



Individual Out of Pocket Maximum: \$8,850 per 2025 Calendar Year Family Out of Pocket Maximum: \$17,700 per 2025 Calendar Year

- Members must visit a LIBERTY Dental Plan contracted dental office to utilize covered benefits. Your dental office will determine a treatment plan or will initiate the specialty referral process with LIBERTY Dental Plan if the recommended covered services are medically necessary and outside the scope of a general dentist.
- ✓ This Benefit Schedule represents the Children's Dental HMO benefits covered as part of your Health Plan offered through [Your Health Plan]. Any Co-payment for covered dental services will accrue towards the Health Plan's [Calendar/ Plan] Year Out-of-Pocket Maximum (which is provided above for your reference). To verify your Out-of-Pocket Maximum you can refer to your Health Plan's Evidence of Coverage booklet, visit your health plan's website at www.[yourhealthplan.com] or call Member Services at [1.XXX.XXXX.XXXXX] (toll-free).
- ✓ Once your Out-of-Pocket costs for all Medical and Dental covered services reach the combined Out-of-Pocket Maximum, you cannot be charged for covered dental services you receive for the remainder of the [Calendar/ Plan] year. The LIBERTY Dental Plan contracted dental office will be paid for covered services as contracted directly by LIBERTY. Charges for optional and non-covered services are not included in the calculation for the combined out-of-pocket maximum and would remain your financial responsibility. In a plan with two or more members, the first family Member to meet the individual Out-of-Pocket Maximum cannot be charged for covered services for the remainder of the [Calendar/ Plan] year. The family Out-of-Pocket Maximum is met by combining eligible expenses of two or more covered family Members.
- ✓ Member Co-payments are payable to the dental office at the time services are rendered.
- ✓ This Benefit Schedule does not guarantee benefits. All services are subject to eligibility, exclusions and limitations and must be determined to be medically necessary at the time you receive the service. Additional requests, beyond the stated frequency limitations shall be considered for prior authorization when documented medical necessity is provided as required by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit.
- ✓ Dontal procedures not listed on this Reposit Schodule may be available at the dental office's usual and sustemany fees

	procedures not listed on this Benefit Schedule may be available at the dental office's usual and customar	•	
CDT	Description	Patient	Limitation
Code		Responsibility	
D0120	Diagnostic Services	no chargo	1 (D0120) avery 6 menths nor provider
D0120	Periodic oral evaluation Limited oral evaluation	no charge no charge	1 (D0120) every 6 months per provider 1 (D0140) per patient per provider
D0145	Oral evaluation under age 3	no charge	1 (DO140) per patient per provider
	Comprehensive oral evaluation	no charge	1 (D0150) per patient per provider for initial evaluation
D0160	Oral evaluation, problem focused	no charge	1 (D0160) per patient per provider
D0170	Re-evaluation, limited, problem focused	no charge	
D0171	Re-evaluation, post operative office visit	no charge	up to 6 of (D0170, D0171) in a 3 month period, no more than 12 in 12 months
D0180	Comprehensive periodontal evaluation	no charge	only be billed as D0150
D0190	Screening of a patient	not covered	, ,
D0191	Assessment of a patient	not covered	
D0210	Intraoral, comprehensive series of radiographic images	no charge	1 of (D0210, D0709) every 36 months per provider
D0220	Intraoral, periapical, first radiographic image	no charge	20 -f (D0220, D0220, D0707) 12
D0230	Intraoral, periapical, each add 'l radiographic image	no charge	20 of (D0220, D0230, D0707) 12 months, per provider
D0240	Intraoral, occlusal radiographic image	no charge	2 of (D0240, D0706) every 6 months per provider
D0250	Extra-oral 2D projection radiographic image, stationary radiation source	no charge	1 (D0250) per date of service
D0251	Extra-oral posterior dental radiographic image	no charge	1 of (D0251, D0705) per date of service
D0270	Bitewing, single radiographic image	no charge	1 of (D0270, D0708) per date of service
D0272	Bitewings, two radiographic images	no charge	1 (D0272) every 6 months per provider
D0273	Bitewings, three radiographic images	no charge	downcode to D0270 and D0272
D0274	Bitewings, four radiographic images	no charge	1 (D0274) every 6 months per provider, age 10 and over
D0277	Vertical bitewings, 7 to 8 radiographic images	no charge	downcode to D0274
D0310	Sialography	no charge	
D0320	TMJ arthrogram, including injection	no charge	3 (D0320) per date of service
D0322	Tomographic survey	no charge	2 (D0322) every 12 months per provider
D0330	Panoramic radiographic image	no charge	1 of (D0330, D0701) every 36 months per provider
D0340	2D cephalometric radiographic image, measurement and analysis	no charge	2 of (D0340, D0702) every 12 months per provider
D0350	2D oral/facial photographic image, intra-orally/extra-orally	no charge	4 of (D0350, D0703) per date of service
D0396	3D printing of a 3D dental surface scan	no charge	
D0419	Assessment of salivary flow by measurement	not covered	
D0431	Adjunctive pre-diagnostic test	not covered	
D0460 D0470	Pulp vitality tests Diagnostic casts	no charge	1 (D0470) per provider, only a benefit with covered Orthodontic services, for permanent
D0470 D0502	Other oral pathology procedures, by report	no charge no charge	1 (50470) per provider, only a benefit with covered orthodontic services, for permanent
D0502	Caries risk assessment and documentation, low risk	no charge	
D0601	Caries risk assessment and documentation, now risk Caries risk assessment and documentation, moderate risk	no charge	
D0603	Caries risk assessment and documentation, inductate risk Caries risk assessment and documentation, high risk	no charge	
D0701	Panoramic radiographic image, image capture only	no charge	1 of (D0330, D0701) every 36 months per provider
D0701	2-D cephalometric radiographic image, image capture only	no charge	2 of (D0340, D0702) every 12 months per provider
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally, image capture only	no charge	4 of (D0350, D0703) per date of service
D0705	Extra-oral posterior dental radiographic image, image capture only	no charge	1 of (D0251, D0705) per date of service
D0706	Intraoral, occlusal radiographic image, image capture only	no charge	2 of (D0240, D0706) every 6 months per provider
D0707	Intraoral, periapical radiographic image, image capture only	no charge	20 of (D0220, D0230, D0707) every 12 months, per provider
D0708	Intraoral, bitewing radiographic image, image capture only	no charge	1 of (D0270, D0708) per date of service
D0709	Intraoral, comprehensive series of radiographic images, image capture only	no charge	1 of (D0210, D0709) every 36 months per provider
D0801	3D dental surface scan, direct	no charge	
D0802	3D dental surface scan, indirect	no charge	
D0803	3D facial surface scan, direct	no charge	
D0804	3D facial surface scan, indirect	no charge	
D0999	Unspecified diagnostic procedure, by report	no charge	
	Preventive Services		
	Prophylaxis, adult	no charge	1 of (D1110, D1120, D4346) every 6 months
	Prophylaxis, child	no charge	2 0. (0.1220) 0.1220) 0.101010 0.10101010
D1206	Topical application of fluoride varnish	no charge	1 of (D1206, D1208) every 6 months
D1208	Topical application of fluoride, excluding varnish	no charge	2 S. (S2255) S2250) CVCI y O MONGIS
D1310	Nutritional counseling for control of dental disease	no charge	
D1320	Tobacco counseling, control/prevention oral disease	no charge	
D1321	Counseling for the control and prevention of adverse oral, behavioral, health effects associated with high-risk	no charge	
	substance use		
D1330	Oral hygiene instruction	no charge	
D1351	Sealant, per tooth	no charge	1 of (D1351,D1352) every 36 months 1st, 2nd, 3rd molars
D1352	Preventive resin restoration, permanent tooth	no charge	4 (04050)
D1353	Sealant repair, per tooth	no charge	1 (D1353) every 36 months 1st, 2nd, 3rd molars
D1354	Application of caries arresting medicament, per tooth	no charge	1 (D1354) per tooth every 6 months, subject to medical necessity review for the first
D1355	Caries preventive medicament application, per tooth	no charge	1 (D1355) per tooth every 6 months, subject to medical necessity review for the first
		_	treatment only
D1510	Space maintainer, fixed, unilateral, per quadrant	no charge	1 of (D1510, D1520) per quadrant per patient, under age 18
D1516 D1517	Space maintainer, fixed, bilateral, maxillary	no charge	1 of (D1516, D1526) under age 18
	Space maintainer, fixed, bilateral, mandibular Space maintainer, removable, unilateral, per quadrant	no charge	1 of (D1517, D1527) under age 18 1 of (D1510, D1520) per quadrant per patient under age 18
D1520	opace mamiamer, removable, ulliateral, per quaurant	no charge	1 of (D1510, D1520) per quadrant per patient under age 18



D1551 Re-cement or re-bond D1552 Re-cement or re-bond D1553 Re-cement or re-bond D1556 Removal of fixed bilate D1557 Removal of fixed bilate D1558 Removal of fixed bilate D1559 Distal shoe space main Restorative Services D2140 D2140 Amalgam, one surface D2150 Amalgam, two surface D2161 Amalgam, two surface D2162 Amalgam, two surface D2163 Amalgam, two surface D2164 Amalgam, two surface D2176 Amalgam, two surface D2161 Amalgam, two surface D2162 Amalgam, two surface D2161 Amalgam, two surface D2162 Amalgam, two surface D2163 Resin-based composite D2331 Resin-based composite D2391 Resin-based composite D2392 Resin-based composite D2393 Resin-based composite D2391 Resin-based composite D2392<	r, removable, bilateral, mandibular bond bilateral space maintainer, maxillary bond bilateral space maintainer, mandibular bond unilateral space maintainer, per quadrant unilateral space maintainer, per quadrant bilateral space maintainer, per quadrant bilateral space maintainer, maxillary bilateral space maintainer, mandibular e maintainer, fixed, per quadrant vices urface, primary or permanent urfaces, primary or permanent surfaces, primary or permanent r more surfaces, primary or permanent posite, one surface, anterior posite, two surfaces, anterior posite, four or more surfaces	no charge substitution of the charge no charge no charge no charge no charge substitution of the charge	1 of (D1517, D1527) under age 18 1 (D1551) every 12 months under age 18 1 (D1552) every 12 months under age 18 1 (D1553) per quad every 12 months under age 18 1 (D1553) per quad every 12 months under age 18 primary teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 12 months permanent teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months
D1551 Re-cement or re-bond D1552 Re-cement or re-bond D1553 Re-cement or re-bond D1553 Re-cement or re-bond D1556 Removal of fixed bilate D1557 Removal of fixed bilate D1558 Removal of fixed bilate D1558 Removal of fixed bilate D1559 Distal shoe space main Restorative Services D2140 Amalgam, one surface D2150 Amalgam, two surface D2150 Amalgam, two surface D2151 Amalgam, four or mor D2330 Resin-based composite D2331 Resin-based composite D2332 Resin-based composite D2333 Resin-based composite D2339 Resin-based composite D2391 Resin-based composite D2392 Resin-based composite D2393 Resin-based composite D2393 Resin-based composite D2394 Resin-based composite D2395 Resin-based composite D2396 Resin-based composite D2397 Resin-based composite D2398 Resin-based composite D2399 Resin-based composite D2390 Resin-based composite D2391 Resin-based composite D2391 Resin-based composite D2392 Resin-based composite D2393 Resin-based composite D2394 Resin-based composite D2395 Onlay, metallic, two st D2542 Onlay, porcelain/cerar D2643 Onlay, porcelain/cerar D2644 Onlay, porcelain/cerar D2645 Onlay, resin-based cor D2665 Onlay, resin-based cor D2766 Onlay, resin-based cor D2760 Crown, resin with prec D2720 Crown, porcelain fuser D2721 Crown, porcelain fuser D2722 Crown, porcelain fuser D2721 Crown, porcelain fuser D2722 Crown, porcelain fuser D2730 Crown, porcelain fuser D2731 Crown, % cast predom D2782 Crown, porcelain fuser D2783 Crown, porcelain fuser D2780 Crown, full cast predo D2791 Re-cement or re-bond D2915 Re-cement or re-bond D2916 Re-cement or re-bond D2917 Repatricated stainless D2930 Prefabricated stainless D2931 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2933 Prefabricated stainless D2934 Prefabricated stainless D2935 Prefabricated stainless D2936 Prefabricated stainless D2937 Prefabricated stainless D2938 Prefabricated stainless D2939 Prefabricated stainless D2931 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2933 Prefabricated s	bond bilateral space maintainer, maxillary bond bilateral space maintainer, mandibular bond unilateral space maintainer, per quadrant unilateral space maintainer, per quadrant bilateral space maintainer, maxillary bilateral space maintainer, maxillary bilateral space maintainer, maxillary bilateral space maintainer, mandibular e maintainer, fixed, per quadrant vices urface, primary or permanent urfaces, primary or permanent surfaces, primary or permanent r more surfaces, primary or permanent posite, one surface, anterior posite, two surfaces, anterior posite, four or more surfaces posite, four or more surfaces posite, four or more surfaces posite, tone surface, posterior posite, two surfaces, posterior posite, two surfaces, posterior	no charge so charge no charge so charge no charge so cha	1 (D1551) every 12 months under age 18 1 (D1552) every 12 months under age 18 1 (D1553) per quad every 12 months under age 18 1 (D1553) per quad every 12 months under age 18 primary teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 12 months permanent teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36
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D1557 Removal of fixed bilate D1558 Removal of fixed bilate D1558 Removal of fixed bilate D1558 Removal of fixed bilate D1559 Distal shoe space main Restorative Services D2140 Amalgam, one surface D2150 Amalgam, two surface D2150 Amalgam, two surface D2161 Amalgam, four or mor D2330 Resin-based composite D2331 Resin-based composite D2332 Resin-based composite D2333 Resin-based composite D2334 Resin-based composite D2390 Resin-based composite D2391 Resin-based composite D2392 Resin-based composite D2393 Resin-based composite D2393 Resin-based composite D2394 Resin-based composite D2394 Resin-based composite D2394 Resin-based composite D2394 Resin-based composite D2542 Onlay, metallic, two su D2543 Onlay, metallic, two su D2544 Onlay, porcelain/cerar D2644 Onlay, porcelain/cerar D2645 Onlay, resin-based cor D2664 Onlay, resin-based cor D2664 Onlay, resin-based cor D2710 Crown, resin-based cor D2710 Crown, resin-based cor D2710 Crown, resin-based cor D2710 Crown, resin with high D2721 Crown, porcelain fused D2720 Crown, porcelain fused D2720 Crown, porcelain fused D2721 Crown, porcelain fused D2722 Crown, porcelain fused D2723 Crown, porcelain fused D2730 Crown, full cast predon D2781 Crown, full cast predon D2782 Crown, full cast predon D2783 Crown, full cast predon D2784 Crown, full cast predon D2785 Crown, full cast predon D2786 Prefabricated porcelai D2990 Re-cement or re-bond D2910 Re-cement or re-bond D2911 Reattachment of toott D2912 Reattachment of toott D2913 Re-cement or re-bond D2914 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2933 Prefabricated stainless D2934 Prefabricated stainless D2935 Prefabricated stainless D2936 Prefabricated stainless D2937 Prefabricated stainless D2938 Prefabricated stainless D2939 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2933 Prefabricated stainless D2934 Prefabricated stainless D2935 Prefabricated stainless D2936 Prefabricated stainless D2937 Prefabricated stainless D2938 Prefabricated stain	bilateral space maintainer, maxillary bilateral space maintainer, mandibular maintainer, fixed, per quadrant vices urface, primary or permanent urfaces, primary or permanent surfaces, primary or permanent r more surfaces, primary or permanent posite, one surface, anterior posite, three surfaces, anterior posite, three surfaces, anterior posite, four or more surfaces posite crown, anterior posite, to or surfaces posite, tree surfaces, posterior posite, three surfaces, posterior posite, two surfaces, posterior posite, two surfaces, posterior	no charge no charge no charge s25 s30 s40 s45 s33 s45 s45 s55 s60	months permanent teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36
D1558 Removal of fixed bilate D1575 Distal shoe space mair Restorative Services D2140 Amalgam, one surface D2150 Amalgam, two surface D2150 Amalgam, two surface D2150 Amalgam, three surface D2161 Amalgam, four or mor D2330 Resin-based composite D2331 Resin-based composite D2332 Resin-based composite D2332 Resin-based composite D2334 Resin-based composite D2339 Resin-based composite D2391 Resin-based composite D2392 Resin-based composite D2393 Resin-based composite D2393 Resin-based composite D2394 Resin-based composite D2542 Onlay, metallic, three D2543 Onlay, porcelain/cerar D2644 Onlay, resin-based cor D2662 Onlay, resin-based cor D2664 Onlay, resin-based cor D2664 Onlay, resin-based cor D2710 Crown, resin with high D2721 Crown, resin with high D2721 Crown, porcelain fuser D2750 Crown, porcelain fuser D2751 Crown, porcelain fuser D2752 Crown, porcelain fuser D2753 Crown, porcelain fuser D2753 Crown, porcelain fuser D2753 Crown, porcelain fuser D2753 Crown, full cast high no D2781 Crown, % cast predom D2782 Crown, full cast predom D2782 Crown, full cast predom D2783 Crown, full cast predom D2784 Crown, full cast predom D2785 Crown, full cast predom D2786 Crown, full cast predom D2787 Crown, full cast predom D2787 Crown, full cast predom D2788 Crown, full cast predom D2789 Crown, full cast predom D2790 Crown, full cast predom D2791 Reattachment of toott D2920 Re-cement or re-bond D2912 Reattachment of toott D2921 Reattachment of toott D2921 Reattachment of toott D2928 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2933 Prefabricated stainless D2934 Prefabricated stainles	bilateral space maintainer, mandibular e maintainer, fixed, per quadrant vices vices urface, primary or permanent urfaces, primary or permanent surfaces, primary or permanent r more surfaces, primary or permanent r more surfaces, primary or permanent posite, one surface, anterior posite, two surfaces, anterior posite, four or more surfaces posite, four or more surfaces posite, four or more surfaces posite, tree surfaces, posterior posite, the surfaces, posterior posite, three surfaces, posterior	no charge \$25 \$30 \$40 \$45 \$30 \$45 \$55 \$60	months permanent teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36
Restorative Services D2140 Amalgam, one surface D2150 Amalgam, to surface D2150 Amalgam, three surface D2150 Amalgam, three surface D2150 Amalgam, three surface D2161 Amalgam, four or mor D2330 Resin-based composite D2331 Resin-based composite D2332 Resin-based composite D2332 Resin-based composite D2339 Resin-based composite D2390 Resin-based composite D2391 Resin-based composite D2392 Resin-based composite D2393 Resin-based composite D2394 Resin-based composite D2395 Resin-based composite D2396 Resin-based composite D2397 Resin-based composite D2398 Resin-based composite D2399 Resin-based composite D2390 Resin-based composite D2391 Resin-based composite D2392 Resin-based composite D2393 Resin-based composite D2394 Resin-based composite D2542 Onlay, metallic, four o D2642 Onlay, metallic, four o D2643 Onlay, porcelain/cerar D2644 Onlay, porcelain/cerar D2662 Onlay, resin-based cor D2663 Onlay, resin-based cor D2664 Onlay, resin-based cor D2710 Crown, resin-based cor D2710 Crown, resin with prec D2720 Crown, resin with prec D2721 Crown, resin with prec D2722 Crown, porcelain fused D2720 Crown, porcelain fused D2730 Crown, porcelain fused D2751 Crown, porcelain fused D2752 Crown, porcelain fused D2753 Crown, porcelain fused D2754 Crown, % cast predom D2781 Crown, % cast predom D2782 Crown, % cast predom D2783 Crown, % cast predom D2784 Crown, full cast high no D2785 Crown, full cast high no D2786 Crown, full cast high no D2791 Crown, full cast high no D2792 Crown, full cast predo D2793 Crown, full cast predo D2794 Crown, full cast predo D2795 Crown, full cast predo D2790 Crown, full cast predo D2791 Reattachment of toott D2910 Re-cement or re-bond D2911 Reattachment of toott D2921 Reattachment of toott D2922 Prefabricated stainless D2930 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2933 Prefabricated stainless D2934 Prefabricated stainless D2935 Post and core in addition D2951 Pin retention, per toott D2953 Each additional indirect	vices urface, primary or permanent urfaces, primary or permanent surfaces, primary or permanent r more surfaces, primary or permanent r more surfaces, primary or permanent posite, one surface, anterior posite, two surfaces, anterior posite, three surfaces, anterior posite, four or more surfaces posite crown, anterior posite, one surface, posterior posite, two surfaces, posterior posite, two surfaces, posterior posite, three surfaces, posterior	\$25 \$30 \$40 \$45 \$30 \$45 \$55 \$60	months permanent teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36
D2140 Amalgam, one surface D2150 Amalgam, two surface D2160 Amalgam, two surface D2161 Amalgam, two surface D2161 Amalgam, two surface D2161 Amalgam, four or mor D2330 Resin-based composite D2331 Resin-based composite D2332 Resin-based composite D2339 Resin-based composite D2390 Resin-based composite D2391 Resin-based composite D2392 Resin-based composite D2393 Resin-based composite D2394 Resin-based composite D2394 Resin-based composite D2395 Resin-based composite D2396 Resin-based composite D2397 Resin-based composite D2398 Resin-based composite D2399 Resin-based composite D2390 Resin-based composite D2391 Resin-based composite D2542 Onlay, metallic, four o D2642 Onlay, metallic, four o D2643 Onlay, porcelain/cerar D2644 Onlay, porcelain/cerar D2645 Onlay, resin-based cor D2664 Onlay, resin-based cor D2664 Onlay, resin-based cor D2710 Crown, resin-based cor D2710 Crown, resin-based cor D2711 Crown, resin with high D2721 Crown, resin with pigh D2721 Crown, porcelain fuser D2780 Crown, porcelain fuser D2780 Crown, porcelain fuser D2781 Crown, yorcelain fuser D2782 Crown, yorcelain fuser D2783 Crown, yorcelain fuser D2781 Crown, full cast high no D2782 Crown, full cast predon D2783 Crown, full cast predon D2784 Crown, full cast predon D2785 Crown, full cast predon D2790 Crown, full cast predon D2791 Re-cement or re-bond D2910 Re-cement or re-bond D2911 Reattachment of toott D2922 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2931 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2933 Prefabricated stainless D2934 Prefabricated stainless D2935 Post and core in additif D2955 Post and core in additif D2956 Core buildup, includin D2957 Post and core in additif D2958 Each additional indirect	urface, primary or permanent urfaces, primary or permanent surfaces, primary or permanent surfaces, primary or permanent r more surfaces, primary or permanent posite, one surface, anterior posite, two surfaces, anterior posite, three surfaces, anterior posite, four or more surfaces posite crown, anterior posite, one surface, posterior posite, three surfaces, posterior posite, three surfaces, posterior posite, two surfaces, posterior	\$30 \$40 \$45 \$30 \$45 \$55 \$55	months permanent teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36
D2150 Amalgam, two surface D2160 Amalgam, three surface D2161 Amalgam, three surface D2161 Amalgam, three surface D2161 Amalgam, three surface D2331 Resin-based composite D2332 Resin-based composite D2332 Resin-based composite D2332 Resin-based composite D2339 Resin-based composite D2391 Resin-based composite D2392 Resin-based composite D2393 Resin-based composite D2394 Resin-based composite D2394 Resin-based composite D2395 Resin-based composite D2396 Resin-based composite D2397 Resin-based composite D2398 Resin-based composite D2399 Resin-based composite D2390 Resin-based composite D2391 Resin-based composite D2392 Resin-based composite D2393 Resin-based composite D2394 Onlay, metallic, three D2540 Onlay, metallic, three D2541 Onlay, porcelain/cerar D2642 Onlay, porcelain/cerar D2643 Onlay, porcelain/cerar D2644 Onlay, resin-based cor D2665 Onlay, resin-based cor D2710 Crown, resin with high D2721 Crown, resin with high D2721 Crown, porcelain fuser D2720 Crown, porcelain fuser D2720 Crown, porcelain fuser D2730 Crown, porcelain fuser D2731 Crown, porcelain fuser D2732 Crown, porcelain fuser D2733 Crown, porcelain fuser D2735 Crown, porcelain fuser D2736 Crown, full cast high nol D2781 Crown, full cast predom D2782 Crown, full cast predom D2783 Crown, full cast predom D2784 Crown, full cast predom D2785 Crown, full cast predom D2786 Crown, full cast predom D2787 Crown, full cast predom D2788 Crown, full cast predom D2790 Crown, full cast predom D2791 Re-cement or re-bond D2910 Re-cement or re-bond D2911 Reattachment of tootf D2922 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2933 Prefabricated stainless D2934 Prefabricated stainless D2935 Post and core in addition D2951 Pin retention, per tootf D2953 Each additional indirect	urfaces, primary or permanent surfaces, primary or permanent r more surfaces, primary or permanent posite, one surface, anterior posite, two surfaces, anterior posite, three surfaces, anterior posite, four or more surfaces posite crown, anterior posite, to surfaces, posterior posite, the surface, posterior posite, the surface, posterior posite, the surfaces, posterior posite, two surfaces, posterior	\$30 \$40 \$45 \$30 \$45 \$55 \$55	months permanent teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36
D2160 Amalgam, three surface D2161 Amalgam, four or mor D2330 Resin-based composite D2331 Resin-based composite D2332 Resin-based composite D2332 Resin-based composite D2333 Resin-based composite D2339 Resin-based composite D2391 Resin-based composite D2392 Resin-based composite D2393 Resin-based composite D2393 Resin-based composite D2394 Resin-based composite D2394 Resin-based composite D2395 Resin-based composite D2396 Resin-based composite D2397 Resin-based composite D2397 Resin-based composite D2540 Onlay, metallic, thore D2541 Onlay, metallic, four of D2542 Onlay, metallic, four of D2543 Onlay, porcelain/ceran D2644 Onlay, porcelain/ceran D2645 Onlay, porcelain/ceran D2646 Onlay, resin-based composite D2640 Onlay, resin-based composite D2740 Crown, resin-based composite D2741 Crown, resin-based composite D2741 Crown, resin with high D2721 Crown, resin with high D2721 Crown, resin with precent position for the position of t	surfaces, primary or permanent r more surfaces, primary or permanent posite, one surface, anterior posite, two surfaces, anterior posite, three surfaces, anterior posite, four or more surfaces posite crown, anterior posite, one surface, posterior posite, three surfaces, posterior posite, three surfaces, posterior	\$40 \$45 \$30 \$45 \$55 \$60	months permanent teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36
D2161 Amalgam, four or mor D2330 Resin-based composite D2331 Resin-based composite D2332 Resin-based composite D2334 Resin-based composite D2342 Onlay, metallic, force D2543 Onlay, metallic, force D2644 Onlay, porcelain/cerar D2644 Onlay, porcelain/cerar D2645 Onlay, porcelain/cerar D2664 Onlay, porcelain/cerar D2664 Onlay, resin-based cor D2664 Onlay, resin-based cor D2664 Onlay, resin-based cor D2710 Crown, resin with high D2721 Crown, porcelain fuser D2730 Crown, porcelain fuser D2735 Crown, porcelain fuser D2735 Crown, porcelain fuser D2736 Crown, % cast high not D2738 Crown, % cast high not D2738 Crown, % cast high not D2738 Crown, full cast predom D2739 Crown, full cast predom D2730 Crown, full cast predom D2730 Re-cement or re-bond D2911 Re-cement or re-bond D2912 Re-cement or re-bond D2913 Re-cement or re-bond D2914 Reattachment of tooth D2928 Prefabricated stainless D2930 Prefabricated stainless D2930 Prefabricated stainless D2930 Prefabricated stainless D2931 Prefabricated stainless D2940 Restorative foundation D2951 Pin retention, per tooti	r more surfaces, primary or permanent posite, one surface, anterior posite, two surfaces, anterior posite, three surfaces, anterior posite, four or more surfaces posite crown, anterior posite, one surface, posterior posite, two surfaces, posterior posite, three surfaces, posterior	\$45 \$30 \$45 \$55 \$60	months permanent teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36
D2330 Resin-based composite D2331 Resin-based composite D2332 Resin-based composite D2335 Resin-based composite D2336 Resin-based composite D2390 Resin-based composite D2391 Resin-based composite D2392 Resin-based composite D2393 Resin-based composite D2394 Resin-based composite D2394 Resin-based composite D2394 Resin-based composite D2394 Resin-based composite D2542 Onlay, metallic, four o D2542 Onlay, metallic, four o D2543 Onlay, porcelain/cerar D2644 Onlay, porcelain/cerar D2645 Onlay, porcelain/cerar D2646 Onlay, porcelain/cerar D2661 Onlay, resin-based cor D2664 Onlay, resin-based cor D2710 Crown, resin-based cor D2710 Crown, resin-based cor D2711 Crown, resin with high D2721 Crown, resin with high D2721 Crown, porcelain fused D2720 Crown, porcelain fused D2730 Crown, porcelain fused D2730 Crown, porcelain fused D2730 Crown, was cast predom D2731 Crown, was the poly D2732 Crown, full cast high no D2733 Crown, full cast predon D2734 Crown, full cast predon D2735 Crown, full cast predon D2736 Crown, full cast predon D2737 Crown, full cast predon D2739 Crown, full cast predon D2730 Crown, full cast predon D2731 Crown, full cast predon D2732 Crown, full cast predon D2733 Crown, full cast predon D2734 Crown, full cast predon D2735 Crown, full cast predon D2736 Crown, full cast predon D2737 Crown, full cast predon D2739 Crown, full cast predon D2730 Crown, full cast predon D2731 Re-cement or re-bond D2910 Re-cement or re-bond D2911 Reattachment of toott D2912 Reattachment of toott D2913 Prefabricated porcelai D2929 Prefabricated porcelai D2929 Prefabricated stainless D2931 Prefabricated stainless D2931 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2933 Prefabricated stainless D2934 Prefabricated porcelai D2935 Post and core in additional indirect D2953 Each additional indirect	posite, one surface, anterior posite, two surfaces, anterior posite, three surfaces, anterior posite, four or more surfaces posite crown, anterior posite, one surface, posterior posite, two surfaces, posterior posite, two surfaces, posterior	\$30 \$45 \$55 \$60	permanent teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36
D2331 Resin-based composite D2332 Resin-based composite D2335 Resin-based composite D2390 Resin-based composite D2391 Resin-based composite D2392 Resin-based composite D2393 Resin-based composite D2393 Resin-based composite D2394 Resin-based composite D2542 Onlay, metallic, two st D2543 Onlay, metallic, two st D2544 Onlay, metallic, four o D2642 Onlay, porcelain/cerar D2643 Onlay, porcelain/cerar D2644 Onlay, porcelain/cerar D2645 Onlay, resin-based cor D2662 Onlay, resin-based cor D2664 Onlay, resin-based cor D2710 Crown, resin-based cor D2710 Crown, resin-based cor D2711 Crown, resin-based cor D2712 Crown, resin with high D2721 Crown, porcelain/cerar D2750 Crown, porcelain fuser D2751 Crown, porcelain fuser D2752 Crown, porcelain fuser D2753 Crown, porcelain fuser D2753 Crown, porcelain fuser D2780 Crown, full cast high no D2781 Crown, full cast pedon D2782 Crown, full cast pedon D2783 Crown, full cast pedon D2784 Crown, full cast pedon D2785 Crown, full cast pedon D2796 Crown, full cast podel D2797 Crown, full cast podel D2798 Crown, full cast podel D2799 Crown, full cast podel D2791 Re-cement or re-bond D2910 Re-cement or re-bond D2911 Reattachment of tootf D2922 Prefabricated porcelai D2933 Prefabricated stainless D2934 Prefabricated stainless D2934 Prefabricated stainless D2935 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2933 Prefabricated stainless D2934 Prefabricated stainless D2935 Core buildup, includin D2951 Pin retention, per tootf D2952 Post and core in addition D2953 Each additional indirect D2953 Each additional indirect	posite, two surfaces, anterior posite, three surfaces, anterior posite, four or more surfaces posite crown, anterior posite, one surface, posterior posite, two surfaces, posterior posite, two surfaces, posterior	\$45 \$55 \$60	
D2332 Resin-based composite D2390 Resin-based composite D2391 Resin-based composite D2391 Resin-based composite D2392 Resin-based composite D2393 Resin-based composite D2394 Resin-based composite D2394 Resin-based composite D2394 Resin-based composite D2395 Resin-based composite D2396 Resin-based composite D2540 Onlay, metallic, two se D2541 Onlay, metallic, four of D2642 Onlay, porcelain/cerar D2643 Onlay, porcelain/cerar D2644 Onlay, porcelain/cerar D2664 Onlay, resin-based cor D2663 Onlay, resin-based cor D2664 Onlay, resin-based cor D2710 Crown, resin-based cor D2710 Crown, resin-based cor D2710 Crown, resin with high D2721 Crown, resin with prec D2720 Crown, porcelain/cerar D2730 Crown, porcelain fuser D2731 Crown, porcelain fuser D2732 Crown, porcelain fuser D2733 Crown, porcelain fuser D2736 Crown, wa cast high not D2781 Crown, full cast high not D2782 Crown, full cast high not D2793 Crown, full cast high not D2793 Crown, full cast noble m D2794 Crown, full cast noble m D2795 Crown, full cast noble m D2796 Crown, full cast noble m D2791 Crown, full cast noble m D2792 Crown, full cast noble m D2793 Re-cement or re-bond D2910 Re-cement or re-bond D2911 Reattachment of toott D2921 Reattachment of toott D2928 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated stainless D2931 Prefabricated stainless D2931 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2933 Prefabricated stainless D2940 Protective restoration D2951 Pin retention, per toot D2952 Post and core in addition D2953 Each additional indirect	posite, three surfaces, anterior posite, four or more surfaces posite crown, anterior posite, one surface, posterior posite, two surfaces, posterior posite, three surfaces, posterior	\$55 \$60	months
D2335 Resin-based composite D2390 Resin-based composite D2391 Resin-based composite D2392 Resin-based composite D2393 Resin-based composite D2393 Resin-based composite D2394 Resin-based composite D2394 Resin-based composite D2542 Onlay, metallic, two so D2543 Onlay, metallic, four o D2642 Onlay, porcelain/cerar D2644 Onlay, porcelain/cerar D2644 Onlay, porcelain/cerar D2643 Onlay, resin-based cor D2662 Onlay, resin-based cor D2663 Onlay, resin-based cor D2700 Crown, resin-based cor D2710 Crown, resin-based cor D2710 Crown, resin-based cor D2711 Crown, resin with high D2721 Crown, resin with prec D2722 Crown, porcelain/cera D2750 Crown, porcelain fuser D2751 Crown, porcelain fuser D2752 Crown, porcelain fuser D2753 Crown, porcelain fuser D2760 Crown, was thigh not D2781 Crown, was thigh not D2782 Crown, was procelain/D2791 Crown, full cast high not D2792 Crown, full cast high not D2793 Crown, full cast high not D2793 Crown, full cast high not D2794 Crown, full cast high not D2795 Crown, full cast high not D2796 Crown, full cast high not D2791 Crown, full cast high not D2792 Crown, full cast high not D2793 Crown, full cast high not D2794 Crown, full cast high not D2795 Crown, full cast high not D2796 Re-cement or re-bond D2910 Re-cement or re-bond D2911 Reattachment of toott D2920 Re-cement or re-bond D2921 Reattachment of toott D2921 Reattachment of toott D2921 Reattachment of toott D2921 Represent or re-bond D2921 Reattachment of toott D2921 Reattachment of toott D2921 Reattachment of toott D2921 Reattachment of toott D2922 Prefabricated stainless D2931 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated resion cre D2933 Prefabricated stainless D2934 Prefabricated resion cre D2949 Restorative foundation D2950 Core buildup, including D2950 Core buildup, including D2951 Pin retention, per toot D2952 Post and core in additional indirect	posite, four or more surfaces posite crown, anterior posite, one surface, posterior posite, two surfaces, posterior posite, three surfaces, posterior	\$60	
D2390 Resin-based composite D2391 Resin-based composite D2392 Resin-based composite D2393 Resin-based composite D2394 Resin-based composite D2394 Resin-based composite D2394 Resin-based composite D2394 Resin-based composite D2542 Onlay, metallic, two su D2543 Onlay, metallic, four o D2642 Onlay, porcelain/cerar D2644 Onlay, porcelain/cerar D2645 Onlay, resin-based cor D2666 Onlay, resin-based cor D2667 Onlay, resin-based cor D2710 Crown, resin-based cor D2711 Crown, resin-based cor D2712 Crown, resin-based cor D2712 Crown, resin with prec D2721 Crown, resin with prec D2722 Crown, resin with nob D2740 Crown, porcelain/cera D2750 Crown, porcelain fused D2751 Crown, porcelain fused D2752 Crown, porcelain fused D2753 Crown, porcelain fused D2760 Crown, resin with prec D2781 Crown, % cast predom D2782 Crown, % cast predom D2783 Crown, % cast predom D2784 Crown, full cast high nol D2781 Crown, full cast predo D2790 Crown, full cast predo D2790 Crown, full cast predo D2791 Crown, full cast predo D2792 Crown, full cast predo D2793 Re-cement or re-bond D2910 Re-cement or re-bond D2911 Reattachment of toott D2928 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2933 Prefabricated stainless D2940 Rost catter of toott D2951 Pin retention, per toot D2952 Post and core in addition D2953 Each additional indirect	posite crown, anterior posite, one surface, posterior posite, two surfaces, posterior posite, three surfaces, posterior		
D2391 Resin-based composite D2392 Resin-based composite D2393 Resin-based composite D2394 Resin-based composite D2394 Resin-based composite D2394 Resin-based composite D2542 Onlay, metallic, two st D2543 Onlay, metallic, four o D2642 Onlay, porcelain/cerar D2644 Onlay, porcelain/cerar D2644 Onlay, porcelain/cerar D2662 Onlay, resin-based cor D2663 Onlay, resin-based cor D2664 Onlay, resin-based cor D2710 Crown, resin-based cor D2711 Crown, ½ resin-based cor D2712 Crown, resin with high D2721 Crown, resin with prec D2722 Crown, resin with nob D2740 Crown, porcelain/cera D2750 Crown, porcelain fusee D2751 Crown, porcelain fusee D2752 Crown, porcelain fusee D2753 Crown, porcelain fusee D2754 Crown, ½ cast high nol D2781 Crown, ½ cast high nol D2782 Crown, full cast high nol D2783 Crown, full cast high nol D2790 Crown, full cast predo D2790 Crown, full cast predo D2791 Crown, full cast predo D2792 Crown, full cast predo D2793 Crown, full cast predo D2791 Re-cement or re-bond D2910 Re-cement or re-bond D2911 Re-cement or re-bond D2921 Reattachment of toott D2928 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2933 Prefabricated stainless D2940 Restorative foundation D2951 Pin retention, per toot D2952 Post and core in additit D2953 Each additional indirect	posite, one surface, posterior posite, two surfaces, posterior posite, three surfaces, posterior	\$50	primary teeth - 1 (D2390) per tooth every 12 months
D2392 Resin-based composite D2393 Resin-based composite D2394 Resin-based composite D2394 Resin-based composite D2542 Onlay, metallic, two se D2543 Onlay, metallic, four o D2642 Onlay, porcelain/cerar D2643 Onlay, porcelain/cerar D2644 Onlay, porcelain/cerar D2645 Onlay, porcelain/cerar D2664 Onlay, resin-based cor D2665 Onlay, resin-based cor D2701 Crown, resin-based cor D2710 Crown, resin-based cor D2711 Crown, resin with high D2721 Crown, resin with prec D2722 Crown, resin with prec D2720 Crown, porcelain/cerar D2730 Crown, porcelain fuser D2740 Crown, porcelain fuser D2750 Crown, porcelain fuser D2751 Crown, porcelain fuser D2752 Crown, % cast high nol D2781 Crown, % cast high nol D2781 Crown, full cast predo D2792 Crown, full cast predo D2793 Crown, full cast predo D2794 Crown, full cast predo D2795 Crown, full cast predo D2791 Crown, full cast predo D2792 Crown, full cast predo D2793 Re-cement or re-bond D2910 Re-cement or re-bond D2921 Reattachment of toott D2928 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2931 Prefabricated stainless D2940 Robert or re-bord D2950 Crown portelain cre D2941 Interim therapeutic re D2949 Restorative foundatior D2950 Core buildup, includin D2951 Pin retention, per toott D2952 Post and core in adolti D2953 Each additional indirect	posite, two surfaces, posterior posite, three surfaces, posterior		permanent teeth - 1 (D2390) per tooth every 36 months
D2392 Resin-based composite D2393 Resin-based composite D2394 Resin-based composite D2394 Resin-based composite D2542 Onlay, metallic, two se D2543 Onlay, metallic, four o D2642 Onlay, porcelain/cerar D2643 Onlay, porcelain/cerar D2644 Onlay, porcelain/cerar D2645 Onlay, porcelain/cerar D2664 Onlay, resin-based cor D2665 Onlay, resin-based cor D2701 Crown, resin-based cor D2710 Crown, resin-based cor D2711 Crown, resin with high D2721 Crown, resin with prec D2722 Crown, resin with prec D2720 Crown, porcelain/cerar D2730 Crown, porcelain fuser D2740 Crown, porcelain fuser D2750 Crown, porcelain fuser D2751 Crown, porcelain fuser D2752 Crown, % cast high nol D2781 Crown, % cast high nol D2781 Crown, full cast predo D2792 Crown, full cast predo D2793 Crown, full cast predo D2794 Crown, full cast predo D2795 Crown, full cast predo D2791 Crown, full cast predo D2792 Crown, full cast predo D2793 Re-cement or re-bond D2910 Re-cement or re-bond D2921 Reattachment of toott D2928 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2931 Prefabricated stainless D2940 Robert or re-bord D2950 Crown portelain cre D2941 Interim therapeutic re D2949 Restorative foundatior D2950 Core buildup, includin D2951 Pin retention, per toott D2952 Post and core in adolti D2953 Each additional indirect	posite, two surfaces, posterior posite, three surfaces, posterior	\$30	primary teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 12
D2393 Resin-based composite D2394 Resin-based composite D2394 Resin-based composite D2542 Onlay, metallic, two su D2543 Onlay, metallic, three D2544 Onlay, metallic, four o D2642 Onlay, porcelain/cerar D2643 Onlay, porcelain/cerar D2644 Onlay, porcelain/cerar D2645 Onlay, resin-based cor D2666 Onlay, resin-based cor D2710 Crown, resin-based cor D2711 Crown, ½ resin-based cor D2712 Crown, resin with high D2721 Crown, resin with prec D2722 Crown, resin with nob D2740 Crown, porcelain fuser D2750 Crown, porcelain fuser D2751 Crown, porcelain fuser D2752 Crown, porcelain fuser D2753 Crown, porcelain fuser D2753 Crown, ½ cast high nol D2781 Crown, ½ cast high nol D2782 Crown, ¼ cast noble m D2783 Crown, full cast high nol D2791 Crown, full cast high nol D2791 Crown, full cast high nol D2792 Crown, full cast predo D2793 Crown, till cast predo D2794 Crown, till cast predo D2795 Crown, till cast predo D2791 Crown, full cast predo D2792 Crown, till cast predo D2793 Crown, till cast predo D2794 Crown, till cast predo D2794 Crown, till cast predo D2795 Re-cement or re-bond D2910 Re-cement or re-bond D2911 Reattachment of toott D2928 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2933 Prefabricated stainless D2940 Restorative foundation D2951 Pin retention, per toot D2952 Post and core in additif D2953 Each additional indired	posite, three surfaces, posterior	\$40	months
D2542 Onlay, metallic, two st D2543 Onlay, metallic, three D2544 Onlay, metallic, three D2544 Onlay, metallic, four o D2642 Onlay, porcelain/cerar D2643 Onlay, porcelain/cerar D2644 Onlay, porcelain/cerar D2664 Onlay, resin-based cor D2665 Onlay, resin-based cor D2710 Crown, resin-based cor D2710 Crown, resin-based cor D2711 Crown, resin-based cor D2712 Crown, resin with high D2721 Crown, resin with prec D2722 Crown, porcelain/cerar D2750 Crown, porcelain fuser D2751 Crown, porcelain fuser D2751 Crown, porcelain fuser D2752 Crown, porcelain fuser D2753 Crown, porcelain fuser D2753 Crown, rest with probable D2780 Crown, % cast high not D2781 Crown, % cast noble m D2781 Crown, % cast predom D2782 Crown, full cast noble m D2791 Crown, full cast noble m D2791 Re-cement or re-bond D2915 Re-cement or re-bond D2915 Re-cement or re-bond D2912 Reattachment of tooth D2928 Prefabricated porcelain D2930 Prefabricated stainless D2930 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2933 Prefabricated stainless D2934 P	nosita four or more surfaces nosterior	\$50	permanent teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36
D2543 Onlay, metallic, three D2544 Onlay, metallic, four o D2642 Onlay, porcelain/cerar D2643 Onlay, porcelain/cerar D2644 Onlay, porcelain/cerar D2644 Onlay, porcelain/cerar D2662 Onlay, resin-based cor D2663 Onlay, resin-based cor D2664 Onlay, resin-based cor D2710 Crown, resin-based cor D2710 Crown, resin with high D2721 Crown, resin with prec D2722 Crown, resin with prec D2722 Crown, porcelain/cera D2730 Crown, porcelain/cera D2740 Crown, porcelain fuser D2751 Crown, porcelain fuser D2752 Crown, porcelain fuser D2753 Crown, porcelain fuser D2753 Crown, porcelain fuser D2754 Crown, % cast high nol D2781 Crown, % cast noble m D2782 Crown, % cast noble m D2783 Crown, % cast noble m D2780 Crown, full cast predom D2791 Crown, full cast high nol D2791 Crown, full cast high nol D2792 Crown, full cast high nol D2793 Crown, full cast high nol D2791 Crown, full cast noble D2794 Crown, full cast noble D2795 Re-cement or re-bond D2910 Re-cement or re-bond D2911 Reattachment of toott D2928 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated stainless D2940 Rocental stainless D2940 Protective restoration D2941 Interim therapeutic re D2949 Restorative foundation D2951 Pin retention, per toot D2952 Post and core in addition D2953 Each additional indirect	posite, rour or ritore surfaces, posterior	\$70	months
D2544 Onlay, metallic, four o D2642 Onlay, porcelain/cerar D2643 Onlay, porcelain/cerar D2644 Onlay, porcelain/cerar D2644 Onlay, porcelain/cerar D2646 Onlay, porcelain/cerar D2646 Onlay, resin-based cor D2663 Onlay, resin-based cor D2710 Crown, resin-based cor D2711 Crown, ½ resin-based cor D2712 Crown, ½ resin-based D2720 Crown, resin with high D2721 Crown, resin with prec D2722 Crown, porcelain/cera D2730 Crown, porcelain fuser D2730 Crown, porcelain fuser D2751 Crown, porcelain fuser D2752 Crown, porcelain fuser D2752 Crown, porcelain fuser D2753 Crown, porcelain fuser D2753 Crown, ½ cast high not D2781 Crown, ½ cast high not D2782 Crown, ¼ cast noble m D2782 Crown, full cast high not D2791 Crown, full cast high not D2791 Crown, full cast predo D2792 Crown, titanium and tit D2910 Re-cement or re-bond D2911 Reattachment of toott D2928 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated stainless D2940 Restorative foundation D2951 Pin retention, per toot D2952 Post and core in additional indirect D2953 Each additional in	wo surfaces	not covered	
D2642 Onlay, porcelain/cerar D2643 Onlay, porcelain/cerar D2644 Onlay, porcelain/cerar D2662 Onlay, resin-based cor D2663 Onlay, resin-based cor D2664 Onlay, resin-based cor D2664 Onlay, resin-based cor D2710 Crown, resin-based cor D2712 Crown, ½ resin-based cor D2712 Crown, ½ resin-based cor D2712 Crown, resin with precent coron, resin with precent coron, resin with precent coron, porcelain/cera D2720 Crown, porcelain/cera D2750 Crown, porcelain fused D2751 Crown, porcelain fused D2752 Crown, porcelain fused D2752 Crown, porcelain fused D2753 Crown, porcelain fused D2753 Crown, porcelain fused D2753 Crown, ½ cast predom D2781 Crown, ½ cast predom D2782 Crown, ½ cast predom D2782 Crown, ½ cast predom D2783 Crown, full cast predom D2790 Crown, full cast predom D2791 Crown, full cast predom D2791 Crown, full cast predom D2792 Crown, full cast predom D2794 Crown, titanium and tit D2910 Re-cement or re-bond D2912 Reattachment of toott D2928 Prefabricated porcelai D2929 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated resion cropaged Restorative foundation D2951 Pin retention, per toot D2952 Post and core in additional indirect D2953 Each additional ind	hree surfaces	not covered	
D2643 Onlay, porcelain/cerar D2644 Onlay, porcelain/cerar D2640 Onlay, resin-based cor D2663 Onlay, resin-based cor D2664 Onlay, resin-based cor D2664 Onlay, resin-based cor D2710 Crown, resin-based cor D2711 Crown, resin-based cor D2712 Crown, resin-based cor D2712 Crown, resin with high D2721 Crown, resin with pred D2720 Crown, porcelain/cera D2750 Crown, porcelain fuser D2751 Crown, porcelain fuser D2751 Crown, porcelain fuser D2752 Crown, porcelain fuser D2753 Crown, porcelain fuser D2753 Crown, porcelain fuser D2753 Crown, porcelain fuser D2753 Crown, forcelain fuser D2780 Crown, forcelain fuser D2780 Crown, forcelain fuser D2781 Crown, forcelain fuser D2782 Crown, forcelain fuser D2783 Crown, forcelain/cera D2790 Crown, full cast predom D2791 Re-cement or re-bond D2915 Re-cement or re-bond D2915 Re-cement or re-bond D2912 Reattachment of tooth D2928 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2933 Prefabricated stainless D2934 Prefabric		not covered	
D2644 Onlay, porcelain/cerar D2662 Onlay, resin-based cor D2663 Onlay, resin-based cor D2664 Onlay, resin-based cor D2664 Onlay, resin-based cor D2710 Crown, resin-with bigh D2720 Crown, resin with high D2721 Crown, resin with high D2721 Crown, resin with preceded on D2722 Crown, resin with preceded on D2722 Crown, resin with preceded on D2722 Crown, porcelain fuser D2750 Crown, porcelain fuser D2751 Crown, porcelain fuser D2752 Crown, porcelain fuser D2752 Crown, porcelain fuser D2753 Crown, porcelain fuser D2753 Crown, porcelain fuser D2780 Crown, % cast high not D2781 Crown, % cast noble m2781 Crown, % cast noble m2782 Crown, full cast predom D2782 Crown, full cast high not D2791 Re-cement or re-bond D2910 Re-cement or re-bond D2910 Re-cement or re-bond D2912 Reattachment of toott D2928 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated resin cro D2931 Prefabricated stainless D2931 Prefabricated resin cro D2931 Prefabricated resin cro D2931 Prefabricated resin cro D2932 Prefabricated resin cro D2932 Prefabricated resin cro D2931 Prefabricated resin cro D2931 Prefabricated resin cro D2932 Prefabricated resin cro D2932 Prefabricated resin cro D2932 Prefabricated resin cro D2932 Prefabricated resin cro D2933 Prefabricated resin cro D2931 Prefabricated resin cro D2932 Prefabricated resin cro D2933 Pr		not covered	
D2662 Onlay, resin-based cor D2663 Onlay, resin-based cor D2664 Onlay, resin-based cor D2710 Crown, resin-based co D2710 Crown, resin-based co D2711 Crown, x resin-based D2720 Crown, resin with high D2721 Crown, resin with prec D2722 Crown, persin with prec D2722 Crown, porcelain/cera D2750 Crown, porcelain fuser D2751 Crown, porcelain fuser D2752 Crown, porcelain fuser D2753 Crown, porcelain fuser D2753 Crown, porcelain fuser D2754 Crown, x cast high nol D2781 Crown, x cast noble m D2782 Crown, x cast noble m D2783 Crown, x cast noble m D2784 Crown, full cast high n D2791 Crown, full cast high n D2791 Crown, full cast noble D2792 Crown, titanium and ti D2910 Re-cement or re-bond D2911 Reattachment of toott D2921 Reattachment of toott D2921 Reattachment of toott D2921 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated stainless D2931 Prefabricated stainless D2940 Rosteria de resion cre D2940 Restorative foundation D2941 Interim therapeutic re D2949 Restorative foundation D2951 Pin retention, per toot D2952 Post and core in additional indirect	/ceramic, three surfaces	not covered	
D2663 Onlay, resin-based cor D2664 Onlay, resin-based cor D2710 Crown, resin-based co D2712 Crown, ½ resin-based co D2712 Crown, ½ resin-based D2720 Crown, resin with high D2721 Crown, resin with prec D2722 Crown, porcelain fuse D2730 Crown, porcelain fuse D2751 Crown, porcelain fuse D2752 Crown, porcelain fuse D2753 Crown, porcelain fuse D2753 Crown, porcelain fuse D2780 Crown, ½ cast high nol D2781 Crown, ½ cast high nol D2782 Crown, ½ cast high nol D2783 Crown, ½ porcelain/ce D2790 Crown, full cast high nol D2791 Crown, full cast predo D2792 Crown, full cast predo D2792 Crown, full cast predo D2793 Crown, titanium and ti D2910 Re-cement or re-bond D2911 Reattachment of toott D2928 Prefabricated porcelai D2929 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2940 Restorative foundation D2941 Interim therapeutic re D2949 Restorative foundation D2951 Pin retention, per toot D2952 Post and core in additit D2953 Each additional indired	/ceramic, four or more surfaces	not covered	
D2664 Onlay, resin-based cor D2710 Crown, resin-based co D2712 Crown, resin-based co D2712 Crown, resin-based co D2721 Crown, resin-based co D2722 Crown, resin with pret D2722 Crown, resin with pret D2722 Crown, porcelain/cera D2750 Crown, porcelain fuse D2751 Crown, porcelain fuse D2752 Crown, porcelain fuse D2753 Crown, porcelain fuse D2753 Crown, porcelain fuse D2780 Crown, ½ cast high nol D2781 Crown, ½ cast predom D2782 Crown, ½ cast predom D2782 Crown, full cast predom D2783 Crown, full cast predom D2790 Crown, full cast predo D2790 Crown, full cast predom D2791 Crown, full cast predom D2792 Crown, full cast predom D2792 Crown, full cast predom D2910 Re-cement or re-bond D2910 Re-cement or re-bond D2912 Reattachment of toott D2928 Prefabricated porcelai D2929 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated resin cre D2949 Restorative foundation D2951 Pin retention, per toot D2952 Post and core in additit D2953 Each additional indired	ed composite, two surfaces	not covered	
D2710 Crown, resin-based co D2712 Crown, % resin-based D2720 Crown, resin with high D2721 Crown, resin with high D2721 Crown, resin with high D2721 Crown, resin with prec D2722 Crown, percelain/cera D2750 Crown, porcelain fuser D2751 Crown, porcelain fuser D2752 Crown, porcelain fuser D2752 Crown, porcelain fuser D2753 Crown, porcelain fuser D2780 Crown, % cast high not D2781 Crown, % cast predom D2782 Crown, % cast noble m D2783 Crown, % porcelain/ce D2790 Crown, full cast high n D2791 Crown, full cast high n D2791 Crown, full cast high n D2792 Crown, full cast high n D2791 Crown, full cast high n D2792 Crown, full cast high n D2793 Re-cement or re-bond D2915 Re-cement or re-bond D2916 Re-cement or re-bond D2920 Re-cement or re-bond D2921 Reattachment of tootf D2928 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated resin crc D2932 Prefabricated resin crc D2933 Prefabricated resin crc D2949 Restorative foundation D2950 Core buildup, including D2951 Pin retention, per toot D2952 Post and core in additional	ed composite, three surfaces	not covered	
D2712 Crown, % resin-based D2720 Crown, resin with high D2721 Crown, resin with pret D2722 Crown, resin with pret D2722 Crown, porcelain/cera D2750 Crown, porcelain fuset D2751 Crown, porcelain fuset D2752 Crown, porcelain fuset D2753 Crown, porcelain fuset D2753 Crown, porcelain fuset D2750 Crown, % cast high nol D2781 Crown, % cast noble m D2782 Crown, % cast noble m D2783 Crown, % cast noble m D2783 Crown, % porcelain/ce D2790 Crown, full cast predon D2791 Crown, full cast high nol D2791 Crown, full cast high n D2791 Crown, full cast high n D2791 Reateneth or re-bond D2910 Re-cement or re-bond D2910 Re-cement or re-bond D2921 Reattachment of toott D2928 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2931 Prefabricated stainless D2941 Interim therapeutic re D2949 Restorative foundation D2951 Port and core in addition D2951 Pin retention, per toott D2952 Post and core in additional indirect	ed composite, four or more surfaces	not covered	
D2720 Crown, resin with high D2721 Crown, resin with prec D2722 Crown, resin with nob D2740 Crown, porcelain/cera D2750 Crown, porcelain fusee D2751 Crown, porcelain fusee D2752 Crown, porcelain fusee D2753 Crown, porcelain fusee D2780 Crown, & cast high nob D2781 Crown, & cast predom D2782 Crown, % cast noble m D2783 Crown, % porcelain/ce D2790 Crown, full cast high nob D2791 Crown, full cast high nob D2792 Crown, full cast predom D2792 Crown, full cast noble D2793 Crown, full cast noble D2794 Crown, full cast noble D2794 Crown, fitanium and ti D2910 Re-cement or re-bond D2921 Reattachment of toott D2928 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2934 Interim therapeutic re D2949 Restorative foundation D2951 Pin retention, per toot D2952 Post and core in additit D2953 Each additional indirect		\$140	
D2721 Crown, resin with prec D2722 Crown, resin with nob D2740 Crown, porcelain/cera D2750 Crown, porcelain fuse D2751 Crown, porcelain fuse D2752 Crown, porcelain fuse D2752 Crown, porcelain fuse D2753 Crown, porcelain fuse D2780 Crown, ½ cast high nol D2781 Crown, ½ cast predom D2782 Crown, ½ cast predom D2782 Crown, ½ porcelain/ce D2790 Crown, full cast high n D2791 Crown, full cast high n D2791 Crown, full cast noble D2792 Crown, full cast noble D2794 Crown, full cast noble D2794 Crown, full cast noble D2794 Crown, full cast predon D2915 Re-cement or re-bond D2910 Re-cement or re-bond D2912 Reattachment of toott D2928 Prefabricated porcelai D2929 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2934 Prefabricated stainless D2940 Protective restoration D2941 Interim therapeutic re D2949 Restorative foundation D2950 Core buildup, includin D2951 Pin retention, per toot D2952 Post and core in addition		\$190	
D2722 Crown, resin with nob D2740 Crown, porcelain/cera D2750 Crown, porcelain fuser D2751 Crown, porcelain fuser D2752 Crown, porcelain fuser D2752 Crown, porcelain fuser D2753 Crown, porcelain fuser D2780 Crown, % cast high nol D2781 Crown, % cast predom D2782 Crown, % cast noble m D2782 Crown, % cast noble m D2783 Crown, % porcelain/c D2790 Crown, full cast high nol D2791 Crown, full cast predom D2792 Crown, full cast noble D2794 Crown, full cast noble D2794 Crown, full cast noble D2795 Re-cement or re-bond D2915 Re-cement or re-bond D2916 Re-cement or re-bond D2917 Reattachment of toott D2920 Prefabricated porcelai D2930 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated resin crc D2932 Prefabricated resin crc D2933 Prefabricated stainless D2940 Protective restoration D2941 Interim therapeutic re D2949 Restorative foundation D2950 Core buildup, including D2951 Pin retention, per toot D2953 Each additional indirect	-	not covered \$300	
D2740 Crown, porcelain/cera D2750 Crown, porcelain fuser D2751 Crown, porcelain fuser D2752 Crown, porcelain fuser D2752 Crown, porcelain fuser D2753 Crown, porcelain fuser D2780 Crown, % cast high not D2781 Crown, % cast predom D2782 Crown, % cast noble m D2783 Crown, % porcelain/ce D2790 Crown, full cast high not D2791 Crown, full cast high not D2792 Crown, full cast high not D2792 Crown, full cast high not D2793 Crown, full cast high not D2794 Crown, full cast high not D2795 Crown, full cast high not D2796 Re-cement or re-bond D2916 Re-cement or re-bond D2917 Re-cement or re-bond D2918 Re-cement or re-bond D2920 Re-cement or re-bond D2921 Reattachment of tootf D2928 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2933 Prefabricated stainless D2940 Protective restoration D2941 Interim therapeutic re D2949 Restorative foundation D2950 Core buildup, including D2951 Pin retention, per tootf D2953 Each additional indirect		not covered	
D2750 Crown, porcelain fuser D2751 Crown, porcelain fuser D2752 Crown, porcelain fuser D2753 Crown, porcelain fuser D2753 Crown, porcelain fuser D2750 Crown, ½ cast high nol D2781 Crown, ½ cast predom D2782 Crown, ½ cast predom D2783 Crown, ½ cast noble m D2793 Crown, full cast high nol D2791 Crown, full cast high nol D2792 Crown, full cast noble D2794 Crown, full cast noble D2795 Crown, full cast noble D2796 Re-cement or re-bond D2910 Re-cement or re-bond D2911 Reattachment of toott D2928 Prefabricated porcelai D2929 Prefabricated stainless D2930 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2934 Protective restoration D2941 Interim therapeutic re D2949 Restorative foundation D2951 Pin retention, per toot D2952 Post and core in additional indirect		\$300	
D2751 Crown, porcelain fuser D2752 Crown, porcelain fuser D2753 Crown, porcelain fuser D2763 Crown, % cast high no D2781 Crown, % cast predom D2782 Crown, % cast predom D2782 Crown, % cast predom D2783 Crown, % porcelain/ce D2790 Crown, full cast high n D2791 Crown, full cast noble D2792 Crown, full cast noble D2794 Crown, full cast noble D2794 Crown, full cast noble D2795 Re-cement or re-bond D2915 Re-cement or re-bond D2916 Re-cement or re-bond D2917 Reattachment of tooth D2928 Prefabricated porcelai D2929 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2933 Prefabricated stainless D2940 Protective restoration D2941 Interim therapeutic re D2949 Restorative foundation D2951 Pin retention, per toot D2952 Post and core in additit D2953 Each additional indired		not covered	
D2752 Crown, porcelain fuser D2753 Crown, porcelain fuser D2780 Crown, % cast high nol D2781 Crown, % cast predom D2782 Crown, % cast predom D2783 Crown, % cast noble m D2783 Crown, % porcelain/ce D2790 Crown, full cast high n D2791 Crown, full cast predo D2792 Crown, full cast predo D2792 Crown, full cast noble D2794 Crown, full cast noble D2794 Crown, titanium and ti D2915 Re-cement or re-bond D2916 Re-cement or re-bond D2921 Reattachment of tootf D2928 Prefabricated porcelai D2929 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2933 Prefabricated stainless D2940 Protective restoration D2941 Interim therapeutic re D2949 Restorative foundation D2950 Core buildup, includin D2951 Pin retention, per tootf D2952 Post and core in additional indirect	fused to predominantly base metal	\$300	
D2753 Crown, porcelain fuser D2780 Crown, % cast high nol D2781 Crown, % cast high nol D2782 Crown, % cast noble m D2782 Crown, % cast noble m D2783 Crown, % porcelain/ce D2790 Crown, full cast high n D2791 Crown, full cast predo D2792 Crown, full cast predo D2794 Crown, full cast noble D2794 Crown, full cast noble D2794 Crown, full cast noble D2795 Re-cement or re-bond D2915 Re-cement or re-bond D2916 Re-cement or re-bond D2920 Re-cement or re-bond D2921 Prefabricated porcelai D2932 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated stainless D2931 Prefabricated stainless D2931 Prefabricated stainless D2931 Prefabricated resin crc D2932 Prefabricated resin crc D2933 Prefabricated resin crc D2940 Protective restoration D2941 Interim therapeutic re D2949 Restorative foundation D2950 Core buildup, includin D2951 Pin retention, per toot D2953 Each additional indirect		not covered	1 of (D2710-D2791, D6211-D6791) per tooth every 5 year period age 13 and over
D2780 Crown, % cast high noi D2781 Crown, % cast predom D2782 Crown, % cast predom D2783 Crown, % cast noble m D2783 Crown, % porcelain/ce D2790 Crown, full cast high n D2791 Crown, full cast high n D2791 Crown, full cast predo D2792 Crown, full cast noble D2794 Crown, titanium and ti D2910 Re-cement or re-bond D2915 Re-cement or re-bond D2920 Re-cement or re-bond D2921 Reattachment of tootf D2928 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated resin crc D2933 Prefabricated stainless D2940 Protective restoration D2941 Interim therapeutic re D2949 Restorative foundation D2950 Core buildup, includin D2951 Pin retention, per toot D2952 Post and core in additional indirect	fused to titanium and titanium alloys	not covered	
D2782 Crown, % cast noble m D2783 Crown, % porcelain/ce D2790 Crown, full cast high n D2791 Crown, full cast predo D2792 Crown, full cast noble D2794 Crown, full cast noble D2794 Crown, full cast noble D2795 Re-cement or re-bond D2910 Re-cement or re-bond D2911 Reattachment of tooth D2921 Reattachment of tooth D2921 Reattachment of tooth D2929 Prefabricated porcelai D2929 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2933 Prefabricated stainless D2940 Protective restoration D2941 Interim therapeutic re D2949 Restorative foundation D2950 Core buildup, includin D2951 Pin retention, per toot D2952 Post and core in addition D2953 Each additional indired	·	not covered	
D2783 Crown, % porcelain/ce D2790 Crown, full cast high n D2791 Crown, full cast predo D2792 Crown, full cast noble D2794 Crown, full cast noble D2794 Crown, full cast noble D2794 Crown, full cast noble D2795 Re-cement or re-bond D2915 Re-cement or re-bond D2916 Re-cement or re-bond D2917 Re-cement or re-bond D2918 Prefabricated porcelai D2929 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2933 Prefabricated stainless D2940 Protective restoration D2941 Interim therapeutic re D2949 Restorative foundation D2950 Core buildup, includin D2951 Pin retention, per toot D2952 Post and core in additional indirect	edominantly base metal	\$300	
D2790 Crown, full cast high n D2791 Crown, full cast predo D2792 Crown, full cast predo D2794 Crown, full cast noble D2794 Crown, titanium and ti D2910 Re-cement or re-bond D2915 Re-cement or re-bond D2920 Re-cement or re-bond D2921 Reattachment of toott D2928 Prefabricated porcelai D2929 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2933 Prefabricated stainless D2940 Protective restoration D2941 Interim therapeutic re D2949 Restorative foundation D2950 Core buildup, includin D2951 Pin retention, per toot D2952 Post and core in additi D2953 Each additional indirect	ble metal	not covered	
D2791 Crown, full cast predo D2792 Crown, full cast noble D2794 Crown, titanium and ti D2910 Re-cement or re-bond D2915 Re-cement or re-bond D2920 Re-cement or re-bond D2921 Reattachment of toott D2928 Prefabricated porcelai D2929 Prefabricated stainless D2930 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2933 Prefabricated stainless D2940 Protective restoration D2941 Interim therapeutic re D2949 Restorative foundation D2950 Core buildup, includin D2951 Pin retention, per toot D2952 Post and core in addition D2953 Each additional indirect	ain/ceramic	\$310	
D2792 Crown, full cast noble D2794 Crown, titanium and ti D2910 Re-cement or re-bond D2915 Re-cement or re-bond D2915 Re-cement or re-bond D2921 Reattachment of tooth D2928 Prefabricated porcelai D2929 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2932 Prefabricated stainless D2940 Protective restoration D2941 Interim therapeutic re D2949 Restorative foundation D2950 Core buildup, includin D2951 Pin retention, per toot D2952 Post and core in additit D2953 Each additional indirect	nigh noble metal	not covered	
D2794 Crown, titanium and tit D2910 Re-cement or re-bond D2915 Re-cement or re-bond D2920 Re-cement or re-bond D2920 Re-cement or re-bond D2921 Reattachment of toott D2928 Prefabricated porcelai D2929 Prefabricated stainless D2930 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated resin cropped Protective restoration D2940 Protective restoration D2941 Interim therapeutic reD2949 Restorative foundation D2950 Core buildup, including D2951 Pin retention, per toot D2952 Post and core in additional indirections.	predominantly base metal	\$300	
D2910 Re-cement or re-bond D2915 Re-cement or re-bond D2920 Re-cement or re-bond D2921 Reattachment of tooth D2921 Prefabricated porcelai D2929 Prefabricated stainless D2930 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated resin cro D2933 Prefabricated stainless D2940 Protective restoration D2941 Interim therapeutic re D2949 Restorative foundation D2950 Core buildup, includin D2951 Pin retention, per toot D2952 Post and core in additit D2953 Each additional indirect		not covered	
D2915 Re-cement or re-bond D2920 Re-cement or re-bond D2921 Reattachment of tooth D2928 Prefabricated porcelai D2929 Prefabricated stainless D2930 Prefabricated stainless D2931 Prefabricated resin crc D2932 Prefabricated stainless D2934 Prefabricated stainless D2930 Prefabricated resin crc D2931 Prefabricated resin crc D2940 Protective restoration D2941 Interim therapeutic re D2949 Restorative foundation D2950 Core buildup, including D2951 Pin retention, per toot D2952 Post and core in additional	·	not covered	(
D2920 Re-cement or re-bond D2921 Reattachment of toott D2928 Prefabricated porcelai D2929 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated resin crc D2933 Prefabricated stainless D2940 Protective restoration D2941 Interim therapeutic re D2949 Restorative foundation D2950 Core buildup, includin D2951 Pin retention, per toot D2952 Post and core in addition D2953 Each additional indirect	bond inlay, onlay, veneer, or partial coverage	\$25	1 (D2910) per tooth every 12 months, per provider
D2921 Reattachment of tooth D2928 Prefabricated porcelai D2929 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2932 Prefabricated stainless D2940 Protective restoration D2941 Interim therapeutic re D2949 Restorative foundation D2950 Core buildup, includin D2951 Pin retention, per toot D2952 Post and core in additit D2953 Each additional indirec	bond indirectly fabricated/prefabricated post & core	\$25	efter 12 marsher of initial alexander with according
D2928 Prefabricated porcelai D2929 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2932 Prefabricated stainless D2940 Protective restoration D2941 Interim therapeutic re D2949 Restorative foundation D2950 Core buildup, includin D2951 Pin retention, per toot D2952 Post and core in additit D2953 Each additional indirect		\$25 \$45	after 12 months of initial placement with same provider
D2929 Prefabricated porcelai D2930 Prefabricated stainless D2931 Prefabricated stainless D2932 Prefabricated stainless D2932 Prefabricated stainless D2940 Protective restoration D2941 Interim therapeutic re D2949 Restorative foundation D2950 Core buildup, includin D2951 Pin retention, per toot D2952 Post and core in additi D2953 Each additional indirect	rcelain/ceramic crown, permanent tooth	\$120	1 of (D2928, D2931) per tooth every 36 months
D2930 Prefabricated stainless D2931 Prefabricated resin crc D2932 Prefabricated resin crc D2933 Prefabricated stainless D2940 Protective restoration D2941 Interim therapeutic re D2949 Restorative foundation D2950 Core buildup, including D2951 Pin retention, per tood D2952 Post and core in additional indirect	rcelain/ceramic crown, primary tooth	\$95	
D2931 Prefabricated stainless D2932 Prefabricated resin crc D2933 Prefabricated stainless D2940 Protective restoration D2941 Interim therapeutic re D2949 Restorative foundation D2950 Core buildup, including D2951 Pin retention, per toot D2952 Post and core in additit D2953 Each additional indirect	inless steel crown, primary tooth	\$65	1 of (D2929, D2930) per tooth every 12 months
D2932 Prefabricated resin cro D2933 Prefabricated stainless D2940 Protective restoration D2941 Interim therapeutic re D2949 Restorative foundatior D2950 Core buildup, including D2951 Pin retention, per toot D2952 Post and core in additi D2953 Each additional indirec	inless steel crown, permanent tooth	\$75	1 of (D2928, D2931) per tooth every 36 months
D2933 Prefabricated stainless D2940 Protective restoration D2941 Interim therapeutic re D2949 Restorative foundatior D2950 Core buildup, includin D2951 Pin retention, per toot D2952 Post and core in additi D2953 Each additional indirec		\$75	primary - 1 of (D2932, D2933) per tooth every 12 months
D2940 Protective restoration D2941 Interim therapeutic re D2949 Restorative foundation D2950 Core buildup, includin D2951 Pin retention, per toot D2952 Post and core in additi D2953 Each additional indirec	inless steel crown with resin window	\$80	permanent - 1 of (D2932, D2933) per tooth every 36 months
D2941 Interim therapeutic re D2949 Restorative foundation D2950 Core buildup, includin D2951 Pin retention, per toot D2952 Post and core in additi D2953 Each additional indirec		\$25	1 (D2940) per tooth every 6 months, per provider
D2950 Core buildup, includin D2951 Pin retention, per toot D2952 Post and core in additi D2953 Each additional indired		\$30	
D2951 Pin retention, per toot D2952 Post and core in additi D2953 Each additional indired		\$45	
D2952 Post and core in additi D2953 Each additional indired	ation tic restoration, primary dentition dation for an indirect restoration	\$20	
D2953 Each additional indired	ation tic restoration, primary dentition dation for an indirect restoration luding any pins when required	\$25	1 (D2951) per tooth
	ation tic restoration, primary dentition dation for an indirect restoration luding any pins when required r tooth, in addition to restoration		1 (D2952) per tooth
1 DOOG 4 In 11 1 1	ation titc restoration, primary dentition dation for an indirect restoration luding any pins when required r tooth, in addition to restoration addition to crown, indirectly fabricated	\$100	4 (00004)
	ation tic restoration, primary dentition dation for an indirect restoration duding any pins when required r tooth, in addition to restoration addition to crown, indirectly fabricated ndirectly fabricated post, same tooth	\$30	1 (D2954) per tooth
D2955 Post removal D2957 Each additional prefab	ation titc restoration, primary dentition dation for an indirect restoration luding any pins when required r tooth, in addition to restoration addition to crown, indirectly fabricated	\$30 \$90	
	ation tic restoration, primary dentition dation for an indirect restoration luding any pins when required r tooth, in addition to restoration addition to crown, indirectly fabricated ndirectly fabricated post, same tooth st and core in addition to crown	\$30 \$90 \$60	
D2971 Additional procedure to D2976 Band stabilization, per	ation titic restoration, primary dentition dation for an indirect restoration luding any pins when required r tooth, in addition to restoration addition to crown, indirectly fabricated ndirectly fabricated post, same tooth st and core in addition to crown prefabricated post, same tooth	\$30 \$90 \$60 \$35	
	ation titic restoration, primary dentition dation for an indirect restoration duding any pins when required r tooth, in addition to restoration addition to crown, indirectly fabricated ndirectly fabricated post, same tooth st and core in addition to crown prefabricated post, same tooth dure to customize new crown, existing partial denture frame	\$30 \$90 \$60 \$35 \$35	
	ation tic restoration, primary dentition dation for an indirect restoration duding any pins when required r tooth, in addition to restoration addition to crown, indirectly fabricated indirectly fabricated post, same tooth st and core in addition to crown prefabricated post, same tooth dure to customize new crown, existing partial denture frame in, per tooth	\$30 \$90 \$60 \$35 \$35 \$40	after 12 months of initial crown placement with same provider
	ation tic restoration, primary dentition dation for an indirect restoration dution for an indirect restoration duding any pins when required r tooth, in addition to restoration addition to crown, indirectly fabricated indirectly fabricated post, same tooth st and core in addition to crown prefabricated post, same tooth dure to customize new crown, existing partial denture frame in, per tooth dessitated by restorative material failure	\$30 \$90 \$60 \$35 \$35 \$40 \$50	after 12 months of initial crown placement with same provider
	ation titic restoration, primary dentition dation for an indirect restoration luding any pins when required r tooth, in addition to restoration addition to crown, indirectly fabricated ndirectly fabricated post, same tooth st and core in addition to crown orefabricated post, same tooth dure to customize new crown, existing partial denture frame n, per tooth tessitated by restorative material failure both resulting in the determination of non-restorability	\$30 \$90 \$60 \$35 \$35 \$40 \$50	after 12 months of initial crown placement with same provider
Endodontic Services	ation titic restoration, primary dentition dation for an indirect restoration luding any pins when required r tooth, in addition to restoration addition to crown, indirectly fabricated ndirectly fabricated post, same tooth st and core in addition to crown orefabricated post, same tooth dure to customize new crown, existing partial denture frame n, per tooth exessitated by restorative material failure ooth resulting in the determination of non-restorability droxyapatite regeneration medicament, per tooth	\$30 \$90 \$60 \$35 \$35 \$40 \$50 \$50 no charge	after 12 months of initial crown placement with same provider
	ation titic restoration, primary dentition dation for an indirect restoration duling any pins when required r tooth, in addition to restoration addition to crown, indirectly fabricated ndirectly fabricated post, same tooth st and core in addition to crown prefabricated post, same tooth dure to customize new crown, existing partial denture frame n, per tooth cessitated by restorative material failure both resulting in the determination of non-restorability droxyapatite regeneration medicament, per tooth portative procedure, by report	\$30 \$90 \$60 \$35 \$35 \$40 \$50	after 12 months of initial crown placement with same provider
	ation tic restoration, primary dentition dation for an indirect restoration duling any pins when required r tooth, in addition to restoration addition to crown, indirectly fabricated indirectly fabricated post, same tooth st and core in addition to crown prefabricated post, same tooth dure to customize new crown, existing partial denture frame in, per tooth cessitated by restorative material failure poth resulting in the determination of non-restorability droxyapatite regeneration medicament, per tooth prative procedure, by report vices	\$30 \$90 \$60 \$35 \$35 \$40 \$50 \$50 no charge	after 12 months of initial crown placement with same provider
- 1 1	ation titic restoration, primary dentition dation for an indirect restoration duling any pins when required r tooth, in addition to restoration addition to crown, indirectly fabricated ndirectly fabricated post, same tooth st and core in addition to crown prefabricated post, same tooth dure to customize new crown, existing partial denture frame n, per tooth cessitated by restorative material failure both resulting in the determination of non-restorability droxyapatite regeneration medicament, per tooth portative procedure, by report	\$30 \$90 \$60 \$35 \$35 \$40 \$50 \$50 no charge \$40	after 12 months of initial crown placement with same provider
	ation titic restoration, primary dentition dation for an indirect restoration luding any pins when required r tooth, in addition to restoration addition to crown, indirectly fabricated indirectly fabricated post, same tooth st and core in addition to crown orefabricated post, same tooth dure to customize new crown, existing partial denture frame in, per tooth cessitated by restorative material failure both resulting in the determination of non-restorability droxyapatite regeneration medicament, per tooth prative procedure, by report vices excluding final restoration)	\$30 \$90 \$60 \$35 \$35 \$40 \$50 \$50 no charge \$40	after 12 months of initial crown placement with same provider 1 (D3220) per primary tooth
	ation titic restoration, primary dentition dation for an indirect restoration luding any pins when required r tooth, in addition to restoration addition to crown, indirectly fabricated ndirectly fabricated post, same tooth st and core in addition to crown orefabricated post, same tooth dure to customize new crown, existing partial denture frame n, per tooth cessitated by restorative material failure coth resulting in the determination of non-restorability droxyapatite regeneration medicament, per tooth orative procedure, by report vices excluding final restoration) t (excluding final restoration)	\$30 \$90 \$60 \$35 \$35 \$40 \$50 \$50 no charge \$40	
	ation titic restoration, primary dentition dation for an indirect restoration luding any pins when required r tooth, in addition to restoration addition to crown, indirectly fabricated ndirectly fabricated post, same tooth st and core in addition to crown orefabricated post, same tooth dure to customize new crown, existing partial denture frame n, per tooth exestitated by restorative material failure cooth resulting in the determination of non-restorability droxyapatite regeneration medicament, per tooth orative procedure, by report vices execuluding final restoration) t (excluding final restoration) lotomy (excluding final restoration)	\$30 \$90 \$60 \$35 \$35 \$40 \$50 no charge \$40 \$20 \$25 \$40	1 (D3220) per primary tooth
	ation titic restoration, primary dentition dation for an indirect restoration diding any pins when required r tooth, in addition to restoration addition to crown, indirectly fabricated ndirectly fabricated post, same tooth st and core in addition to crown prefabricated post, same tooth dure to customize new crown, existing partial denture frame n, per tooth resistated by restorative material failure poth resulting in the determination of non-restorability droxyapatite regeneration medicament, per tooth prative procedure, by report vices excluding final restoration) t (excluding final restoration) ent, primary and permanent teeth	\$30 \$90 \$60 \$35 \$35 \$40 \$50 \$50 \$50 no charge \$40 \$20 \$25 \$40 \$40	1 (D3220) per primary tooth 1 (D3221) per tooth 1 (D3222) per tooth
D3310 Endodontic therapy, a	ation titic restoration, primary dentition dation for an indirect restoration dation for an indirect restoration duling any pins when required r tooth, in addition to restoration addition to crown, indirectly fabricated indirectly fabricated post, same tooth st and core in addition to crown prefabricated post, same tooth dure to customize new crown, existing partial denture frame in, per tooth resistated by restorative material failure poth resulting in the determination of non-restorability droxyapatite regeneration medicament, per tooth prative procedure, by report vices excluding final restoration) t (excluding final restoration) ent, primary and permanent teeth y, apexogenesis, permanent tooth, incomplete root	\$30 \$90 \$60 \$35 \$35 \$40 \$50 no charge \$40 \$20 \$25 \$40 \$40 \$60 \$55 \$55	1 (D3220) per primary tooth 1 (D3221) per tooth
D3320 Endodontic therapy, p	ation titic restoration, primary dentition dation for an indirect restoration luding any pins when required r tooth, in addition to restoration addition to crown, indirectly fabricated ndirectly fabricated post, same tooth st and core in addition to crown orefabricated post, same tooth dure to customize new crown, existing partial denture frame n, per tooth tessitated by restorative material failure both resulting in the determination of non-restorability droxyapatite regeneration medicament, per tooth orative procedure, by report vices excluding final restoration) t (excluding final restoration) et, primary and permanent teeth y, apexogenesis, permanent tooth, incomplete root interior, primary tooth (excluding final restoration)	\$30 \$90 \$60 \$35 \$35 \$40 \$50 \$50 no charge \$40 \$20 \$25 \$40 \$40 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$5	1 (D3220) per primary tooth 1 (D3221) per tooth 1 (D3222) per tooth



DENTAL PLA	Embedded rediatric Der	itai Bronze	
CDT	Description	Patient	Limitation
Code		Responsibility	
	Endodontic therapy, molar tooth (excluding final restoration)	\$300	
D3331	Treatment of root canal obstruction; non-surgical access	\$50	
D3332 D3333	Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth Internal root repair of perforation defects	not covered \$80	
D3333	Endodontic Services (continued)	360	
D3346	Retreatment of previous root canal therapy, anterior	\$240	
D3347	Retreatment of previous root canal therapy, premolar	\$295	1 of (D3346-D3348) after 12 months of initial treatment
D3348	Retreatment of previous root canal therapy, molar	\$350	
D3351	Apexification/recalcification, initial visit	\$85	1 (D3351) per tooth
D3352	Apexification/recalcification, interim medication replacement	\$45	1 (D3352) per tooth
D3353	Apexification/recalcification, final visit	not covered	, ,,
D3410	Apicoectomy, anterior	\$240	
D3421	Apicoectomy, premolar (first root)	\$250	
D3425	Apicoectomy, molar (first root)	\$275	
D3426	Apicoectomy, (each additional root)	\$110	
D3428	Bone graft in conjunction with periradicular surgery, per tooth, single site	\$350	
D3429	Bone graft in conjunction with periradicular surgery, each add'l tooth, same site	\$350	
D3430	Retrograde filling, per root	\$90	
D3431	Biologic materials, soft osseous tissue regeneration with periradicular surgery	\$80	
D3432 D3450	Guided tissue regeneration, per site, with periradicular surgery Root amputation, per root	not covered not covered	
D3430	Surgical repair of root resorption, anterior	\$160	
D3471	Surgical repair of root resorption, premolar	\$160	
D3472	Surgical repair of root resorption, premotal	\$160	
D3910	Surgical procedure for isolation of tooth with rubber dam	\$30	
D3920	Hemisection, not including root canal therapy	not covered	
D3950	Canal preparation and fitting of preformed dowel or post	not covered	
D3999	Unspecified endodontic procedure, by report	\$100	
	Periodontal Services		
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	\$150	1 of (D4210, D4211, D4260, D4261) per site/quad every 36 months, age 13 and over
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	\$50	10 (8 1220) 8 1211) 8 1200) 8 1201) per site, quad every 30 months, age 10 and over
D4240	Gingival flap procedure, four or more teeth per quadrant	not covered	
D4241	Gingival flap procedure, one to three teeth per quadrant	not covered	
D4249	Clinical crown lengthening, hard tissue	\$165	
D4260	Osseous surgery, four or more teeth per quadrant	\$265 \$140	1 of (D4210, D4211, D4260, D4261) per site/quad every 36 months, age 13 and over
D4261 D4263	Osseous surgery, one to three teeth per quadrant Bone replacement graft, retained natural tooth, first site, quadrant	not covered	
D4264	Bone replacement graft, retained natural tooth, instance, quadrant	not covered	
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	\$80	
D4266	Guided tissue regeneration, natural teeth, resorbable barrier, per site	not covered	
D4267	Guided tissue regeneration, natural teeth, non-resorbable barrier, per site	not covered	
D4270	Pedicle soft tissue graft procedure	not covered	
D4273	Autogenous connective tissue graft procedure, first tooth	not covered	
D4275	Non-autogenous connective tissue graft, first tooth	not covered	
D4283	Autogenous connective tissue graft procedure, each additional tooth, per site	not covered	
D4285	Non-autogenous connective tissue graft procedure, each additional tooth, per site	not covered	
D4286	Removal of non-resorbable barrier	not covered	
GUIDELINE			
	nan two (2) quadrants of periodontal scaling and root planing per appointment/ per day are allowable.	\$55	
	Periodontal scaling and root planing, four or more teeth per quadrant Periodontal scaling and root planing, one to three teeth per quadrant	\$30	1 of (D4341, D4342) per site quad, every 24 months, age 13 and over
D4342	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	\$40	1 of (D1110, D1120, D4346) every 6 months
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis, subsequent visit	\$40	Tor (Billo, Billo, B-540) every omonths
D4381	Localized delivery of antimicrobial agent/per tooth	\$10	
D4910	Periodontal maintenance	\$30	1 (D4910) every 3 months
D4920	Unscheduled dressing change (other than treating dentist or staff)	\$15	1 (D4920) per patient per provider, age 13 and over
D4999	Unspecified periodontal procedure, by report	\$350	
	Removable Prosthodontic Services		
D5110	Complete denture, maxillary	\$300	1 of (D5110-D5120, D5211-D5214, D5863-D5866) per arch every 5 year period. A benefit
			once in a five year period from a previous complete, immediate or overdenture -
D5120	Complete denture, mandibular	\$300	complete denture.
D5130	Immediate denture, maxillary	\$300	1 (D5130) per patient. Not a benefit as a temporary denture. Subsequent complete
 	· ·	<u> </u>	dentures are not a benefit within a five-year period of an immediate denture.
D5140	Immediate denture, mandibular	\$300	(D5140) per patient. Not a benefit as a temporary denture. Subsequent complete dentures are not a benefit within a five-year period of an immediate denture.
D5211	Maxillary partial denture, resin base	\$300	
D5211	Mandibular partial denture, resin base	\$300	1 of (D5110-D5120, D5211-D5214, D5863-D5866) per arch every 5 year period. A benefit
D5212	Maxillary partial denture, cast metal, resin base	\$335	once in a five year period from a previous complete, immediate or overdenture -
D5214	Mandibular partial denture, cast metal, resin base	\$335	complete denture.
D5221	Immediate maxillary partial denture, resin base	\$275	1 of (DE221 DE224) par arch par nations Not a hor-fit t
D5222	Immediate mandibular partial denture, resin base	\$275	1 of (D5221-D5224) per arch per patient. Not a benefit as a temporary denture. Subsequent complete dentures are not a benefit within a five-year period of an
D5223	Immediate maxillary partial denture, cast metal framework, resin denture base	\$330	immediate denture.
D5224	Immediate mandibular partial denture, cast metal framework, resin denture base	\$330	illilleulate deliture.
D5225	Maxillary partial denture, flexible base	not covered	
D5226	Mandibular partial denture, flexible base	not covered	
D5227	Immediate maxillary partial denture, flexible base	not covered	
D5228	Immediate mandibular partial denture, flexible base	not covered	
D5282	Removable unilateral partial denture, one piece cast metal, maxillary	not covered	
D5283	Removable unilateral partial denture, one piece cast metal, mandibular	not covered	
D5284	Removable unilateral partial denture, one piece flexible base, per quadrant	not covered	
D5286 D5410	Removable unilateral partial denture, one piece resin, per quadrant Adjust complete denture, maxillary	not covered \$20	
D5410 D5411	Adjust complete denture, maxiliary Adjust complete denture, mandibular	\$20	2 of (D5410-D5422) per arch every 12 months, 1 per arch per date of service per
	Adjust complete dentale, manufulari	\$20	provider
D5421			1
D5421 D5422		\$20	
D5422	Adjust partial denture, mandibular	\$20 \$40	1 (D5511) per date of service per provider, 2 every 12 months per provider
			1 (D5511) per date of service per provider, 2 every 12 months per provider 1 (D5512) per date of service per provider, 2 every 12 months per provider



Embedded Pediatric Dental - Bronze 60

LIBERT DENTAL PLA		ental - Bronze	
CDT	Description	Patient	Limitation
Code	Description	Responsibility	
D5520	Replace missing or broken teeth, complete denture	\$40	up to 4 (D5520) per arch per date of service per provider, 2 per arch every 12 months per provider
D5611	Repair resin partial denture base, mandibular	\$40	1 (D5611) per date of service per provider, 2 every 12 months per provider
D5612	Repair resin partial denture base, maxillary	\$40	1 (D5612) per date of service per provider, 2 every 12 months per provider
D5621	Repair cast partial framework, mandibular	\$40	1 (D5621) per date of service per provider, 2 every 12 months per provider
	Removable Prosthodontic Services (continued)	4	
D5622	Repair cast partial framework, maxillary	\$40	1 (D5622) per date of service per provider, 2 every 12 months per provider 3 (D5630) per arch per date of service per provider, 2 per arch every 12 months per
D5630	Repair or replace broken retentive clasping materials, per tooth	\$50	provider
			4 (D5640) per arch per date of service per provider, 2 per arch every 12 months per
D5640	Replace broken teeth, per tooth	\$35	provider
D5650	Add tooth to existing partial denture	\$35	3 (D5650) per arch per provider per date of service, 1 per tooth
D5660	Add clasp to existing partial denture, per tooth	\$60	3 (D5660) per date of service per provider, 2 per arch every 12 months per provider
D5670 D5671	Replace all teeth & acrylic on cast metal frame, maxillary	not covered	
D5710	Replace all teeth & acrylic on cast metal frame, mandibular Rebase complete maxillary denture	not covered not covered	
D5710	Rebase complete mandibular denture	not covered	
D5720	Rebase maxillary partial denture	not covered	
D5721	Rebase mandibular partial denture	not covered	
D5730	Reline complete maxillary denture, direct	\$60	1 of (D5730-D5761) every 12 months. Covered 6 months after initial placement of
D5731	Reline complete mandibular denture, direct	\$60	appliance if extractions were required, 12 months after initial placement of appliance if
D5740 D5741	Reline maxillary partial denture, direct Reline mandibular partial denture, direct	\$60 \$60	extractions were not required.
D5750	Reline complete maxillary denture, indirect	\$90	1 of (D5730-D5761) every 12 months. Covered 6 months after initial placement of
D5751	Reline complete mandibular denture, indirect	\$90	appliance if extractions were required, 12 months after initial placement of appliance if
D5760	Reline maxillary partial denture, indirect	\$80	extractions were not required.
D5761	Reline mandibular partial denture, indirect	\$80	200000
D5850	Tissue conditioning, maxillary Tissue conditioning, maxillary	\$30	2 (D5850) every 36 months
D5851 D5862	Tissue conditioning, mandibular Precision attachment, by report	\$30 \$90	2 (D5851) every 36 months
D5863	Overdenture, complete, maxillary	\$300	
D5864	Overdenture, partial, maxillary	\$300	1 of (D5110-D5120, D5211-D5214, D5863-D5866) per arch every 5 year period. A benefit
D5865	Overdenture, complete, mandibular	\$300	once in a five year period from a previous complete, immediate or overdenture - complete denture.
D5866	Overdenture, partial, mandibular	\$300	complete deficure.
D5876	Add metal substructure to acrylic full denture (per arch)	not covered	
D5899	Unspecified removable prosthodontic procedure, by report Maxillofacial Prosthetic Services	\$350	
D5911	Facial moulage (sectional)	\$285	
D5912	Facial moulage (complete)	\$350	
D5913	Nasal prosthesis	\$350	
D5914	Auricular prosthesis	\$350	
D5915	Orbital prosthesis	\$350	
D5916 D5919	Ocular prosthesis Facial prosthesis	\$350 \$350	
D5922	Nasal septal prosthesis	\$350	
D5923	Ocular prosthesis, interim	\$350	
D5924	Cranial prosthesis	\$350	
D5925	Facial augmentation implant prosthesis	\$200	
D5926 D5927	Nasal prosthesis, replacement Auricular prosthesis, replacement	\$200 \$200	
D5928	Orbital prosthesis, replacement	\$200	
D5929	Facial prosthesis, replacement	\$200	
D5931	Obturator prosthesis, surgical	\$350	
D5932	Obturator prosthesis, definitive	\$350	
D5933	Obturator prosthesis, modification	\$150 \$350	2 (D5933) every 12 months
D5934 D5935	Mandibular resection prosthesis with guide flange Mandibular resection prosthesis without guide flange	\$350	
D5936	Obturator prosthesis, interim	\$350	
D5937	Trismus appliance (not for TMD treatment)	\$85	
D5951	Feeding aid	\$135	under age 18
D5952	Speech aid prosthesis, pediatric	\$350	under age 18
D5953 D5954	Speech aid prosthesis, adult Palatal augmentation prosthesis	\$350 \$135	age 18 and over
D5954 D5955	Palatal lift prosthesis, definitive	\$350	
D5958	Palatal lift prosthesis, interim	\$350	
D5959	Palatal lift prosthesis, modification	\$145	2 (D5959) every 12 months
	Speech aid prosthesis, modification	\$145	2 (D5960) every 12 months
D5960		\$70	
D5982	Surgical stent Padiation corrier	ć	
D5982 D5983	Radiation carrier	\$55 \$85	
D5982		\$55 \$85 \$135	
D5982 D5983 D5984	Radiation carrier Radiation shield	\$85	
D5982 D5983 D5984 D5985 D5986 D5987	Radiation carrier Radiation shield Radiation cone locator Fluoride gel carrier Commissure splint	\$85 \$135 \$35 \$85	
D5982 D5983 D5984 D5985 D5986 D5987 D5988	Radiation carrier Radiation shield Radiation cone locator Fluoride gel carrier Commissure splint Surgical splint	\$85 \$135 \$35 \$85 \$95	
D5982 D5983 D5984 D5985 D5986 D5987 D5988 D5991	Radiation carrier Radiation shield Radiation cone locator Fluoride gel carrier Commissure splint Surgical splint Vesiculobullous disease medicament carrier	\$85 \$135 \$35 \$85 \$95 \$70	
D5982 D5983 D5984 D5985 D5986 D5987 D5988	Radiation carrier Radiation shield Radiation cone locator Fluoride gel carrier Commissure splint Surgical splint Vesiculobullous disease medicament carrier Unspecified maxillofacial prosthesis, by report	\$85 \$135 \$35 \$85 \$95	
D5982 D5983 D5984 D5985 D5986 D5987 D5988 D5991	Radiation carrier Radiation shield Radiation cone locator Fluoride gel carrier Commissure splint Surgical splint Vesiculobullous disease medicament carrier	\$85 \$135 \$35 \$85 \$95 \$70	
D5982 D5983 D5984 D5985 D5986 D5987 D5988 D5991 D5999 D6010 D6011	Radiation carrier Radiation shield Radiation cone locator Fluoride gel carrier Commissure splint Surgical splint Vesiculobullous disease medicament carrier Unspecified maxillofacial prosthesis, by report Implant Services Surgical placement of implant body, endosteal Surgical access to an implant body (second state implant surgery)	\$85 \$135 \$35 \$85 \$95 \$70 \$350 \$350	
D5982 D5983 D5984 D5985 D5986 D5987 D5988 D5991 D5999 D6010 D6011 D6012	Radiation carrier Radiation shield Radiation cone locator Fluoride gel carrier Commissure splint Surgical splint Vesiculobullous disease medicament carrier Unspecified maxillofacial prosthesis, by report Implant Services Surgical placement of implant body, endosteal Surgical access to an implant body (second state implant surgery) Surgical placement of interim implant body, transitional prosthesis: endosteal implant	\$85 \$135 \$35 \$85 \$95 \$70 \$350 \$350 \$350 \$350	
D5982 D5983 D5984 D5985 D5986 D5987 D5988 D5991 D5999 D6010 D6011 D6012 D6013	Radiation carrier Radiation shield Radiation cone locator Fluoride gel carrier Commissure splint Surgical splint Vesiculobullous disease medicament carrier Unspecified maxillofacial prosthesis, by report Implant Services Surgical placement of implant body, endosteal Surgical placement of implant body (second state implant surgery) Surgical placement of interim implant body, transitional prosthesis: endosteal implant Surgical placement of interim implant body, transitional prosthesis: endosteal implant Surgical placement of mini implant	\$85 \$135 \$35 \$85 \$95 \$70 \$350 \$350 \$350 \$350 \$350	
D5982 D5983 D5984 D5985 D5986 D5987 D5988 D5991 D5999 D6010 D6011 D6012 D6013 D6040	Radiation carrier Radiation shield Radiation cone locator Fluoride gel carrier Commissure splint Surgical splint Vesiculobullous disease medicament carrier Unspecified maxillofacial prosthesis, by report Implant Services Surgical placement of implant body, endosteal Surgical access to an implant body (second state implant surgery) Surgical placement of interim implant body, transitional prosthesis: endosteal implant Surgical placement of mini implant Surgical placement of mini implant Surgical placement: eposteal implant	\$85 \$135 \$35 \$85 \$95 \$70 \$350 \$350 \$350 \$350 \$350 \$350 \$350	
D5982 D5983 D5984 D5985 D5986 D5987 D5988 D5991 D5999 D6010 D6011 D6012 D6013 D6040 D6050	Radiation carrier Radiation shield Radiation cone locator Fluoride gel carrier Commissure splint Surgical splint Vesiculobullous disease medicament carrier Unspecified maxillofacial prosthesis, by report Implant Services Surgical placement of implant body, endosteal Surgical access to an implant body (second state implant surgery) Surgical placement of interim implant body, transitional prosthesis: endosteal implant Surgical placement of mini implant Surgical placement: eposteal implant Surgical placement: rransosteal implant Surgical placement: transosteal implant	\$85 \$135 \$35 \$85 \$95 \$70 \$350 \$350 \$350 \$350 \$350 \$350 \$350 \$35	
D5982 D5983 D5984 D5985 D5986 D5987 D5988 D5991 D5999 D6010 D6011 D6012 D6013 D6040	Radiation carrier Radiation shield Radiation cone locator Fluoride gel carrier Commissure splint Surgical splint Vesiculobullous disease medicament carrier Unspecified maxillofacial prosthesis, by report Implant Services Surgical placement of implant body, endosteal Surgical access to an implant body (second state implant surgery) Surgical placement of interim implant body, transitional prosthesis: endosteal implant Surgical placement of mini implant Surgical placement of mini implant Surgical placement: eposteal implant	\$85 \$135 \$35 \$85 \$95 \$70 \$350 \$350 \$350 \$350 \$350 \$350 \$350	Och a Plan Dane (i.e. b
D5982 D5983 D5984 D5985 D5986 D5987 D5988 D5991 D5999 D6010 D6011 D6012 D6013 D6040 D6050 D6055	Radiation carrier Radiation shield Radiation cone locator Fluoride gel carrier Commissure splint Surgical splint Vesiculobullous disease medicament carrier Unspecified maxillofacial prosthesis, by report Implant Services Surgical placement of implant body, endosteal Surgical placement of implant body (second state implant surgery) Surgical placement of interim implant body, transitional prosthesis: endosteal implant Surgical placement: eposteal implant Surgical placement: transosteal implant Surgical placement: transosteal implant Connecting bar, implant supported or abutment supported	\$85 \$135 \$35 \$85 \$95 \$70 \$350 \$350 \$350 \$350 \$350 \$350 \$350 \$35	Only a Plan Benefit when exceptional medical conditions are met
D5982 D5983 D5984 D5985 D5986 D5986 D5987 D5988 D5991 D6010 D6011 D6012 D6013 D6040 D6050 D6055 D6056	Radiation carrier Radiation shield Radiation cone locator Fluoride gel carrier Commissure splint Surgical splint Vesiculobullous disease medicament carrier Unspecified maxillofacial prosthesis, by report Implant Services Surgical placement of implant body, endosteal Surgical placement of implant body (second state implant surgery) Surgical placement of interim implant body, transitional prosthesis: endosteal implant Surgical placement: eposteal implant Surgical placement: eposteal implant Surgical placement: transosteal implant Connecting bar, implant supported or abutment supported Prefabricated abutment, includes modification and placement	\$85 \$135 \$35 \$85 \$95 \$70 \$350 \$350 \$350 \$350 \$350 \$350 \$350 \$35	Only a Plan Benefit when exceptional medical conditions are met



CDT	Description	Patient	Limitation
Code	·	Responsibility	Limitation
	Abutment supported porcelain fused to base metal crown	\$295	
6061 6062	Abutment supported porcelain fused to noble metal crown	\$300	
6063	Abutment supported cast metal crown, high noble Abutment supported cast metal crown, base metal	\$315 \$300	
6064	Abutment supported cast metal crown, noble metal	\$315	
0004	Implant Services (continued)	Ş313	
6065	Implant supported porcelain/ceramic crown	\$340	
6066	Implant supported crown, porcelain fused to high noble alloys	\$335	
6067	Implant supported crown, high noble alloys	\$340	
6068	Abutment supported retainer, porcelain/ceramic FPD	\$320	
6069	Abutment supported retainer, metal FPD, high noble	\$315	
6070	Abutment supported retainer, porcelain fused to metal FPD, base metal	\$290	
6071	Abutment supported retainer, porcelain fused to metal FPD, noble	\$300	
6072	Abutment supported retainer, cast metal FPD, high noble	\$315	
6073	Abutment supported retainer, cast metal FPD, base metal	\$290	
6074	Abutment supported retainer, cast metal FPD, noble	\$320	
6075	Implant supported retainer for ceramic FPD	\$335	
6076	Implant supported retainer for FPD, porcelain fused to high noble alloys	\$330	
5077	Implant supported retainer for metal FPD, high noble alloys	\$350	
5080	Implant maintenance procedures, prosthesis removed/reinserted, including cleansing	\$30	
5081	Scaling and debridement in the presence of inflammation or mucositis of a single implant	\$30	
082	Implant supported crown, porcelain fused to predominantly base alloys	\$335	
083	Implant supported crown, porcelain fused to noble alloys	\$335	
084 085	Implant supported crown, porcelain fused to titanium and titanium alloys	\$335 \$300	
085 6086	Interim implant crown Implant supported crown, predominantly base alloys	\$340	
087	Implant supported crown, predominantly base alloys	\$340	
088	Implant supported crown, house alloys Implant supported crown, titanium and titanium alloys	\$340	
089	Accessing and retorquing loose implant screw, per screw	\$60	
090	Repair implant supported prosthesis, by report	\$65	
	Replacement part of semi-precision, precision attachment, implant/abutment supported prosthesis, per		
5091	attachment	\$40	
5092	Re-cement or re-bond implant/abutment supported crown	\$25	
5093	Re-cement or re-bond implant/abutment supported FPD	\$35	
5094	Abutment supported crown, titanium, and titanium alloys	\$295	
5095	Repair implant abutment, by report	\$65	Only a Plan Benefit when exceptional medical conditions are met
096	Remove broken implant retaining screw	\$60	
5097	Abutment supported crown, porcelain fused to titanium and titanium alloys	\$315	
5098	Implant supported retainer, porcelain fused to predominantly base alloys	\$330	
5099	Implant supported retainer for FPD, porcelain fused to noble alloys	\$330	
5100	Surgical removal of implant body	\$110	
5105	Removal of implant body not requiring bone removal or flap elevation	\$110	
5110	Implant/abutment supported removable denture, maxillary	\$350	
5111	Implant/abutment supported removable denture, mandibular	\$350	
6112	Implant/abutment supported removable denture, partial, maxillary	\$350	
5113	Implant/abutment supported removable denture, partial, mandibular	\$350 \$350	
5114 5115	Implant/abutment supported fixed denture, maxillary Implant/abutment supported fixed denture, mandibular	\$350 \$350	
5115	Implant/abutment supported fixed denture, mandibular Implant/abutment supported fixed denture for partial, maxillary	\$350	
5117	Implant/abutment supported fixed denture for partial, maxiliary Implant/abutment supported fixed denture for partial, mandibular	\$350	
5117	Implant/abutment supported interim fixed denture, mandibular	\$350	
	Implant/abutment supported interim fixed denture, maridibular	\$350	
	Implant supported retainer, porcelain fused to titanium and titanium alloys	\$330	
5121	Implant supported retainer for metal FPD, predominantly base alloys	\$350	
	Implant supported retainer for metal FPD, noble alloys	\$350	
123	Implant supported retainer for metal FPD, titanium and titanium alloys	\$350	
190	Radiographic/surgical implant index, by report	\$75	
5191	Semi-precision abutment, placement	\$350	
192	Semi-precision attachment, placement	\$350	
194	Abutment supported retainer crown for FPD titanium, titanium and titanium alloys	\$265	
5195	Abutment supported retainer, porcelain fused to titanium and titanium alloys	\$315	
5197	Replacement of restorative material, close access opening of screw-retained implant supported prosthesis,	\$95	
	per implant		
198	Remove interim implant component	\$110	
199	Unspecified implant procedure, by report	\$350	
205	Fixed Prosthodontic Services Pontic indirect regio based composite	not sous == d	
205	Pontic, indirect resin based composite	not covered	
	Pontic, cast high noble metal	not covered \$300	
	Pontic, cast predominantly base metal Pontic, cast noble metal	not covered	
214	Pontic, titanium, and titanium alloys	not covered	
	Pontic, porcelain fused to high noble metal	not covered	
241	Pontic, porcelain fused to high hobic metal	\$300	4 ((00740 00704 00044 00704)
242	Pontic, porcelain fused to predominantly base metal	not covered	1 of (D2710-D2791, D6211-D6791) per tooth every 5 year period age 13 and over
	Pontic, porcelain fused to titanium and titanium alloys	not covered	
245	Pontic, porcelain/ceramic	\$300	
	Pontic, resin with high noble metal	not covered	
	Pontic, resin with predominantly base metal	\$300	
5252	Pontic, resin with noble metal	not covered	
5545	Retainer, cast metal for resin bonded fixed prosthesis	not covered	
5548	Retainer, porcelain/ceramic, resin bonded fixed prosthesis	not covered	
5549	Resin retainer, for resin bonded fixed prosthesis	not covered	
608	Retainer onlay, porcelain/ceramic, two surfaces	not covered	
609	Retainer onlay, porcelain/ceramic, three or more surfaces	not covered	
6610	Retainer onlay, cast high noble metal, two surfaces	not covered	
7010		and an and	
611	Retainer onlay, cast high noble metal, three or more surfaces	not covered	
611 612	Retainer onlay, cast high noble metal, three or more surfaces Retainer onlay, cast base metal, two surfaces Retainer onlay, cast base metal, three or more surfaces	not covered	



CDT	Description	Patient	Limitation
Code		Responsibility	
D6614	Retainer onlay, cast noble metal, two surfaces	not covered	
D6615	Retainer onlay, cast noble metal three or more surfaces	not covered	
D6634	Retainer onlay, titanium	not covered	
D6710	Retainer crown, indirect resin based composite	not covered	
D6720	Retainer crown, resin with high noble metal	not covered	



BERT NTAL PL	Embedded Pediatric Dental - Bronze 60		
CDT	Description	Patient	Limitation
Code	· ·	Responsibility	Elimation
00724	Fixed Prosthodontic Services (continued)	¢200	
06721	Retainer crown, resin with predominantly base metal Retainer crown, resin with noble metal	\$300 not covered	
06740	Retainer crown, porcelain/ceramic	\$300	
06750	7, 7	not covered	
06751	Retainer crown, porcelain fused to predominantly base metal	\$300	
06752	Retainer crown, porcelain fused to noble metal	not covered	1 of (D2710-D2791, D6211-D6791) per tooth every 5 year period age 13 and over
06753	Retainer crown, porcelain fused to titanium and titanium alloys	not covered	1 of (D2/10-D2/91, D6211-D6/91) per tooth every 3 year period age 13 and over
06781	Retainer crown, ¾ cast predominantly base metal	\$300	
06782	Retainer crown, ¾ cast noble metal	not covered	
06783	Retainer crown, ¾ porcelain/ceramic	\$300	
06784	Retainer crown ¼, titanium and titanium alloys	\$300	
06791	Retainer crown, full cast predominantly base metal Retainer crown, titanium and titanium alloys	\$300 not covered	
06930	Re-cement or re-bond fixed partial denture	\$40	
06980	Fixed partial denture repair, restorative material failure	\$95	
06999		\$350	
	Oral & Maxillofacial Services		
IIDELIN	E:		
	cal removal of impacted teeth is a covered benefit only when evidence of pathology exists		
7111		\$40	
7140		\$65 \$130	
7210		\$120	
7220 7230		\$95 \$145	
7240	Removal of impacted tooth, partially bony Removal of impacted tooth, completely bony	\$145 \$160	
7240	Removal impacted tooth, completely bony Removal impacted tooth, complete bony, complication	\$175	
7250	Removal of residual tooth roots (cutting procedure)	\$80	
7260	Oroantral fistula closure	\$280	
7261	Primary closure of a sinus perforation	\$285	
7270	Tooth reimplantation and/or stabilization, accident	\$185	1 (D7270) per arch
7280	Exposure of an unerupted tooth	\$220	
7283	Placement, device to facilitate eruption, impaction	\$85	
7284	. , , , ,	\$115	
7285	Incisional biopsy of oral tissue, hard (bone, tooth)	\$180	1 (D7285) per arch per date of service
7286	Incisional biopsy of oral tissue, soft	\$110	up to 3 (D7286) per date of service
7287	Exfoliative cytological sample collection	not covered	
7288 7290	Brush biopsy, transepithelial sample collection	not covered \$185	1 (D7200) nor arch for active orthodontic treatment only
7291	Surgical repositioning of teeth Transseptal fiberotomy/supra crestal fiberotomy, by report	\$80	1 (D7290) per arch, for active orthodontic treatment only 1 (D7291) per arch, for active orthodontic treatment only
7310		\$85	1 (D7291) per arch, for active orthodornic treatment only
7311	and the second s	\$50	
7320		\$120	
7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	\$65	
7340		\$350	1 (D7340) per arch every 5 year period
7350	Vestibuloplasty, ridge extension	\$350	1 (D7350) per arch
7410	Excision of benign lesion, up to 1.25 cm	\$75	
7411	Ü , Ü	\$115	
7412	9 / 1	\$175	
7413		\$95	
7414	5 , 5	\$120	
	Excision of malignant lesion, complicated	\$255	
	Excision of malignant tumor, up to 1.25 cm	\$105	
7441 7450	0 ,0	\$185 \$180	
7450 7451	, , , , ,	\$330	
	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	\$155	
7461		\$250	
7465		\$40	
7471		\$140	1 (D7471) per quadrant
7472		\$145	1 (D7472) per lifetime
7473		\$140	1 (D7473) per quadrant
7485		\$105	1 (D7485) per quadrant
7490	Radical resection of maxilla or mandible	\$350	
7509		\$180	1/D7E10) por quadrant same data of consists
7510 7511	Incision & drainage of abscess, intraoral soft tissue Incision & drainage of abscess, intraoral soft tissue, complicated	\$70 \$70	1 (D7510) per quadrant, same date of service 1 (D7511) per quadrant, same date of service
7520		\$70	1 (07 511) per quadrant, same date of service
7521	5	\$80	
7530	-	\$45	1 (D7530) per date of service
7540		\$75	1 (D7540) per date of service
7550		\$125	1 (D7550) per quadrant per date of service
7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$235	
7610		\$140	
620		\$250	
7630	Mandible, open reduction (teeth immobilized, if present)	\$350	
7640		\$350 \$350	
7650 7660		\$350 \$350	
7670	, , , ,	\$170	
7671	, , ,	\$230	
7680		\$350	
		\$110	
7710	Maxilla, closed reduction	\$180	
	Mandible, open reduction	\$350	
7720 7730		\$350	
7720 7730 7740	Mandible, open reduction		



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Segur of manifolds and and/or hard tissue defect 19756 Guided tissue regeneration, defentulous area, non-resorbable barrier, per site			\$290	
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D9950 Sudded Issue regrenation, referruliscus area, non-resorbable barrier, per site	D7955	Repair of maxillofacial soft and/or hard tissue defect	\$200	
1,07962 Liqual freectomy (freulectomy)	D7956	Guided tissue regeneration, edentulous area, resorbable barrier, per site	not covered	
Unique Frenctionry (Frenictionry)	D7957	Guided tissue regeneration, edentulous area, non-resorbable barrier, per site		
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Section of salivary gland, by report 5120				
Joseph				
Course of salivary fistula S140				
Display Commoidectomy S350				
D7991 Cornonidectomy S345 Synthetic graft, mandible or facial bones, by report S150				
Symbetic graft, mandible or facial bones, by report S150				
D7997 Appliance removal (not by dentist who placed appliance), includes removal of archbar S60 1 (D7997) per arch per date of service S350				
D7999 Unspecified oral surgery procedure, by report Orthodontic Services For Pediatric Dental, orthodontic treatment is a benefit of this Dental Plan ONLY when the patient's orthodontic needs meet medically necessary requirements as determined by a verified score of 26 or higher (or other qualify conditions) an Handicapping Labio-Lingual Deviation (HLD) Index analysis. All treatment must be prior authorized by the Plan prior to banding. B8808 Comprehensive orthodontic treatment of the adolescent dentition B8809 Comprehensive orthodontic treatment of the adolescent dentition B8800 Comprehensive orthodontic treatment of the adolescent dentition B8800 Comprehensive orthodontic treatment of the adolescent dentition B8800 Chromodontic reteatment examination to monitor growth and development S1,000 per Course of 1 (D8670) per calendar quarter Course of 1 (D8670) per calendar quarter Course of 1 (D8680) per arch for each authorized phase of orthodontic treatment Freadless of Peliodic orthodontic appliance, mandibular B8899 Repair of orthodontic appliance, mandibular B8999 Repair of orthodontic appliance, mandibular B8999 Repair of orthodontic appliance, mandibular B8990 Repair of fixed retainer, includes reattachment, mandibular B8990 Repair of fixed retainer, includes reattachment, mandibular B8990 Repair of fixed retainer, includes reattachment, mandibular B8990 Unspecified orthodontic procedure, by report Adjunctive General Services B9910 Fixed partial dentire sectioning S900 1 (D8703, D8704) per arch B9910 Fixed partial dentire sectioning S901 Regional block anesthesia S901 1 (D9110) per date of service S901 Regional block anesthesia S901 Regional block anesthesia S901 Regional block anesthesia S901 Regional block anesthesia				1 (D7997) per arch per date of service
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Recement or re-bond fixed retainer, mandibular remains enrolled			-	1 of (D8698, D8699) per arch, per provider
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			·	All rights reserved. Making members shine, one smile at a time



Embedded Pediatric Dental - Bronze 60

CDT	Description	Patient	Limitation
Code	Description	Responsibility	Limitation
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$15	
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	\$45	
	Adjunctive General Services (continued)		
GUIDELINI			
Deep Seda	ition and IV Conscious Sedation are covered benefits when it is documented local anesthesia is not possible, in such	cases as a severe me	ental or physical handicap, extensive surgical procedures, an uncooperative child, an acute
	t the injection site, or a failure of a local anesthetic to control pain. Services covered when dispensed in a dental office	e by a practitioner	acting within the scope of his/her licensure. Patient apprehension and/or nervousness are
	mselves sufficient justification.		
	Deep sedation/general anesthesia, first 15 minute increment	\$45	
	Deep sedation/general anesthesia, each subsequent 15 minute increment	\$45	
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$15	
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment	\$60	
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	\$60	
D9248	Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation	\$65	
D9310	Consultation, other than requesting dentist	\$50	
D9311	Consultation with a medical health care professional	no charge	
D9410	House/extended care facility call	\$50	
D9420	Hospital or ambulatory surgical center call	\$135	
D9430	Office visit, observation, regular hours, no other services	\$20	1 (D9430) per date of service per provider
D9440	Office visit, after regularly scheduled hours	\$45	1 (D9440) per date of service per provider
D9450	Case presentation, subsequent, detailed, extensive treatment planning	not covered	
D9610	Therapeutic parenteral drug, single administration	\$30	4 (D9610) per date of service
D9612	Therapeutic parenteral drugs, two or more administrations, different meds.	\$40	4 (D9612) per date of service
D9910	Application of desensitizing medicament	\$20	1 (D9910) per tooth every 12 months, for permanent teeth only
D9930	Treatment of complications, post surgical, unusual, by report	\$35	1 (D9930) per date of service per provider
D9942	Repair and/or reline of occlusal guard	not covered	
D9943	Occlusal guard adjustment	not covered	
D9944	Occlusal guard, hard appliance, full arch	not covered	
D9945	Occlusal guard, soft appliance, full arch	not covered	
D9946	Occlusal guard, hard appliance, partial arch	not covered	
D9950	Occlusion analysis, mounted case	\$120	1 (D9950) every 12 months, age 13 and over
D9951	Occlusal adjustment, limited	\$45	1 (D9951) per quad every 12 months per provider, age 13 and over
D9952	Occlusal adjustment, complete	\$210	1 (D9952) every 12 months, age 13 and over
D9995	Teledentistry, synchronous; real-time encounter	no charge	To the extent the dental plans can offer Teledentistry, it would be offered at no charge
D9996	Teledentistry, asynchronous; information stored and forwarded to dentist for subsequent review	no charge	To the extent the dental plans can other reledentistry, it would be offered at no charge
D9997	Dental case management, patients with special health care needs	no charge	
D9999	Unspecified adjunctive procedure, by report	no charge	
Dodiatrio	Renefits – Children to the age of 19		

Pediatric Benefits – Children to the age of 19

Payment for services that are Optional or that are not covered under the Policy will not count toward the Out-of-Pocket Maximum, and payment for such services still applies after the annual Out-of-Pocket Maximum is met.



Embedded Pediatric Dental - Bronze 60

General Exclusions:

- 1. Services which, in the opinion of the attending dentist, are not necessary to the member's dental health.
- 2. Procedures, appliances, or restoration to correct congenital or developmental malformations are not covered benefits unless specifically listed in the Benefits section above.
- 3. Cosmetic dental care.
- 4. Experimental procedures or investigational services, including any treatment, therapy, procedure or drug or drug usage, facility or facility usage, equipment or equipment usage, device or device usage, or supply which is not recognized as being in accordance with generally accepted professional standards or for which the safety and efficiency have not been determined for use in the treatment for which the item in service in question is recommended or prescribed.
- 5. Services that were provided without cost to the Member by State government or an agency thereof, or any municipality, county or other subdivisions.
- 6. Hospital charges of any kind are not covered by the Dental Plan. Refer to your Health Plan's Evidence of Coverage for benefit information.
- 7. Major surgery for fractures and dislocations.
- 8. Loss or theft of dentures or bridgework.
- 9. Dental expenses incurred in connection with any dental procedures started after termination of coverage or prior to the date the Member became eligible for such services.
- 10. Any service that is not specifically listed as a covered benefit unless service qualifies under Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit.
- 11. Malignancies
- 12. Dispensing of drugs not normally supplied in a dental office.
- 13. Additional treatment costs incurred because a dental procedure is unable to be preformed in the dentists office due to the general health and physical limitations of the patient.
- 14. Services of a pedodontist/pediatric dentist, except when the Member is unable to be treated by his or her panel provider, or treatment by a pedodontist/pediatric dentist is Medically Necessary, or his or her plan provider is a pedodontist/pediatric dentist.
- 15. Dental Services that are received in an Emergency Care setting for conditions that are not emergencies if the subscriber reasonable should have known that an Emergency Care situation did not exist.