

PROSTHODONTIST - SPECIALISTS							
Code	Description	DP	DPO	DP1	DP2	DP3	DP4
DIAGNOSTIC & PREVENTIVE		Covered in full					
D0120	Periodic Oral Evaluation - Established Patient	100%	100%	100%	100%	100%	100%
D0140	Limited Oral Evaluation - Problem Focused	100%	100%	100%	100%	100%	100%
D0210	Intraoral - Comprehensive Series Of Radiographic Images	100%	100%	100%	100%	100%	100%
D0220	Intraoral - Periapical First Radiographic Image	100%	100%	100%	100%	100%	100%
D0230	Intraoral - Periapical Each Additional Radiographic Image	100%	100%	100%	100%	100%	100%
D0270	Bitewing - Single Radiographic Image	100%	100%	100%	100%	100%	100%
D0272	Bitewings - Two Radiographic Images	100%	100%	100%	100%	100%	100%
D0274	Bitewings - Four Radiographic Images	100%	100%	100%	100%	100%	100%
D0330	Panoramic Radiographic Image	100%	100%	100%	100%	100%	100%
D0460	Pulp Vitality Tests	100%	100%	100%	100%	100%	100%
D1110	Prophylaxis - Adult	100%	100%	100%	100%	100%	100%
D1120	Prophylaxis - Child	100%	100%	100%	100%	100%	100%
D1206	Topical Application of Flouride varnish	100%	100%	100%	100%	100%	100%
D1208	Topical Application of Flouride - excluding varnish	100%	100%	100%	100%	100%	100%
D1351	Sealant - per tooth	100%	100%	100%	100%	100%	100%
D1510	Space Maintainer - Fixed, Unilateral - Per Quadrant	100%	100%	100%	100%	100%	100%
D1516	Space Maintainer For Fixed-Bilateral, Maxillary	100%	100%	100%	100%	100%	100%
D1517	Space Maintainer For Fixed-Bilateral, Mandibular	100%	100%	100%	100%	100%	100%
D1551	Re-cement or re-bond space maintainer - maxillary	100%	100%	100%	100%	100%	100%
D1552	Re-cement or re-bond space maintainer - mandibular	100%	100%	100%	100%	100%	100%
D9310	Consultation	100%	100%	100%	100%	100%	100%
RESTORATIVE		Coinsurance					
D2140	Amalgam-One Surface Primary Or Permanent	N/C	25%	25%	25%	25%	25%
D2150	Amalgam-Two Surfaces Primary Or Permanent	N/C	25%	25%	25%	25%	25%
D2160	Amalgam-Three Surfaces Primary Or Permanent	N/C	25%	25%	25%	25%	25%
D2161	Amalgam-Four/More Surfaces Primary/Permanent	N/C	25%	25%	25%	25%	25%
D2330	Resin-Based Composite - One Surface Anterior	N/C	25%	25%	25%	25%	25%
D2331	Resin-Based Composite - Two Surfaces Anterior	N/C	25%	25%	25%	25%	25%
D2332	Resin-Based Composite - Three Surfaces Anterior	N/C	25%	25%	25%	25%	25%
D2335	Resin-Based Composite - 4 Or More Surfaces Or Involving Incisal Angle - Anterior	N/C	25%	25%	25%	25%	25%
D2391	Resin-Based Composite - One Surface Posterior	N/C	25%	25%	25%	25%	25%
D2392	Resin-Based Composite - Two Surfaces Posterior	N/C	25%	25%	25%	25%	25%
D2393	Resin-Based Composite - Three Surfaces Posterior	N/C	25%	25%	25%	25%	25%
D2394	Resin Compos - Four Or More Surfaces Posterior	N/C	25%	25%	25%	25%	25%
CROWN SINGLE RESTORATIONS ONLY		PREDETERMINATION REQUIRED					
Benefit maximum combined, per policy year, for single crowns and prosthodontics.		N/C	N/C	\$800	\$800	\$1,000	\$1,000
D2740	Crown - Porcelain/Ceramic	N/C	N/C	50%	50%	50%	50%
D2750	Crown - Porcelain Fused To High Noble Metal	N/C	N/C	50%	50%	50%	50%
D2751	Crown - Porcelain Fused Predominantly Base Metal	N/C	N/C	50%	50%	50%	50%
D2752	Crown - Porcelain Fused To Noble Metal	N/C	N/C	50%	50%	50%	50%
D2790	Crown - Full Cast High Noble Metal	N/C	N/C	50%	50%	50%	50%
RESTORATIVE - OTHER SERVICES							
D2920	Re-Cement Or Re-Bond Crown	N/C	N/C	25%	25%	25%	25%
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	N/C	N/C	25%	25%	25%	25%
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	N/C	N/C	25%	25%	25%	25%
D2940	Protective Restoration	N/C	25%	25%	25%	25%	25%
D2951	Pin Retention - Per Tooth Addition Restoration	N/C	25%	25%	25%	25%	25%
D2954	Prefabricated Post And Core In Addition To Crown	N/C	N/C	25%	25%	25%	25%

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ENDODONTICS							
D3110	Pulp Cap - Direct	N/C	25%	25%	25%	25%	25%
D3120	Pulp Cap - Indirect	N/C	25%	25%	25%	25%	25%
D3220	Therapeutic Pulpotomy-Removal Of Pulp Coronal Dentinoceamental Junction	N/C	25%	25%	25%	25%	25%
D3221	Pulpal Debridement Primary And Permanent Teeth	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%
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	N/C	25%	25%	25%	25%	25%
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	N/C	25%	25%	25%	25%	25%
D3920	Hemisection Not Including Root Canal Therapy	N/C	N/C	N/C	N/C	N/C	N/C
PERIODONTICS		PREDETERMINATION REQUIRED					
Benefit per policy year maximum		N/C	N/C	N/C	\$800	\$1,000	\$1,000
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	N/C	N/C	N/C	50%	25%	25%
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant.	N/C	N/C	N/C	50%	25%	25%
D4341	Periodontal Scaling&Root Planing - 4 Or More Teeth Per Quadrant	N/C	N/C	N/C	50%	25%	25%
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist Or Their Staff)	N/C	N/C	N/C	N/C	N/C	N/C
PROSTHODONTICS		PREDETERMINATION REQUIRED					
Benefit maximum combined, per policy year, for single crowns and prosthodontics.		N/C	N/C	\$800	\$800	\$1,000	\$1,000
PROSTHODONTICS - REMOVABLE							
D5110	Complete Denture - Maxillary	N/C	N/C	50%	50%	50%	50%
D5120	Complete Denture - Mandibular	N/C	N/C	50%	50%	50%	50%
D5130	Immediate Denture - Maxillary	N/C	N/C	50%	50%	50%	50%
D5140	Immediate Denture - Mandibular	N/C	N/C	50%	50%	50%	50%
D5211	Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	N/C	N/C	50%	50%	50%	50%
D5212	Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	N/C	N/C	50%	50%	50%	50%
D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests And Teeth)	N/C	N/C	50%	50%	50%	50%
D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests And Teeth)	N/C	N/C	50%	50%	50%	50%
D5225	Maxillary Partial Denture - Flexible Base (Including Retentive/Clasping Materials, Rests, And Teeth)	N/C	N/C	50%	50%	50%	50%
D5226	Mandibular Partial Denture - Flexible Base (Including Retentive/Clasping Materials, Rests, And Teeth)	N/C	N/C	50%	50%	50%	50%
D5282	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Retentive/Clasping Materials, Rests, And Teeth), Maxillary	N/C	N/C	50%	50%	50%	50%
D5283	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Retentive/Clasping Materials, Rests, And Teeth), Mandibular	N/C	N/C	50%	50%	50%	50%
D5410	Adjust Complete Denture - Maxillary	N/C	N/C	50%	50%	50%	50%
D5411	Adjust Complete Denture - Mandibular	N/C	N/C	50%	50%	50%	50%
D5421	Adjust Partial Denture - Maxillary	N/C	N/C	50%	50%	50%	50%
D5422	Adjust Partial Denture - Mandibular	N/C	N/C	50%	50%	50%	50%
D5511	Repair Broken Complete Denture Base, Mandibular	N/C	N/C	50%	50%	50%	50%
D5512	Repair Broken Complete Denture Base, Maxillary	N/C	N/C	50%	50%	50%	50%
D5520	Replace Missing/Broken Teeth - Complete Denture	N/C	N/C	50%	50%	50%	50%

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D5611	Repair Resin Partial Denture Base, Mandibular	N/C	N/C	50%	50%	50%	50%
D5612	Repair Resin Partial Denture Base, Maxillary	N/C	N/C	50%	50%	50%	50%
D5621	Repair Cast Partial Framework, Mandibular	N/C	N/C	50%	50%	50%	50%
D5622	Repair Cast Partial Framework, Maxillary	N/C	N/C	50%	50%	50%	50%
D5630	Repair Or Replace Broken Retentive Clasp Materials - Per Tooth	N/C	N/C	50%	50%	50%	50%
D5640	Replace Broken Teeth - Per Tooth	N/C	N/C	50%	50%	50%	50%
D5650	Add Tooth To Existing Partial Denture	N/C	N/C	50%	50%	50%	50%
D5660	Add Clasp To Existing Partial Denture - Per Tooth	N/C	N/C	50%	50%	50%	50%
D5710	Rebase Complete Maxillary Denture	N/C	N/C	50%	50%	50%	50%
D5711	Rebase Complete Mandibular Denture	N/C	N/C	50%	50%	50%	50%
D5720	Rebase Maxillary Partial Denture	N/C	N/C	50%	50%	50%	50%
D5721	Rebase Mandibular Partial Denture	N/C	N/C	50%	50%	50%	50%
D5730	Reline Complete Maxillary Denture (Direct)	N/C	N/C	50%	50%	50%	50%
D5731	Reline Complete Mandibular Denture (Direct)	N/C	N/C	50%	50%	50%	50%
D5740	Reline Maxillary Partial Denture (Direct)	N/C	N/C	50%	50%	50%	50%
D5741	Reline Mandibular Partial Denture (Direct)	N/C	N/C	50%	50%	50%	50%
D5850	Tissue Conditioning Maxillary	N/C	N/C	50%	50%	50%	50%
D5851	Tissue Conditioning Mandibular	N/C	N/C	50%	50%	50%	50%
D5986	Fluoride Gel Carrier	N/C	N/C	50%	50%	50%	50%
PROSTHODONTICS - FIXED							
D6240	Pontic - Porcelain Fused To High Noble Metal	N/C	N/C	50%	50%	50%	50%
D6241	Pontic - Porceln Fused Predominantly Base Metal	N/C	N/C	50%	50%	50%	50%
D6242	Pontic - Porcelain Fused To Noble Metal	N/C	N/C	50%	50%	50%	50%
D6750	Retainer Crown - Porcelain Fused To High Noble Metal	N/C	N/C	50%	50%	50%	50%
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	N/C	N/C	50%	50%	50%	50%
D6752	Retainer Crown - Porcelain Fused To Noble Metal	N/C	N/C	50%	50%	50%	50%
IMPLANT SUPPORTED PROSTHETICS (IMPLANT CROWNS)							
D6058	Abutment Supported Porcelain/Ceramic Crown	N/C	N/C	50%	50%	50%	50%
D6059	Abutment Supported Porcelain Fused To Metal Crown (High Noble Metal)	N/C	N/C	50%	50%	50%	50%
D6060	Abutment Supported Porcelain Fused To Metal Crown (Predominantly Base Metal)	N/C	N/C	50%	50%	50%	50%
D6061	Abutment Supported Porcelain Fused To Metal Crown (Noble Metal)	N/C	N/C	50%	50%	50%	50%
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	N/C	N/C	50%	50%	50%	50%
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	N/C	N/C	50%	50%	50%	50%
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	N/C	N/C	50%	50%	50%	50%
D6065	Implant Supported Porcelain/Ceramic Crown	N/C	N/C	50%	50%	50%	50%
D6066	Implant Supported Crown - Porcelain High Noble Alloys	N/C	N/C	50%	50%	50%	50%
D6067	Implant Supported Crown (High Noble Alloys)	N/C	N/C	50%	50%	50%	50%
D6068	Abutment Supported Retainer For Porcelain/Ceramic Fpd	N/C	N/C	50%	50%	50%	50%
D6069	Abutment Supported Retainer For Porcelain Fused To Metal Fpd (High Noble Metal)	N/C	N/C	50%	50%	50%	50%
D6070	Abutment Supported Retainer For Porcelain Fused To Metal Fpd (Predominantly Base Metal)	N/C	N/C	50%	50%	50%	50%
D6071	Abutment Supported Retainer For Porcelain Fused To Metal Fpd (Noble Metal)	N/C	N/C	50%	50%	50%	50%
D6072	Abutment Supported Retainer For Cast Metal Fpd (High Noble Metal)	N/C	N/C	50%	50%	50%	50%
D6073	Abutment Supported Retainer For Cast Metal Fpd (Predominantly Base Metal)	N/C	N/C	50%	50%	50%	50%

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D6074	Abutment Supported Retainer For Cast Metal Fpd (Noble Metal)	N/C	N/C	50%	50%	50%	50%
D6075	Implant Supported Retainer For Ceramic Fpd	N/C	N/C	50%	50%	50%	50%
D6076	Implant Supported Retainer For Fpd - Porcelain Fused To High Noble Alloys	N/C	N/C	50%	50%	50%	50%
D6077	Implant Supported Retainer For Metal Fpd High Noble Alloys	N/C	N/C	50%	50%	50%	50%
D6086	Implant Supported Crown - Predominantly Base Alloys	N/C	N/C	50%	50%	50%	50%
D6087	Implant Supported Crown - Noble Alloys	N/C	N/C	50%	50%	50%	50%
D6088	Implant Supported Crown - Titanium And Titanium Alloys	N/C	N/C	50%	50%	50%	50%
D6094	Abutment Supported Crown - Titanium And Titanium Alloys	N/C	N/C	50%	50%	50%	50%
D6210	Pontic - Cast High Noble Metal	N/C	N/C	50%	50%	50%	50%
D6211	Pontic - Cast Predominantly Base Metal	N/C	N/C	50%	50%	50%	50%
D6212	Pontic - Cast Noble Metal	N/C	N/C	50%	50%	50%	50%
D6245	Pontic - porcelain/ceramic	N/C	N/C	50%	50%	50%	50%
D6250	Pontic - Resin With High Noble Metal	N/C	N/C	50%	50%	50%	50%
D6545	Retainer - Cast Metal Resin Bonded Fix Prosthesis	N/C	N/C	50%	50%	50%	50%
D6720	Retainer Crown - Resin With High Noble Metal	N/C	N/C	50%	50%	50%	50%
D6740	Retainer crown - porcelain/ceramic	N/C	N/C	50%	50%	50%	50%
D6780	Retainer Crown - 3/4 Cast High Noble Metal	N/C	N/C	50%	50%	50%	50%
D6790	Retainer Crown - Full Cast High Noble Metal	N/C	N/C	50%	50%	50%	50%
D6791	Retainer Crown - Full Cast Predominantly Base Metal	N/C	N/C	50%	50%	50%	50%
D6792	Retainer Crown - Full Cast Noble Metal	N/C	N/C	50%	50%	50%	50%
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	N/C	N/C	50%	50%	50%	50%
ORAL SURGERY							
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	N/C	25%	25%	25%	25%	25%
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%
D7220	Removal Of Impacted Tooth - Soft Tissue	N/C	25%	25%	25%	25%	25%
D7230	Removal Of Impacted Tooth - Partially Bony	N/C	25%	25%	25%	25%	25%
D7240	Removal Of Impacted Tooth - Completely Bony	N/C	25%	25%	25%	25%	25%
D7250	Removal Of Residual Tooth Roots - Cutting Procedure	N/C	25%	25%	25%	25%	25%
D7280	Exposure Of An Unerupted Tooth	N/C	25%	25%	25%	25%	25%
D7471	Removal of lateral exostosis (maxilla or mandible)	N/C	N/C	N/C	25%	25%	25%
D7510	Incision&Drainage Of Abscess - Intraoral Soft Tissue See Code 41800	N/C	25%	25%	25%	25%	25%
D7961	Buccal / Labial Frenectomy (Frenulectomy)	N/C	N/C	N/C	25%	25%	25%
D7962	Lingual Frenectomy (Frenulectomy)	N/C	N/C	N/C	25%	25%	25%
D7971	Excision Pericoronal Gingiva See Also Code 41821	N/C	25%	25%	25%	25%	25%
ADJUNCTIVE GENERAL SERVICES							
D9110	Palliative Treatment Of Dental Pain, Per Visit	N/C	25%	25%	25%	25%	25%
D9910	Application Of Desensitizing Medicament	N/C	N/C	N/C	25%	25%	25%
D9930	Treatment Of Complications - Unusual Circumstances By Report	N/C	N/C	N/C	25%	25%	25%
D9952	Occlusal Adjustment - Complete	N/C	N/C	N/C	N/C	N/C	N/C
ORTHODONTICS							
Benefit per policy year maximum		N/C	N/C	N/C	\$1,000	\$1,000	N/C
D8660	Pre-Orthodontic Treatment Examination To Monitor Growth And Development	N/C	N/C	N/C	50%	50%	N/C
D8670	Periodic Orthodontic Treatment Visit	N/C	N/C	N/C	50%	50%	N/C
D8680	Orthodontic Retention	N/C	N/C	N/C	50%	50%	N/C
Other ortodonthics services		N/C	N/C	N/C	50%	50%	N/C

N/C = Not Covered Services