoposite- two surfaces-anterior	\$99	\$99	\$0		\$32	R
D2332 Resin-based composite-three surfaces-anterior	\$116	\$116	\$0		\$36	R
D2335 Resin-based composite-four or more surfaces	\$139	\$126	\$0		\$37	R
or involving incisal angle (anterior)						
D2390 Resin-based comoposite crown, anterior	\$125	\$85	\$50	\$75	\$72	
D2391 Resin-based composite- one surface, posterior	\$83	\$58	\$25	\$58	\$55	
D2392 Resin-based composit -two surfaces, posterior	\$95	\$70	\$25	\$70	\$55	
D2393 Resin-based composite-three surfaces,post	\$107	\$77	\$30	\$77	\$72	
D2394 Resin-based composite-four or more surf, post	\$115	\$80	\$35	\$80	\$77	
Gold Foil Restorations						
D2410 Gold foil-one surface	NC	NC	NC		NC	
D2420 Gold foil-two surfaces	NC	NC	NC		NC	
D2430 Gold foil-three surfaces	NC	NC	NC		NC	
Inlay/Onlay Restorations						
D2510 Inlay-metallic-one surface	NC	NC	NC		NC	
D2520 Inlay-metallic-two surfaces	NC	NC	NC		NC	
D2530 Inlay-metallic-three or more surfaces	NC	NC	NC		NC	
D2542 On-lay metallic - two surfaces	BR	BR	BR		BR	
D2543 Onlay-metallic-three surfaces	BR	BR	BR		BR	
D2544 Onlay-metallic-four or more surfaces	BR	BR	BR		BR	
D2610 Inlay-porcelain/ceramic-one surface	NC	NC	NC		NC	
D2620 Inlay-porcelain/ceramic-two surfaces	NC	NC	NC		NC	
D2630 Inaly/porcelain/ceramic-three + surfaces	NC	NC	NC		NC	
D2642 Onlay-porcelain/ceramic-two surfaces	BR	BR	BR		BR	
D2643 Onlay-porcelain/ceramic-three surfaces	BR	BR	BR		BR	
D2644 Onlay-porcelain/ceramic-four or more surfaces **Porcelain/ceramic inlays/onlays						
include all indirect ceramic and porcelain type inlays/onlays	BR	BR	BR		BR	
D2650 Inlay-composite /resin-one surface	NC	NC	NC		NC	
D2651 Inlay-composite/resin-two surfaces	NC	NC	NC		NC	
D2652 Inlay-composite/resin-three or more surfaces	NC	NC	NC		NC	
D2662 Onlay-composite/resin-two surfaces	BR	BR	BR		BR	
D2663 Onlay-composite/resin-three surfaces	BR	BR	BR		BR	
D2664 Onlay-compostic/resinfour or more surfaces ** Resin-based composite inlays/onlays must utilize indirect technique	BR	BR	BR		BR	

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Crowns-Single Restoration Only						
D2710 Crown- resin (indirect)	\$203	\$140	\$63		\$66	R
D2712 Crown - 3/4 resin-based composite (indirect)	\$203	\$140	\$63		\$66	
D2720 Crown-resin with high noble metal	\$544	\$363	\$181		\$197	R
D2721 Crown-resin with predom base metal	\$539	\$360	\$179		\$184	R
D2722 Crown-resin with noble metal	\$541	\$360	\$181		\$184	R
D2740 Crown-porcelain/ceramic substrate	\$772	\$528	\$244		\$216	R
D2750 Crown-pore fused to high noble metal	\$750	\$528	\$222		\$216	R
D2751 Crown-porc fused to pred base metal	\$587	\$410	\$177		\$197	R
D2752 Crown-porcelain fused to noble metal	\$750	\$528	\$222		\$216	R
D2780 Crown 3/4 cast high noble metal	BR	BR	BR		BR	R
D2781 Crown 3/4 cast predominantly base noble metal	BR	BR	BR		BR	R
D2782 Crown 3/4 cast noble metal	BR	BR	BR		BR	R
D2783 Crown 3/4 procelain/cermic	BR	BR	BR		BR	R
D2790 Crown-full cast high noble metal	\$693	\$484	\$209		\$193	R
D2791 Crown-full cast predom base metal	\$404	\$264	\$140		\$174	R
D2792 Crown-full cast noble metal	\$576	\$374	\$202		\$193	R
D2794 Crown - titanium	44,4	40,1	¥===		4.55	
D2799 Provisionl crown	BR	BR	BR		BR	R
Other Restorative Services						
D2990 Resin infiltration of incipient smooth surface lesions	NCS	NC	NC		NC	
D2910 Re-cement of re-bond inlay, onlay, veneer or parital coverage restoration	NC	NC	NC		NC	
D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$36	\$36	\$0	\$40	\$19	
D2920 Re-cement or re-bond crown	\$37	\$37	\$0	\$40	\$19	R
D2921 Reattachment of tooth fragment, incisal edge or cusp	NC	NC	NC	* -	NC	
D2929 Prefabricated porcelain/ceramic crown - primary tooth	\$165	\$113	\$52		\$43	R
D2930 Prefab stainless steel crown-primary	\$160	\$117	\$43		\$43	R
D2931 Prefab stainless steel crown-perm	\$130	\$93	\$44		\$43	R
D2932 Prefabricated resin crown	\$157	\$118	\$39		\$42	R
D2933 Prefab stainless steel crown w/resin window	\$165	\$113	\$52		\$50	R
D2934 Prefabricated esthetic coated stainless steel crown - primary tooth	\$157	\$118	\$39		\$42	R
D2940 Protective restoration***NAME CHANGE	\$39	\$39	\$0	\$32	\$19	R
D2941 Interim therapeutic restoration - primary dentition	NC	NC	NC		NC	
D2949 Restoratvie foundation for an indirect resoration	NC	NC	NC		NC	
D2950 Core buildup, including any pins	\$123	\$95	\$28		\$52	R
D2951 Pin retent-per tooth, in add to restor	\$16	\$13	\$3		\$8	R
D2952 Cast post and core in add to restor	\$187	\$142	\$45		\$78	R
D2953 each add'l cast post -same tooth	\$25	\$15	\$10		\$11	R
D2954 Prefab post & core in add to crown	\$166	\$122	\$44		\$112	R

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				Payment	Payment	Apply
D2955 Post removal (not in conj w/endodontic therapy)	BR	BR	BR	-	BR	R
D2957 Each add'l prefab post - same tooth	\$40	\$25	\$15		\$24	
D2960 Labial veneer (resin laminate)-chairside	BR	BR	BR		BR	R
D2961 Labial veneer (resin laminate)-laboratory	BR	BR	BR		BR	R
D2962 Labial veneer (porcelain laminate) -laboratory	BR	BR	BR		BR	R
D2971 Additional procedures to construct new crown under existing partial denture framework	BR	BR	BR		BR	R
D2975 Copin	BR	BR	BR		BR	R
D2980 Crown repair	BR	BR	BR		BR	R
D2981 Inlay repair necessitated by restorative material failure	BR	BR	BR		BR	R
D2982 Onlay repair necessitated by restorative material failure	BR	BR	BR		BR	R
D2983 Veneer repair necessitated by restorative material failure	BR	BR	BR		BR	R
D2999 Unspecified restorative procedure	BR	BR	BR		BR	
D3000-D3999 IV. Endodontics						
Pulp Capping						
D3110 Pulp cap-direct (excl final restoration)	\$24	\$24	\$0	\$28	\$14	
D3120 Pulp cap-indirect (excl final rest)	NCS	NCS	NCS		NC	
Pulpotomy						
D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$91	\$74	\$17		\$39	R
D3221 Pulpal debridgement, primary and permanent teeth	BR	BR	BR		BR	R
D3222 Partial pupotomy for apexogenesis - permanent tooth with incomplete root development	BR	BR	BR		BR	R
Endodontic Therapy on Primary Teeth						
D3230 Pulpal therapy (resorb filling)-ant, primary	\$119	\$87	\$32		\$44	
D3240 Pulpal therapy (resorb filling)-post, primary	\$119	\$87	\$32		\$44	
Endodontic Therapy (Including Treatment Plan, Clinical Procedures, a	nd Follow-Un	Care)				
D3310 Anterior(excluding final restoration)	\$512	\$433	\$79		\$157	R
D3320 Bicuspid(excluding final restoration)	\$628	\$527	\$101		\$187	R
D3330 Molar(excluding final restoration)	\$859	\$710	\$149		\$273	R
D3331 Treatment of rooth canal obstruct- non-surg access	BR	BR	BR		BR BR	
D3332 Incomp endo therapy, inoper or fracture tooth	BR	BR	BR		BR	
D3333 Internal root repair of perf defects	BR	BR	BR		BR	

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				Payment	Payment	Apply
Endodontic Treatment				-		
D3346 Retreat of prev root canal therapy-ant	\$643	\$564	\$79		\$143	R
D3347 Retreat of prev root can ther-bicuspid	\$818	\$722	\$96		\$170	R
D3348 Retreat of prev root canal ther-molar	\$913	\$788	\$125		\$248	R
Apexification/Recalcification Procedures						
D3351 Apexification/recalcification -intitial	\$93	\$70	\$23		\$44	R
D3352 Apexification/recalcification-interim	\$34	\$24	\$10		\$14	R
D3353 Apexification/recalcifaction-final	\$34	\$24	\$10		\$14	R
Pulpal Regeneration						
D3355 - Pulpal regeneration - initial visit	BR	BR	BR		BR	
D3556 - Pulpal regeneration - interim medication replacement	BR	BR	BR		BR	
D3357 - Pulpal regeneration - completion of treatment	BR	BR	BR		BR	
Apicoectomy/Periradicular Services						
D3410 Apicoectomy/Periradicular surgery-ant	\$475	\$348	\$127		\$175	R
D3421 Apico/Peri surgery-bicuspid (first root)	\$475 \$475	\$348	\$138		\$175	R
D3425 Apico/Peri surgery-molar (first root)	\$537	\$393	\$138		\$175	R
D3426 Apico/PeriR surgery- (each add root)	\$135	\$111	\$24		\$30	R
D3427 Periradicular surgery without apicoetomy	\$135	\$111	\$24		\$30	K
D3428 Bone graft in conjunction with periradicular surgery - per tooth, single site	BR	BR	BR		BR	
D3429 Bone graft in conjunction with perinadicular surgery - each additional contiguous tooth	DIC	DIC	DK		DK	
in the same surgical site	BR	BR	BR		BR	
D3430 Retrograde filling-per root	\$137	\$125	\$12		\$61	
D3431 Biologic materials to aid in soft and osseous tissue regeneration in conjuction with	•					
periradicular surgery	BR	BR	BR		BR	
D3432 Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular						
surgery	BR	BR	BR		BR	
D3450 Root amputation-per root	\$152	\$114	\$38		\$71	
D3460 Endodontic endosseous implant	NC	NC	NC		NC	
D3470 Intentional reimplant (incl necessary splint)	BR	BR	BR		BR	
Other Endodontic Procedures						
D3910 Surg proc for isolation of tooth w/rubber dam	NC	NC	NC		NC	
D3920 Hemisection (incl any root removal)	\$152	\$114	\$38		\$71	R
D3950 Canal prep & fit-preform dowel or post	\$38	\$29	\$9		\$14	R
D3999 Unspecified endodontic procedure	BR	BR	BR		BR	R
D4000-D4999 V. Periodontics						

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			,	Payment	Payment	Apply
					,	
Surgical Services (Including Usual Postoperative Services)						
D4210 Gingivect/gingivoplasty 4 or more contiquous	\$306	\$227	\$79		\$143	R
teeth or bounded teeth spaces per quad						
D4211 Gingivect/gingivoplasty -one to three teeth,	\$256	\$206	\$50		\$107	R
teeth, per quad						
D4212 Gingivectomy or gingivoplasty to allow acess for restorative procedure, per tooth	\$142	\$110	\$32		\$70	
D4230 Anatomical crown exposure - four or more contiguous teeth per quadrant	BR	BR	BR		BR	
D4231 Anatomical crown exposure - one to three teeth per quadrant	BR	BR	BR		BR	
D4240 Ging flap proc, incl root plan, 4 or more contiquous	\$392	\$296	\$96		\$170	R
teeth or bounded teeth speaces per quad	407	4-2-3	47.0		427.0	
D4241 Gingival flap procedure, inc root planing	\$257	\$207	\$50		\$128	R
one to three teeth, per quad	4-21	4=4.	777		¥-1	
D4245 Apically positioned flap	\$455	\$330	\$125		\$190	
D4249 Clinical crown lenghtening -hard tissue	\$568	\$433	\$135		\$176	
D4260 Oss surg (incl flap & closure)-per quad	\$793	\$635	\$158		\$235	R
four or more contiquous teeth or bounded teeth spaces per quad						
D4261 Osseous surgery inc flap entry & closure	\$331	\$231	\$100		\$148	
one to three teeth,per quad						
D4263 Bone replacement graft -first site in quad	\$340	\$255	\$85		BR	
D4264 Bone replace graft-each add site in quad	\$280	\$210	\$70		BR	
D4265 Biologic materials to aid in soft & osseous	N/C	N/C	N/C		N/C	
tissue regeneration						
D4266 Guided tissue regen-resob barr, per site	\$300	\$225	\$85		BR	
D4267 Guided tiss regen-nonreso bar, per site	\$300	\$225	\$85		BR	
D4268 Surgical revision procedure, per tooth	BR	BR	BR		BR	
D4270 Pedicle soft tissue graft procedure	\$406	\$330	\$76		\$166	R
D4273 Autotgenous connective tissue graft procedure (including donor and recipient surgical						
sites) first tooth, implant or edentulous toothe position in graft	BR	BR	BR		BR	
D4274 Distal or proximal wedge procedure	BR	BR	BR		BR	
D4275 Non-autogenous connective tissue graft (including recipient site and donor material) first						
tooth, implant, or edentulous tooth position in graft	BR	BR	BR		BR	
D4276 Combined connect tiss & double pedicle graft	BR	BR	BR		BR	
D4277 Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth,	<b>62.62</b>	0275	0.07		6172	ъ
implant or edentulous tooth position in graft	\$362	\$275	\$87		\$173	R
D4278 Free soft tissue graft procedure (including recipient and donor surgical sistes) each	\$295	\$220	\$75		\$154	R
additional contiguous tooth, implant or edentulous tooth position in safe graft site.	\$293	\$220	\$13		\$134	K
D4283 Autogenous connective tissue graft procedure (including donor and recipient surgical						
sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	BR	BR	BR		BR	

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		·	·	Payment	Payment	Apply
D4285 Non-autogenous connective tissue graft (including recipient surgical site and donor				•	,	
material) - each additional contiguous tooth, implant, or edentulous tooth position in same graft						
site.	BR	BR	BR		BR	
Non-surgical periodontal service						
D4320 Provisional splinting-intracoronal	NC	NC	NC		NC	
D4321 Provisional splinting-extracoronal	NC	NC	NC		NC	
D4341 Perio scaling & root plan four or more	\$138	\$83	\$55		\$30	R
teeth or bounded teeth spaces per quad	<b>\$150</b>	400	400		450	
D4342 Periodontal scaling and root planing - one to three	\$70	\$42	\$28		\$28	R
teeth, per quadrant	****	*	4-0		4=0	
D4355 Full mouth debrid-enable perio eval & diag	BR	BR	BR		BR	
D4346 Scaling in the presence of generalized moderate or severe gingival inflammation - full						
mouth, after oral evaluation	BR	BR	BR		BR	
D4381 Local delivery of chemotherapeutic agents	NC	NC	NC		NC	
Other Periodontal Services						
D4910 Perio maint proc (follow act therapy)	\$80	\$62	\$18		\$25	R
D4920 Unsched dress change (not treat dent)	\$61	\$28	\$33		\$17	R
D4921 Gingival irrigation - per quadrant	NC	NC	NC		NC	
D4999 Unspecified periodontal procedure	BR	BR	BR		BR	
D5000-D5899 VI. Prosthodontics (removable)						
Complete Dentures (Including Routine Post Delivery Care)						
D5110 Complete denture-maxillary	\$720	\$515	\$205		\$188	R
D5120 Complete denture-mandibular	\$720	\$515	\$205		\$188	R
D5130 Immediate denture-maxillary	\$720	\$515	\$205		\$188	R
D5140 Immediate denture-mandibular	\$720	\$515	\$205		\$188	R
Partial Dentures (Including Routine Postdelivery Care)						
D5211 Maxillary partial denture-resin base	\$494	\$345	\$149		\$109	R
D5211 Maximary partial denture-resin base	\$494	\$345	\$149		\$109	R
D5213 Max part dent-cast metal frame-resin base	\$843	\$653	\$190		\$287	R
D5214 Mand part dent-cast metal frame-resin base	\$843	\$653	\$190		\$287	R
D5221 Immediate maxillary partial denture -resin base	\$424	\$275	\$149		\$109	
D5222 Immediate mandibular partial denture - resin base	\$424	\$276	\$149		\$109	
D5223 Immediate maxillary partial denture - cast metal framework with resin denture bases	\$713	\$523	\$190		\$261	

	Participa	ting Network D	ental Plan		Non Par Dental Plan	Restrictions and/or
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				Payment	Payment	Apply
D5224 Immediate mandibular parital denture - cast metal frameworkwith resin denture bases	\$713	\$523	\$190		\$287	
D5225 Maxillary partial denture - flexible base	\$843	\$653	\$190		\$109	
D5226 Mandibular partial denture - flexible base	\$843	\$653	\$190		\$109	
D5281 Removable unilateral partial denture	\$468	\$323	\$145		\$127	R
Adjustments to Removable Prostheses						
D5410 Adjust complete denture-maxillary	\$15	\$15	\$0	\$15	\$7	R
D5410 Adjust complete denture-maxiliary D5411 Adjust complete denture-mandibular	\$15	\$15	\$0 \$0	\$15 \$15	\$7	R R
D5411 Adjust complete denture-mandibular D5421 Adjust partial denture-maxillary	\$15 \$15	\$15 \$15	\$0 \$0	\$15 \$15	\$7	R R
D5421 Adjust partial denture-maxillary D5422 Adjust partial denture-mandibular	\$15 \$15	\$15 \$15	\$0 \$0	\$15 \$15	\$7	R R
D3422 Adjust partial denture-mandioular	\$13	\$13	\$0	\$13	\$7	K
Repairs to Complete Dentures						
D5510 Repair complete denture base	\$100	\$88	\$12		\$31	R
D5520 Replace missing or broken teeth-comp denture	\$83	\$73	\$10		\$23	R
Repairs to Partial Dentures						
D5610 Repair resin denture base	\$83	\$72	\$11		\$31	R
D5620 Repair cast framework	BR	BR	BR		BR	
D5630 Repair or replace broken clasp	\$119	\$108	\$11		\$37	R
D5640 Replace broken teeth-per tooth	\$83	\$73	\$10		\$23	R
D5650 Add tooth to existing partial denture	\$100	\$86	\$14		\$31	R
D5660 Add clasp to existing partial denture	\$112	\$91	\$21		\$39	R
D5670 Replace all teeth and acrylic on cast	BR	BR	BR		BR	10
metal framework (maxillary)		211	511		DIC	
D5671 Replace all teeth and acrylic on cast	BR	BR	BR		BR	
metal framework (mandibular)						
Denture Rebase Procedures						
D5710 Rebase complete maxillary denture	\$204	\$175	\$29		\$87	R
D5711 Rebase complete maximary denture	\$204	\$175	\$29		\$87	R
D5771 Rebase complete mandioural denture  D5720 Rebase maxillary partial denture	\$204	\$175	\$29		\$87	R
D5721 Rebase mandibular partial denture	\$204	\$175	\$29		\$87	R
Denture Reline Procedures						
D5730 Reline complete max denture (chairside)	\$126	\$99	\$27		\$50	D
1 /		\$99 \$99	\$27 \$27		\$50 \$5	R
D5731 Reline complete mand denture (chairside)	\$126	*				R
D5740 Reline maxillary partial denture (chairside)	\$106 \$106	\$79 \$79	\$27 \$27		\$50 \$50	R 
D5741 Reline mand partial denture (chairside) D5750 Reline complete maxillary denture (lab)	\$106 \$207	\$177	\$30		\$50 \$81	R R

	Participa	nting Network D	ental Plan		Non Par Dental Plan	Restrictions and/or
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, crawy	Value	Payment	Co-Payment	Pediatric	Fund	Limits
		v	V	Payment	Payment	Apply
D5751 Reline complete mandibular denture (lab)	\$207	\$177	\$30	J	\$81	R
D5760 Reline maxillary partial denture (lab)	\$207	\$177	\$30		\$81	R
D5761 Reline mandibular partial denture (lab)	\$207	\$177	\$30		\$81	R
Interim Prosthesis						
D5810 Interim complete denture (maxillary)	NC	NC	NC		NC	
D5811 Interim complete denture (mandibular)	NC	NC	NC		NC	
D5820 Interim partial denture (maxillary)	NC	NC	NC		NC	
D5821 Interim partial denture (mandibular)	NC	NC	NC		NC	
Other removable Prosthetic Services						
D5850 Tissue conditioning, maxillary	\$55	\$44	\$11		\$26	R
D5851 Tissue conditioning, mandibular	\$55	\$44	\$11		\$26	R
D5862 Precision attachment	NC	NC	NC		NC	
D5863 Overdenture - complete maxillary	\$538	\$348	\$190		\$175	
D5864 Overdenture - partial maxillar	\$713	\$523	\$190		\$281	
D5865 Overdenture - complete mandibular	\$538	\$348	\$190		\$175	
D5866 overdenture - partial mandibular	\$713	\$523	\$190		\$281	
D5867 Replacement of replaceable part of semi-precision	NC	NC	NC		NC	
attachment						
D5875 Modificiation of removalbe prosthesis	NC	NC	NC		NC	
following implant surgery						
D5899 Unspec removable prostho proc	BR	BR	BR		BR	
D5900- D5999 VII. Maxillofacial Prosthetics						
D5911 Facial moulage (sectional)	NC	NC	NC		NC	
D5912 Facial moulage (complete)	NC	NC	NC		NC	
D5913 Nasal prosthesis	NC	NC	NC		NC	
D5914 Auricular prosthesis	NC	NC	NC		NC	
D5915 Orbital prosthesis	NC	NC	NC		NC	
D5916 Ocular prosthesis	NC	NC	NC		NC	
D5919 Facial prosthesis	NC	NC	NC		NC	
D5922 Nasal septal prosthesis	NC	NC	NC		NC	
D5923 Ocular prosthesis, interim	NC	NC	NC		NC	
D5924 Cranial proshtesis	NC	NC	NC		NC	
D5925 Facial augmentation implant prosthesis	NC	NC	NC		NC	
D5926 Nasal prosthesis, replacement	NC	NC	NC		NC	
D5927 Auricular prosthesis, replacement	NC	NC	NC		NC	
D5928 Orbital prosthesis, replacement	NC	NC	NC		NC	
D5929 Facial prosthesis, replacement	NC	NC	NC		NC	

	Particina	ting Network D	ental Plan		Non Par	Restrictions
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EFFECTIVE DATE AT RID 1, 2024 (upuate)	Value	Payment	Co-Payment	Pediatric	Fund	Limits
	, 11110	1 tty ment	co i uj mene	Payment	Payment	Apply
D5931 Obturator prosthesis, surgical	NC	NC	NC	1 ayıncını	NC	тррту
D5932 Obturator prosthesis, definitive	NC	NC	NC		NC	
D5933 Obturator prosthesis, modification	NC	NC	NC		NC	
D5934 Mand resection prosthesis w/guide flange	NC	NC	NC		NC	
D5935 Mand resection prosthesis w/o guide flange	NC	NC	NC		NC	
D5936 Obturator prosthesis, interim	NC	NC	NC		NC	
D5937 Trismus appliance(not for TMD treatment)	NC	NC	NC		NC	
D5951 Feeding aid	NC	NC	NC		NC	
D5952 Speech aid prosthesis, pediatric	NC	NC	NC		NC	
D5953 Speech aid prosthesis, adult	NC	NC	NC		NC	
D5954 Palatal augmentation prosthesis	NC	NC	NC		NC	
D5955 Palatal lift prosthesis, definitive	NC	NC	NC		NC	
D5958 Palatal lift prosthesis, interim	NC	NC	NC		NC	
D5959 Palatal lift prosthesis, modification	NC	NC	NC		NC	
D5960 Speech aid prosthesis, modification	NC	NC	NC		NC	
D5982 Surgical stent	NC	NC	NC		NC	
D5983 Radiation carrier	NC	NC	NC		NC	
D5984 Radiation shield	NC	NC	NC		NC	
D5985 Radiation cone locator	NC	NC	NC		NC	
D5986 Fluoride gel carrier	NC	NC	NC		NC	
D5987 Commissure splint	NC	NC	NC		NC	
D5988 Surgical splint	NC	NC	NC		NC	
D5991 Vesiculobullous disease medicament carrier	NC	NC	NC		NC	
D5992 Adjust maxillofacial prosthetic appliance, by report	NC	NC	NC		NC	
D5993 maintenance and cleaning of a maxillofacial prosthesis (extra - or intra - oral) other than						
required adjustments. By report	NC	NC	NC		NC	
D5994 Periodontal medicament carrier with peripheral seal - laboratory processed	NC	NC	NC		NC	
D5999 Unspecified maxl prosthesis	NC	NC	NC		NC	
D6000- D6199 VIII. Implant Services						
Pre-Surgical Services						
D6190 Radiographic/surgical implant index, by report	NC	NC	NC		NC	
Surgical Services						
D6010 Surg place-implant body: endosteal implant	\$1,500	\$1,330	\$270		\$525	
D6011 Second stage implant surgery	NC	NC	NC NC		NC NC	
					-	
D6012 Surgical placement of interim implant body for transitional prosthesis: endosteal implant	NC	NC	NC		NC	
D6013 Surgical placement of mini implant	NC	NC	NC		NC	
D6040 Surgical placement: eposteal implant	NC	NC	NC		NC	

		Participating Network Dental Plan			Non Par	Restrictions
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D6050 Surgical placement: transosteal implant	NC	NC	NC	-	NC	
D6100 Implant removal, by report	NC	NC	NC		NC	
D6101 Debridement of a peri-implant defect or defects surrounding a single implant, and						
surface cleaning of the exposed implant surfaces, including flap entry and closure	NC	NC	NC		NC	
D6102 Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	NC	NC	NC		NC	
D6103 Bone graft for repair of peri-implant defect - does not include flap entry and closure	NC	NC	NC		NC	
D6104 Bone graft at time of implant placement	NC NC	NC NC	NC NC		NC NC	
Do 104 Bone grant at time of implant placement	INC.	NC	NC		NC	
Implant supported Prosthetics						
Supporting Structures						
D6051 Interim Abutment	NC	NC	NC		NC	
D6052 Semi - precision attachment abutment	NC	NC	NC		NC	
D6055 Dental implant support connect bar	NC	NC	NC		NC	
D6056 Prefabicated abutment	\$750	\$521	\$229		\$262	
D6057 Custom abutment	\$750	\$521	\$229		\$262	
Implant/abutment supported removable dentures						
D6110 Implant/abutment supported removable denture for edentulous arch - maxillary	NC	NC	NC		NC	
	1,0	1.0	1,0		110	
D6111 Implant/abutment supported removable denture for edentulous arch - mandibular	NC	NC	NC		NC	
D6112 Implant/abutment supported removable denture for partially edentulous arch - maxillary	NC	NC	NC		NC	
D6113 Implant/abutment supported removable denture for partially edentulous arch - mandibular	NC	NC	NC		NC	
Implant/abutment supported fixed dentures (hybrid)						
D6114 Implant/abutment supported fixed denture for edentulous arch - maxillary	NC	NC	NC		NC	
D6115 Implant/abutment supported fixed denture for edentulous arch - mandibular	NC	NC	NC NC		NC	
D6116 Implant/abutment fixed denture for parially edentulous arc - maxiallary	NC	NC	NC		NC	
D6117 Implant/abutment supported fixed denture for partially edentulous arch - mandibular	NC	NC	NC		NC	
Single Crowns, Abutment Supported						
D6058 Abutment supported porc/ceram crown	\$772	\$528	\$244		\$216	
D6059 Abutment supported porc fused to met crown	\$772	\$528	\$244		\$216	
D6060 Abut supported porcel fused met crown	\$587	\$410	\$177		\$197	

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				Payment	Payment	Apply
D6061 Abut supported porc fused met crown (noble)	\$772	\$528	\$244	·	\$216	
D6062 Abut supporte cast met crown (high nob)	\$714	\$484	\$230		\$193	
D6063 Abut supp cast met crown (pred base met)	\$418	\$264	\$154		\$174	
D6064 Abut support cast metal crown (noble)	\$576	\$374	\$202		\$193	
D6094 Abutment Supported Crown (titanium)	\$714	\$484	\$230		\$193	
Single Crowns, Implant Supported						
D6065 Implant supported porc/cera crown	\$772	\$528	\$244		\$216	
D6066 Implant supported porc fused to met crown	\$772	\$528	\$244		\$216	
D6067 Implant supported met crown	\$772	\$528	\$244		\$216	
Fixed Partial Denture, Abutment supported						
D6068 Abut supported retainer for porc/ceramic FPD	\$772	\$528	\$244		\$216	
D6069 Abut supported retainer	\$772	\$528	\$244		\$216	
D6070 Abut support retainer for porc fused to met FPD	\$587	\$410	\$177		\$197	
D6071 Abut support retainer for porc fused to met FPD	\$772	\$528	\$244		\$197	
D6072 Abut support retainer for cast metal FPD	\$714	\$484	\$230		\$193	
D6073 Abut support retainer for cast metal FPD	\$418	\$264	\$154		\$174	
D6074 Abut support retainer for cast metal FPD	\$772	\$528	\$244		\$216	
D6194 Abutment supported retainer crown for FPD (titanium)	\$772	\$528	\$244		\$216	
Fixed Partial denture, Implant Supported						
D6075 Implant supported retainer for ceramic FPD	\$772	\$528	\$244		\$216	
D6076 Implies supported retainer for ceramic FFD  D6076 Implies support retainer for porc dused to met FPD	\$772 \$772	\$528	\$244		\$216	
D6077 Implant sup retainer for cast metal FPD	\$772	\$528	\$244		\$216	
Other Implant Services						
D6080 Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	NC	NC	NC		NC	
D6081 Scaling and debridement in the presence of inflammation or mucositis of a single						
implant, including cleaning of the implant surfaces, without flap enry and closure	NC	NC	NC		NC	
D6085 Provisional implant crown	NC	NC	NC		NC	
D6090 Repair implant support prosthesis	NC	NC	NC		NC	
D6091 Replacement of semi-precision or precision attachement (male or female component) of						
implant/abutment supported prosthesis, per attachement	NC	NC	NC		NC	
D6092 Re-cement or re-bond implant/abutment supported crown	NC	NC	NC		NC	
D6093 Re-cement or re-bond implant/abutment supported fixed partial denture	NC	NC	NC		NC	
D6095 Repair implant abutment	NC	NC	NC		NC	
D6199 Unspecified implant procedure	NC	NC	NC		NC	

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D6200 -D6999 IX. Prosthodontics, fixed (each abutment a	nd each pontic constitute a	unit in a fixed p	artial denture)			
Fixed Partial Denture Pontics						
D6205 Pontic - indirect resin based composite	\$416	\$259	\$157		\$162	
D6210 Pontic-cast high noble metal	\$480	\$323	\$157		\$162	R
D6211 Pontic-cast predominantly base metal	\$369	\$230	\$139		\$144	R
D6212 Pontic -cast noble metal	\$416	\$259	\$157		\$162	R
06214 Pontic - titanium	\$416	\$259	\$157		\$162	
D6240 Pontic-porcelain fused to high noble metal	\$552	\$362	\$190		\$216	R
D6241 Pontic-porc fused to predom base metal	\$587	\$410	\$177		\$197	R
D6242 Pontic-porcelain fused to noble metal	\$642	\$452	\$190		\$216	R
D6245 Ponyic porcelain/ceramic	\$642	\$452	\$190		\$216	
D6250 Pontic-resin with high noble metal	\$616	\$452	\$164		\$184	R
D6251 Pontic -resin with predom base metal	\$518	\$366	\$152		\$171	R
06252 Pontic-resin with noble metal	\$509	\$366	\$143		\$171	R
D6253 Provisional pontic	BR	\$366	BR		BR	R
Fixed Partial Denture Retainers-Inlays/Onlays						
D6545 Retainer-cast metal resin bond fix prothesis	\$203	\$140	\$63		\$85	R
26548 Retainer porcel/ceram for resin bonded fix prosth	\$203	\$140	\$63		\$85	R
06549 Resin retainer - for resin bonded fixed prosthesis						
06600 Inlay - porcelain/ceramic, two surfaces	BR	BR	BR		BR	R
26601 Inlay - porcelain/ceramic, three or more surfaces	BR	BR	BR		BR	R
06602 Inlay - cast high noble metal, two surface	BR	BR	BR		BR	R
26603 Inlay - cast high noble metal, three or more surf	BR	BR	BR		BR	R
D6604 Inlay - cast predom bas metal, two surface	BR	BR	BR		BR	R
06605 Inlay - cast predom base metal, three or more surf	BR	BR	BR		BR	R
D6606 Inlay - cast noble metal, two surface	BR	BR	BR		BR	R
06607 Inlay - cast noble metal, three or more surface	BR	BR	BR		BR	R
06624 Retainer inlay - titanium		_				
26608 Onlay - porcelain/ceramic, two surface	BR	BR	BR		BR	R
O6609 Onlay - porcelain/ceeramic, three or more surface	BR	BR	BR		BR	R
O6610 Onlay - cast high noble metal, two surfaces	BR	BR	BR		BR	R
26611 Onlay - cast high noble meta, three or more surf	BR	BR	BR		BR	R
O6612 Onlay - cast predom base metal, two surfaces	BR	BR	BR		BR	R
O6613 Onlay - cast predom base metal, three or more sur	BR	BR	BR		BR	R
O6614 Onlay - cast noble metal, two surface	BR	BR	BR		BR	R
O6615 Onlay - cast noble metal, three or more surf	BR	BR	BR		BR	R
D6634 Retainer onlay - titanium						

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				Payment	Payment	Apply
Fixed Partial Denture Retainers - Crowns						
D6710 Retainer Crown - indirect resin based composite						
D6720 Crown-resin with high noble metal	\$457	\$293	\$164		\$184	R
D6721 Crown-resin with predom base metal	\$467	\$299	\$168		\$165	R
D6722 Crown-resin with noble metal	\$437	\$272	\$165		\$171	R
D6740 Crown Porcelain/ceramic	\$749	\$527	\$222		\$216	R
D6750 Crown-porcelain fused to high noble metal	\$749	\$527	\$222		\$216	R
D6751 Crown-porc fused to predom base metal	\$649	\$456	\$193		\$197	R
D6752 Crown-porcelain fused to noble metal	\$749	\$527	\$222		\$216	R
D6780 Crown-3/4 cast high noble metal	\$424	\$266	\$158		\$253	R
D6781 Crown 3/4 cast pred base metal	\$325	\$200	\$125		\$109	R
D6782 Crown 3/4 cast noble metal	\$389	\$244	\$145		\$253	R
D6783 Crown 3/4 porc/ceramic	\$389	\$244	\$145		\$253	R
D6790 Crown-full cast high noble metal	\$416	\$259	\$157		\$162	R
D6791 Crown-full cast predom base metal	\$370	\$231	\$139		\$144	R
D6792 Crown-full cast noble metal	\$416	\$259	\$157		\$162	R
D6794 retauber crown - titanium						
D6793 Provisional retainer crown	BR	BR	BR		BR	R
Other Fixed Partial Denture Services						
	777	22	22		777	
D6920 Connector bar	BR	BR	BR		BR	
D6930 Recement fixed partial denture	\$35	\$35	\$0	\$35	\$19	R
D6940 Stress breaker	NC	NC	NC		NC	
D6950 Precision attachment	NC	NC	NC		NC	
D6980 Fixed partial denture repair	BR	BR	BR		BR	R
D6985 Pediatric partial denture, fixed	BR	BR	BR		BR	R
D6999 Unspec fixed prosthodontic procedure	BR	BR	BR		BR	R
D7000 - D7999 X. Oral and Maxillofacial Surgery						
Extractions (Includes Local Anesthesia, Suturing, if needed, an	d Routine Post Onerat	ive Care)				
27111 Coronal remnants - deciduous tooth	\$49	\$40	\$9		\$18	R
07140 Extraction, erupted tooth or exposed root	\$99	\$84	\$15		\$29	IX
D7210 Surgical removal of erupted tooth	\$215	\$176	\$39		\$59 \$59	R
07220 Removal of impacted tooth-soft tissue	\$196	\$170	\$39		\$59	R
07230 Removal of impacted tooth-sort dissue	\$256	\$210	\$46		\$70	R
07240 Removal of impacted tooth-complete bony	\$306	\$224	\$82		\$87	R
07241 Remov of impact tooth-bony w/unusual surg	\$250	\$167	\$83		\$95	R
D7250 Surg removal of residual tooth roots(cutting)	\$213	\$169	\$44		\$49	R
07251 Cronectomy - intentional parital tooth removal	BR	BR	BR		BR	IX

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Other Surgical Procedures						
D7260 Oroantral fistula closure	\$392	\$296	\$96		\$198	R
77261 Primary closure of a sinus perforation	BR	BR	BR		BR	R
7270 Tooth reimplantation &/or stabilization	\$212	\$168	\$44		\$85	R
7272 Tooth transplantation (incl reimplat & stabil)	\$182	\$138	\$44		\$87	R
7280 Surg exp-imp or unerupt tooth-ortho reason	\$238	\$187	\$51		\$99	R
7282 Mobilization of erupted or malposition tooth	BR	BR	BR		BR	R
7283 Placement of device to facilitate eruption of impacted tooth	\$122	\$77	\$45		\$56	
7285 Biopsy of oral tissue-hard	\$149	\$121	\$28		\$56	R
7286 Biopsy of oral tissue-soft	\$149	\$121	\$28		\$56	R
7287 Cytology sample collection	BR	BR	BR		BR	R
7288 Brush biopsy - transepithelial sample collection	BR	BR	BR		BR	
7290 Surgical repositioning of teeth	\$173	\$130	\$43		\$81	R
7291 Transseptal fiberotomy	BR	BR	BR		BR	
7292 Placement of temporary anchorage device [screw reatined plate] requiring flap; includes						
evice	BR	BR	BR		BR	
7293 Placement of temporary anchorage device requiring flap; includes device removal	BR	BR	BR		BR	
07294 Placement of temporary anchorage device without flap; includes device removal	BR	BR	BR		BR	
7295 Harvest of bone for use in autogenous grafting procedure	NC	NC	NC		NC	
Alveolplasty-Surgical Preparation of Ridge for Dentures						
7310 Alveolplasty-conj w/ extractions- four or more teeth or tooth spaces per quad	\$133	\$106	\$27		\$44	R
7311 Alveolplast in conjunction with extractions - one to three teeth or tooth spaces, per	ψ133	\$100	Ψ21		ΨΤΤ	K
uadrant	\$112	\$85	\$27		\$44	
7320 Alveolplasty-not in conj w/extract- four or more teeth or tooth spaces, per quad	\$178	\$134	\$44		\$70	R
7321 Alveolplasty not in conjunction with extractions - one to three teeth or tooth spaces, per	01.50	<b>\$124</b>	<b>*</b>		450	
uadrant	\$178	\$134	\$44		\$70	
estibuloplasty						
7340 Vestib-ridge extension(second epithelial)	\$238	\$180	\$58		\$113	R
7350 Vestibuloplasty-ridge extension	\$690	\$523	\$167		\$329	R
excision of Intra-osseous Lesions						
7410 Radical excision-lesion diam up to 1.25 cm	\$149	\$112	\$37		\$70	R
7411 Excision of benign lesion greater than 1.25cm	BR	BR	BR		BR	R
07411 Excision of benign lesion, complicated	BR	BR	BR		BR	R
77412 Excision of malignant lision up to 1.25 cm	BR	BR	BR		BR	R

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D7414 Excision of malignant llision greater than 1/25 cm	BR	BR	BR	•	BR	R
D7415 Excision of malignant lesion, complicated	BR	BR	BR		BR	R
D7465 Destruction of lesion by physical or chem method	\$276	\$267	\$9		\$127	R
Surgical excision of Intra-osseous lesions						
D7440 Excision of mal tumor-lesion up to 1.25 cm	\$344	\$307	\$37		\$162	R
D7441 Excision of mal tumor-lesion >1.25 cm	\$484	\$447	\$37		\$220	R
07450 Remov odonto cyst/ tumor-lesion to 1.25 cm	\$180	\$144	\$36		\$73	R
D7451 Remov odonto cyst/tumor-lesion >1.25 cm	\$290	\$237	\$53		\$138	R
D7460 Remov nonodont cyst/tumor-up to 1.25 cm	\$183	\$156	\$27		\$72	R
D7461 Remov nonodont cyst/tumor-lesin >1.25 cm	\$292	\$264	\$28		\$139	R
Excision of Bone Tissue						
D7471 Removal of lateral exostosis (max or mand)	BR	BR	BR		BR	R
D7472 Removal of torus palatinus	BR	BR	BR		BR	R
07473 Removal of torus mandibularis	BR	BR	BR		BR	R
07485 Surgical reduction of osseous tuberosity	BR	BR	BR		BR	R
D7490 Radical resection of mandible w/bone graft	BR	BR	BR		BR	R
Surgical Incision						
D7510 Incision & drain of abscess-intra soft tissue	\$100	\$80	\$20		\$33	R
D7511 Incision and drainage of abcess - intraoral soft tissue - complicated (includes drainage of	·					
nultiple fascial spaces)						
D7520 Incision & drain of abscess-extra soft tissue	\$174	\$162	\$12		\$80	R
886						
O7530 Remov foreign body, skin, or subcutaneous	BR	BR	BR		BR	
07540 Removal of reaction-producing foreign bodies	BR	BR	BR		BR	
D7550 Sequestrectomy for osteomyelitis	BR	BR	BR		BR	
D7560 Max sinusot-remov tooth frag, foreign body	BR	BR	BR		BR	
Freatment of Closed Fractures						
O7610 Maxilla-open reduction(teeth immobilized)	BR	BR	BR		BR	
D7620 Maxilla-closed reduction(teeth immobilized)	BR	BR	BR		BR	
07630 Mand-open reduction(teeth immobilized)	BR	BR	BR		BR	
07640 Mand-closed reduction(teeth immobilized)	BR	BR	BR		BR	
07650 Malar and/or zygomatic arch-open reduct	BR	BR	BR		BR	
D7660 Malar and/or zygomatic arch-closed reduct	BR	BR	BR		BR	
O7670 Alveolus-stabilization of teeth, open reduct	BR	BR	BR		BR	
D7671 Alveolus - open reduct, may inc stabilization	BR	BR	BR		BR	
O7680 Facial bones-complicat reduction w/fixation	BR	BR	BR		BR	

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Treatment of open fractures						
D7710 Maxilla-open reduction	BR	BR	BR		BR	
D7720 Maxilla-closed reduction	BR	BR	BR		BR	
D7730 Mandible-open reduction	BR	BR	BR		BR	
D7740 Mandible-closed reduction	BR	BR	BR		BR	
D7750 Malar and/or zygomatic arch-open reduct	BR	BR	BR		BR	
D7760 Malar and/or zygomatic arch-closed reduct	BR	BR	BR		BR	
D7770 Alveolus-stabilization of teeth, open reduct	BR	BR	BR		BR	
D7771 Alveolus, closed reduction stab of teeth	BR	BR	BR		BR	
D7780 Facial bones-complicat reduction w/fixation	BR	BR	BR		BR	
1						
Reduction of Dislocation and Management of Other Tem	poromandibular Joint Dysfu	nctions.				
D7810 Open reduction of dislocation	BR	BR	BR		BR	
D7820 Closed reduction of dislocation	BR	BR	BR		BR	
D7830 Manipulation under anesthesia	BR	BR	BR		BR	
D7840 Condylectomy	BR	BR	BR		BR	
D7850 Surgical discectomy, w or w/o implant	BR	BR	BR		BR	
D7852 Disc repair	BR	BR	BR		BR	
D7854 Synovectomy	BR	BR	BR		BR	
D7856 Myotomy	BR	BR	BR		BR	
D7858 Joint reconstruction	BR	BR	BR		BR	
D7860 Arthrotomy	BR	BR	BR		BR	
D7865 Arthroplasty	BR	BR	BR		BR	
D7870 Arthrocentesis	BR	BR	BR		BR	
D7871 Non-Arthrosciopic lysis and lavage	BR	BR	BR		BR	
D7872 Arthroscopy-diagnosis, w or w/o biopsy	BR	BR	BR		BR	
D7873 Arthrosco-surg: lavage & lysis of adhesions	BR	BR	BR		BR	
D7874 Arthrosco-surg: disc reposit & stabilization	BR	BR	BR		BR	
D7875 Arthroscopy-surgical: synovectomy	BR	BR	BR		BR	
D7876 Arthroscopy-surgical: discectomy	BR	BR	BR		BR	
D7877 Arthroscopy-surgical: debridgement	BR	BR	BR		BR	
D7880 Occlusal orthotic device	BR	BR	BR		BR	
D7881 Occlusal orthotic device adjustment	BR	BR	BR		BR	
D7899 Unspecified TMD therapy	BR	BR	BR		BR	
Repair of Traumatic Wounds						
D7910 Suture of recent small wounds up to 5 cm	\$109	\$86	\$23		\$43	R

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Complicated Suturing (Reonstruction Requiring Delicate Handling	of Tissues and Wi	de Undermining	for Meticulous (	Closure)		
D7911 Complicated suture-up to 5 cm	BR	BR	BR	<u> </u>	BR	
D7912 Complicated suture-greater than 5 cm	BR	BR	BR		BR	
Other Repair Procedures						
D7920 Skin graft(ident defect cover, locat, & type)	BR	BR	BR		BR	
D7921 Collection and application of autologous blood concentrate product						
D7940 Osteoplasty-for orthognathic deformities	BR	BR	BR		BR	
D7941 Osteotomy-ramus, closed	BR	BR	BR		BR	
D7943 Osteotomy-ramus, open with bone graft	BR	BR	BR		BR	
D7944 Ost-segment or subapic-per sextant or quad	BR	BR	BR		BR	
D7945 Osteotomy-body of mandible	BR	BR	BR		BR	
D7946 LeFort I(maxilla-total)	BR	BR	BR		BR	
D7947 LeFort I(maxilla-segmented)	BR	BR	BR		BR	
D7948 LeFort II or III-without bone graft	BR	BR	BR		BR	
D7949 LeFort II or III-with bone graft	BR	BR	BR		BR	
D7950 Oss, osteoperioste, or cartilage graft	BR	BR	BR		BR	
D7951 Sinus augmentation with bone or bone substitutes via a lateral open approach	BR	BR	BR		BR	
D7952 sinus augmentation via a vertical approach	BR	BR	BR		BR	
D7953 Bone replacement graft for ridge preservation - per site	\$340	\$255	\$85		BR	
D7955 Repair of max soft & hard tissue defect	BR	BR	BR		BR	
D7960 Frenulectomy-separate procedure	\$213	\$169	\$44		\$85	R
D7963 Frenuloplast						
D7970 Excision of hyperplastic tissue, per arch	\$191	\$154	\$37		\$89	R
D7971 Excision of pericoronal gingiva	\$275	\$238	\$37		\$129	R
D7972 Surgical reduction of fibrous tuverosity		D5225				
D7980 Sialolithotomy	BR		BR		BR	
D7981 Excision of salivary gland	BR	BR	BR		BR	
D7982 Sialodochoplasty	BR	BR	BR		BR	
D7983 Closure of salivary fistula	BR	BR	BR		BR	
D7990 Emergency tracheotomy	BR	BR	BR		BR	
D7991 Coronoidectomy	BR	BR	BR		BR	
D7995 Synthetic graft-mand or facial bones	BR	BR	BR		BR	
D7996 Implant-mandible for augmentation purp	BR	BR	BR		BR	
D7997 Appliance removal (not by dent who placed applic)	BR	BR	BR		BR	
D7998 Intraoral placement of a fixation device not in conjuction with a fracture	BR	BR	BR		BR	
D7999 Unspecified oral surgery procedure	BR	BR	BR		BR	
8000-8999 XI. Orthodontics						

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		j	·	Payment	Payment	Apply
				•	j	***
Limited Orthodontic Treatment						
D8010 Limited ortho treat of the primary definition	BR	BR	BR		BR	
D8020 Limited ortho treat of the trasitional definition	BR	BR	BR		BR	
D8030 Limited ortho treat of the adolescent definition	BR	BR	BR		BR	
D8040 Limited ortho treat of the adult definition	BR	BR	BR		BR	
Interceptive Orthodontic Treatment						
D8050 Interceptive Orthodontic Treatment of the primary dentition	BR	BR	BR		BR	
D8060 Interceptive orthodontic treatment of the transitional dentition	BR	BR	BR		BR	
Comprehensive Orthodontic Treatment						
D8070 Comprehensive orth treat of transitional definition	BR	BR	BR		BR	R
D8080 Comprehensive orth treat of adolescent definition	\$4,358	\$2,714	\$1,644		\$1,164	\$2.800 (out of area max)
D8090 Comprehensive orth treat of adult definition	\$4,358	\$2,714	\$1,644		\$1,164	\$2,800 (out of area max)
20070 Comprehensive oral acta of addit definition	ψ1,550	Ψ2,711	ψ1,011		ψ1,101	\$2,000 (out of area max)
Minor Treatment to Control Harmful Habits						
D8210 Removable appliance therapy	\$315	\$196	\$119		\$78	R
D8220 Fixed appliance therapy	\$233	\$129	\$104		\$65	R
Other Orthodontic Services						
D8660 Pre-orthodontic treatment visit	BR	BR	BR		BR	
D8670 Periodic orthodontic treatment visit	BR	BR	BR		BR	
D8680 Orthodontic retention	BR	BR	BR		BR	
D8681 Removable orhodontic retainer adjustment	D.C.	211	211		210	
D8690 Ortho treat, (alternative bill to contract fee)	BR	BR	BR		BR	
D8691 Repair of orthodontic appliance	NC	NC	NC		NC	
D8692 Replacement of lost or broken retainer	NC	NC	NC		NC	
D8693 Re-cement or re-bond fixed retainer	BR	BR	BR		BR	
D8694 Repair of fixed retainers, includes reattachment	BR	BR	BR		BR	
D8999 Unspecified orthodontic procedure	BR	BR	BR		BR	
9000-9999 XII. Adjunctive General Services						
Unclassified Treatment						
D9110 Palliative treat of dental pain-minor proc	\$31	\$31	\$0	\$35	\$17	R
D9120 Fixed partial denture sectioning	\$113	\$88	\$25			
Amosthosia						
Anesthesia						

	Participating Network Dental Plan				Non Par	Restrictions
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D9210 Local anesth not in conj w/oper or surg proc	NC	NC	NC		NC	
D9211 Regional block anesthesia	NC	NC	NC		NC	
D9212 Trigeminal division block anesthesia	NC	NC	NC		NC	
D9215 Local anesthesia	NCS	NC	NCS	NCS	NC	
D9219 Evaluation for deep sedation or general anesthesia						
D9220 Deep sedation/general anes-first 30 minutes	\$220	\$183	\$37		\$68	R
D9221 Deep sedation/general anes-each add'l 15 min	\$75	\$62	\$13		\$35	R
D9223 Deep sedation/general anesthesia - each 15 minute increment	\$63	\$50	\$13		\$35	
D9230 Analgesia	BR	BR	BR		BR	
D9243 Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment	NC	NC	NC		NC	
D9248 Non-intravenous conscious sedation	NC	NC	NC		NC	
Professional Consultation						
D9310 Consultation (Diag serv provided by dentist or physician other than practionioner prov						
treat)	\$75	\$44	\$31		\$28	R
D9311 Consultation with a medical health care professional	BR	BR	BR		BR	BR
Professional Visits						
D9410 House call	\$108	\$75	\$33		\$52	R
D9420 Hospital call	\$108	\$75	\$33		\$52	R
D9430 Office visit for observation (regular hours)	BR	BR	BR		BR	R
No other services performed						
D9440 Office visit(after regular hours)	\$41	\$31	\$10		\$19	R
D9450 Case presentation detailed/extensive tx plan	NC	NC	NC		NC	
Drugs						
D9610 Therapeutic drug injection	NC	NC	NC		NC	R
D9612 therapeutic parenteral drugs, two or more administrations, different medications	NC	NC	NC		NC	
D9630 Drugs or medicaments dispensed in the office for home use	NC	NC	NC		NC	R
Miscellaneous Services						
D9910 Application of desensitizing medicament	\$22	\$22	\$0	\$22	\$10	R
D9911 Application of desensit resin for cervical and/or	\$22	\$22	\$0	\$22	\$10	R
and/or root surface, per tooth		,	+ 0		4-0	
D9920 Behavior management	BR	BR	BR		BR	R
D9930 Treat complications(post-surgical)	BR	BR	BR		BR	R
D9932 Cleaning and inspection of removable complete denture, maxillary	BR	BR	BR		BR	
D9933 Cleaning and inspection of removable complete denture, mandibular	BR	BR	BR		BR	

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, , ,	Value	Payment	Co-Payment	Pediatric	Fund	Limits
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D9934 Cleaning and inspection of removable parital denture, maxillary	BR	BR	BR	·	BR	***
D9935 Cleaning and inspection of removable partial denture, mandibular	BR	BR	BR		BR	
D9940 Occlusal guard	NC	NC	NC		NC	
D9941 Fabrication of athletic mouthguard	NC	NC	NC		NC	
D9942 Repair and/or reline of occlusal guard	NC	NC	NC		NC	
D9943 Occlusal guard adjustment	NC	NC	NC		NC	
D9950 Occlusion analysis-mounted case	NC	NC	NC		NC	
D9951 Occlusal adjustment-limited	NC	NC	NC		NC	
D9952 Occlusal adjustment-complete	NC	NC	NC		NC	
D9970 Enamel microabrasion	BR	BR	BR		BR	R
D9971 Odontoplasty 1-2 teeth/ inc remov	BR	BR	BR		BR	R
D9972 External bleaching - per arch	NC	NC	NC		NC	
D9973 External bleaching - per tooth	NC	NC	NC		NC	
D9974 Internal bleaching - peer tooth	NC	NC	NC		NC	
D9975 External bleaching for home application, per arch; includes materials and fabrication of						
custom trays	NC	NC	NC		NC	
NON-CLINICAL PROCEDURES						
D9985 Sales tax	NC	NC	NC		NC	
D9986 Missed appointment	NC	NC	NC		NC	
D9987 Cancelled appointment	NC	NC	NC		NC	
D9991 Dental Case management - addressing appointment compliance barriers	NC	NC	NC		NC	
09992 Dental case management - care coordination	NC	NC	NC		NC	
D9993 Dental case management - motivational interviewing	NC	NC	NC		NC	
D9994 Dental case management - patien education to improve oral health literacy	NC	NC	NC		NC	
D9999 Unspecified adjunctive procedure	BR	BR	BR	_	BR	BR