

PEDODONTICS - SPECIALISTS								
Code	Description	DP	DPO	DP1	DP2	DP3	DP4	DH7
DIAGNOSTIC & PREVENTIVE								
D0120	Periodic Oral Evaluation - Established Patient	100%	100%	100%	100%	100%	100%	100%
D0140	Limited Oral Evaluation - Problem Focused	100%	100%	100%	100%	100%	100%	100%
D0210	Intraoral - Comprehensive Series Of Radiographic Images	100%	100%	100%	100%	100%	100%	100%
D0220	Intraoral - Periapical First Radiographic Image	100%	100%	100%	100%	100%	100%	100%
D0230	Intraoral - Periapical Each Additional Radiographic Image	100%	100%	100%	100%	100%	100%	100%
D0270	Bitewing - Single Radiographic Image	100%	100%	100%	100%	100%	100%	100%
D0272	Bitewings - Two Radiographic Images	100%	100%	100%	100%	100%	100%	100%
D0274	Bitewings - Four Radiographic Images	100%	100%	100%	100%	100%	100%	100%
D0330	Panoramic Radiographic Image	100%	100%	100%	100%	100%	100%	100%
D0460	Pulp Vitality Tests	100%	100%	100%	100%	100%	100%	100%
D1110	Prophylaxis - Adult	100%	100%	100%	100%	100%	100%	100%
D1120	Prophylaxis - Child	100%	100%	100%	100%	100%	100%	100%
D1206	Topical Application of Flouride varnish	100%	100%	100%	100%	100%	100%	100%
D1208	Topical Application of Flouride - excluding varnish	100%	100%	100%	100%	100%	100%	100%
D1351	Sealant - per tooth	100%	100%	100%	100%	100%	100%	100%
D1510	Space Maintainer - Fixed, Unilateral - Per Quadrant	100%	100%	100%	100%	100%	100%	100%
D1516	Space maintainer - fixed - bilateral, maxillary	100%	100%	100%	100%	100%	100%	100%
D1517	Space maintainer - fixed - bilateral, mandibular	100%	100%	100%	100%	100%	100%	100%
D1520	Space Maintainer - Removable, Unilateral - Per Quadrant	100%	100%	100%	100%	100%	100%	100%
D1526	Space Maintainer For Removable-Bilateral, Maxillary	100%	100%	100%	100%	100%	100%	100%
D1527	Space Maintainer For Removable-Bilateral, Mandibular	100%	100%	100%	100%	100%	100%	100%
D1551	Re-cement or re-bond space maintainer - maxillary	100%	100%	100%	100%	100%	100%	100%
D1552	Re-cement or re-bond space maintainer - mandibular	100%	100%	100%	100%	100%	100%	100%
D9310	Professional Consultation	100%	100%	100%	100%	100%	100%	100%
D9420	Hospital or Ambulatory Surgical Center Call	100%	100%	100%	100%	100%	100%	100%
RESTORATIVE								
D2140	Amalgam-One Surface Primary Or Permanent	N/C	25%	25%	25%	25%	25%	30%
D2150	Amalgam-Two Surfaces Primary Or Permanent	N/C	25%	25%	25%	25%	25%	30%
D2160	Amalgam-Three Surfaces Primary Or Permanent	N/C	25%	25%	25%	25%	25%	30%
D2161	Amalgam-Four/More Surfaces Primary/Permanent	N/C	25%	25%	25%	25%	25%	30%
D2330	Resin-Based Composite - One Surface Anterior	N/C	25%	25%	25%	25%	25%	30%
D2331	Resin-Based Composite - Two Surfaces Anterior	N/C	25%	25%	25%	25%	25%	30%
D2332	Resin-Based Composite - Three Surfaces Anterior	N/C	25%	25%	25%	25%	25%	30%
D2335	Resin-Based Composite - 4 Or More Surfaces Or Involving Incisal Angle - Anterior	N/C	25%	25%	25%	25%	25%	30%
D2391	Resin-Based Composite - One Surface Posterior	N/C	25%	25%	25%	25%	25%	30%
D2392	Resin-Based Composite - Two Surfaces Posterior	N/C	25%	25%	25%	25%	25%	30%
D2393	Resin-Based Composite - Three Surfaces Posterior	N/C	25%	25%	25%	25%	25%	30%
D2394	Resin Compos - Four Or More Surfaces Posterior	N/C	25%	25%	25%	25%	25%	30%
RESTORATIVE-OTHER SERVICES								
D2920	Re-Cement Or Re-Bond Crown	N/C	N/C	25%	25%	25%	25%	30%
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	N/C	N/C	25%	25%	25%	25%	30%
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	N/C	N/C	25%	25%	25%	25%	30%
D2940	Protective Restoration	N/C	25%	25%	25%	25%	25%	30%
D2951	Pin Retention - Per Tooth Addition Restoration	N/C	25%	25%	25%	25%	25%	30%
CROWN SINGLE RESTORATIONS ONLY								
D2750	Crown - Porcelain Fused To High Noble Metal	N/C	N/C	50%	50%	50%	50%	50%
D2751	Crown - Porcelain Fused Predominantly Base Metal	N/C	N/C	50%	50%	50%	50%	50%
D2752	Crown - Porcelain Fused To Noble Metal	N/C	N/C	50%	50%	50%	50%	50%
ENDODONTICS								
D3110	Pulp Cap - Direct	N/C	25%	25%	25%	25%	25%	40%
D3120	Pulp Cap - Indirect	N/C	25%	25%	25%	25%	25%	40%

D3220	Therapeutic Pulpotomy-Removal Of Pulp Coronal Dentinocemental Junction	N/C	25%	25%	25%	25%	25%	40%
D3221	Pulpal Debridement Primary And Permanent Teeth	N/C	25%	25%	25%	25%	25%	40%
D3230	Pulpal Therapy - Anterior Primary Tooth	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	N/C	25%	25%	25%	25%	25%	40%
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	N/C	25%	25%	25%	25%	25%	40%
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	N/C	25%	25%	25%	25%	25%	40%
D3351	Apexification/Recalcification – Initial Visit (Apical Closure / Calcific Repair Of Perforations, Root Resorption, Pulp Space Disinfection, Etc.)	N/C	N/C	N/C	25%	25%	25%	40%
ORAL SURGERY								
D7111	Extraction, Coronal Remnants - Primary Tooth	N/C	N/C	N/C	N/C	N/C	N/C	N/C
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/ Or Forceps Removal)	N/C	25%	25%	25%	25%	25%	30%
D7210	Extraction, Erupted Tooth Requiring Removal Of Bone And/Or Sectioning Of Tooth, And Including Elevation Of Mucoperiosteal Flap If Indicated	N/C	25%	25%	25%	25%	25%	50%
D7220	Removal Of Impacted Tooth - Soft Tissue	N/C	25%	25%	25%	25%	25%	50%
D7230	Removal Of Impacted Tooth - Partially Bony	N/C	25%	25%	25%	25%	25%	50%
D7240	Removal Of Impacted Tooth - Completely Bony	N/C	25%	25%	25%	25%	25%	50%
D7250	Removal Of Residual Tooth Roots - Cutting Procedure	N/C	25%	25%	25%	25%	25%	50%
D7260	Oroantral Fistula Closure	N/C	N/C	N/C	25%	25%	25%	50%
D7270	Tooth Reimplantation And/Or Stabilation Of Accidentally Evulsed Or Displaced Tooth	N/C	N/C	N/C	25%	25%	25%	50%
D7280	Exposure Of An Unerupted Tooth	N/C	25%	25%	25%	25%	25%	50%
D7510	Incision&Drainage Of Abscess - Intraoral Soft Tissue See Code 41800	N/C	25%	25%	25%	25%	25%	30%
D7961	Buccal / Labial Frenectomy (Frenulectomy)	N/C	N/C	N/C	25%	25%	25%	30%
D7962	Lingual Frenectomy (Frenulectomy)	N/C	N/C	N/C	25%	25%	25%	30%
D7971	Excision Pericoronal Gingiva See Also Code 41821	N/C	25%	25%	25%	25%	25%	30%
ADJUNCTIVE GENERAL SERVICES								
D9110	Palliative Treatment Of Dental Pain, Per Visit	N/C	25%	25%	25%	25%	25%	30%
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	N/C	25%	25%	25%	25%	25%	30%
D9223	Deep Sedation/General Anesthesia – Each Subsequent 15 Minute Increment	N/C	25%	25%	25%	25%	25%	30%
D9910	Application Of Desensitizing Medicament	N/C	N/C	N/C	25%	25%	25%	30%
D9930	Treatment Of Complications - Unusual Circumstances By Report	N/C	N/C	N/C	25%	25%	25%	30%
ORTHODONTICS								
Benefit per policy year maximum		N/C	N/C	N/C	\$1,000	\$1,000	N/C	\$1,000 by reimbursement
D8660	Pre-Orthodontic Treatment Examination To Monitor Growth And Development	N/C	N/C	N/C	50%	50%	N/C	100%