

# FY11 Dental Schedule of Benefits

DIAGNOSTIC SERVICES	Maximum Benefit	Code
Periodic Oral Examination .....	\$ 22	D0120
Limited Oral Evaluation (specific oral health problem) .....	\$ 22	D0140
Oral Evaluation for Patient Under 3 Years of Age and Counseling with Primary Care giver .....	\$ 34	D0145
Comprehensive Oral Examination - new or established patient .....	\$ 34	D0150
<b>Radiographs/Diagnostic Imaging</b>		
Intraoral Complete Series (once in a period of three plan years, including bitewings) .....	\$ 73	D0210*
Intraoral - Periapical First Film .....	\$ 15	D0220
Intraoral - Periapical Each Additional Film .....	\$ 12	D0230
Bitewing Single Film .....	\$ 13	D0270
Bitewing Two Films .....	\$ 24	D0272
Bitewing Three Film .....	\$ 37	D0273
Bitewing Four Films .....	\$ 37	D0274
Panoramic Film (once in a period of three plan years) .....	\$ 61	D0330*
<b>PREVENTIVE SERVICES</b>		
Prophylaxis Adult - Twice each plan year .....	\$ 50	D1110
Prophylaxis Child - Twice each plan year .....	\$ 34	D1120
Topical Application of Fluoride - Child (including prophylaxis) (once each plan year, covered through age 18 only) .....	\$ 53	D1201
Topical Application of Fluoride - Child (not including prophylaxis) (once each plan year, covered through age 18 only) .....	\$ 21	D1203
Topical Fluoride Varnish; Therapeutic Application for Moderate to High Carries Risk Patients (once each plan year, covered through age 18 only) .....	\$ 21	D1206
Sealant - per tooth, covered through age 18 only .....	\$ 34	D1351
<b>Space Maintainers (Passive Appliances)</b>		
Fixed Unilateral .....	\$105	D1510
Fixed Bilateral .....	\$118	D1515
Removable Unilateral .....	\$105	D1520
Removable Bilateral .....	\$118	D1525
<b>RESTORATIVE SERVICES</b>		
<b>Amalgam Restorations</b>		
Amalgam One Surface, Primary or Permanent .....	\$ 57	D2140
Amalgam Two Surfaces, Primary or Permanent .....	\$ 81	D2150
Amalgam Three Surfaces, Primary or Permanent .....	\$ 94	D2160
Amalgam Four or More Surfaces, Primary or Permanent .....	\$103	D2161
<b>Resin-Based Composite Restorations</b>		
One Surface, Anterior .....	\$ 46	D2330
Two Surfaces, Anterior .....	\$ 59	D2331
Three Surfaces, Anterior .....	\$ 73	D2332
Four or More Surfaces or involving incisal angle (anterior) .....	\$ 79	D2335
One Surface Posterior .....	\$ 81	D2391
Two Surface Posterior .....	\$112	D2392
Three Surface Posterior .....	\$139	D2393
Four or More Surfaces, Posterior .....	\$172	D2394
<b>Crowns/Single Restorations Only</b>		
Crown-Resin (indirect) .....	\$ 86	D2710†
Crown-Resin with high noble metal .....	\$250	D2720†
Crown-Resin predominantly base metal .....	\$215	D2721†
Crown-Resin with noble metal .....	\$241	D2722†
Crown-Porcelain/Ceramic Substrate .....	\$253	D2740†
Crown-Porcelain fused to high noble metal .....	\$254	D2750†
Crown-Porcelain fused to predominantly base metal .....	\$237	D2751†
Crown-Porcelain fused to noble metal .....	\$246	D2752†
Crown-3/4 cast predominately base metal .....	\$252	D2781†

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RESTORATIVE SERVICES <i>(continued)</i>	Maximum Benefit	Code
<b>Crowns/Single Restorations Only <i>(continued)</i></b>		
Crown-Full cast high noble metal .....	\$227	D2790†
Crown-Full cast predominantly base metal .....	\$233	D2791†
Crown-Full cast noble metal .....	\$246	D2792†
<b>Other Restorative Services</b>		
Recement Inlay .....	\$ 17	D2910
Recement Post/Core.....	\$ 34	D2915★
Recement Crown .....	\$ 18	D2920
Prefabricated stainless steel Crown (primary tooth) .....	\$ 58	D2930†
Prefabricated stainless steel Crown (permanent tooth) .....	\$ 62	D2931†
Prefabricated Resin Crown .....	\$ 54	D2932†
Core Buildup and Pins.....	\$112	D2950★
Cast Post for Crowns.....	\$146	D2952★
Add Post Same Tooth.....	\$103	D2953★
Prefab Post/Crown.....	\$139	D2954★
Post Removal.....	\$ 93	D2955★
Prefab Post >1 per tooth.....	\$ 78	D2957★
Recement Implant/Abutment Supported Crown .....	\$ 22	D6092
Recement Implant/Abutment Supported Fixed Partial Denture.....	\$ 28	D6093
<b>ENDODONTICS</b>		
<b>Pulp Capping</b>		
Pulp Cap - Direct (excluding final restoration) .....	\$ 26	D3110
Pulp Cap - Indirect (excluding final restoration) .....	\$ 20	D3120
Pulpotomy - Therapeutic (excluding final restoration) .....	\$ 62	D3220
<b>Root Canal Therapy (include intra-operative radiographs)</b>		
Anterior (excludes final restoration) .....	\$244	D3310
Bicuspid (excludes final restoration) .....	\$304	D3320
Molar (excludes final restoration) .....	\$410	D3330
<b>Retreatment of Previous Root Canal Therapy</b>		
Anterior .....	\$266	D3346
Bicuspid .....	\$316	D3347
Molar .....	\$432	D3348
<b>PERIODONTICS</b>		
<b>Gingivectomy/Gingivoplasty</b>		
Per quadrant .....	\$155	D4210
1 - 3 teeth per quadrant .....	\$ 33	D4211
<b>Gingival Flap Procedure</b>		
Per quadrant - includes root planing .....	\$155	D4240
Gingival Flap - including root planing, 1-3 teeth per quadrant .....	\$117	D4241
<b>Osseous Surgery (including flap entry and closure)</b>		
4 or more contiguous teeth or bounded teeth spaces per quadrant .....	\$224	D4260
1-3 contiguous teeth or bounded teeth spaces per quadrant .....	\$120	D4261
<b>Bone Replacement Graft</b>		
First site in quadrant .....	\$228	D4263
Each additional site in quadrant .....	\$173	D4264
<b>Pedicle Soft Tissue Graft</b> .....	\$138	D4270
<b>Free Soft Tissue Graft</b> .....	\$178	D4271
<b>Provisional Splinting</b>		
Intracoronal .....	\$ 73	D4320
Extracoronal .....	\$ 84	D4321
<b>Periodontal Scaling and Root Planing</b>		
4 or more contiguous teeth or bounded teeth spaces per quadrant .....	\$ 70	D4341
<b>Full Mouth Debridement to Enable Comprehensive Periodontal Evaluation and Diagnosis</b> .....		
	\$ 35	D4355
<b>Periodontal Maintenance Procedure</b>		
Following active therapy .....	\$ 28	D4910
Unscheduled Dressing Change .....	\$ 14	D4920

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PROSTHODONTICS <i>(See note below)</i>	Maximum Benefit	Code
<b>Removable Prosthetics</b>		
Complete Denture - Maxillary .....	\$523	D5110•
Complete Denture - Mandibular .....	\$523	D5120•
Immediate Denture - Maxillary .....	\$442	D5130•
Immediate Denture - Mandibular .....	\$460	D5140•
<b>Partial Dentures (removable)</b>		
Maxillary Partial Denture - resin base (conventional clasps, rests and teeth) .....	\$442	D5211†
Mandibular Partial Denture - resin base (conventional clasps, rests and teeth) .....	\$501	D5212†
Maxillary Partial Denture - cast metal framework, resin base (conventional clasps, rests and teeth) .....	\$529	D5213†
Mandibular Partial Denture - cast metal framework, resin base (convention clasps, rests and teeth) .....	\$540	D5214†
Unilateral, Partial Denture, Removable - one piece cast metal (includes clasps and teeth) .....	\$173	D5281†
<b>Adjustments to Dentures</b>		
Adjust complete denture - Maxillary .....	\$ 25	D5410
Adjust complete denture - Mandibular .....	\$ 25	D5411
Adjust partial denture - Maxillary .....	\$ 25	D5421
Adjust partial denture - Mandibular .....	\$ 25	D5422
<b>Repairs to Complete Dentures</b>		
Repair broken complete denture base .....	\$ 48	D5510
Replace missing or broken teeth - complete denture (each tooth) .....	\$ 44	D5520
<b>Repairs to Partial Dentures</b>		
Repair resin denture base .....	\$ 48	D5610
Repair cast framework .....	\$ 62	D5620
Repair or replace broken clasp .....	\$ 54	D5630
Replace broken teeth - per tooth .....	\$ 41	D5640
Add tooth to existing partial denture .....	\$ 59	D5650
Add clasp to existing partial denture .....	\$ 77	D5660
<b>Denture Rebase Procedure</b>		
Rebase complete maxillary denture .....	\$179	D5710
Rebase complete mandibular denture .....	\$179	D5711
Rebase maxillary partial denture .....	\$179	D5720
Rebase mandibular partial denture .....	\$179	D5721
<b>Denture Reline Procedure</b>		
Reline complete maxillary denture (chairside) .....	\$109	D5730
Reline complete mandibular denture (chairside) .....	\$109	D5731
Reline maxillary partial denture (chairside) .....	\$109	D5740
Reline mandibular partial denture (chairside) .....	\$109	D5741
Reline complete maxillary denture (laboratory) .....	\$154	D5750
Reline complete mandibular denture (laboratory) .....	\$154	D5751
Reline maxillary partial denture (laboratory) .....	\$154	D5760
Reline mandibular partial denture (laboratory) .....	\$154	D5761
<b>Fixed Partial Denture Pontics</b>		
(Each retainer and each pontic constitutes a unit in a fixed partial denture)		
Pontic-Cast high noble metal .....	\$248	D6210†
Pontic-Cast predominantly base metal .....	\$219	D6211†
Pontic-Cast noble metal .....	\$224	D6212†
Pontic-Porcelain fused to high noble metal .....	\$249	D6240†
Pontic-Porcelain fused to predominantly base metal .....	\$227	D6241†
Pontic-Porcelain fused to noble metal .....	\$237	D6242†
Pontic-Resin with high noble metal .....	\$234	D6250†
Pontic-Resin with predominantly base metal .....	\$227	D6251†
Pontic-Resin with noble metal .....	\$257	D6252†

**Prosthodontics** to replace missing teeth are covered only for teeth that are lost while the plan participant is covered by this plan.

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PROSTHODONTICS <i>(See note below) (continued)</i>		Maximum Benefit	Code
<b>Fixed Partial Denture Retainers - Crowns</b>			
Crown-Resin with high noble metal .....	\$245	D6720†	
Crown-Resin with predominantly base metal .....	\$230	D6721†	
Crown-Resin with noble metal .....	\$211	D6722†	
Crown-Porcelain fused to high noble metal .....	\$250	D6750†	
Crown-Porcelain fused to predominantly base metals .....	\$232	D6751†	
Crown-Porcelain fused to noble metal .....	\$231	D6752†	
Crown-3/4 cast high noble metal .....	\$240	D6780†	
Crown-Full cast high noble metal .....	\$245	D6790†	
Crown-Full cast predominantly base metal .....	\$230	D6791†	
Crown-Full cast noble metal .....	\$234	D6792†	
<b>Other Fixed Partial Denture Services</b>			
Recent Fixed Partial Denture .....	\$ 23	D6930	
Fixed Partial Denture Repair, by report .....	\$ 45	D6980	
<b>ORAL SURGERY</b>			
<b>Extractions</b>			
Coronal Remnants - Deciduous Tooth .....	\$ 74	D7111	
Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal) .....	\$ 70	D7140	
<b>Surgical Extraction</b> (Includes local anesthesia, suturing if needed, and routine postoperative care)			
Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth .....	\$ 50	D7210	
Removal of impacted tooth - soft tissue .....	\$ 67	D7220	
Removal of impacted tooth - partially bony .....	\$ 90	D7230	
Removal of impacted tooth - completely bony .....	\$107	D7240	
Removal of impacted tooth - completely bony with unusual surgical complications .....	\$121	D7241	
Surgical removal of residual tooth roots (cutting procedure) .....	\$ 46	D7250	
<b>Other Surgical Procedures</b>			
Biopsy of oral tissue - hard (bone/tooth) .....	\$ 66	D7285	
Biopsy of soft tissue - soft (all others) .....	\$ 57	D7286	
Alveoloplasty in conjunction with extractions, per quadrant .....	\$ 46	D7310	
Alveoloplasty in conjunction with extractions - 1-3 teeth or tooth spaces, per quadrant .....	\$ 46	D7311	
Alveoloplasty not in conjunction with extractions, per quadrant .....	\$ 62	D7320	
Alveoloplasty not in conjunction with extractions - 1-3 teeth or tooth spaces, per quadrant .....	\$ 62	D7321	
Frenulectomy - separate procedure .....	\$ 83	D7960	
<b>ADJUNCTIVE GENERAL SERVICES</b>			
<b>Surgical Incision</b>			
Palliative (emergency) treatment of dental pain (minor procedure) .....	\$ 12	D9110	
<b>Anesthesia</b>			
<b>General Anesthesia and Intravenous Sedation will be covered only if a qualified medical condition exists with supporting documentation from the patient's medical provider.</b>			
General anesthesia - first 30 minutes .....	\$156	D9220	
General anesthesia - each additional 15 minutes .....	\$ 61	D9221	
Intravenous sedation/analgesia - first 30 minutes .....	\$180	D9241	
Intravenous sedation/analgesia - each additional 15 minutes .....	\$ 75	D9242	
<b>Miscellaneous Services</b>			
Occlusal guards, by report .....	\$110	D9940	
Occlusal adjustment, limited .....	\$ 39	D9951	
Occlusal adjustment, complete .....	\$ 77	D9952	