



**BlueCross BlueShield  
of Illinois**

SEIU Local 1 Participating Employers Health Trust

**BlueCare Dental™  
HMO Plan 740**

**BENEFITS SCHEDULE**

ADA Code	Procedure	Patient Copay
D0120	Periodic Oral Evaluation - Established Patient	\$0
D0140	Limited Oral Evaluation - Problem Focused	0
D0145	Oral Evaluation for a Patient Under Three Years of Age and Counseling with Primary Caregiver	0
D0150	Comprehensive Oral Evaluation - New or Established Patient	0
D0160	Detailed and Extensive Oral Evaluation - Problem Focused, by Report	0
D0170	Re-Evaluation - Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	0
D0180	Comprehensive Periodontal Evaluation - New or Established Patient	0
D0210	Intraoral - Complete Series of Radiographic Images	0
D0220	Intraoral - Periapical First Radiographic Image	0
D0230	Intraoral - Periapical Each Additional Radiographic Image	0
D0240	Intraoral - Occlusal Radiographic Image	0
D0251	Extra-Oral Posterior Dental Radiographic Image	0
D0270	Bitewing - Single Radiographic Image	0
D0272	Bitewings - Two Radiographic Images	0
D0273	Bitewings - Three Radiographic Images	0
D0274	Bitewings - Four Radiographic Images	0
D0277	Vertical Bitewings - Seven to Eight Radiographic Images	0
D0320	Temporomandibular Joint Arthrogram, Including Injection	0
D0330	Panoramic Radiographic Image	0
D0340	2D Cephalometric Radiographic Image - Acquisition, Measurement and Analysis	0
D0350	2D Oral/Facial Photographic Image Obtained Intra-orally or Extra-orally	0
D0460	Pulp Vitality Tests	0
D0470	Diagnostic Casts	0
D0473	Accession of Tissue, Gross and Microscopic Examination, Preparation and Transmission of Written Report	0
D0474	Accession of Tissue, Gross and Microscopic Examination	0
D0999	Unspecified Diagnostic Procedure, by Report	0
D1110	Prophylaxis - Adult	0
D1120	Prophylaxis - Child	0
D1208	Topical Application of Fluoride - Excluding Varnish	0
D1310	Nutritional Counseling for Control of Dental Disease	0
D1330	Oral Hygiene Instructions	0
D1351	Sealant - Per Tooth	0
D1352	Preventive Resin Restoration in a Moderate to High Caries Risk Patient - Permanent Tooth	0
D1353	Sealant Repair - Per Tooth	0
D1354	Interim Caries Arresting Medicament Application - Per Tooth	0
D1510	Space Maintainer - Fixed - Unilateral	0
D1516	Space Maintainer - Fixed - Bilateral, Maxillary	0
D1517	Space Maintainer - Fixed - Bilateral, Mandibular	0
D1520	Space Maintainer - Removable - Unilateral	0
D1526	Space Maintainer - Removable - Bilateral, Maxillary	0
D1527	Space Maintainer - Removable - Bilateral, Mandibular	0
D1550	Recement or Rebond Space Maintainer	0
D1555	Removal of Fixed Space Maintainer	0
D1575	Distal Shoe Space Maintainer - Fixed - Unilateral	0
D2140	Amalgam - One Surface, Primary or Permanent	0
D2150	Amalgam - Two Surfaces, Primary or Permanent	0
D2160	Amalgam - Three Surfaces, Primary or Permanent	0
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	0
D2330	Resin-Based Composite - One Surface, Anterior	0
D2331	Resin-Based Composite - Two Surfaces, Anterior	0
D2332	Resin-Based Composite - Three Surfaces, Anterior	0

ADA Code	Procedure	Patient Copay
D2335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle (Anterior)	\$0
D2390	Resin-Based Composite Crown, Anterior	0
D2391	Resin-Based Composite - One Surface, Posterior	0
D2392	Resin-Based Composite - Two Surfaces, Posterior	0
D2393	Resin-Based Composite - Three Surfaces, Posterior	0
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	0
D2510	Inlay - Metallic - One Surface	225
D2520	Inlay - Metallic - Two Surfaces	225
D2530	Inlay - Metallic - Three or More Surfaces	225
D2542	Onlay - Metallic - Two Surfaces	225
D2543	Onlay - Metallic - Three Surfaces	225
D2544	Onlay - Metallic - Four or More Surfaces	225
D2610	Inlay - Porcelain/Ceramic - One Surface	225
D2620	Inlay - Porcelain/Ceramic - Two Surfaces	225
D2630	Inlay - Porcelain/Ceramic - Three or More Surfaces	225
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	225
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	225
D2644	Onlay - Porcelain/Ceramic - Four or More Surfaces	225
D2650	Inlay - Resin-Based Composite - One Surface	225
D2651	Inlay - Resin-Based Composite - Two Surfaces	225
D2652	Inlay - Resin-Based Composite - Three or More Surfaces	225
D2662	Onlay - Resin-Based Composite - Two Surfaces	225
D2663	Onlay - Resin-Based Composite - Three Surfaces	225
D2664	Onlay - Resin-Based Composite - Four or More Surfaces	225
D2710	Crown - Resin-Based Composite (Indirect)	105
D2712	Crown - 3/4 Resin-based Composite (Indirect)	105
D2720	Crown - Resin with High Noble Metal	225
D2721	Crown - Resin with Predominantly Base Metal	225
D2722	Crown - Resin with Noble Metal	225
D2740	Crown - Porcelain/Ceramic Substrate	225
D2750	Crown - Porcelain Fused to High Noble Metal	225
D2751	Crown - Porcelain Fused to Predominantly Base Metal	225
D2752	Crown - Porcelain Fused to Noble Metal	225
D2780	Crown - 3/4 Cast High Noble Metal	225
D2781	Crown - 3/4 Cast Predominantly Base Metal	225
D2782	Crown - 3/4 Cast Noble Metal	225
D2783	Crown - 3/4 Porcelain/Ceramic	225
D2790	Crown - Full Cast High Noble Metal	225
D2791	Crown - Full Cast Predominantly Base Metal	225
D2792	Crown - Full Cast Noble Metal	225
D2794	Crown - Titanium	225
D2799	Provisional Crown - Further Treatment or Completion of Diagnosis Necessary Prior to Final Impression	70
D2910	Re-Cement or Re-Bond Inlay, Onlay, Veneer or Partial Coverage Restoration	0
D2915	Re-Cement or Re-Bond Indirectly Fabricated or Prefabricated Post and Core	0
D2920	Re-Cement or Re-Bond Crown	0
D2921	Reattachment of Tooth Fragment, Incisal Edge or Cusp	0
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	0
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	65
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	0
D2932	Prefabricated Resin Crown	0
D2933	Prefabricated Stainless Steel Crown with Resin Window	0
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	0
D2940	Protective Restoration	0
D2941	Interim Therapeutic Restoration - Primary Dentition	0
D2949	Restorative Foundation for an Indirect Restoration	0
D2950	Core Buildup, Including any Pins when Required	0
D2951	Pin Retention - Per Tooth, in Addition to Restoration	0
D2952	Post and Core in Addition to Crown, Indirectly Fabricated	0
D2953	Each Additional Indirectly Fabricated Post - Same Tooth	0
D2954	Prefabricated Post and Core in Addition to Crown	0
D2957	Each Additional Prefabricated Post - Same Tooth	0
D2980	Crown Repair Necessitated by Restorative Material Failure	0
D2981	Inlay Repair Necessitated by Restorative Material Failure	0
D2982	Onlay Repair Necessitated by Restorative Material Failure	0
D2983	Veneer Repair Necessitated by Restorative Material Failure	0

ADA Code	Procedure	Patient Copay
D2990	Resin Infiltration of Incipient Smooth Surface Lesions	\$0
D2999	Unspecified Restorative Procedure, by Report	0
D3110	Pulp Cap - Direct (Excluding Final Restoration)	0
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	0
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	75
D3221	Pulpal Debridement, Primary and Permanent Teeth	45
D3222	Partial Pulpotomy for Apexogenesis - Permanent Tooth with Incomplete Root Development	75
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	75
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	75
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	75
D3320	Endodontic Therapy, Premolar Bicuspid Tooth (Excluding Final Restorations)	150
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restorations)	225
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth	45
D3346	Retreatment of Previous Root Canal Therapy - Anterior	75
D3347	Retreatment of Previous Root Canal Therapy - Bicuspid Premolar	150
D3348	Retreatment of Previous Root Canal Therapy - Molar	225
D3351	Apexification/Recalcification - Initial Visit	50
D3352	Apexification/Recalcification - Interim Medication Replacement	25
D3353	Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy)	75
D3355	Pulpal Regeneration - Initial Visit	50
D3356	Pulpal Regeneration - Interim Medication Replacement	25
D3357	Pulpal Regeneration - Completion of Treatment	50
D3410	Apicoectomy - Anterior	75
D3421	Apicoectomy - Bicuspid Premolar (First Root)	75
D3425	Apicoectomy - Molar (First Root)	75
D3426	Apicoectomy (Each Additional Root)	75
D3427	Periradicular Surgery Without Apicoectomy	75
D3428	Bone Graft in Conjunction with Periradicular Surgery - Per Tooth, Single Site	0
D3429	Bone Graft in Conjunction with Periradicular Surgery - Each Additional Contiguous Tooth in the Same Surgical Site	0
D3430	Retrograde Filling - Per Root	0
D3450	Root Amputation - Per Root	85
D3910	Surgical Procedure for Isolation of Tooth with Rubber Dam	75
D3920	Hemisection (Including any Root Removal), Not Including Root Canal Therapy	75
D3950	Canal Preparation and Fitting of Preformed Dowel or Post	0
D3999	Unspecified Endodontic Procedure, by Report	0
D4210	Gingivectomy or Gingivoplasty - Four or more Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	75
D4211	Gingivectomy or Gingivoplasty - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	75
D4212	Gingivectomy or Gingivoplasty to Allow Access for Restorative Procedure, Per Tooth	75
D4230	Anatomical Crown Exposure - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	75
D4231	Anatomical Crown Exposure - One to Three Teeth or Tooth Bounded Spaces Per Quadrant	75
D4240	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	75
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	75
D4249	Clinical Crown Lengthening - Hard Tissue	75
D4260	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) - Four or More Contiguous Teeth	75
D4261	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) - One to Three Contiguous Teeth	75
D4263	Bone Replacement Graft - Retained Natural Tooth - First Site in Quadrant	0
D4270	Pedicle Soft Tissue Graft Procedure	0
D4273	Autogenous Connective Tissue Graft Procedure (Including Donor and Recipient Surgical Sites) - First Tooth, Implant or Edentulous Tooth Position in Graft	125
D4274	Mesial/Distal Wedge Procedure, Single Tooth (When not Performed in Conjunction with Surgical Procedures in the Same Anatomical Area)	50
D4275	Non-Autogenous Connective Tissue Graft (Including Recipient Site and Donor Material) - First Tooth, Implant or Edentulous Tooth Position in Graft Site	150
D4276	Combined Connective Tissue and Double Pedicle Graft, Per Tooth	175
D4277	Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Sites) - First Tooth, Implant or Edentulous Tooth Position in Graft Site	150
D4278	Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Sites) - Each Additional Contiguous Tooth, Implant or Edentulous Tooth Position in Same Graft Site	75
D4283	Autogenous Connective Tissue Graft Procedure (Including Donor and Recipient Surgical Sites) - Each Additional Contiguous Tooth, Implant or Edentulous Tooth Position in Same Graft Site	125
D4285	Non-Autogenous Connective Tissue Graft Procedure (Including Donor and Recipient Surgical Sites) - Each Additional Contiguous Tooth, Implant or Edentulous Tooth Position in Same Graft Site	150
D4321	Provisional Splinting - Extracoronal	175
D4341	Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant	75
D4342	Periodontal Scaling and Root Planing - One to Three Teeth Per Quadrant	75

ADA Code	Procedure	Patient Copay
D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	\$0
D4355	Full Mouth Debridement to Enable Comprehensive Oral Evaluation and Diagnosis on a Subsequent Visit	0
D4381	Localized Delivery of Antimicrobial Agents via a Controlled Release Vehicle into Diseased Crevicular Tissue, Per Tooth	0
D4910	Periodontal Maintenance	0
D4920	Unscheduled Dressing Change (by Someone Other Than Treating Dentist or Their Staff)	0
D4999	Unspecified Periodontal Procedure, by Report	0
D5110	Complete Denture - Maxillary	245
D5120	Complete Denture - Mandibular	245
D5130	Immediate Denture - Maxillary	245
D5140	Immediate Denture - Mandibular	245
D5211	Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests and Teeth)	255
D5212	Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests and Teeth)	255
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases	255
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases	255
D5221	Immediate Maxillary Partial Denture - Resin Base (Including any Conventional Clasps, Rests and Teeth)	255
D5222	Immediate Mandibular Partial Denture - Resin Base (Including any Conventional Clasps, Rests and Teeth)	255
D5223	Immediate Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	255
D5224	Immediate Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	255
D5225	Maxillary Partial Denture - Flexible Base (Including any Clasps, Rests and Teeth)	255
D5226	Mandibular Partial Denture - Flexible Base (Including any Clasps, Rests and Teeth)	255
D5282	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps and Teeth), Maxillary	255
D5283	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps and Teeth), Mandibular	255
D5410	Adjust Complete Denture - Maxillary	0
D5411	Adjust Complete Denture - Mandibular	0
D5421	Adjust Partial Denture - Maxillary	0
D5422	Adjust Partial Denture - Mandibular	0
D5511	Repair Broken Complete Denture Base, Mandibular	0
D5512	Repair Broken Complete Denture Base, Maxillary	0
D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	0
D5611	Repair Resin Partial Denture Base, Mandibular	0
D5612	Repair Resin Partial Denture Base, Maxillary	0
D5621	Repair Cast Partial Framework, Mandibular	0
D5622	Repair Cast Partial Framework, Maxillary	0
D5630	Repair or Replace Broken Retentive/Clasping Materials Per Tooth	0
D5640	Replace Broken Teeth - Per Tooth	0
D5650	Add Tooth to Existing Partial Denture	0
D5660	Add Clasp to Existing Partial Denture - Per Tooth	0
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (Maxillary)	200
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)	200
D5710	Rebase Complete Maxillary Denture	0
D5711	Rebase Complete Mandibular Denture	0
D5720	Rebase Maxillary Partial Denture	0
D5721	Rebase Mandibular Partial Denture	0
D5730	Reline Complete Maxillary Denture (Chairside)	0
D5731	Reline Complete Mandibular Denture (Chairside)	0
D5740	Reline Maxillary Partial Denture (Chairside)	0
D5741	Reline Mandibular Partial Denture (Chairside)	0
D5750	Reline Complete Maxillary Denture (Laboratory)	0
D5751	Reline Complete Mandibular Denture (Laboratory)	0
D5760	Reline Maxillary Partial Denture (Laboratory)	0
D5761	Reline Mandibular Partial Denture (Laboratory)	0
D5820	Interim Partial Denture (Maxillary)	185
D5821	Interim Partial Denture (Mandibular)	185
D5863	Overdenture - Complete Maxillary	400
D5864	Overdenture - Partial Maxillary	400
D5865	Overdenture - Complete Mandibular	400
D5866	Overdenture - Partial Mandibular	400
D5899	Unspecified Removable Prosthodontic Procedure, by Report	0
D5999	Unspecified Maxillofacial Prosthesis, by Report	0
D6092	Re-Cement or Re-Bond Implant/Abutment Supported Crown	0
D6093	Re-Cement or Re-Bond Implant/Abutment Supported Fixed Partial Denture	0
D6205	Pontic - Indirect Resin Based Composite	225
D6210	Pontic - Cast High Noble Metal	225

ADA Code	Procedure	Patient Copay
D6211	Pontic - Cast Predominantly Base Metal	\$225
D6212	Pontic - Cast Noble Metal	225
D6214	Pontic - Titanium	225
D6240	Pontic - Porcelain Fused to High Noble Metal	225
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	225
D6242	Pontic - Porcelain Fused to Noble Metal	225
D6245	Pontic - Porcelain/Ceramic	225
D6250	Pontic - Resin with High Noble Metal	225
D6251	Pontic - Resin with Predominantly Base Metal	225
D6252	Pontic - Resin with Noble Metal	225
D6253	Provisional Pontic - Further Treatment or Completion of Diagnosis Necessary Prior to Final Impression	0
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis	225
D6548	Retainer - Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	225
D6549	Resin Retainer - for Resin Bonded Fixed Prosthesis	225
D6600	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	225
D6601	Retainer Inlay - Porcelain/Ceramic, Three or More Surfaces	225
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces	225
D6603	Retainer Inlay - Cast High Noble Metal, Three or More Surfaces	225
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	225
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three or More Surfaces	250
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	225
D6607	Retainer Inlay - Cast Noble Metal, Three or More Surfaces	225
D6608	Retainer Onlay - Porcelain/Ceramic, Two Surfaces	225
D6609	Retainer Onlay - Porcelain/Ceramic, Three or More Surfaces	225
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	225
D6611	Retainer Onlay - Cast High Noble Metal, Three or More Surfaces	225
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	225
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three or More Surfaces	225
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	225
D6615	Retainer Onlay - Cast Noble Metal, Three or More Surfaces	225
D6624	Retainer Inlay - Titanium	225
D6634	Retainer Onlay - Titanium	225
D6710	Retainer Crown - Indirect Resin Based Composite	225
D6720	Retainer Crown - Resin with High Noble Metal	225
D6721	Retainer Crown - Resin with Predominantly Base Metal	225
D6722	Retainer Crown - Resin with Noble Metal	225
D6740	Retainer Crown - Porcelain/Ceramic	225
D6750	Retainer Crown - Porcelain Fused to High Noble Metal	225
D6751	Retainer Crown - Porcelain Fused to Predominantly Base Metal	225
D6752	Retainer Crown - Porcelain Fused to Noble Metal	225
D6780	Retainer Crown - 3/4 Cast High Noble Metal	225
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	225
D6782	Retainer Crown - 3/4 Cast Noble Metal	225
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	225
D6790	Retainer Crown - Full Cast High Noble Metal	225
D6791	Retainer Crown - Full Cast Predominantly Base Metal	225
D6792	Retainer Crown - Full Cast Noble Metal	225
D6793	Provisional Retainer Crown - Further Treatment or Completion of Diagnosis Necessary Prior to Final Impression	0
D6794	Retainer Crown - Titanium	225
D6930	Re-Cement or Re-Bond Fixed Partial Denture	0
D6980	Fixed Partial Denture Repair Necessitated by Restorative Material Failure	0
D6985	Pediatric Partial Denture, Fixed	0
D6999	Unspecified Fixed Prosthodontic Procedure, by Report	0
D7111	Extraction, Coronal Remnants - Primary Deciduous Tooth	15
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	15
D7210	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated	55
D7220	Removal of Impacted Tooth - Soft Tissue	65
D7230	Removal of Impacted Tooth - Partially Bony	85
D7240	Removal of Impacted Tooth - Completely Bony	85
D7241	Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	85
D7250	Removal of Residual Tooth Roots (Cutting Procedure)	85
D7251	Coronectomy - Intentional Partial Tooth Removal	85
D7280	Exposure of an Unerupted Tooth	85
D7286	Incisional Biopsy of Oral Tissue-Soft	95

ADA Code	Procedure	Patient Copay
D7290	Surgical Repositioning of Teeth	\$0
D7310	Alveoloplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	95
D7311	Alveoloplasty in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	50
D7320	Alveoloplasty not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	95
D7321	Alveoloplasty not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	50
D7440	Excision of Malignant Tumor - Lesion Diameter up to 1.25 cm	0
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter up to 1.25 cm	0
D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater than 1.25 cm	100
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	95
D7511	Incision and Drainage of Abscess - Intraoral Soft Tissue - Complicated (Includes Drainage of Multiple Fascial Spaces)	95
D7550	Partial Osteotomy/Sequestrectomy for Removal of Non-Vital Bone	0
D7960	Frenulectomy - Also Known as Frenectomy or Frenotomy - Separate Procedure Not Incidental to Another Procedure	95
D7963	Frenuloplasty	150
D7970	Excision of Hyperplastic Tissue - Per Arch	150
D7971	Excision of Pericoronal Gingiva	75
D7999	Unspecified Oral Surgery Procedure, by Report	0
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	1,950
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	1,950
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition	2,450
D8660	Pre-Orthodontic Treatment Examination to Monitor Growth and Development	30
D8680	Orthodontic Retention (Removal of Appliances, Construction and Placement of Retainer(s))	0
D8693	Re-Cement or Re-Bond Fixed Retainer	0
D8694	Repair of Fixed Retainers, Includes Reattachment	0
D8695	Removal of Fixed Orthodontic Appliances for Reasons Other than Completion of Treatment	0
D8999	Unspecified Orthodontic Procedure, by Report	250
D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	45
D9120	Fixed Partial Denture Sectioning	0
D9210	Local Anesthesia Not in Conjunction with Operative or Surgical Procedures	0
D9211	Regional Block Anesthesia	0
D9212	Trigeminal Division Block Anesthesia	0
D9215	Local Anesthesia in Conjunction with Operative or Surgical Procedures	0
D9219	Evaluation for Moderate Sedation, Deep Sedation or General Anesthesia	0
D9222	Deep Sedation/General Anesthesia - First 15 Minutes (Medical Necessity Required)	40
D9223	Deep Sedation/General Analgesia - Each Subsequent 15 Minute Increment (Medical Necessity Required)	40
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minute Increment (Medical Necessity Required)	40
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute Increment (Medical Necessity Required)	40
D9248	Non-Intravenous Conscious Sedation	20
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist or Physician	0
D9430	Office Visit for Observation (During Regularly Scheduled Hours) - No Other Services Performed	15
D9440	Office Visit - After Regularly Scheduled Hours	15
D9450	Case Presentation, Detailed and Extensive Treatment Planning	0
D9910	Application of Desensitizing Medicament	0
D9932	Cleaning and Inspection of Removable Complete Denture, Maxillary (Two Per Year)	0
D9933	Cleaning and Inspection of Removable Complete Denture, Mandibular (Two Per Year)	0
D9934	Cleaning and Inspection of Removable Partial Denture, Maxillary (Two Per Year)	0
D9935	Cleaning and Inspection of Removable Partial Denture, Mandibular (Two Per Year)	0
D9942	Repair and/or Reline of Occlusal Guard	50
D9943	Occlusal Guard Adjustment	0
D9944	Occlusal Guard - Hard Appliance, Full Arch	165
D9945	Occlusal Guard - Soft Appliance, Full Arch	165
D9946	Occlusal Guard - Hard Appliance, Partial Arch	165
D9951	Occlusal Adjustment - Limited	0
D9952	Occlusal Adjustment - Complete	0
D9987	Cancelled Appointment (Less than 24 hours)	Office Discretion
D9986	No Show (per 1/2 hour)	Office Discretion

Dependents: Unmarried Children to Age 26  
Military Veterans to Age 30

