

**2013-2014 SCHEDULE OF DENTAL PROCEDURES AND ALLOWABLE CHARGES FOR THE STATE DENTAL PLAN**

PLEASE NOTE THAT THE ALLOWABLE DOLLAR CHARGE IS SET BY THE STATE AND MAY NOT REFLECT THE TOTAL CHARGE FOR THE PARTICULAR SERVICE BY YOUR DENTIST. YOU ARE RESPONSIBLE FOR PAYMENT OF ANY DIFFERENCE BETWEEN THE AMOUNT COVERED BY THE STATE AS AN EMPLOYEE, OR A COVERED DEPENDENT, AND THE DENTIST'S CHARGE. YOU SHOULD DISCUSS FEES WITH YOUR DENTIST PRIOR TO TREATMENT.

THE MAXIMUM ALLOWABLE CHARGE FOR ANY DENTAL PROCEDURE NOT SPECIFIED IN THIS SCHEDULE WILL BE DETERMINED BY THE PLAN ADMINISTRATOR THROUGH ITS MEDICAL STAFF AND/OR DENTAL CONSULTANTS BASED ON COMPARABLE OR SIMILAR SERVICES, UNLESS SUCH PROCEDURE IS SPECIFICALLY EXCLUDED IN THIS SCHEDULE OR BY OTHER TERMS AND CONDITIONS OF COVERAGE.

"NC" INDICATES NON COVERED.

PROCEDURE CODE	Class I. DIAGNOSTIC AND PREVENTIVE (Payable @ 100% of State Allowance)	ALLOWANCE
	<b>ORAL EXAMINATIONS:</b>	
D0120	PERIODIC ORAL EVALUATION	\$18.20
D0140	LIMITED ORAL EVALUATION-PROBLEM FOCUSED	\$20.40
D0145	ORAL EVALUATION PATIENT UNDER 3	\$19.30
D0150	COMPREHENSIVE ORAL EVALUATION	\$19.30
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION-PROBLEM- FOCUSED, BY REPORT	\$19.30
D0170	RE-EVALUATION-LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT)	\$18.20
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$19.30
D0190	SCREENING OF NEW PATIENT TO DETERMINE THE NEED TO SEE A DENTIST FOR DIAGNOSIS	NC
D0191	ASSESSMENT OF A PATIENT TO IDENTIFY THE NEED FOR A REFERRAL	\$11.85
	<b>RADIOGRAPHS: (NO BENEFITS ARE PAYABLE FOR ANY CHARGES FOR BITEWING X-RAYS MORE THAN TWICE DURING ANY BENEFIT YEAR OR MORE THAN ONE SERIES OF FULL-MOUTH X-RAYS OR ONE PANORAMIC FILM IN ANY 36-MONTH PERIOD, UNLESS A SPECIAL NEED FOR THESE SERVICE AT MORE FREQUENT INTERVALS IS DOCUMENTED AS MEDICALLY NECESSARY BY THE DENTIST.)</b>	
D0210	RADIOGRAPHIC IMAGES- INTRAORAL - COMPLETE SERIES	\$49.30
D0220	RADIOGRAPHIC IMAGE- INTRAORAL- PERIAPICAL-FIRST RADIOGRAPHIC IMAGE	\$8.40
D0230	RADIOGRAPHIC IMAGE- INTRAORAL- PERIAPICAL- EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$6.20
D0240	INTRAORAL- OCCLUSAL RADIOGRAPHIC IMAGE	\$16.70
D0250	EXTRAORAL - FIRST RADIOGRAPHIC IMAGE	\$7.30
D0260	EXTRAORAL - EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$6.20
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$12.00
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$14.50
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$16.90
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$19.30
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	\$36.00
D0290	POSTERIOR-ANTERIOR OR LATERAL SKULL AND FACIAL BONE SURVEY RADIOGRAPHIC IMAGES	\$33.70
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION	NC
D0321	OTHER TEMPOROMANDIBULAR JOINT RADIOGRAPHIC IMAGES	NC
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$42.10
D0340	CEPHALOMETRIC RADIOGRAPHIC IMAGE	NC
D0350	ORAL/FACIAL PHOTOGRAPHIC IMAGES	NC
D0364	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW- LESS THAN ONE WHOLE JAW	NC
D0365	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW- MANDIBLE	NC
D0366	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW- MAXILLA	NC
D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS	NC
D0368	CONE BEAM CT CAPTURE AND INTERPRETATION FOR TMJ SERIES	NC
D0369	MAXILLOFACIAL MRI CAPTURE AND INTERPRETATION	NC
D0370	MAXILLOFACIAL UNTRASOUND CAPTURE AND INTERPRETATION	NC
D0371	SIALOENDOSCOPY- CAPTURE AND INTERPRETATION	NC
	<b>IMAGE CAPTURE ONLY</b>	
D0380	CONE BEAM CT IMAGE CAPTURE WITH LIMITED FIELD OF VIEW- LESS THAN ONE WHOLE JAW	NC
D0381	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW- MANDIBLE	NC
D0382	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW- MAXILLA	NC
D0383	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF BOTH JAWS	NC
D0384	CONE BEAM CT IMAGE CAPTURE FOR TMJ SERIES	NC
D0385	MAXILLOFACIAL MRI IMAGE CAPTURE	NC
D0386	MAXILLOFACIAL UNTRASOUND IMAGE CAPTURE	NC
	<b>INTERPRETATION AND REPORT ONLY</b>	
D0391	INTERPRETATION OF DIAGNOSTIC IMAGE, INCLUDING REPORT	NC
	<b>TEST AND LABORATORY EXAMINATIONS:</b>	
D0415	COLLECTION OF MICROORGANISMS FOR CULTURE AND SENSITIVITY	NC
D0425	CARIES SUSCEPTIBILITY TESTS	NC
D0460	PULP VITALITY TESTS	\$16.70
D0470	DIAGNOSTIC CASTS (NC ON A ROUTINE BASIS- BENEFITS ARE PAYABLE ONLY ONCE IN A FIVE YEAR PERIOD.)	\$37.30
D0471	DIAGNOSTIC PHOTOGRAPHS	NC
D0473	ACCESSION OF TISSUE-GROSS EXAMINATION	NC
D0474	ACCESSION OF TISSUE -GROSS AND MICROSCOPIC EXAMINATION	NC
D0480	ACCESSION OF TISSUE-GROSS AND MICROSCOPIC EXAMINATION (SURGICAL MARGINS)	NC
D0486	ACCESSION OF TRANSEPIHELIAL CYTOLOGIC SAMPLE, MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN	NC
D0502	OTHER ORAL PATHOLOGY PROCEDURES	NC

	<b>DENTAL PROPHYLAXIS: (NO MORE THAN TWO PROCEDURES IN ANY BENEFIT YEAR.)</b>	
D1110	PROPHYLAXIS - ADULT	\$30.10
D1120	PROPHYLAXIS - CHILD	\$27.60
	<b>TOPICAL APPLICATION OF FLOURIDE: (No benefits are payable for more than two topical flouride applications of stannous flouride or acid flouride phosphate during any benefit year.)</b>	
D1206	TOPICAL APPLICATON OF FLOURIDE VARNISH	\$26.00
D1208	TOPICAL APPLICATION OF FLUORIDE	\$13.10
	<b>OTHER PREVENTIVE SERVICES:</b>	
D1310	NUTRITIONAL COUNSELING FOR THE CONTROL OF DENTAL DISEASE	NC
D1320	TOBACCO COUNSELING	NC
D1330	ORAL HYGIENE INSTRUCTION	NC
D1351	SEALANT - TOPICAL APPLICATION OF SEALANTS PER TOOTH, FOR UNRESTORED, RECENTLY ERUPTED PERMANENT MOLARS FOR PATIENTS THROUGH AGE 15. ONE TREATMENT EVERY THREE YEARS PER TOOTH	\$19.30
D1352	PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH CARRIES RISK PATIENT- PERMANENT TOOTH	\$26.60
	<b>SPACE MAINTAINERS (CHILD):</b>	
D1510	SPACE MAINTAINER - FIXED- UNILATERAL	\$127.50
D1515	SPACE MAINTAINER - FIXED- BILATERAL	\$192.30
D1520	SPACE MAINTAINER - REMOVABLE- UNILATERAL	\$69.60
D1525	SPACE MAINTAINER - REMOVABLE- BILATERAL	\$174.40
D1550	RECEMENTATION OF SPACE MAINTAINER	\$33.70
D1555	REMOVAL OF FIXED SPACE MAINTAINER- PERFORMED BY A DENTIST WHO DID NOT ORIGINALLY PLACE THE APPLIANCE	\$25.50
	<b>UNCLASSIFIED TREATMENT:</b>	
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN- MINOR PROCEDURES	\$21.70
	<b>PROFESSIONAL CONSULTATION</b>	
D9310	CONSULTATION (DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN)	\$24.00
	<b>PERIODONTAL MAINTENANCE (ONLY ALLOWED WITH HISTORY OF PERIODONTAL THERAPY)</b>	
D4910	PERIODONTAL MAINTENANCE PROCEDURE	\$45.70
	<b>MISCELLANEOUS SERVICES:</b>	
D9910	APPLICATION OF DESENSITIZING MEDICAMENTS (NO MORE THAN TWO PROCEDURES PER QUADRANT IN ANY BENEFIT YEAR)- NARRATIVE REQUIRED	\$15.60
D9911	APPLICATION OF DESENSITIZING RESIN- PER TOOTH	NC
	<b>CLASS II. BASIC DENTAL SERVICES</b>	
	(PAYABLE AT 80% OF THE STATE ALLOWANCE AFTER THE BENEFIT YEAR DEDUCTIBLE)	
	<b>NO BENEFITS ARE PAYABLE FOR TEMPORARY PROCEDURES WHICH ARE CONSIDERED PART OF A MORE DEFINITIVE TREATMENT.</b>	
	<b>AMALGAM RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):</b>	
D2140	AMALGAM - ONE SURFACE, PERMANENT	\$33.90
D2150	AMALGAM - TWO SURFACES, PERMANENT	\$44.80
D2160	AMALGAM - THREE SURFACES, PERMANENT	\$54.60
D2161	AMALGAM - FOUR OR MORE SURFACES, PERMANENT	\$68.80
D2951	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	\$14.20
	<b>COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):</b>	
D2330	RESIN - ONE SURFACE, ANTERIOR	\$39.30
D2331	RESIN - TWO SURFACES, ANTERIOR	\$53.60
D2332	RESIN - THREE SURFACES, ANTERIOR	\$65.60
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	\$72.10
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$192.50
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2140)	NC
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2150)	NC
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160)	NC
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2161)	NC
D2410	GOLD FOIL-ONE SURFACE	NC
D2420	GOLD FOIL-TWO SURFACE	NC
D2430	GOLD FOIL-THREE SURFACE	NC
D2940	PROTECTIVE RESTORATION	\$37.40
D2951	PIN RETENTION- PER TOOTH, IN ADDITION TO RESTORATION	\$14.20
	<b>PULP CAPPING:</b>	
D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	NC
D3120	PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	NC
	<b>PULPOTOMY:</b>	
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT	\$42.60
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	\$42.60
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS- PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT	\$42.60

	<b>ENDODONTIC THERAPY ON PRIMARY TEETH:</b>	
D3230	PULPAL THERAPY (RESORBABLE FILLING) - ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$75.00
D3240	PULPAL THERAPY (RESORBABLE FILLING) - POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$85.00
	<b>ROOT CANAL THERAPY: (INCLUDES TREATMENT PLAN, CLINICAL PROCEDURES AND FOLLOW-UP CARE) BENEFITS ARE PAYABLE FOR MORE THAN ONE ROOT CANAL TREATMENT ON THE SAME TOOTH ONLY AFTER REVIEW AND APPROVAL BY A DENTAL CONSULTANT OF SUBMITTED DOCUMENTATION AND THE APPROPRIATE ADA PROCEDURE CODE.</b>	
D3310	ANTERIOR (EXCLUDING FINAL RESTORATION)	\$205.40
D3320	BICUSPID (EXCLUDING FINAL RESTORATION)	\$237.10
D3330	MOLAR (EXCLUDING FINAL RESTORATION)	\$339.80
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	\$167.20
D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH	\$237.10
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	\$167.20
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY- ANTERIOR- SUBJECT TO DENTAL CONSULTANT REVIEW	\$205.40
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY- BICUSPID- SUBJECT TO DENTAL CONSULTANT REVIEW	\$237.10
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY- MOLAR- SUBJECT TO DENTAL CONSULTANT REVIEW	\$339.80
D3351	APEXIFICATION/ RECALCIFICATION/ PULPAL REGENERATION- INITIAL VISIT (APICAL CLOSURE/ CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, PULP SPACE DISINFECTION, ETC.)	\$167.20
D3352	APEXIFICATION/ RECALCIFICATION/ PULPAL REGENERATION- INTERIM MEDICATION REPLACEMENT	\$167.20
D3353	APEXIFICATION/ RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY-APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	\$167.20
D3354	PULPAL REGENERATION- COMPLETION OF REGENERATIVE TREATMENT IN AN IMMATURE PERMANENT TOOTH WITH A NECROTIC PULP- DOES NOT INCLUDE FINAL RESTORATION	\$167.20
	<b>APICOECTOMY/PERIRADICULAR SERVICES:</b>	
D3410	APICOECTOMY/ PERIRADICULAR SURGERY- ANTERIOR	\$232.80
D3421	APICOECTOMY/ PERIRADICULAR SURGERY- BICUSPID (FIRST ROOT)	\$232.80
D3425	APICOECTOMY/ PERIRADICULAR SURGERY - MOLAR (FIRST ROOT)	\$232.80
D3426	APICOECTOMY/ PERIRADICULAR SURGERY- EACH ADDITIONAL ROOT	\$232.80
D3430	RETROGRADE FILLING - PER ROOT	\$51.40
D3450	ROOT AMPUTATION - PER ROOT	\$124.50
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	NC
D3470	INTENTIONAL REIMPLANTATION (INCLUDING NECESSARY SPLINTING)	NC
	<b>OTHER ENDODONTIC PROCEDURES:</b>	
D3910	SURGICAL PROCEDURE/ ISOLATION W/ DAM	NC
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY	\$89.60
D3950	CANAL PREP/FITTING OF PREFORMED DOWEL OR POST	NC
	<b>PERIODONTICS- SURGICAL SERVICES</b>	
	<b>(NO BENEFITS ARE PAYABLE FOR MORE THAN FOUR QUADRANTS IN ANY 36-MONTH PERIOD FOR THE FOLLOWING:)</b>	
	<b>PERIODONTAL/ SURGICAL SERVICES MAY BE SUBJECT TO DENTAL CONSULTANT REVIEW</b>	
	GINGIVECTOMY OR GINGIVOPLASTY	
	GINGIVAL CURRETAGE	
	OSSEOUS SURGERY	
	PERIODONTAL SCALING AND ROOT PLANING	
	MUCOGINGIVAL SUGERY	
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER QUADRANT	\$169.40
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER QUADRANT	\$45.60
D4212	GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, PER TOOTH	\$45.60
D4230	ANATOMICAL CROWN EXPOSURE- FOUR OR MORE CONTIGUOUS TEETH PER QUADRANT	\$165.60
D4231	ANATOMICAL CROWN EXPOSURE- ONE TO THREE TEETH PER QUADRANT	\$44.70
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER	\$191.30
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER	\$95.50
D4245	APICALLY POSITIONED FLAP	\$200.00
D4249	CLINICAL CROWN LENGTHENING- HARD TISSUE	\$172.60
D4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER	\$403.20
D4261	QUADRANT	\$241.92
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	\$155.00
D4264	BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT	\$85.00
D4266	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, PER SITE	\$240.00
D4267	GUIDED TISSUE REGENERATION- NONRESORBABLE BARRIER, PER SITE (INCLUDES MEMBRANE REMOVAL)	\$290.00
D4268	SURGICAL REVISION PROCEDURE, PER TOOTH	\$174.60
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$298.30
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURES, PER TOOTH	\$375.00
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA	\$74.30
D4275	SOFT TISSUE ALLOGRAFT- NARRATIVE REQUIRED FOR DENTAL CONSULTANT REVIEW	\$400.00
D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT, PER TOOTH- NARRATIVE REQUIRED FOR DENTAL CONSULTANT REVIEW	\$383.00
D4277	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), FIRST TOOTH OR EDENTULOUS TOOTH POSITION IN GRAFT	\$320.20
D4278	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), EACH ADDITIONAL TOOTH OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	\$176.00
	<b>NON-SURGICAL PERIODONTAL SERVICES:</b>	
D4320	PROVISIONAL SPLINTING - INTRACORONAL	NC
D4321	PROVISIONAL SPLINTING - EXTRACORONAL	NC
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	\$84.20
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH PER QUADRANT	\$31.59
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE PERIODONTAL EVALUATION AND DIAGNOSIS (BENEFITS ARE PAYABLE ONLY ONCE PER LIFETIME.)	\$82.00
D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH	\$17.75
D4920	UNSCHEDULED DRESSING CHANGE	NC

CLASS III. PROSTHODONTIC- MAJOR DENTAL SERVICES (PAYABLE AT 50% OF THE STATE ALLOWANCE AFTER THE BENEFIT YEAR DEDUCTIBLE)		
<b>RESTORATION.</b>		
<b>ONLAY RESTORATIONS:</b>		
D2542	ONLAY- METALLIC- TWO SURFACES	\$380.00
D2543	ONLAY- METALLIC- THREE SURFACES	\$390.00
D2544	ONLAY- METALLIC- FOUR OR MORE SURFACES	\$400.00
D2642	ONLAY- PROCELAIN/CERAMIC- TWO SURFACES	\$380.00
D2643	ONLAY- PROCELAIN/CERAMIC- THREE SURFACES	\$390.00
D2644	ONLAY- PROCELAIN/CERAMIC- FOUR OR MORE SURFACES	\$400.00
D2662	ONLAY- RESIN-BASED COMPOSITE- TWO SURFACES	\$380.00
D2663	ONLAY- RESIN-BASED COMPOSITE- THREE SURFACES	\$390.00
D2664	ONLAY- RESIN-BASED COMPOSITE- FOUR OR MORE SURFACES	\$400.00
<b>CROWNS: SINGLE RESTORATIONS</b>		
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	\$192.50
D2712	CROWN - 3/4 RESIN-BASED COMPOSITE (INDIRECT)	\$391.00
D2720	CROWN- RESIN WITH HIGH NOBLE METAL	\$391.00
D2721	CROWN- RESIN WITH PREDOMINANTLY BASE METAL	\$349.00
D2722	CROWN- RESIN WITH NOBLE METAL	\$370.00
D2740	CROWN- PORCELAIN/ CERAMIC SUBSTRATE	\$391.00
D2750	CROWN- PORCELAIN FUSED TO HIGH NOBLE METAL	\$409.60
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$409.60
D2752	SINGLE RESTORATION - CROWN- PORCELAIN FUSED TO NOBLE METAL	\$409.60
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	\$391.00
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	\$391.00
D2782	CROWN - 3/4 CAST NOBLE METAL	\$391.00
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	\$391.00
D2790	CROWN-FULL CAST HIGH NOBLE METAL	\$409.60
D2791	CROWN-FULL CAST PREDOMINANTLYBASE METAL	\$370.00
D2792	CROWN-FULL CAST NOBLE METAL	\$396.80
D2794	CROWN -TITANIUM	\$370.00
<b>OTHER RESTORATIVE SERVICES:</b>		
D2910	RECEMENT INLAY, ONLAY OR PARTIAL COVERAGE RESTORATION	\$24.50
D2915	RECEMENT CAST OR PREFABRICATED POST AND CORE	\$20.50
D2920	RECEMENT CROWN	\$25.60
D2929	PREFABRICATED PORCELAIN/ CERAMIC CROWN- PRIMARY TOOTH	\$67.80
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$67.80
D2931	PREFABRICATED STAINLESS STEEL CROWN- PERMANENT TOOTH	\$67.80
D2932	PREFABRICATED RESIN CROWN	\$99.20
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	\$99.20
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$99.20
D2950	CORE BUILD-UP, INCLUDING ANY PINS	\$93.30
D2952	CAST POST AND CORE IN ADDITION TO CROWN	\$135.30
D2953	EACH ADDITIONAL CAST POST - SAME TOOTH	\$61.00
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$95.70
D2955	POST REMOVAL	\$65.00
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	\$56.00
D2960	LABIAL VENEER (LAMINATE) - CHAIRSIDE	\$175.00
D2961	LABIAL VENEER (RESIN LAMINATE) - LABORATORY	NC
D2962	LABIAL VENEER (PORCELAIN LAMINATE)- LABORATORY	\$275.00
D2970	TEMPORARY CROWN (FRACTURED TOOTH)	NC
D2971	ADDITIONAL PROCEDURES TO CONSTRUCT NEW CROWN UNDER EXISTING PARTIAL DENTURE FRAMEWORK	\$47.90
D2980	CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$125.00
D2981	INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$33.90
D2982	ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$44.80
D2983	VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$68.80
D2990	RESIN INFILTRATION OF INCIPIENT SMOOTH SURFACE LESIONS	\$26.60
<b>COMPLETE DENTURES: (INCLUDING SIX MONTHS POST-DELIVERY CARE)</b>		
D5110	COMPLETE UPPER DENTURE	\$379.20
D5120	COMPLETE LOWER DENTURE	\$379.20
D5130	IMMEDIATE UPPER DENTURE	\$417.80
D5140	IMMEDIATE LOWER DENTURE	\$417.80
<b>PARTIAL DENTURES: (INCLUDING SIX MONTHS POST-DELIVERY CARE)</b>		
D5211	UPPER PARTIAL- RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$260.30
D5212	LOWER PARTIAL- RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$260.30
D5213	MAXILLARY PARTIAL DENTURE -CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$501.80
D5214	MANDIBULAR PARTIAL DENTURE-CAST METAL FRAMEWORK WITH RESIN DENTAL BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$501.80
D5225	MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	\$390.50
D5226	MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	\$390.50
D5281	REMOVABLE UNILATERAL PARTIAL DENTURE- ONE PIECE CAST METAL (INCLUDING CLASPS AND TEETH)	\$274.30

<b>ADJUSTMENTS TO DENTURES: (MORE THAN 90 DAYS AFTER INITIAL PLACEMENT)</b>		
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$26.90
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$26.90
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$37.40
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$37.40
<b>REPAIRS TO COMPLETE DENTURES:</b>		
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$45.50
D5520	REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH)	\$40.90
<b>REPAIRS TO PARTIAL DENTURES:</b>		
D5610	REPAIR RESIN DENTURE BASE	\$45.50
D5620	REPAIR CAST FRAMEWORK	\$46.70
D5630	REPAIR OR REPLACE BROKEN CLASP	\$47.90
D5640	REPLACE BROKEN TEETH - PER TOOTH	\$21.00
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$45.50
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$68.80
D5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MAXILLARY)	\$260.30
D5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MANDIBULAR)	\$260.30
<b>REBASE PROCEDURES ARE NOT COVERED UNDER THE STATE DENTAL PLAN.</b>		
<b>RELINE PROCEDURES:</b>		
D5730	RELINE MAXILLARY COMPLETE DENTURE (CHAIRSIDE)	\$102.70
D5731	RELINE MANDIBULAR COMPLETE DENTURE (CHAIRSIDE)	\$102.70
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$102.70
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	\$102.70
D5750	RELINE MAXILLARY COMPLETE DENTURE (LABORATORY)	\$123.70
D5751	RELINE MANDIBULAR COMPLETE DENTURE (LABORATORY)	\$123.70
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	\$150.60
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	\$150.60
<b>OTHER REMOVABLE PROSTHODONTIC SERVICES:</b>		
D5850	TISSUE CONDITIONING, MAXILLARY (BENEFITS ARE ALLOWED TWICE PER UNIT IN A 36 MONTH PERIOD)	\$47.90
D5851	TISSUE CONDITIONING, MANDIBULAR (BENEFITS ARE ALLOWED TWICE PER UNIT IN A 36 MONTH PERIOD)	\$47.90
D5860	OVER DENTURE COMPLETE, BY REPORT	\$379.20
D5861	OVER DENTURE PARTIAL, BY REPORT	\$260.30
D5862	PRECISION ATTACHMENT	NC
D5867	REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT	NC
D5875	MODIFICATION OF REMOVBLE PROSTHESIS FOLLOWING IMPLANT SURGERY	\$68.80
D5899	UNSPECIFIED PROSTHODONTIC PROCEDURE	NC
<b>MAXILLOFACIAL PROSTHETICS:</b>		
D5911	FACIAL MOULAGE (SECTION)	NC
D5912	FACIAL MOULAGE (COMPLETE)	NC
D5913	NASAL PROSTHESIS	NC
D5914	AURICULAR PROSTHESIS	NC
D5915	ORBITAL PROSTHESIS	NC
D5916	OCULAR PROSTHESIS	NC
D5919	FACIAL PROSTHESIS	NC
D5922	NASAL SEPTAL PROSTHESIS	NC
D5923	OCULAR PROSTHESIS, INTERIM	NC
D5924	CRANIAL PROSTHESIS	NC
D5925	FACIAL AUGMENTATION IMPLANT PROSTHESIS	NC
D5926	NASAL PROSTHESIS, REPLACEMENT	NC
D5927	AURICULAR PROSTHESIS, REPLACEMENT	NC
D5928	ORBITAL PROSTHESIS, REPLACEMENT	NC
D5929	FACIAL PROSTHESIS, REPLACEMENT	NC
D5931	OBTURATOR PROSTHESIS, SURGICAL	NC
D5932	OBTURATOR PROSTHESIS, DEFINITIVE	NC
D5933	OBTURATOR PROSTHESIS, MODIFICATION	NC
D5934	MANDIBULAR RESECTION (FLANGE) PROSTHESIS	NC
D5935	MANDIBULAR RESECTION (WITHOUT FLANGE) PROSTHESIS	NC
D5936	OBTURATOR-PROSTHESIS, INTERIM	NC
D5937	TRISMUS APPLIANCE	NC
D5951	FEEDING AID	NC
D5952	PEDIATRIC SPEECH AID	NC
D5953	ADULT SPEECH AID	NC
D5954	SUPERIMPOSED PROSTHESIS	NC
D5955	PALATAL LIFT PROSTHESIS	NC
D5958	PALATAL LIFT PROSTHESIS, INTERIM	NC
D5959	PALATAL LIFT PROSTHESIS, MODIFICATION	NC
D5960	SPEECH AID PROSTHESIS, MODIFICATION	NC
D5982	SURGICAL STENT	NC
D5983	RADIATION CARRIER	NC
D5984	RADIATION SHIELD	NC
D5985	RADIATION CONE LOCATOR	NC
D5986	FLUORIDE GEL CARRIER	NC
D5987	COMMISSURE SPLINT	NC
D5988	SURGICAL SPLINT	NC
D5991	TOPICAL MEDICAMENT CARRIER	NC
D5992	ADJUST MAXILLOFACIAL PROSTHETIC APPLIANCE, BY REPORT	NC
D5993	MAINTENANCE AND CLEANING OF A MAXILLOFACIAL PROSTHESIS (EXTRA OR INTRAORAL) OTHER THAN REQUIRED ADJUSTMENTS, BY	NC

D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	NC
	<b>IMPLANT SERVICES:</b>	
	<b>PRE-SURGICAL SERVICES</b>	
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	\$95.20
	<b>SURGICAL SERVICES:</b>	
D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT	\$766.00
D6012	SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL PROSTHESIS: ENDOSTEAL IMPLANT	\$890.40
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	\$3,242.80
D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	\$2,419.20
D6100	IMPLANT REMOVAL, BY REPORT	BY REPORT
D6101	DEBRIDEMENT OF A PERIIMPLANT DEFECT AND SURFACE CLEANING OF EXPOSED IMPLANT SURFACES, INCLUDING FLAP ENTRY AND	\$95.60
D6102	DEBRIDEMENT AND OSSEOUS CONTOURING OF A PERIIMPLANT DEFECT; INCLUDES SURFACE CLEANING OF EXPOSED IMPLANT SURFACES AND FLAP ENTRY AND CLOSURE	\$241.92
D6103	BONE GRAFT FOR REPAIR OF PERIIMPLANT DEFECT- NOT INCLUDING FLAP ENTRY AND CLOSURE OR PLACEMENT OF A BARRIER MEMBRANE OR BIOLOGIC MATERIALS TO AID IN OSSEOUS REGENERATION	\$155.00
D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	\$155.00
	<b>IMPLANT SUPPORTED PROSTHETICS</b>	
D6055	CONNECTING BAR- IMPLANT OR ABUTMENT SUPPORTED	\$283.20
D6056	PREFABRICATED ABUTMENT- INCLUDES MODIFICATION AND PLACEMENT	\$245.20
D6057	CUSTOM FABRICATED ABUTMENT- INCLUDES PLACEMENT	\$280.00
D6051	INTERIM ABUTMENT	NC
D6053	IMPLANT/ ABUTMENT SUPPORTED REMOVABLE DENTURE FOR COMPLETELY EDENTULOUS ARCH	\$703.60
D6054	IMPLANT/ ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH	\$703.60
D6078	IMPLANT/ ABUTMENT SUPPORTED FIXED DENTURE FOR COMPLETELY EDENTULOUS ARCH	\$400.00
D6079	IMPLANT/ ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH	\$400.00
D6058	ABUTMENT SUPPORTED PORCELAIN/ CERAMIC CROWN	\$542.40
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN- HIGH NOBLE METAL	\$608.00
D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN- PREDOMINANTLY BASE METAL)	\$506.00
D6061	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN- NOBLE METAL	\$516.40
D6062	ABUTMENT SUPPORTED CAST METAL CROWN- HIGH NOBLE METAL	\$514.40
D6063	ABUTMENT SUPPORTED CAST METAL CROWN- PREDOMINANTLY BASE METAL	\$448.00
D6064	ABUTMENT SUPPORTED CAST METAL CROWN- NOBLE METAL	\$468.40
D6094	ABUTMENT SUPPORTED CROWN- TITANIUM	\$424.80
D6065	IMPLANT SUPPORTED PORCELAIN/ CERAMIC CROWN	\$533.60
D6066	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN- TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL	\$680.00
D6067	IMPLANT SUPPORTED METAL CROWN- TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL	\$504.40
D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/ CERAMIC FPD	\$538.00
D6069	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD- HIGH NOBLE METAL	\$535.20
D6070	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD- PREDOMINANTLY BASE METAL	\$506.00
D6071	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD- NOBLE METAL	\$516.40
D6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD- HIGH NOBLE METAL	\$522.40
D6073	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD- PREDOMINANTLY BASE METAL	\$477.20
D6074	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD- NOBLE METAL	\$507.20
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD- TITANIUM	\$437.60
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	\$533.60
D6076	IMPLANT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD- TITANIUM, TITANIUM ALLOY, OR HIGH NOBLE METAL	\$520.00
D6077	IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD- TITANIUM, TITANIUM ALLOY, OR HIGH NOBLE METAL	\$504.40
	<b>OTHER IMPLANT SERVICES:</b>	
D6080	IMPLANT MAINTENANCE PROCEDURE- INCLUDING REMOVAL OF PROSTHESIS, CLEANSING OF PROSTHESIS AND ABUTMENTS, REINSERTION OF PROSTHESIS	\$44.00
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS	\$36.00
D6095	REPAIR IMPLANT ABUTMENT, BY REPORT	BY REPORT
D6091	REPLACEMENT OF SEMI-PRECISION OR PRECISION ATTACHMENT OF IMPLANT- ABUTMENT SUPPORTED PROSTHESIS, PER ATTACHMENT	\$213.60
D6092	RECEMENT IMPLANT/ ABUTMENT SUPPORTED CROWN	\$25.60
D6093	RECEMENT IMPLANT/ ABUTMENT SUPPORTED FIXED PARTIAL DENTURE	\$50.20
D6199	UNSPECIFIED IMPLANT PROCEDURE, BY REPORT	\$95.20
	<b>BRIDGE PONTICS:</b>	
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	\$330.20
D6210	PONTIC - CAST HIGH NOBLE METAL	\$403.80
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	\$370.00
D6212	PONTIC - CAST NOBLE METAL	\$382.70
D6214	PONTIC - TITANIUM	\$370.00
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	\$409.60
D6241	PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$409.60
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	\$409.60
D6245	PONTIC - PORCELAIN/ CERAMIC	\$409.60
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	\$403.80
D6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	\$330.20
D6252	PONTIC - RESIN WITH NOBLE METAL	\$384.00
D6253	PROVISIONAL PONTIC	NC

	<b>INLAY/ONLAY- ABUTMENTS:</b>	
D6545	RETAINER-CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	\$128.30
D6548	RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	\$128.30
D6608	ONLAY - PORCELAIN/CERAMIC, TWO SURFACES	\$345.00
D6609	ONLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	\$360.00
D6610	ONLAY - CAST HIGH NOBLE METAL, TWO SURFACES	\$345.00
D6611	ONLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	\$360.00
D6612	ONLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	\$345.00
D6613	ONLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	\$360.00
D6614	ONLAY - CAST NOBLE METAL, TWO SURFACES	\$345.00
D6615	ONLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	\$360.00
D6634	ONLAY - TITANIUM	\$360.00
	<b>CROWN-ABUTMENTS:</b>	
D6710	CROWN - INDIRECT RESIN BASED COMPOSITE	\$370.00
D6720	BRIDGE RETAINERS - CROWN-RESIN WITH HIGH NOBLE METAL	\$391.00
D6721	BRIDGE RETAINERS - CROWN- RESIN WITH PREDOMINANTLY BASE METAL	\$304.60
D6722	BRIDGE RETAINERS - CROWN- RESIN WITH NOBLE METAL	\$336.10
D6740	CROWN - PORCELAIN/CERAMIC	\$409.60
D6750	BRIDGE RETAINERS - CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$409.60
D6751	BRIDGE RETAINERS - CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$409.60
D6752	BRIDGE RETAINERS - CROWN- PORCELAIN FUSED TO NOBLE METAL	\$409.60
D6780	BRIDGE RETAINERS - CROWN-3/4 CAST HIGH NOBLE METAL	\$360.60
D6781	CROWN - 3/4 CAST PREDOMINANTLY BASED METAL	\$360.60
D6782	CROWN - 3/4 CAST NOBLE METAL	\$360.60
D6783	CROWN - 3/4 PORCELAIN/CERAMIC	\$409.60
D6790	BRIDGE RETAINERS - CROWN-FULL CAST HIGH NOBLE ME- TAL	\$409.60
D6791	BRIDGE RETAINERS - CROWN- FULL CAST PREDOMINANTLY BASE METAL	\$370.00
D6792	BRIDGE RETAINERS - CROWN- FULL CAST NOBLE METAL	\$396.80
D6794	CROWN - TITANIUM	\$370.00
	<b>OTHER SERVICES</b>	
D6930	RECEMENT FIXED PARTIAL DENTURE	\$50.20
D6940	STRESS BREAKER	NC
D6950	PRECISION ATTACHMENT	NC
D6980	FIXED PARTIAL DENTURE REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$75.80
D6985	PEDIATRIC PARTIAL DENTURE, FIXED	NC
	<b>SIMPLE EXTRACTIONS (INCLUDES LOCAL ANESTHESIA AND POST-OPERATIVE CARE)</b>	
D7111	EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOOTH	\$35.00
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	\$45.90
	<b>SURGICAL EXTRACTIONS: INCLUDES LOCAL ANESTHESIA AND POST-OPERATIVE CARE)</b>	
	<b>**- PROCEDURE IS COVERED BY THE STATE HEALTH PLAN- IF THE PROCEDURE IS COVERED BY THE STATE HEALTH AND DENTAL PLANS, THE STATE HEALTH PLAN WILL PROCESS THE CHARGE FIRST. THE STATE DENTAL PLAN WILL THEN COORDINATE ITS PAYMENT WITH THE STATE HEALTH PLAN'S PAYMENT.</b>	
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	\$66.60
D7220**	REMOVAL OF IMPACTED TOOTH- SOFT TISSUE	\$83.00
D7230**	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	\$115.90
D7240**	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	\$127.80
D7241**	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	\$196.70
D7250**	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$57.90
D7251**	CORONECTOMY- INTENTIONAL PARTIAL TOOTH REMOVAL	\$83.00
	<b>OTHER SURGICAL PROCEDURES:</b>	
D7260**	ORAL ANTRAL FISTULA CLOSURE	\$267.80
D7261**	PRIMARY CLOSURE OF A SINUS PERFORATION	\$267.80
D7270	TOOTH RE-IMPLANTATION AND /OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH	NC
D7272	TOOTH TRANSPLANTATION	NC
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	\$134.40
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	\$115.90
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH (PLACEMENT OF AN ORTHODONTIC BRACKET)	\$18.50
D7285**	BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)	\$102.70
D7286**	BIOPSY OF ORAL TISSUE - SOFT	\$83.00
D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	NC
D7288	BRUSH BIOPSY - TRANSEPIHELIAL SAMPLE COLLECTION	\$83.00
D7290	SURGICAL REPOSITIONING OF TEETH	NC
D7291	TRANSSEPTAL FIBEROTOMY, BY REPORT	\$163.90
D7295	HARVEST OF BONE FOR USE IN AUTOGENOUS GRAFTING PROCEDURE	NC
	<b>ALVEOLOPLASTY: (SURGICAL PREPARATION OF RIDGE FOR DENTURES)</b>	
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	\$67.80
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	\$50.80
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS- PER QUADRANT	\$99.40
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	\$74.50

	<b>VESTIBULOPLASTY</b>	
D7340	VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION)	\$320.20
D7350	VESTIBULOPLASTY-RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT TISSUE ATTACHMENT AND MANAGEMENT OF HYPERTROPHIED AND HYPERPLASTIC TISSUE)	\$610.10
	<b>EXCISION OF REACTIVE INFLAMMATORY LESIONS: (SCAR TISSUE OR LOCALIZED CONGENITAL LESIONS)</b>	
D7410**	EXCISION OF BENIGN LESION UP TO 1.25 CM	\$108.30
D7411**	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	\$108.30
D7412**	EXCISION OF BENIGN LESION, COMPLICATED	\$108.30
D7413**	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	\$108.30
D7414**	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM	\$108.30
D7415**	EXCISION OF MALIGNANT LESION, COMPLICATED	\$108.30
	<b>REMOVAL OF TUMORS, CYSTS AND NEOPLASMS:</b>	
D7440**	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER UP TO 1.25CM	NC
D7441**	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER OVER 1.25CM	NC
D7450**	REMOVAL OF ODONTOGENIC CYST OR TUMOR UP TO 1.25 CM	NC
D7451**	REMOVAL OF ODONTOGENIC CYST OR TUMOR OVER 1.25 CM	NC
D7460**	REMOVAL OF NON- ODONTOGENIC CYST OR TUMOR UP TO 1.25 CM	NC
D7461**	REMOVAL OF NON-ODONTOGENIC CYST OR TUMOR OVER 1.25 CM	NC
D7465**	DESTRUCTION OF LESIONS BY PHYSICAL METHODS:ELECTROSURGERY, CHEMOTHERAPY OR CRYOTHERAPY	NC
	<b>EXCISION OF BONE TISSUE:</b>	
D7471**	REMOVAL OF EXOSTOSIS - PER SITE	\$180.40
D7472**	REMOVAL OF TORUS PALATINUS	\$180.40
D7473**	REMOVAL OF TORUS MANDIBULARIS	\$180.40
D7485**	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	NC
D7490**	RADICAL RESECTION OF MANDIBLE WITH BONE GRAFT	NC
	<b>SURGICAL INCISIONS:</b>	
D7510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	\$44.80
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	\$56.00
D7520	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE	\$151.90
D7521	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	\$189.90
	<b>TREATMENT OF FRACTURES/DISLOCATION PROCEDURE CODES D7610 THROUGH D7850 ARE NOT COVERED BY THE STATE DENTAL PLAN</b>	
	<b>RELATED/SURGICAL DISCECTOMY PROCEDURE CODES D7852 THROUGH D7899 ARE NOT COVERED BY THE STATE DENTAL PLAN</b>	
	<b>OTHER REPAIR PROCEDURES</b>	
D7910	SUTURE OF RECENT SMALL WOUNDS, UP TO 5 CM	NC
D7911	COMPLICATED SUTURING OF SMALL WOUND UP TO 5 CM	NC
D7912	COMPLICATED SUTURING OF SMALL WOUND GREATER THAN 5 CM	NC
D7920	SKIN GRAFTS	NC
D7921	COLLECTION AND APPLICATION OF AUTOLOGOUS BLOOD CONCENTRATE	NC
D7940	OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES	NC
D7941	OSTEOTOMY-RAMUS-CLOSED	NC
D7942	OSTEOTOMY-RAMUS-OPEN	NC
D7943	OSTEOTOMY-RAMUS-OPEN WITH BONE GRAFT	NC
D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL	NC
D7945	OSTEOTOMY-BODY OF MANDIBLE	NC
D7946	LEFORT I (MAXILLA-TOTAL)	NC
D7947	LEFORT I (MAXILLA- SEGMENTED)	NC
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) WITHOUT BONE GRAFT	NC
D7949	LEFORT II OR LEFORT III WITH BONE GRAFT	NC
D7950	OSSEOUS, OSTEOPERIOSTEAL, PERIOSTEAL, OR CARTILAGE GRAFT OF MANDIBLE-AUTOGENOUS OR NONAUTOGENOUS	BY REPORT
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES	NC
D7952	SINUS AUGMENTATION VIA A VERTICAL APPROACH	NC
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION- PER SITE	\$155.00
D7960	FRENULECTOMY- ALSO KNOWN AS FRENECTOMY OR FRENOTOMY- SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE	\$138.70
D7963	FRENULOPLASTY	\$138.70
D7970	EXCISION OF HYPERPLASTIC TISSUE - PER ARCH	\$120.90
D7971	EXCISION OF PERICORONAL GINGIVA	\$69.00
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	\$138.70
D7980	SIALOLITHOTOMY	NC
D7981	EXCISION OF SALIVARY GLAND, BY REPORT	NC
D7982	SIALODOCHOPLASTY	NC
D7983	CLOSURE OF SALIVARY FISTULA	NC
D7990	EMERGENCY TRACHEOTOMY	NC
D7991	CORONOIDECTOMY	NC
D7995	SYNTHETIC GRAFT-MANDIBLE OR FACIAL BONES	NC
D7996	IMPLANT- MANDIBLE FOR AUGMENTATION PURPOSES, EXCLUDING ALVEOLAR RIDGE- BY REPORT	NC
D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE)- INCLUDES REMOVAL OF ARCHBAR	NC
D7998	INTRAORAL PLACEMENT OF FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTURE	NC
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	



<b>MISCELLANEOUS SERVICES:</b>		
D9120	FIXED PARTIAL DENTURE SECTIONING	\$50.20
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	NC
D9211	REGIONAL BLOCK ANESTHESIA	NC
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	NC
D9215	LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	NC
D9220	DEEP SEDATION/ GENERAL ANESTHESIA- FIRST 30 MINUTES	\$76.50
D9221	DEEP SEDATION/ GENERAL ANESTHESIA- EACH ADDITIONAL 15 MINUTES	NC
D9230	INHALATION OF NITROUS OXIDE/ ANALGESIA, ANXIOLYSIS	NC
D9241	INTRAVENOUS SEDATION/ ANALGESIA- FIRST 30 MINUTES	\$76.50
D9242	INTRAVENOUS SEDATION/ ANALGESIA- EACH ADDITIONAL 15 MINUTES	NC
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	\$60.00
D9310	CONSULTATION- DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PYHSICIAN	\$24.00
D9410	HOUSE/ EXTENDED CARE FACILITY CALL	NC
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	NC
D9430	OFFICE VISIT FOR OBSERVATION DURING REGULAR OFFICE HOURS- NO OTHER SERVICES PERFORMED	NC
D9440	OFFICE VISIT AFTER REGULARLY SCHEDULED HOURS	NC
D9450	CASE PRESENTATION, DETAILED AND EXTENSIVE TREATMENT PLANNING	NC
D9610	THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION	NC
D9612	THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS	NC
D9630	OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT	NC
D9910	APPLICATION OF DESENSITIZING MEDICAMENT- MUST BE AN APPROVED MEDICATION	\$15.60
D9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/ OR ROOT SURFACE, PER TOOTH	NC
D9920	BEHAVIOR MANAGEMENT	NC
D9930	TREATMENT OF COMPLICATIONS (POST-SURGICAL)- UNUSUAL CIRCUMSTANCES, BY REPORT	NC
D9940	OCCLUSAL GUARD, BY REPORT- SUBJECT TO REVIEW BY DENTAL CONSULTANT	\$99.40
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	NC
D9942	REPAIR/ RELINE OF OCCLUSAL GUARD	\$14.90
D9950	OCCULSION ANALYSIS- MOUNTED CASE	NC
D9951	OCCLUSAL ADJUSTMENT-LIMITED	\$19.70
D9952	OCCLUSAL ADJUSTMENT- COMPLETE	NC
D9970	ENAMEL MICROABRASION	NC
D9971	ODONTOPLASTY 1-2 TEETH, INCLUDES REMOVAL OF ENAMEL PROJECTIONS	NC
D9972	EXTERNAL BLEACHING- PER ARCH- PERFORMED IN OFFICE	NC
D9973	EXTERNAL BLEACHING- PER TOOTH	NC
D9974	INTERNAL BLEACHING- PER TOOTH	NC
D9975	EXTERNAL BLEACHING FOR HOME APPLICATION, PER ARCH- INCLUDES MATERIALS AND FABRICATION OF CUSTOM TRAYS	NC
<b>CLASS IV. ORTHODONTICS</b>		
<b>(PAYABLE AT 50% OF THE STATE ALLOWANCE)</b>		
A. TREATMENT FOR THE CORRECTION OF DYSFUNCTIONAL MALOCCLUSION OF A COVERED CHILD UNDER THE AGE OF 19 UP TO A LIFETIME MAXIMUM BENEFIT PAYMENT OF \$1,000.00:		
1. DIAGNOSIS, INCLUDING MODELS AND RADIOGRAPHS		
2. ACTIVE TREATMENT, INCLUDING NECESSARY APPLIANCES		
3. RETENTION TREATMENT FOLLOWING ACTIVE TREATMENT, LIMITED TO 10 VISITS IN AN 18 MONTH PERIOD.		
INITIATE THIS, THE DENTIST MUST SUBMIT A COMPLETE TREATMENT PLAN WHICH INCLUDES DIAGNOSTIC FEES, INITIAL BANDING FEES, ANTICIPATED LENGTH (MONTHS) OF TREATMENT AND TOTAL FEE. MONTHLY PAYMENTS WILL BE MADE AUTOMATICALLY (WITHOUT THE SUBMISSION OF A CLAIM) UNTIL EITHER THE MAXIMUM BENEFIT OR LENGTH OF TREATMENT IS MET, WHICHEVER COMES FIRST. NOTIFY THE THIRD-PARTY CLAIMS ADMINISTRATOR IMMEDIATELY OF ANY CHANGE OR VARIATION IN THE TREATMENT PLAN. LUMP SUM BENEFIT PAYMENT WILL NOT BE ISSUED.		
THE THIRD-PARTY CLAIMS ADMINISTRATOR WILL PERIODICALLY SUBMIT LETTERS REQUESTING VERIFICATION OF CONTINUED TREATMENT. IF A RESPONSE IS NOT RECEIVED WITHIN 45 DAYS, PAYMENT WILL CEASE UNTIL THE INFORMATION IS RECEIVED		