

# Your Plan Details

Table of allowances: How much Delta Dental pays for each procedure

To find out how much your plan pays for a covered service, browse the following list. You are responsible for the amount not covered by your plan. Procedures are organized by type.

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## How much Delta Dental pays for each procedure — full list

Diagnostic (Exams and X-rays)		
Code	Description	Your plan pays
D0120	Periodic oral evaluation - established patient	\$13
D0140	Limited oral evaluation - problem focused	\$24
D0150	Comprehensive oral evaluation - new or established patient	\$23
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$32
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$32
D0180	Comprehensive periodontal evaluation - new or established patient	\$24
D0190	Screening of a patient	\$9
D0191	Assessment of a patient	\$9
D0210	Intraoral - complete series of radiographic images	\$47
D0220	Intraoral - periapical first radiographic image	\$8
D0230	Intraoral - periapical each additional radiographic image	\$7
D0240	Intraoral - occlusal radiographic image	\$12
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	\$20
D0270	Bitewing - single radiographic image	\$8
D0272	Bitewings - two radiographic images	\$14
D0274	Bitewings - four radiographic images	\$20
D0277	Vertical bitewings - 7 to 8 radiographic images	\$17
D0330	Panoramic radiographic image	\$38
D0460	Pulp vitality tests	\$15
D0601	Caries risk assessment and documentation, with a finding of low risk	\$3
D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$3
D0603	Caries risk assessment and documentation, with a finding of high risk	\$3

## Preventive (Cleanings, Fluoride, Sealants and Space Maintainers)

Code	Description	Your plan pays
D1110	Prophylaxis - adult	\$33
D1120	Prophylaxis - child	\$24
D1208	Topical application of fluoride - excluding varnish	\$10
D1351	Sealant - per tooth	\$20
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	\$24
D1354	Interim caries arresting medicament application - per tooth	\$25
D1510	Space maintainer - fixed - unilateral	\$91
D1516	Space maintainer - fixed - bilateral, maxillary	\$156
D1517	Space maintainer - fixed - bilateral, mandibular	\$156
D1520	Space maintainer - removable - unilateral	\$56
D1526	Space maintainer - removable - bilateral, maxillary	\$165
D1527	Space maintainer - removable - bilateral, mandibular	\$165
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	\$19
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	\$19
D1553	Re-cement or re-bond bilateral space maintainer - per quadrant	\$19
D1575	Distal shoe space maintainer - fixed - unilateral	\$91

## Restorative (Fillings, Inlays, Onlays, Crowns (Caps) and Veneers)

D2140	Amalgam - one surface, primary or permanent	\$32
D2150	Amalgam - two surfaces, primary or permanent	\$43
D2160	Amalgam - three surfaces, primary or permanent	\$54
D2161	Amalgam - four or more surfaces, primary or permanent	\$58
D2330	Resin-based composite - one surface, anterior	\$39
D2331	Resin-based composite - two surfaces, anterior	\$49
D2332	Resin-based composite - three surfaces, anterior	\$62
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$71
D2390	Resin-based composite crown, anterior	\$78
D2391	Resin-based composite - one surface, posterior	\$40

<b>Code</b>	<b>Description</b>	<b>Your plan pays</b>
D2392	Resin-based composite - two surfaces, posterior	\$56
D2393	Resin-based composite - three surfaces, posterior	\$70
D2394	Resin-based composite - four or more surfaces, posterior	\$78
D2510	Inlay - metallic - one surface	\$95
D2520	Inlay - metallic - two surfaces	\$176
D2530	Inlay - metallic - three or more surfaces	\$165
D2542	Onlay - metallic - two surfaces	\$100
D2543	Onlay - metallic - three surfaces	\$111
D2544	Onlay - metallic - four or more surfaces	\$115
D2610	Inlay - porcelain/ceramic - one surface	\$98
D2620	Inlay - porcelain/ceramic - two surfaces	\$197
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$191
D2642	Onlay - porcelain/ceramic - two surfaces	\$87
D2643	Onlay - porcelain/ceramic - three surfaces	\$107
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$128
D2650	Inlay - resin-based composite - one surface	\$93
D2651	Inlay - resin-based composite - two surfaces	\$85
D2652	Inlay - resin-based composite - three or more surfaces	\$107
D2662	Onlay - resin-based composite - two surfaces	\$109
D2663	Onlay - resin-based composite - three surfaces	\$113
D2664	Onlay - resin-based composite - four or more surfaces	\$117
D2710	Crown - resin-based composite (indirect)	\$62
D2720	Crown - resin with high noble metal	\$131
D2721	Crown - resin with predominantly base metal	\$100
D2722	Crown - resin with noble metal	\$154
D2740	Crown - porcelain/ceramic substrate	\$206
D2750	Crown - porcelain fused to high noble metal	\$200
D2751	Crown - porcelain fused to predominantly base metal	\$190
D2752	Crown - porcelain fused to noble metal	\$192
D2753	Crown - porcelain fused to titanium and titanium alloys	\$200
D2780	Crown - $\frac{3}{4}$ cast high noble metal	\$205
D2781	Crown - $\frac{3}{4}$ cast predominantly base metal	\$177
D2782	Crown - $\frac{3}{4}$ cast noble metal	\$179
D2783	Crown - $\frac{3}{4}$ porcelain/ceramic	\$206

<b>Code</b>	<b>Description</b>	<b>Your plan pays</b>
<b>D2790</b>	Crown - full cast high noble metal	\$199
<b>D2791</b>	Crown - full cast predominantly base metal	\$172
<b>D2792</b>	Crown - full cast noble metal	\$173
<b>D2910</b>	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$15
<b>D2920</b>	Re-cement or re-bond crown	\$14
<b>D2921</b>	Reattachment of tooth fragment, incisal edge or cusp	\$53
<b>D2930</b>	Prefabricated stainless steel crown - primary tooth	\$43
<b>D2931</b>	Prefabricated stainless steel crown - permanent tooth	\$49
<b>D2932</b>	Prefabricated resin crown	\$42
<b>D2933</b>	Prefabricated stainless steel crown with resin window	\$64
<b>D2940</b>	Protective restoration	\$15
<b>D2941</b>	Interim therapeutic restoration - primary dentition	\$15
<b>D2950</b>	Core buildup, including any pins when required	\$37
<b>D2951</b>	Pin retention - per tooth, in addition to restoration	\$9
<b>D2952</b>	Post and core in addition to crown, indirectly fabricated	\$67
<b>D2953</b>	Each additional indirectly fabricated post - same tooth	\$67
<b>D2954</b>	Prefabricated post and core in addition to crown	\$56
<b>D2955</b>	Post removal	\$50
<b>D2957</b>	Each additional prefabricated post - same tooth	\$56
<b>D2960</b>	Labial veneer (resin laminate) - chairside	\$63
<b>D2961</b>	Labial veneer (resin laminate) - laboratory	\$135
<b>D2962</b>	Labial veneer (porcelain laminate) - laboratory	\$173

Code	Description	Your plan pays
D2980	Crown repair necessitated by restorative material failure	\$42
D2981	Inlay repair necessitated by restorative material failure	\$42
D2982	Onlay repair necessitated by restorative material failure	\$42
D2983	Veneer repair necessitated by restorative material failure	\$42

### Endodontics (Root Canals and Other Root Treatment)

D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$24
D3221	Pulpal debridement, primary and permanent teeth	\$11
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$34
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$32
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$112
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$136
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$171
D3331	Treatment of root canal obstruction; non-surgical access	\$11
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$11
D3333	Internal root repair of perforation defects	\$11
D3346	Retreatment of previous root canal therapy - anterior	\$114
D3347	Retreatment of previous root canal therapy - premolar	\$152
D3348	Retreatment of previous root canal therapy - molar	\$196
D3410	Apicoectomy - anterior	\$90

Code	Description	Your plan pays
D3421	Apicoectomy - premolar (first root)	\$144
D3425	Apicoectomy - molar (first root)	\$129
D3426	Apicoectomy (each additional root)	\$33
D3427	Periradicular surgery without apicoectomy	\$35
D3430	Retrograde filling - per root	\$35
D3450	Root amputation - per root	\$98
D3920	Hemisection (including any root removal), not including root canal therapy	\$37

### Periodontics (Gum Treatment)

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$49
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$30
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$30
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$85
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$85
D4245	Apically positioned flap	\$101
D4249	Clinical crown lengthening - hard tissue	\$115
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$209
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$209
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	\$71
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	\$82
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$110
D4266	Guided tissue regeneration - resorbable barrier, per site	\$110



Code	Description	Your plan pays
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	\$117
D4270	Pedicle soft tissue graft procedure	\$190
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	\$233
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$136
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$179
D4276	Combined connective tissue and double pedicle graft, per tooth	\$233
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$179
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	\$134
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	\$140
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$107
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$40
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$40

Code	Description	Your plan pays
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	\$33
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	\$28
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$30
D4910	Periodontal maintenance	\$22
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	\$5

### Prosthodontics (Dentures, Bridges, Implants and Crowns to Replace Missing Teeth)

D5110	Complete denture – maxillary	\$230
D5120	Complete denture – mandibular	\$237
D5130	Immediate denture – maxillary	\$259
D5140	Immediate denture – mandibular	\$259
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	\$194
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	\$209
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$288
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$284
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$233
D5222	Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	\$251
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$346
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$341

<b>Code</b>	<b>Description</b>	<b>Your plan pays</b>
<b>D5282</b>	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary	\$145
<b>D5283</b>	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular	\$145
<b>D5284</b>	Removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	\$131
<b>D5286</b>	Removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant	\$131
<b>D5410</b>	Adjust complete denture – maxillary	\$11
<b>D5411</b>	Adjust complete denture – mandibular	\$9
<b>D5421</b>	Adjust partial denture – maxillary	\$13
<b>D5422</b>	Adjust partial denture – mandibular	\$10
<b>D5511</b>	Repair broken complete denture base, mandibular	\$22
<b>D5512</b>	Repair broken complete denture base, maxillary	\$22
<b>D5520</b>	Replace missing or broken teeth – complete denture (each tooth)	\$21
<b>D5611</b>	Repair resin partial denture base, mandibular	\$23
<b>D5612</b>	Repair resin partial denture base, maxillary	\$23
<b>D5621</b>	Repair cast partial framework, mandibular	\$31
<b>D5622</b>	Repair cast partial framework, maxillary	\$31
<b>D5630</b>	Repair or replace broken retentive clasping materials – per tooth	\$33
<b>D5640</b>	Replace broken teeth – per tooth	\$19
<b>D5650</b>	Add tooth to existing partial denture	\$28
<b>D5660</b>	Add clasp to existing partial denture – per tooth	\$34
<b>D5670</b>	Replace all teeth and acrylic on cast metal framework (maxillary)	\$92
<b>D5671</b>	Replace all teeth and acrylic on cast metal framework (mandibular)	\$102
<b>D5710</b>	Rebase complete maxillary denture	\$75
<b>D5711</b>	Rebase complete mandibular denture	\$93
<b>D5720</b>	Rebase maxillary partial denture	\$92
<b>D5721</b>	Rebase mandibular partial denture	\$102
<b>D5730</b>	Reline complete maxillary denture (chairside)	\$46
<b>D5731</b>	Reline complete mandibular denture (chairside)	\$39
<b>D5740</b>	Reline maxillary partial denture (chairside)	\$38
<b>D5741</b>	Reline mandibular partial denture (chairside)	\$43
<b>D5750</b>	Reline complete maxillary denture (laboratory)	\$73
<b>D5751</b>	Reline complete mandibular denture (laboratory)	\$71

<b>Code</b>	<b>Description</b>	<b>Your plan pays</b>
<b>D5760</b>	Reline maxillary partial denture (laboratory)	\$64
<b>D5761</b>	Reline mandibular partial denture (laboratory)	\$66
<b>D5820</b>	Interim partial denture (maxillary)	\$79
<b>D5821</b>	Interim partial denture (mandibular)	\$101
<b>D5850</b>	Tissue conditioning, maxillary	\$35
<b>D5851</b>	Tissue conditioning, mandibular	\$22
<b>D5863</b>	Overdenture - complete maxillary	\$230
<b>D5864</b>	Overdenture - partial maxillary	\$288
<b>D5865</b>	Overdenture - complete mandibular	\$237
<b>D5866</b>	Overdenture - partial mandibular	\$284
<b>D5875</b>	Modification of removable prosthesis following implant surgery	\$31
<b>D6010</b>	Surgical placement of implant body: endosteal implant	\$530
<b>D6012</b>	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$530
<b>D6013</b>	Surgical placement of mini implant	\$265
<b>D6040</b>	Surgical placement: eposteal implant	\$990
<b>D6050</b>	Surgical placement: transosteal implant	\$1,000
<b>D6055</b>	Connecting bar - implant supported or abutment supported	\$461
<b>D6056</b>	Prefabricated abutment - includes modification and placement	\$126
<b>D6057</b>	Custom fabricated abutment - includes placement	\$172
<b>D6058</b>	Abutment supported porcelain/ceramic crown	\$295
<b>D6059</b>	Abutment supported porcelain fused to metal crown (high noble metal)	\$302
<b>D6060</b>	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$278
<b>D6061</b>	Abutment supported porcelain fused to metal crown (noble metal)	\$278
<b>D6062</b>	Abutment supported cast metal crown (high noble metal)	\$297
<b>D6063</b>	Abutment supported cast metal crown (predominantly base metal)	\$261
<b>D6064</b>	Abutment supported cast metal crown (noble metal)	\$254
<b>D6065</b>	Implant supported porcelain/ceramic crown	\$309
<b>D6066</b>	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$302

<b>Code</b>	<b>Description</b>	<b>Your plan pays</b>
<b>D6067</b>	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$297
<b>D6068</b>	Abutment supported retainer for porcelain/ceramic FPD	\$309
<b>D6069</b>	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$302
<b>D6070</b>	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$278
<b>D6071</b>	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$278
<b>D6072</b>	Abutment supported retainer for cast metal FPD (high noble metal)	\$297
<b>D6073</b>	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$261
<b>D6074</b>	Abutment supported retainer for cast metal FPD (noble metal)	\$254
<b>D6075</b>	Implant supported retainer for ceramic FPD	\$309
<b>D6076</b>	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$302
<b>D6077</b>	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$297
<b>D6080</b>	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	\$44
<b>D6081</b>	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	\$40
<b>D6082</b>	Implant supported crown - porcelain fused to predominantly base alloys	\$278
<b>D6083</b>	Implant supported crown - porcelain fused to noble alloys	\$278
<b>D6084</b>	Implant supported crown - porcelain fused to titanium and titanium alloys	\$281
<b>D6086</b>	Implant supported crown - predominantly base alloys	\$261
<b>D6087</b>	Implant supported crown - noble alloys	\$254
<b>D6088</b>	Implant supported crown - titanium and titanium alloys	\$281
<b>D6090</b>	Repair implant supported prosthesis, by report	\$76

<b>Code</b>	<b>Description</b>	<b>Your plan pays</b>
<b>D6091</b>	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	\$49
<b>D6092</b>	Re-cement or re-bond implant/abutment supported crown	\$28
<b>D6093</b>	Re-cement or re-bond implant/abutment supported fixed partial denture	\$42
<b>D6094</b>	Abutment supported crown - (titanium)	\$281
<b>D6095</b>	Repair implant abutment, by report	\$86
<b>D6097</b>	Abutment supported crown - porcelain fused titanium and titanium alloys	\$281
<b>D6098</b>	Implant supported retainer - porcelain fused to predominantly base alloys	\$278
<b>D6099</b>	Implant supported retainer for FPD - porcelain fused to noble alloys	\$278
<b>D6100</b>	Implant removal, by report	\$113
<b>D6101</b>	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	\$85
<b>D6102</b>	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	\$209
<b>D6103</b>	Bone graft for repair of peri-implant defect - does not include flap entry and closure	\$71
<b>D6104</b>	Bone graft at time of implant placement	\$71
<b>D6110</b>	Implant/abutment supported removable denture for edentulous arch - maxillary	\$230
<b>D6111</b>	Implant/abutment supported removable denture for edentulous arch - mandibular	\$230
<b>D6112</b>	Implant/abutment supported removable denture for partially edentulous arch - maxillary	\$288
<b>D6113</b>	Implant/abutment supported removable denture for partially edentulous arch - mandibular	\$288
<b>D6114</b>	Implant/abutment supported fixed denture for edentulous arch - maxillary	\$230
<b>D6115</b>	Implant/abutment supported fixed denture for edentulous arch - mandibular	\$230

<b>Code</b>	<b>Description</b>	<b>Your plan pays</b>
<b>D6116</b>	Implant/abutment supported fixed denture for partially edentulous arch - maxillary	\$288
<b>D6117</b>	Implant/abutment supported fixed denture for partially edentulous arch - mandibular	\$288
<b>D6210</b>	Pontic - cast high noble metal	\$204
<b>D6211</b>	Pontic - cast predominantly base metal	\$184
<b>D6212</b>	Pontic - cast noble metal	\$165
<b>D6240</b>	Pontic - porcelain fused to high noble metal	\$196
<b>D6241</b>	Pontic - porcelain fused to predominantly base metal	\$182
<b>D6242</b>	Pontic - porcelain fused to noble metal	\$180
<b>D6245</b>	Pontic - porcelain/ceramic	\$206
<b>D6250</b>	Pontic - resin with high noble metal	\$202
<b>D6251</b>	Pontic - resin with predominantly base metal	\$227
<b>D6252</b>	Pontic - resin with noble metal	\$202
<b>D6545</b>	Retainer - cast metal for resin bonded fixed prosthesis	\$60
<b>D6548</b>	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$206
<b>D6549</b>	Retainer - for resin bonded fixed prosthesis	\$60
<b>D6600</b>	Retainer inlay - porcelain/ceramic, two surfaces	\$175
<b>D6601</b>	Retainer inlay - porcelain/ceramic, three or more surfaces	\$196
<b>D6602</b>	Retainer inlay - cast high noble metal, two surfaces	\$175
<b>D6603</b>	Retainer inlay - cast high noble metal, three or more surfaces	\$196
<b>D6604</b>	Retainer inlay - cast predominantly base metal, two surfaces	\$175
<b>D6605</b>	Retainer inlay - cast predominantly base metal, three or more surfaces	\$196
<b>D6606</b>	Retainer inlay - cast noble metal, two surfaces	\$175
<b>D6607</b>	Retainer inlay - cast noble metal, three or more surfaces	\$196
<b>Code</b>	<b>Description</b>	<b>Your plan pays</b>
<b>D6608</b>	Retainer onlay - porcelain/ceramic, two surfaces	\$100
<b>D6609</b>	Retainer onlay - porcelain/ceramic, three or more surfaces	\$111
<b>D6610</b>	Retainer onlay - cast high noble metal, two surfaces	\$100



<b>Code</b>	<b>Description</b>	<b>Your plan pays</b>
D6611	Retainer onlay - cast high noble metal, three or more surfaces	\$111
D6612	Retainer onlay - cast predominantly base metal, two surfaces	\$100
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	\$111
D6614	Retainer onlay - cast noble metal, two surfaces	\$100
D6615	Retainer onlay - cast noble metal, three or more surfaces	\$111
D6720	Retainer crown - resin with high noble metal	\$226
D6721	Retainer crown - resin with predominantly base metal	\$190
D6722	Retainer crown - resin with noble metal	\$165
D6740	Retainer crown - porcelain/ceramic	\$206
D6750	Retainer crown - porcelain fused to high noble metal	\$201
D6751	Retainer crown - porcelain fused to predominantly base metal	\$186
D6752	Retainer crown - porcelain fused to noble metal	\$186
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	\$201
D6780	Retainer crown - $\frac{3}{4}$ cast high noble metal	\$221
D6781	Retainer crown - $\frac{3}{4}$ cast predominantly base metal	\$177
D6782	Retainer crown - $\frac{3}{4}$ cast noble metal	\$179
D6783	Retainer crown - $\frac{3}{4}$ porcelain/ceramic	\$206
D6784	Retainer crown - $\frac{3}{4}$ titanium and titanium alloys	\$198
D6790	Retainer crown - full cast high noble metal	\$198
D6791	Retainer crown - full cast predominantly base metal	\$177
D6792	Retainer crown - full cast noble metal	\$169
D6920	Connector bar	\$61
D6930	Re-cement or re-bond fixed partial denture	\$19
D6980	Fixed partial denture repair necessitated by restorative material failure	\$39



## Oral and maxillofacial surgery (Extractions)

Code	Description	Your plan pays
D7111	Extraction, coronal remnants - primary tooth	\$20
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$20
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$40
D7220	Removal of impacted tooth - soft tissue	\$56
D7230	Removal of impacted tooth - partially bony	\$73
D7240	Removal of impacted tooth - completely bony	\$84
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$107
D7250	Removal of residual tooth roots (cutting procedure)	\$36
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$62
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	\$379
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$80
D7290	Surgical repositioning of teeth	\$67
D7296	Corticotomy - one to three teeth or tooth spaces, per quadrant	\$85
D7297	Corticotomy - four or more teeth or tooth spaces, per quadrant	\$85
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$33
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$45
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$65
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$102
D7485	Reduction of osseous tuberosity	\$136
D7510	Incision and drainage of abscess - intraoral soft tissue	\$21
D7520	Incision and drainage of abscess - extraoral soft tissue	\$23

Code	Description	Your plan pays
D7960	Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	\$74
D7970	Excision of hyperplastic tissue – per arch	\$35
D7971	Excision of pericoronal gingiva	\$22
D7972	Surgical reduction of fibrous tuberosity	\$140
D7995	Synthetic graft – mandible or facial bones, by report	\$61

### Adjunctive Services (Miscellaneous)

D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$18
D9222	Deep sedation/general anesthesia – first 15 minutes	\$21
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	\$21
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$7
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	\$21
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	\$21
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$15
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	\$11
D9440	Office visit – after regularly scheduled hours	\$19
D9450	Case presentation, detailed and extensive treatment planning	\$8
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	\$7
D9944	Occlusal guard – hard appliance, full arch	\$125
D9945	Occlusal guard – soft appliance, full arch	\$31
D9946	Occlusal guard – hard appliance, partial arch	\$63
D9951	Occlusal adjustment – limited	\$13
D9952	Occlusal adjustment – complete	\$116