Dental Health Services

Schedule of Covered Services and Copayments

CA TCP Ruby Plan

Code	Description	Copay Dentist	Copay Specialist
D9543	Office Visit	4	
D9986	missed appointment	0	
D9987	cancelled appointment	0	

NC indicates the procedure is not covered

Diagnostic

Code	Description	Copay Dentist	Copay Specialist
D0120	periodic oral evaluation - established patient	0	NC
D0140	limited oral evaluation - problem focused	0	NC
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	0	NC
D0150	comprehensive oral evaluation - new or established patient	0	NC
D0160	detailed and extensive oral evaluation - problem focused, by report	0	NC
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	NC
D0171	re-evaluation – post-operative office visit	0	0
D0180	comprehensive periodontal evaluation - new or established patient	0	NC
D0210	intraoral - comprehensive series of radiographic images	10	NC
D0220	intraoral - periapical first radiographic image	0	NC
D0230	intraoral - periapical each additional radiographic image	0	NC
D0240	intraoral - occlusal radiographic image	0	NC
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	0	NC
D0270	bitewing - single radiographic image	0	NC
D0272	bitewings - two radiographic images	0	NC
D0273	bitewings - three radiographic images	0	NC
D0274	bitewings - four radiographic images	0	NC
D0277	vertical bitewings - 7 to 8 radiographic images	0	NC
D0330	panoramic radiographic image	10	NC
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	10	NC
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	NC
D0372	intraoral tomosynthesis – comprehensive series of radiographic images	10	NC
D0374	intraoral tomosynthesis – periapical radiographic image	0	NC
D0387	intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	0	NC
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	5	NC
D0415	collection of microorganisms for culture and sensitivity	10	NC
D0425	caries susceptibility tests	15	NC
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	10	NC
D0460	pulp vitality tests	0	NC
D0470	diagnostic casts	5	NC
D0601	caries risk assessment and documentation, with a finding of low risk	10	NC
D0602	caries risk assessment and documentation, with a finding of moderate risk	10	NC
D0603	caries risk assessment and documentation, with a finding of high risk	10	NC
D0701	panoramic radiographic image – image capture only	7	NC
D0702	2-D cephalometric radiographic image – image capture only	5	NC
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	0	NC
D0706	intraoral – occlusal radiographic image – image capture only	0	NC
D0707	intraoral – periapical radiographic image – image capture only	0	NC
D0708	intraoral – bitewing radiographic image – image capture only	0	NC
D0709	intraoral – comprehensive series of radiographic images – image capture only	5	NC

Preventive

Current Dental Terminology © 2024 American Dental Association. All rights reserved

Code	Description	Copay Dentist	Copay Specialist
D1110	prophylaxis - adult (limited to 1 every 6 months)	10	NC
D1120	prophylaxis - child (limited to 1 every 6 months)	10	NC
D11AX	prophylaxis - adult (additional beyond 1 in 6 months)	80	NC
D11CX	prophylaxis - child (additional beyond 1 in 6 months)	80	NC
D1206	topical application of fluoride varnish	12	NC
D1208	topical application of fluoride – excluding varnish	10	NC
D1310	nutritional counseling for control of dental disease	0	NC
D1320	tobacco counseling for the control and prevention of oral disease	0	NC
D1321	counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	0	NC
D1330	oral hygiene instructions	0	NC
D1351	sealant - per tooth	10	NC
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	15	NC
D1353	sealant repair – per tooth	10	0
D1354	application of caries arresting medicament – per tooth	15	NC
D1355	caries preventive medicament application – per tooth	12	NC

Space Maintainers

D1510	space maintainer - fixed, unilateral – per quadrant	50	NC
D1516	space maintainer - fixed - bilateral, maxillary	70	NC
D1517	space maintainer - fixed - bilateral, mandibular	70	NC
D1520	space maintainer - removable, unilateral - per quadrant	40	NC
D1526	space maintainer - removable - bilateral, maxillary	50	NC
D1527	space maintainer - removable - bilateral, mandibular	50	NC
D1551	re-cement or re-bond bilateral space maintainer - maxillary	0	NC
D1552	re-cement or re-bond bilateral space maintainer - mandibular	0	NC
D1553	re-cement or re-bond unilateral space maintainer - per quadrant	0	NC
D1556	removal of fixed unilateral space maintainer - per quadrant	0	NC
D1557	removal of fixed bilateral space maintainer - maxillary	0	NC
D1558	removal of fixed bilateral space maintainer - mandibular	0	NC
D1575	distal shoe space maintainer - fixed, unilateral - per quadrant	50	NC

Amalgam Restorations - Primary or Permanent

D2140	amalgam - one surface, primary or permanent	25	NC
D2150	amalgam - two surfaces, primary or permanent	30	NC
D2160	amalgam - three surfaces, primary or permanent	35	NC
D2161	amalgam - four or more surfaces, primary or permanent	40	NC

Resin-Based Composite Restorations

D2330	resin-based composite - one surface, anterior	30	NC
D2331	resin-based composite - two surfaces, anterior	40	NC
D2332	resin-based composite - three surfaces, anterior	45	NC
D2335	resin-based composite - four or more surfaces (anterior)	50	NC
D2390	resin-based composite crown, anterior	120	NC
D2391	resin-based composite - one surface, posterior	110	NC
D2392	resin-based composite - two surfaces, posterior	130	NC
D2393	resin-based composite - three surfaces, posterior	150	NC
D2394	resin-based composite - four or more surfaces, posterior	180	NC

Crowns - Single Restoration Only

**Copayments include charges for noble metal and high noble metal/titanium. D27SC is an optional upgrade charge added to the standard base crown copayment for specialized porcelain such as Lava, Captek, Zirconia, Empress, E-Max, etc. D27BM is an optional benefit for porcelain butt margin. D27ML is an additional copayment for porcelain crowns on molar teeth.*

D2510	inlay - metallic - one surface	230	NC
D2520	inlay - metallic - two surfaces	230	NC
D2530	inlay - metallic - three or more surfaces	230	NC
D2542	onlay - metallic - two surfaces	230	NC
D2543	onlay - metallic - three surfaces	230	NC
D2544	onlay - metallic - four or more surfaces	230	NC
D2610	inlay - porcelain/ceramic - one surface	310	NC
D2620	inlay - porcelain/ceramic - two surfaces	330	NC
D2630	inlay - porcelain/ceramic - three or more surfaces	330	NC
D2642	onlay - porcelain/ceramic - two surfaces	330	NC

Current Dental Terminology © 2024 American Dental Association. All rights reserved

Code		Description	Copay Dentist	Copay Specialist
D2643		onlay - porcelain/ceramic - three surfaces	330	NC
D2644		onlay - porcelain/ceramic - four or more surfaces	330	NC
D2650		inlay - resin-based composite - one surface	230	NC
D2651		inlay - resin-based composite - two surfaces	250	NC
D2652		inlay - resin-based composite - three or more surfaces	250	NC
D2662		onlay - resin-based composite - two surfaces	250	NC
D2663		onlay - resin-based composite - three surfaces	250	NC
D2664		onlay - resin-based composite - four or more surfaces	250	NC
D2710		crown - resin-based composite (indirect)	150	NC
D2712		crown - ¾ resin-based composite (indirect)	150	NC
D2720	*	crown - resin with high noble metal	300	NC
D2721		crown - resin with predominantly base metal	150	NC
D2722	*	crown - resin with noble metal	275	NC
D2740		crown - porcelain/ceramic	430	NC
D2750	*	crown - porcelain fused to high noble metal	430	NC
D2751		crown - porcelain fused to predominantly base metal	280	NC
D2752	*	crown - porcelain fused to noble metal	405	NC
D2753		crown - porcelain fused to titanium and titanium alloys	405	NC
D2780	*	crown - 3/4 cast high noble metal	380	NC
D2781		crown - 3/4 cast predominantly base metal	230	NC
D2782	*	crown - 3/4 cast noble metal	355	NC
D2783		crown - 3/4 porcelain/ceramic	280	NC
D2790	*	crown - full cast high noble metal	380	NC
D2791		crown - full cast predominantly base metal	230	NC
D2792	*	crown - full cast noble metal	355	NC
D2794	*	crown - titanium and titanium alloys	380	NC
D2799		interim crown – further treatment or completion of diagnosis necessary prior to final impression	200	NC
D27BM		crown-butt margin	50	NC
D27ML		crown- porcelain on molar	100	NC
D27SC		crown- specialty upgrade	200	NC

Other Restorative Services

Code	Description	Copay Dentist	Copay Specialist
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	20	NC
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	20	NC
D2920	re-cement or re-bond crown	20	NC
D2921	reattachment of tooth fragment, incisal edge or cusp	50	NC
D2928	prefabricated porcelain/ceramic crown – permanent tooth	60	NC
D2929	prefabricated porcelain/ceramic crown – primary tooth	60	NC
D2930	prefabricated stainless steel crown - primary tooth	60	NC
D2931	prefabricated stainless steel crown - permanent tooth	60	NC
D2932	prefabricated resin crown	60	NC
D2933	prefabricated stainless steel crown with resin window	80	NC
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	80	NC
D2940	protective restoration	0	NC
D2941	interim therapeutic restoration – primary dentition	10	NC
D2949	restorative foundation for an indirect restoration	0	NC
D2950	core buildup, including any pins when required	30	NC
D2951	pin retention - per tooth, in addition to restoration	20	NC
D2952	post and core in addition to crown, indirectly fabricated	70	NC
D2953	each additional indirectly fabricated post - same tooth	0	NC
D2954	prefabricated post and core in addition to crown	55	NC
D2955	post removal	55	NC
D2957	each additional prefabricated post - same tooth	0	NC
D2960	labial veneer (resin laminate) - direct	240	NC
D2961	labial veneer (resin laminate) - indirect	280	NC
D2962	labial veneer (porcelain laminate) - indirect	360	NC
D2971	additional procedures to customize a crown to fit under an existing partial denture framework	25	NC
D2975	coping	230	NC
D2976	band stabilization - per tooth. A cemented band used during a large filling to resist fracture. Included in the payment for the multi-surface restorative procedures.	0	0
D2989	excavation of a tooth resulting in the determination of non-restorability	0	0
D2990	resin infiltration of incipient smooth surface lesions	10	NC
D2991	application of hydroxyapatite regeneration medicament — per tooth. Preparation of tooth surfaces and topical application of a scaffold to guide hydroxyapatite regeneration	10	NC

Current Dental Terminology © 2024 American Dental Association. All rights reserved

Code	Description	Copay	
		Dentist	Specialist
Endodontics (root canal therapy)			
D3110	pulp cap - direct (excluding final restoration)	12	NC
D3120	pulp cap - indirect (excluding final restoration)	6	NC
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	17	NC
D3221	pulpal debridement, primary and permanent teeth	17	NC
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	17	NC
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	60	NC
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	70	NC
D3310	endodontic therapy, anterior tooth (excluding final restoration)	150	NC
D3320	endodontic therapy, premolar tooth (excluding final restoration)	220	NC
D3330	endodontic therapy, molar tooth (excluding final restoration)	425	NC
D3331	treatment of root canal obstruction; non-surgical access	50	NC
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	80	NC
D3333	internal root repair of perforation defects	50	NC
D3346	retreatment of previous root canal therapy - anterior	200	NC
D3347	retreatment of previous root canal therapy - premolar	320	NC
D3348	retreatment of previous root canal therapy - molar	425	NC
D3351	apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	35	NC
D3352	apexification/recalcification – interim medication replacement	35	NC
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	35	NC
D3355	pulpal regeneration - initial visit	35	NC
D3356	pulpal regeneration - interim medication replacement	35	NC
D3357	pulpal regeneration - completion of treatment	150	NC
D3410	apicoectomy - anterior	200	NC
D3421	apicoectomy - premolar (first root)	225	NC
D3425	apicoectomy - molar (first root)	250	NC
D3426	apicoectomy (each additional root)	100	NC
D3430	retrograde filling - per root	80	NC
D3450	root amputation - per root	20	NC
D3471	surgical repair of root resorption - anterior	200	NC
D3472	surgical repair of root resorption – premolar	200	NC
D3473	surgical repair of root resorption – molar	200	NC
D3911	intraorifice barrier	0	0
D3911	intraorifice barrier	10	NC
D3920	hemisection (including any root removal), not including root canal therapy	200	NC
D3921	decoronation or submergence of an erupted tooth	235	NC
D3950	canal preparation and fitting of preformed dowel or post	55	NC
Periodontics			
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	150	NC
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	60	NC
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	60	NC
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	250	NC
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	200	NC
D4263	bone replacement graft – retained natural tooth – first site in quadrant	215	NC
D4264	bone replacement graft – retained natural tooth – each additional site in quadrant	120	NC
D4266	guided tissue regeneration - natural teeth resorbable barrier, per site	230	NC
D4267	guided tissue regeneration - natural teeth nonresorbable barrier, per site (includes membrane removal)	225	NC
D4268	surgical revision procedure, per tooth	450	NC
D4270	pedicle soft tissue graft procedure	445	NC
D4274	mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	450	NC

Current Dental Terminology © 2024 American Dental Association. All rights reserved

Code	Description	Copay	
		Dentist	Specialist
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	445	NC
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	100	NC
D4286	removal of non-resorbable barrier	450	NC
D4341	periodontal scaling and root planing - four or more teeth per quadrant	50	NC
D4342	periodontal scaling and root planing - one to three teeth per quadrant	25	NC
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	50	NC
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	50	NC
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	50	NC
D4910	periodontal maintenance (1st and 2nd in year)	50	NC
D4921	gingival irrigation with a medicinal agent – per quadrant	25	NC
D49XC	periodontal maintenance (3rd and 4th in year)	50	50

Dentures

Dentures and partials include four months free adjustments.

D5110	complete denture - maxillary	350	NC
D5120	complete denture - mandibular	350	NC
D5130	immediate denture - maxillary	360	NC
D5140	immediate denture - mandibular	360	NC
D5211	maxillary partial denture - resin base (including any retentive/clasping materials, rests, and teeth)	200	NC
D5212	mandibular partial denture- resin base (including retentive/clasping materials, rests, and teeth)	200	NC
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	380	NC
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	380	NC
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	410	NC
D5222	immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	410	NC
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	410	NC
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	410	NC
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	580	NC
D5226	mandibular partial denture - flexible base (including retentive/clasping materials, rests and teeth)	580	NC
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	410	NC
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	410	NC
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	410	NC
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	410	NC
D5282	removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	150	NC
D5283	removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	150	NC
D5284	removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests, and teeth) – per quadrant	580	NC
D5286	removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests, and teeth) – per quadrant	580	NC

Denture Adjustments & Repairs

D5410	adjust complete denture - maxillary	0	NC
D5411	adjust complete denture - mandibular	0	NC
D5421	adjust partial denture - maxillary	0	NC
D5422	adjust partial denture - mandibular	0	NC

Current Dental Terminology © 2024 American Dental Association. All rights reserved

Code	Description	Copay	
		Dentist	Specialist
D5511	repair broken complete denture base, mandibular	30	NC
D5512	repair broken complete denture base, maxillary	30	NC
D5520	replace missing or broken teeth - complete denture (each tooth)	20	NC
D5611	repair resin partial denture base, mandibular	30	NC
D5612	repair resin partial denture base, maxillary	30	NC
D5621	repair cast partial framework, mandibular	50	NC
D5622	repair cast partial framework, maxillary	50	NC
D5630	repair or replace broken retentive/clasping materials per tooth	40	NC
D5640	replace broken teeth - per tooth	20	NC
D5650	add tooth to existing partial denture	20	NC
D5660	add clasp to existing partial denture - per tooth	30	NC
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	220	NC
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	220	NC
D5710	rebase complete maxillary denture	140	NC
D5711	rebase complete mandibular denture	140	NC
D5720	rebase maxillary partial denture	140	NC
D5721	rebase mandibular partial denture	140	NC
D5730	reline complete maxillary denture (direct)	80	NC
D5731	reline complete mandibular denture (direct)	80	NC
D5740	reline maxillary partial denture (direct)	80	NC
D5741	reline mandibular partial denture (direct)	80	NC
D5750	reline complete maxillary denture (indirect)	140	NC
D5751	reline complete mandibular denture (indirect)	140	NC
D5760	reline maxillary partial denture (indirect)	140	NC
D5761	reline mandibular partial denture (indirect)	140	NC
D5765	soft liner for complete or partial removable denture – indirect	40	NC
D5765	soft liner for complete or partial removable denture – indirect	40	NC
D5810	interim complete denture (maxillary)	140	NC
D5811	interim complete denture (mandibular)	140	NC
D5820	interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	140	NC
D5821	interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	140	NC
D5850	tissue conditioning, maxillary	40	NC
D5851	tissue conditioning, mandibular	40	NC
D5863	overdenture – complete maxillary	360	NC
D5864	overdenture – partial maxillary	360	NC
D5865	overdenture – complete mandibular	360	NC
D5866	overdenture – partial mandibular	360	NC

Implants

**Copayments include charges for noble metal and high noble metal/titanium. Implant services are covered only when performed by a participating general dentist.*

Code		Description	Copay	
			Dentist	Specialist
D6010		surgical placement of implant body: endosteal implant	1500	NC
D6011		surgical access to an implant body (second stage implant surgery)	200	NC
D6051		interim implant abutment placement	200	NC
D6056		prefabricated abutment – includes modification and placement	450	NC
D6057		custom fabricated abutment – includes placement	450	NC
D6058		abutment supported porcelain/ceramic crown	1000	NC
D6059	*	abutment supported porcelain fused to metal crown (high noble metal)	1150	NC
D6060		abutment supported porcelain fused to metal crown (predominantly base metal)	1000	NC
D6061	*	abutment supported porcelain fused to metal crown (noble metal)	1125	NC
D6062	*	abutment supported cast metal crown (high noble metal)	1150	NC
D6063		abutment supported cast metal crown (predominantly base metal)	1000	NC
D6064	*	abutment supported cast metal crown (noble metal)	1125	NC
D6065		implant supported porcelain/ceramic crown	1000	NC
D6066	*	implant supported crown - porcelain fused to high noble alloys	1150	NC
D6067	*	implant supported crown - high noble alloys	1150	NC
D6068		abutment supported retainer for porcelain/ceramic FPD	1000	NC
D6069	*	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1150	NC
D6070		abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	1000	NC
D6071	*	abutment supported retainer for porcelain fused to metal FPD (noble metal)	1125	NC
D6072	*	abutment supported retainer for cast metal FPD (high noble metal)	1150	NC
D6073		abutment supported retainer for cast metal FPD (predominantly base metal)	1000	NC

Current Dental Terminology © 2024 American Dental Association. All rights reserved

Code		Description	Copay Dentist	Copay Specialist
D6074	*	abutment supported retainer for cast metal FPD (noble metal)	1125	NC
D6075		implant supported retainer for ceramic FPD	1000	NC
D6076	*	implant supported retainer for FPD - porcelain fused to high noble alloys	1150	NC
D6077	*	implant supported retainer for metal FPD - high noble alloys	1150	NC
D6081		scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	50	NC
D6082		implant supported crown - porcelain fused to predominantly base alloys	1000	NC
D6083		implant supported crown - porcelain fused to noble alloys	1150	NC
D6084		implant supported crown - porcelain fused to titanium and titanium alloys	1150	NC
D6085		interim implant crown	200	NC
D6086		implant supported crown - predominantly base alloys	1150	NC
D6087		implant supported crown - noble alloys	1150	NC
D6088		implant supported crown - titanium and titanium alloys	1150	NC
D6092		re-cement or re-bond implant/abutment supported crown	30	NC
D6093		re-cement or re-bond implant/abutment supported fixed partial denture	40	NC
D6094	*	abutment supported crown - titanium and titanium alloys	650	NC
D6097		abutment supported crown - porcelain fused to titanium and titanium alloys	1150	NC
D6098		implant supported retainer - porcelain fused to predominantly base alloys	1150	NC
D6099		implant supported retainer for FPD - porcelain fused to noble alloys	1150	NC
D6104		bone graft at time of implant placement	215	NC
D6105		removal of implant body not requiring bone removal nor flap elevation	35	NC
D6106		guided tissue regeneration – resorbable barrier, per implant	230	NC
D6107		guided tissue regeneration – non-resorbable barrier, per implant	225	NC
D6110		implant /abutment supported removable denture for edentulous arch – maxillary	2300	NC
D6111		implant /abutment supported removable denture for edentulous arch – mandibular	2300	NC
D6112		implant /abutment supported removable denture for partially edentulous arch – maxillary	2300	NC
D6113		implant /abutment supported removable denture for partially edentulous arch – mandibular	2300	NC
D6120		implant supported retainer – porcelain fused to titanium and titanium alloys	1150	NC
D6121		implant supported retainer for metal FPD – predominantly base alloys	1150	NC
D6122		implant supported retainer for metal FPD – noble alloys	1150	NC
D6123		implant supported retainer for metal FPD – titanium and titanium alloys	1150	NC
D6191		semi-precision abutment – placement	200	NC
D6192		semi-precision attachment – placement	200	NC
D6194	*	abutment supported retainer crown for FPD – titanium and titanium alloys	650	NC
D6195		abutment supported retainer - porcelain fused to titanium and titanium alloys	1150	NC
D6197		replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	0	0
D6198		remove interim implant component	0	0
D6198		remove interim implant component	0	NC

Bridges

**Copayments include charges for noble metal and high noble metal/titanium. D62SC / D67SC are optional upgrade charges to the standard crown copayment for specialized porcelain such as Lava, Captek, Zirconia, Empress, E-Max, etc. D67BM is an optional benefit for porcelain butt margin. D62ML / D67ML have an additional copayment for porcelain crowns on molar teeth.*

D6205		pontic - indirect resin based composite	130	NC
D6210	*	pontic - cast high noble metal	380	NC
D6211		pontic - cast predominantly base metal	230	NC
D6212	*	pontic - cast noble metal	355	NC
D6214	*	pontic - titanium and titanium alloys	380	NC
D6240	*	pontic - porcelain fused to high noble metal	430	NC
D6241		pontic - porcelain fused to predominantly base metal	280	NC
D6242	*	pontic - porcelain fused to noble metal	405	NC
D6243		pontic - porcelain fused to titanium and titanium alloys	405	NC
D6245		pontic - porcelain/ceramic	280	NC
D6250	*	pontic - resin with high noble metal	280	NC
D6251		pontic - resin with predominantly base metal	130	NC
D6252	*	pontic - resin with noble metal	255	NC

Current Dental Terminology © 2024 American Dental Association. All rights reserved

Code		Description	Copay Dentist	Copay Specialist
D6253		interim pontic - further treatment or completion of diagnosis necessary prior to final impression	200	NC
D62ML		pontic- porcelain on molar	100	NC
D62SC		pontic - specialty upgrade	200	NC
D6545		retainer - cast metal for resin bonded fixed prosthesis	180	NC
D6548		retainer - porcelain/ceramic for resin bonded fixed prosthesis	180	NC
D6549		resin retainer – for resin bonded fixed prosthesis	180	NC
D6600		inlay - porcelain/ceramic, two surfaces	280	NC
D6601		retainer inlay - porcelain/ceramic, three or more surfaces	280	NC
D6602	*	retainer inlay - cast high noble metal, two surfaces	380	NC
D6603	*	retainer inlay - cast high noble metal, three or more surfaces	380	NC
D6604		retainer inlay - cast predominantly base metal, two surfaces	230	NC
D6605		retainer inlay - cast predominantly base metal, three or more surfaces	230	NC
D6606	*	retainer inlay - cast noble metal, two surfaces	355	NC
D6607	*	retainer inlay - cast noble metal, three or more surfaces	355	NC
D6608		retainer onlay - porcelain/ceramic, two surfaces	280	NC
D6609		retainer onlay - porcelain/ceramic, three or more surfaces	280	NC
D6610	*	retainer onlay - cast high noble metal, two surfaces	380	NC
D6611	*	retainer onlay - cast high noble metal, three or more surfaces	380	NC
D6612		retainer onlay - cast predominantly base metal, two surfaces	230	NC
D6613		retainer onlay - cast predominantly base metal, three or more surfaces	230	NC
D6614	*	retainer onlay - cast noble metal, two surfaces	355	NC
D6615	*	retainer onlay - cast noble metal, three or more surfaces	355	NC
D6624	*	retainer inlay - titanium	380	NC
D6634	*	retainer onlay - titanium	380	NC
D6710		retainer crown - indirect resin based composite	130	NC
D6720	*	retainer crown - resin with high noble metal	305	NC
D6721		retainer crown - resin with predominantly base metal	130	NC
D6722	*	retainer crown - resin with noble metal	255	NC
D6740		retainer crown - porcelain/ceramic	280	NC
D6750	*	retainer crown - porcelain fused to high noble metal	430	NC
D6751		retainer crown - porcelain fused to predominantly base metal	280	NC
D6752	*	retainer crown - porcelain fused to noble metal	405	NC
D6753		retainer crown - porcelain fused to titanium and titanium alloys	405	NC
D6780	*	retainer crown - 3/4 cast high noble metal	380	NC
D6781		retainer crown - 3/4 cast predominantly base metal	230	NC
D6782	*	retainer crown - 3/4 cast noble metal	355	NC
D6783		retainer crown - 3/4 porcelain/ceramic	280	NC
D6784		retainer crown ¾ - titanium and titanium alloys	355	NC
D6790	*	retainer crown - full cast high noble metal	380	NC
D6791		retainer crown - full cast predominantly base metal	230	NC
D6792	*	retainer crown - full cast noble metal	355	NC
D6793		interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	200	NC
D6794	*	retainer crown - titanium and titanium alloys	380	NC
D67BM		abutment crown- butt margin	50	NC
D67ML		abutment crown-porcelain on molar	100	NC
D67SC		abutment crown- specialty upgrade	200	NC
D6930		re-cement or re-bond fixed partial denture	20	NC

Oral Surgery

D7111		extraction, coronal remnants - primary tooth	30	NC
D7140		extraction, erupted tooth or exposed root (elevation and/or forceps removal)	35	NC
D7210		extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	100	NC
D7220		removal of impacted tooth - soft tissue	155	NC
D7230		removal of impacted tooth - partially bony	195	NC
D7240		removal of impacted tooth - completely bony	235	NC
D7241		removal of impacted tooth - completely bony, with unusual surgical complications	275	NC
D7250		removal of residual tooth roots (cutting procedure)	150	NC
D7251		coronectomy – intentional partial tooth removal, impacted teeth only	235	NC
D7270		tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	250	NC

Current Dental Terminology © 2024 American Dental Association. All rights reserved

Code	Description	Copay	
		Dentist	Specialist
D7280	exposure of an unerupted tooth	125	NC
D7282	mobilization of erupted or malpositioned tooth to aid eruption	275	NC
D7283	placement of device to facilitate eruption of impacted tooth	90	108
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	90	NC
D7286	incisional biopsy of oral tissue-soft	90	NC
D7288	brush biopsy - transepithelial sample collection	40	NC
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	80	NC
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	80	NC
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	80	NC
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	80	NC
D7509	marsupialization of odontogenic cyst	10	NC
D7510	incision and drainage of abscess - intraoral soft tissue	10	NC
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	100	NC
D7956	guided tissue regeneration, edentulous area – resorbable barrier, per site	230	NC
D7957	guided tissue regeneration, edentulous area – non-resorbable barrier, per site	225	NC
D7961	buccal / labial frenectomy (frenulectomy)	175	NC
D7962	lingual frenectomy (frenulectomy)	175	NC
D7963	frenuloplasty	200	NC
D7970	excision of hyperplastic tissue - per arch	130	NC
D7971	excision of pericoronal gingiva	50	NC

Other Services

D00SO	second opinion consultation	20	0
D9110	palliative treatment of dental pain - per visit	10	NC
D9120	fixed partial denture sectioning	40	NC
D9210	local anesthesia not in conjunction with operative or surgical procedures	0	NC
D9211	regional block anesthesia	0	NC
D9212	trigeminal division block anesthesia	0	NC
D9215	local anesthesia in conjunction with operative or surgical procedures	0	NC
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	20	NC
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	0	NC
D9440	office visit - after regularly scheduled hours	50	NC
D9450	case presentation, subsequent to detailed and extensive treatment planning	0	NC
D9610	therapeutic parenteral drug, single administration	15	NC
D9612	therapeutic parenteral drugs, two or more administrations, different medications	30	NC
D9613	infiltration of sustained release therapeutic drug, per quadrant	0	0
D9630	drugs or medicaments dispensed in the office for home use	25	NC
D9910	application of desensitizing medicament	20	NC
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	20	NC
D9912	pre-visit patient screening	0	0
D9932	cleaning and inspection of removable complete denture, maxillary	25	NC
D9933	cleaning and inspection of removable complete denture, mandibular	25	NC
D9934	cleaning and inspection of removable partial denture, maxillary	25	NC
D9935	cleaning and inspection of removable partial denture, mandibular	25	NC
D9938	fabrication of a custom removable clear plastic temporary aesthetic appliance	140	NC
D9939	placement of a custom removable clear plastic temporary aesthetic appliance	140	NC
D9941	fabrication of athletic mouthguard	100	NC
D9942	repair and/or reline of occlusal guard	90	NC
D9943	occlusal guard adjustment	15	NC
D9944	occlusal guard- hard appliance, full arch	180	NC
D9945	occlusal guard- soft appliance, full arch	180	NC
D9951	occlusal adjustment - limited	35	NC
D9952	occlusal adjustment - complete	75	NC
D9961	duplicate/copy patient's records	0	0
D9970	enamel microabrasion	20	NC
D9971	odontoplasty - per tooth	20	NC
D9972	external bleaching - per arch - performed in office	200	NC
D9973	external bleaching - per tooth	100	NC
D9974	internal bleaching - per tooth	100	NC

Current Dental Terminology © 2024 American Dental Association. All rights reserved

Code	Description	Copay	
		Dentist	Specialist
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	200	NC
D9990	certified translation or sign-language services per visit	0	0
D9991	dental case management – addressing appointment compliance barriers	0	0
D9992	dental case management – care coordination	0	0
D9993	dental case management – motivational interviewing	0	0
D9994	dental case management – patient education to improve oral health literacy	0	0
D9995	teledentistry- synchronous; real-time encounter	4	
D9996	teledentistry- asynchronous; information stored and forwarded to dentist for subsequent review	4	

Orthodontics

D8681	Removable orthodontic retainer adjustment	0	0
D8700	Consultation	25	25
D8705	Partial banded - adult	1450	1450
D8706	Mixed dentition - phase 1	450	450
D8707	Palatal expansion	350	350
D8708	Rapid palatal expansion	550	550
D8709	Retention appliance - after orthodontic treatment	180	180
D8710	Functional appliance (Bionator-Frankel)	550	550
D8711	Headgear	350	350
D8712	Simple crossbite	275	275
D8713	Copying records	40	40
D8750	Failed/no-show appointment without 24-hour notice	25	25
D8751	Full banded - child, up to age 19	1775	1775
D8752	Full banded - adult	1975	1975
D8753	Partial banded - child, up to age 19	1250	1250

Please call your Dental Health Services Member Service Specialist at 800-637-6453 for a referral to a conveniently located participating orthodontist. Orthodontic models, x-rays, photographs and records are not covered. There may be additional copayments depending on treatment needs.

Current Dental Terminology © 2024 American Dental Association. All rights reserved

Dental **Health Services**

Exclusions & Limitations of Coverage

Orthodontic Exclusions

The following services are not covered by your dental plan:

A. Retreatment of orthodontic cases.
B. Treatment of a case in progress at inception of eligibility.
C. Surgical procedures (including extraction of teeth) incidental orthodontic treatment.
D. Surgical procedures related to cleft palate, micrognathia or macrognathia.
E. Treatment related to temporomandibular joint (TMJ) disturbances and/or hormonal imbalances.
F. Any dental procedure considered within the field of general dentistry including but not limited to: myofunctional therapy; general anesthetics, including intravenous and inhalation sedation dental services of any nature performed in a hospital.
G. Cephalometric x-rays, dental x-rays.
H. Tracings and photographs.
I. Study models.
J. Replacement of lost or broken appliances.
K. Changes in treatment necessitated by an accident of any kind.
L. Services which are compensable under worker's compensation or employer liability laws.
M. Malocclusions so severe or mutilated they are not amenable to ideal orthodontic therapy.

Orthodontic Limitations

The following are subject to additional charges:

A. Full banded treatments are based on a 24-month standard treatment plan. Additional treatment, or treatment that extends beyond that time may be subject to additional charges.
B. If the contract between the group and Dental Health Services is terminated, service is subject to a pro-rated fee based on current market value for the balance of orthodontic treatment. If the member should terminate group coverage, they are no longer eligible for the group orthodontic rate.
C. Should the contract between Dental Health Services and the orthodontist terminate, any Dental Health Services members in treatment would not be subject to proration.

Dental Exclusions

The following services are not covered by your dental plan:

A. Services that are not consistent with professionally recognized standards of practice.
B. Cosmetic services, for appearance only, unless specifically listed.
C. Myofunctional therapy-procedures for training, treating or developing muscles in and around the jaw or mouth including T.M.J. and related diseases, except for occlusal guard.
D. Treatment for malignancies, neoplasms (tumors) and cysts as well as hereditary, congenital and/or developmental malformations.
E. Dispensing of drugs not normally supplied in a dental office.
F. Hospitalization charges, dental procedures or services rendered while patient is hospitalized.
G. Procedures, appliances or restorations that are necessary for:
    1. full mouth rehabilitation,
    2. to increase arch vertical dimension
    3. crowns or bridgework requiring more than 10 crowns/ pontics.
H. Replacement or stabilization of tooth structure lost through attrition, abrasion or erosion.
I. Procedures performed by a prosthodontist.
J. Fixed bridges when:
    1. a patient is under the age of sixteen
    2. edentulous spaces are bilateral in the same arch
    3. replacing more than four teeth in an arch
    4. replacing missing third molars
    5. prognosis is poor.
K. General anesthesia, including intravenous and inhalation sedation.
L. Dental procedures that cannot be performed in the dental office due to the general health and/or physical limitations of the member.
M. Expenses incurred for dental procedures initiated prior to member's eligibility with Dental Health Services, or after termination of eligibility.
N. Services that are reimbursed by a third party (such as the medical portion of an insurance/health plan or any other third party indemnification).
O. Extractions of non-pathologic, asymptomatic teeth, including extractions and/or surgical procedures for orthodontic reasons.
P. Setting of a fracture or dislocation, surgical procedures related to cleft palate, micrognathia or macrognathia, and surgical grafting procedures.
Q. Coordination of benefits with another prepaid managed care dental plan.
R. Orthodontic treatment of a case in progress and/or retreatment of ortho cases.
S. Cephalometric x-rays, tracings, photographs and orthodontic study models.
T. Replacement of lost or broken orthodontic appliances.
U. Changes in orthodontic treatment necessitated by an accident of any kind.
V. Malocclusions so severe or mutilated which are not amenable to ideal orthodontic therapy.
W. Services not specifically listed on the Schedule of Covered Services and Copayments.

Dental Limitations

Restrictions on benefits are applied to the following services:

A. Treatment of dental emergencies is limited to treatment that will alleviate acute symptoms and does not cover definitive restorative treatment including, but not limited to root canal treatment and crowns.
B. Optional services: when the patient selects a plan of treatment that is considered optional or unnecessary by the attending dentist, the additional cost is the responsibility of the patient.
C. Routine teeth cleaning (prophylaxis) is limited to once every six months; additional cleanings beyond the 6 months are available at a higher copayment.
D. Periodontal maintenance (D4910) has a shared frequency with prophylaxis (D1110 or D1120) cleanings of 1 in 6 months.

E. Full mouth x-rays (D0210) are limited to one set every three years if needed and have a shared frequency limitation with a panoramic film (D0330). Panoramic films may be covered regardless of full mouth x-ray history when wisdom teeth extractions are approved.
F. Caries risk assessments (D0601-D0603) are covered for members 18 years of age and younger.
    1. D0601 & D0602 are covered once every 6 months.
    2. D0603 is covered once every 3 months.
G. Specialty referrals must be pre-approved by Dental Health Services for any treatment deemed necessary by the treating participating dentist.
H. Pre-authorization is required for all specialty services, with the exception of orthodontics.
I. Periodontal surgical procedures are limited to four quadrants every two years.
J. Scaling and root planing (deep cleaning) is limited to 4 quadrants every 6 months, and 2 quadrants per visit.
K. Replacement will be made of any existing appliance (denture, etc.) only if it is unsatisfactory and cannot be made satisfactory. Prosthetic appliances will be replaced only after five years have elapsed from the time of initial delivery. Lost or stolen removable appliances are not covered.
L. Relines are limited to once per twelve months, per appliance.
M. Single unit inlays and crowns are a benefit as provided above only when the teeth cannot be adequately restored with other restorative materials.
N. The maximum benefit for pedodontic specialty care is $500 per lifetime, per eligible child. (Pedodontic specialty care will be approved when deemed necessary for children under 7 years of age.)

Enrollees should refer to the Group Service Agreement for further information on benefit exclusions and limitations.

Health Plan Benefits and Coverage Matrix

This matrix is intended to be used to help you compare coverage benefits and is a summary only. The evidence of coverage and plan contract should be consulted for a detailed description of coverage benefits and limitations.

Deductibles: None

Lifetime maximums: The maximum benefit for pedodontic specialty care is $500 per lifetime. There are no other maximums.

Professional services - exam & preventive services: No charge for most services. Periodontal maintenance (D4910) has a shared frequency with prophylaxis (D1110 or D1120) cleanings of 1 in 6 months; additional cleanings beyond the 6 months are available at a higher copayment.

Full mouth x-rays (D0210) are limited to one set every three years if needed and have a shared frequency limitation with a panoramic film (D0330). .

Professional services - restorative, crowns, endodontics and oral surgery services: Copayments for fillings, caps, root canals and extractions vary by procedure in the enclosed Schedule of Covered Services and Copayments.

Professional services - periodontic services: Copayments for gum treatments vary by procedure in the enclosed Schedule of Covered Services and Copayments. Surgical procedures are limited to four quads every two years.

Professional services - dentures and partial dentures: Copayments vary by procedure and appear in the enclosed Schedule of Covered Services and Copayments. Replacements of prosthetics are limited to every five years. Relines are limited to one per arch every 12 months.

Professional services - specialty services: Copayments vary by procedure and appear in the enclosed Schedule of Covered Services and Copayments.

Outpatient office visits: No additional charge

Hospitalization services: Not covered

Prescription drug coverage: Not covered

Emergency health services: Not covered

Ambulance services: Not covered

Durable medical equipment: Not covered

Mental health services: Not covered

Chemical dependency services: Not covered

Home health services: Not covered

Dental Health Services

A Great Reason to Smile[sm]

800-637-6453
3780 Kilroy Airport Way Suite 750
Long Beach, CA 90806

© 2024 Dental Health Services