



All About Your Dental Coverage

The Johns Hopkins University Student Health Plan

This Delta Dental PPO™ table of allowance plan offers reliable coverage for a low annual premium. You can visit any dentist to receive coverage.

With a table of allowance plan, you'll know in advance how much is covered. Each procedure has an "allowance," or set amount that Delta Dental will pay (if no deductibles or maximums apply). If your dentist charges over the allowance, you will be responsible for the remaining amount. **To save the most, visit a Delta Dental PPO dentist. These dentists have agreed to reduced fees.**



How to make the most of your dental plan



Stay in network to save

To keep your out-of-pocket costs low, choose a Delta Dental PPO dentist. These dentists have agreed to reduced fees. If you can't find a PPO dentist, a Delta Dental Premier dentist is your next best bet. Go to deltadentalins.com to find a PPO or Premier dentist in your area.



Create an online account

Access claims and benefits detail at the touch of a button. Go to deltadentalins.com to register for an online account.



Skip the ID card

When you visit the dentist, you don't need to carry a dental plan ID card. Just tell the dental office you're covered by Delta Dental of Pennsylvania and provide your name, student ID number and date of birth.



Go mobile

Log in to your online account from your smartphone. Or, download the Delta Dental mobile app from the App Store or Google Play. You can pull up an ID card, view claims and see your benefits details.



Request an estimate

Planning an expensive procedure? Ask your dental office for a pre-treatment estimate, and Delta Dental will send you and your dentist an estimate of your out-of-pocket costs.

Effective date:	August 15, 2018
Deductible per plan year:	\$50 per person, \$150 per family Waived for diagnostic and preventive services
Maximum per plan year:	\$1,500
Cost per student:	\$313.45

Got questions?

Visit benefits.jhu.edu/health-and-life/student_health/dental_plan.cfm or call Delta Dental's Customer Service at **800-932-0783**. For questions about enrollment, email jhustudentbenefits@jhu.edu.

How much Delta Dental pays for each procedure – Table of Allowances

Procedure Code	Description	Fee
Diagnostic Services		
D0120	Periodic oral evaluation (dental exam) - established patient	\$22.00
D0140	Limited oral evaluation - problem focused	\$19.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$22.00
D0150	Comprehensive oral evaluation (dental exam) - new or established patient	\$28.00
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$28.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$19.00
D0180	Comprehensive periodontal evaluation - new or established patient	\$28.00
D0190	Screening of a patient	\$15.00
D0191	Assessment of a patient	\$15.00
D0210	Intraoral - complete series of radiographic images	\$75.00
D0220	Intraoral - periapical first radiographic image	\$20.00
D0230	Intraoral - periapical each additional radiographic image	\$7.00
D0240	Intraoral - occlusal radiographic image	\$19.00
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	\$30.00
D0270	Bitewing - single radiographic image (x-rays)	\$20.00
D0272	Bitewings - two radiographic images (x-rays)	\$30.00
D0273	Bitewings - three radiographic images (x-rays)	\$36.00
D0274	Bitewings - four radiographic images (x-rays)	\$41.00
D0277	Vertical bitewings - 7 to 8 radiographic images (x-rays)	\$75.00
D0330	Panoramic radiographic image (x-rays)	\$63.00
D0340	2D cephalometric radiographic image (x-rays) - acquisition, measurement and analysis	\$43.00
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	\$29.00
D0470	Diagnostic casts	\$62.00
D0472	Accession of tissue, gross examination, preparation and transmission of written report	\$75.00
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$75.00
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$75.00
D0475	Decalcification procedure	By report
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	By report
D0502	Other oral pathology procedures, by report	By report
D0601	Caries risk assessment and documentation, with a finding of low risk	\$4.00
D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$4.00
D0603	Caries risk assessment and documentation, with a finding of high risk	\$4.00

Procedure Code	Description	Fee
Preventive Services		
D1110	Prophylaxis (teeth cleaning) - adult	\$65.00
D1120	Prophylaxis (teeth cleaning) - child	\$53.00
D1206	Topical application of fluoride varnish	\$23.00
D1208	Topical application of fluoride - excluding varnish	\$23.00
D1351	Sealant - per tooth	\$27.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	\$27.00
D1510	Space maintainer - fixed - unilateral	\$202.00
D1515	Space maintainer - fixed - bilateral	\$278.00
D1520	Space maintainer - removable - unilateral	\$237.00
D1525	Space maintainer - removable - bilateral	\$284.00
D1550	Re-cement or re-bond space maintainer	\$77.00
D1555	Removal of fixed space maintainer	\$77.00
D1575	Distal shoe space maintainer - fixed - unilateral	\$202.00
Restorative		
D2140	Amalgam filling - one surface, primary or permanent	\$54.00
D2150	Amalgam filling - two surfaces, primary or permanent	\$65.00
D2160	Amalgam filling - three surfaces, primary or permanent	\$81.00
D2161	Amalgam filling - four or more surfaces, primary or permanent	\$88.00
D2330	Resin-based composite filling - one surface, anterior	\$70.00
D2331	Resin-based composite filling - two surfaces, anterior	\$70.00
D2332	Resin-based composite filling - three surfaces, anterior	\$77.00
D2335	Resin-based composite filling - four or more surfaces or involving incisal angle (anterior)	\$95.00
D2390	Resin-based composite crown, anterior	\$164.00
D2391	Resin-based composite filling - one surface, posterior	\$68.00
D2392	Resin-based composite filling - two surfaces, posterior	\$95.00
D2393	Resin-based composite filling - three surfaces, posterior	\$114.00
D2394	Resin-based composite filling - four or more surfaces, posterior	\$125.00
D2510	Inlay - metallic - one surface	\$110.00
D2520	Inlay - metallic - two surfaces	\$212.00
D2530	Inlay - metallic - three or more surfaces	\$239.00
D2542	Onlay - metallic - two surfaces	\$290.00
D2543	Onlay - metallic - three surfaces	\$290.00
D2544	Onlay - metallic - four or more surfaces	\$290.00
D2610	Inlay - porcelain/ceramic - one surface	\$121.00
D2620	Inlay - porcelain/ceramic - two surfaces	\$234.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$263.00
D2642	Onlay - porcelain/ceramic - two surfaces	\$319.00
D2643	Onlay - porcelain/ceramic - three surfaces	\$319.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$319.00

Procedure Code	Description	Fee
D2650	Inlay - resin-based composite - one surface	By report
D2651	Inlay - resin-based composite - two surfaces	By report
D2652	Inlay - resin-based composite - three or more surfaces	By report
D2662	Onlay - resin-based composite - two surfaces	By report
D2663	Onlay - resin-based composite - three surfaces	By report
D2664	Onlay - resin-based composite - four or more surfaces	By report
D2710	Crown - resin-based composite (indirect)	\$108.00
D2712	Crown - $\frac{3}{4}$ resin-based composite (indirect)	\$108.00
D2720	Crown - resin with high noble metal	\$269.00
D2721	Crown - resin with predominantly base metal	\$260.00
D2722	Crown - resin with noble metal	\$267.00
D2740	Crown - porcelain/ceramic substrate	\$260.00
D2750	Crown - porcelain fused to high noble metal	\$276.00
D2751	Crown - porcelain fused to predominantly base metal	\$268.00
D2752	Crown - porcelain fused to noble metal	\$274.00
D2780	Crown - $\frac{3}{4}$ cast high noble metal	\$251.00
D2781	Crown - $\frac{3}{4}$ cast predominantly base metal	\$251.00
D2782	Crown - $\frac{3}{4}$ cast noble metal	\$251.00
D2783	Crown - $\frac{3}{4}$ porcelain/ceramic	\$251.00
D2790	Crown - full cast high noble metal	\$276.00
D2791	Crown - full cast predominantly base metal	\$268.00
D2792	Crown - full cast noble metal	\$274.00
D2794	Crown - titanium	\$301.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$46.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$46.00
D2920	Re-cement or re-bond crown	\$45.00
D2921	Reattachment of tooth fragment, incisal edge or cusp	\$74.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth	\$146.00
D2930	Prefabricated stainless steel crown - primary tooth	\$94.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$103.00
D2932	Prefabricated resin crown	\$101.00
D2933	Prefabricated stainless steel crown with resin window	\$146.00
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$146.00
D2940	Protective restoration	\$32.00
D2941	Interim therapeutic restoration - primary dentition	\$32.00
D2950	Core buildup, including any pins when required	\$78.00
D2951	Pin retention - per tooth, in addition to restoration	\$27.00
D2952	Post and core in addition to crown, indirectly fabricated	\$138.00
D2954	Prefabricated post and core in addition to crown	\$109.00
D2955	Post removal	By report
D2957	Each additional prefabricated post - same tooth	\$87.00

Procedure Code	Description	Fee
D2960	Labial veneer (resin laminate) - chairside	\$163.00
D2961	Labial veneer (resin laminate) - laboratory	\$272.00
D2962	Labial veneer (porcelain laminate) - laboratory	\$402.00
D2971	Additional procedures to construct new crown under existing partial denture framework	\$55.00
D2980	Crown repair necessitated by restorative material failure	By report
D2981	Inlay repair necessitated by restorative material failure	By report
D2982	Onlay repair necessitated by restorative material failure	By report
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$54.00
Endodontics		
D3221	Pulpal debridement, primary and permanent teeth	\$45.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$54.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$54.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$310.00
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$373.00
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$498.00
D3331	Treatment of root canal obstruction; non-surgical access	\$125.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$119.00
D3333	Internal root repair of perforation defects	\$65.00
D3346	Retreatment of previous root canal therapy - anterior	\$315.00
D3347	Retreatment of previous root canal therapy - bicuspid	\$379.00
D3348	Retreatment of previous root canal therapy - molar	\$506.00
D3351	Apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	\$65.00
D3352	Apexification/recalcification - interim medication replacement (apical closure/ calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$65.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$471.00
D3410	Apicoectomy - anterior	\$222.00
D3421	Apicoectomy - bicuspid (first root)	\$246.00
D3425	Apicoectomy - molar (first root)	\$256.00
D3426	Apicoectomy (each additional root)	\$83.00
D3427	Periradicular surgery without apicoectomy	\$78.00
D3430	Retrograde filling - per root	\$78.00
D3450	Root amputation - per root	\$166.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$128.00
Periodontics		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$189.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$113.00

Procedure Code	Description	Fee
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$113.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$210.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$126.00
D4245	Apically positioned flap	\$210.00
D4249	Clinical crown lengthening - hard tissue	\$194.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$321.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$194.00
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	\$130.00
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	\$130.00
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$261.00
D4266	Guided tissue regeneration - resorbable barrier, per site	\$146.00
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	\$183.00
D4268	Surgical revision procedure, per tooth	By report
D4270	Pedicle soft tissue graft procedure	\$272.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	\$206.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$246.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$501.00
D4276	Combined connective tissue and double pedicle graft, per tooth	\$204.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$185.00
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	\$138.00
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$124.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$301.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$92.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$55.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	\$65.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$52.00
D4910	Periodontal maintenance	\$72.00
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	By report

Procedure Code	Description	Fee
Prosthodontics (Removable)		
D5110	Complete denture - maxillary	\$345.00
D5120	Complete denture - mandibular	\$345.00
D5130	Immediate denture, maxillary	\$380.00
D5140	Immediate denture, mandibular	\$380.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$313.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$334.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$418.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$418.00
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$376.00
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$401.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$502.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$502.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$313.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$313.00
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$171.00
D5410	Adjust complete denture - maxillary	\$17.00
D5411	Adjust complete denture - mandibular	\$17.00
D5421	Adjust partial denture - maxillary	\$18.00
D5422	Adjust partial denture - mandibular	\$18.00
D5510	Repair broken complete denture base	\$43.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$30.00
D5610	Repair resin denture base	\$37.00
D5620	Repair cast framework	\$59.00
D5630	Repair or replace broken clasp - per tooth	\$57.00
D5640	Replace broken teeth - per tooth	\$37.00
D5650	Add tooth to existing partial denture	\$48.00
D5660	Add clasp to existing partial denture - per tooth	\$57.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	By report
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	By report
D5710	Rebase complete maxillary denture	\$147.00
D5711	Rebase complete mandibular denture	\$140.00
D5720	Rebase maxillary partial denture	\$136.00
D5721	Rebase mandibular partial denture	\$142.00
D5730	Reline complete maxillary denture (chairside)	\$61.00

Procedure Code	Description	Fee
D5731	Reline complete mandibular denture (chairside)	\$61.00
D5740	Reline maxillary partial denture (chairside)	\$59.00
D5741	Reline mandibular partial denture (chairside)	\$59.00
D5750	Reline complete maxillary denture (laboratory)	\$105.00
D5751	Reline complete mandibular denture (laboratory)	\$105.00
D5760	Reline maxillary partial denture (laboratory)	\$97.00
D5761	Reline mandibular partial denture (laboratory)	\$97.00
D5820	Interim partial denture (maxillary)	\$124.00
D5821	Interim partial denture (mandibular)	\$124.00
D5850	Tissue conditioning, maxillary	\$30.00
D5851	Tissue conditioning, mandibular	\$30.00
D5863	Overdenture - complete maxillary	\$345.00
D5864	Overdenture - partial maxillary	\$418.00
D5865	Overdenture - complete mandibular	\$345.00
D5866	Overdenture - partial mandibular	\$418.00
Implant Services & Fixed Prosthodontics		
D6010	Surgical placement of implant body: endosteal implant	\$516.00
D6013	Surgical placement of mini implant	\$258.00
D6040	Surgical placement: eosteal implant	\$645.00
D6050	Surgical placement: transosteal implant	\$626.00
D6055	Connecting bar - implant-supported or abutment-supported	\$575.00
D6056	Prefabricated abutment - includes modification and placement	\$180.00
D6057	Custom fabricated abutment - includes placement	\$226.00
D6058	Abutment-supported porcelain/ceramic crown	\$365.00
D6059	Abutment-supported porcelain fused to metal crown (high noble metal)	\$332.00
D6060	Abutment-supported porcelain fused to metal crown (predominantly base metal)	\$321.00
D6061	Abutment-supported porcelain fused to metal crown (noble metal)	\$328.00
D6062	Abutment-supported cast metal crown (high noble metal)	\$332.00
D6063	Abutment-supported cast metal crown (predominantly base metal)	\$321.00
D6064	Abutment-supported cast metal crown (noble metal)	\$328.00
D6065	Implant-supported porcelain/ceramic crown	\$413.00
D6066	Implant-supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$396.00
D6067	Implant-supported metal crown (titanium, titanium alloy, high noble metal)	\$394.00
D6068	Abutment-supported retainer for porcelain/ceramic FPD	\$438.00
D6069	Abutment-supported retainer for porcelain fused to metal FPD (high noble metal)	\$452.00
D6070	Abutment-supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$271.00
D6071	Abutment-supported retainer for porcelain fused to metal FPD (noble metal)	\$380.00
D6072	Abutment-supported retainer for cast metal FPD (high noble metal)	\$361.00
D6073	Abutment-supported retainer for cast metal FPD (predominantly base metal)	\$355.00

Procedure Code	Description	Fee
D6074	Abutment-supported retainer for cast metal FPD (noble metal)	\$360.00
D6075	Implant-supported retainer for ceramic FPD	\$365.00
D6076	Implant-supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$554.00
D6077	Implant-supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$381.00
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	\$55.00
D6090	Repair implant supported prosthesis, by report	By report
D6092	Re-cement or re-bond implant/abutment-supported crown	\$22.00
D6094	Abutment-supported crown - (titanium)	\$361.00
D6095	Repair implant abutment, by report	By report
D6100	Implant removal, by report	By report
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	\$63.00
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	\$97.00
D6110	Implant /abutment-supported removable denture for edentulous arch - maxillary	\$664.00
D6111	Implant /abutment-supported removable denture for edentulous arch - mandibular	\$664.00
D6112	Implant /abutment-supported removable denture for partially edentulous arch - maxillary	\$387.00
D6113	Implant /abutment-supported removable denture for partially edentulous arch - mandibular	\$387.00
D6114	Implant /abutment-supported fixed denture for edentulous arch - maxillary	\$594.00
D6115	Implant /abutment-supported fixed denture for edentulous arch - mandibular	\$594.00
D6116	Implant /abutment-supported fixed denture for partially edentulous arch - maxillary	\$516.00
D6117	Implant /abutment-supported fixed denture for partially edentulous arch - mandibular	\$516.00
D6194	Abutment-supported retainer crown for FPD (titanium)	\$361.00
D6205	Pontic - indirect resin based composite	\$310.00
D6210	Pontic - cast high noble metal	\$229.00
D6211	Pontic - cast predominantly base metal	\$220.00
D6212	Pontic - cast noble metal	\$229.00
D6214	Pontic - titanium	\$301.00
D6240	Pontic - porcelain fused to high noble metal	\$243.00
D6241	Pontic - porcelain fused to predominantly base metal	\$234.00
D6242	Pontic - porcelain fused to noble metal	\$239.00
D6245	Pontic - porcelain/ceramic	\$304.00
D6250	Pontic - resin with high noble metal	\$243.00
D6251	Pontic - resin with predominantly base metal	\$234.00
D6252	Pontic - resin with noble metal	\$239.00

Procedure Code	Description	Fee
D6253	Provisional pontic- further treatment or completion of diagnosis necessary prior to final impression	\$73.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$106.00
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$117.00
D6549	Resin retainer -for resin bonded fixed prosthesis	\$106.00
D6600	Retainer inlay - porcelain/ceramic, two surfaces	\$224.00
D6601	Retainer inlay - porcelain/ ceramic - three or more surfaces	\$240.00
D6602	Retainer inlay - cast high noble metal, two surfaces	\$204.00
D6603	Retainer inlay - cast high noble metal, three or more surfaces	\$218.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces	\$204.00
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	\$218.00
D6606	Retainer inlay - cast noble metal, two surfaces	\$204.00
D6607	Retainer inlay - cast noble metal - three or more surfaces	\$218.00
D6608	Retainer onlay - porcelain/ ceramic, two surfaces	\$298.00
D6609	Retainer onlay porcelain/ ceramic, three or more surfaces	\$298.00
D6610	Retainer onlay - cast high noble metal, two surfaces	\$271.00
D6611	Retainer onlay - cast high noble metal, three or more surfaces	\$271.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces	\$271.00
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	\$271.00
D6614	Retainer onlay - cast noble metal, two surfaces	\$271.00
D6615	Retainer onlay - cast noble metal, three or more surfaces	\$271.00
D6624	Retainer inlay - titanium	\$218.00
D6634	Retainer onlay - titanium	\$271.00
D6710	Retainer crown - indirect resin based composite	\$310.00
D6720	Retainer crown - resin with high noble metal	\$269.00
D6721	Retainer crown - resin with predominantly base metal	\$260.00
D6722	Retainer crown - resin with noble metal	\$267.00
D6740	Retainer crown - porcelain/ceramic	\$304.00
D6750	Retainer crown - porcelain fused to high noble metal	\$276.00
D6751	Retainer crown - porcelain fused to predominantly base metal	\$267.00
D6752	Retainer crown - porcelain fused to noble metal	\$274.00
D6780	Retainer crown - 3/4 cast high noble metal	\$251.00
D6781	Retainer crown - 3/4 cast predominantly base metal	\$251.00
D6782	Retainer crown - 3/4 cast noble metal	\$251.00
D6783	Retainer crown - 3/4 porcelain/ceramic	\$304.00
D6790	Retainer crown - full cast high noble metal	\$276.00
D6791	Retainer crown - full cast predominantly base metal	\$268.00
D6792	Retainer crown - full cast noble metal	\$274.00
D6793	Provisional retainer crown- further treatment or completion of diagnosis necessary prior to final impression	\$73.00
D6794	Retainer crown - titanium	\$301.00
D6930	Re-cement or re-bond fixed partial denture	\$27.00

Procedure Code	Description	Fee
D6940	Stress breaker	\$43.00
D6980	Fixed partial denture repair necessitated by restorative material failure	By report
D7111	Extraction, coronal remnants - deciduous tooth	\$30.00
Oral and Maxillofacial Surgery		
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$60.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$88.00
D7220	Removal of impacted tooth - soft tissue	\$108.00
D7230	Removal of impacted tooth - partially bony	\$145.00
D7240	Removal of impacted tooth - completely bony	\$215.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$237.00
D7250	Removal of residual tooth roots (cutting procedure)	\$122.00
D7260	Oroantral fistula closure	\$124.00
D7261	Primary closure of a sinus perforation	\$124.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$181.00
D7280	Exposure of an unerupted tooth	\$83.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$70.00
D7283	Placement of device to facilitate eruption of impacted tooth	\$86.00
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	\$74.00
D7286	Incisional biopsy of oral tissue-soft	\$83.00
D7290	Surgical repositioning of teeth	\$88.00
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$100.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$86.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$52.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$115.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$69.00
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	\$113.00
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$144.00
D7410	Excision of benign lesion up to 1.25 cm	\$98.00
D7411	Excision of benign lesion greater than 1.25 cm	\$148.00
D7412	Excision of benign lesion, complicated	By report
D7413	Excision of malignant lesion up to 1.25 cm	By report
D7414	Excision of malignant lesion greater than 1.25 cm	By report
D7415	Excision of malignant lesion, complicated	By report
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	By report
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	By report

Procedure Code	Description	Fee
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$78.00
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$138.00
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$91.00
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$138.00
D7465	Destruction of lesion(s) by physical or chemical method, by report	By report
D7471	Removal of lateral exostosis (maxilla or mandible)	\$166.00
D7472	Removal of torus palatinus	\$166.00
D7473	Removal of torus mandibularis	\$166.00
D7485	Reduction of osseous tuberosity	\$166.00
D7490	Radical resection of maxilla or mandible	By report
D7510	Incision and drainage of abscess - intraoral soft tissue	\$52.00
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$60.00
D7520	Incision and drainage of abscess - extraoral soft tissue	\$62.00
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	By report
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$74.00
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$104.00
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$91.00
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$164.00
D7610	Maxilla - open reduction (teeth immobilized, if present)	\$348.00
D7620	Maxilla - closed reduction (teeth immobilized, if present)	\$297.00
D7630	Mandible - open reduction (teeth immobilized, if present)	\$455.00
D7640	Mandible - closed reduction (teeth immobilized, if present)	\$349.00
D7650	Malar and/or zygomatic arch - open reduction	By report
D7660	Malar and/or zygomatic arch - closed reduction	By report
D7670	Alveolus - closed reduction, may include stabilization of teeth	\$182.00
D7671	Alveolus - open reduction, may include stabilization of teeth	By report
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	By report
D7710	Maxilla - open reduction	\$495.00
D7720	Maxilla - closed reduction	\$394.00
D7730	Mandible - open reduction	\$446.00
D7740	Mandible - closed reduction	\$395.00
D7750	Malar and/or zygomatic arch - open reduction	By report
D7760	Malar and/or zygomatic arch - closed reduction	By report
D7770	Alveolus - open reduction stabilization of teeth	By report
D7771	Alveolus, closed reduction stabilization of teeth	By report
D7780	Facial bones- complicated reduction with fixation and multiple approaches	By report
D7910	Suture of recent small wounds up to 5 cm	By report

Procedure Code	Description	Fee
D7911	Complicated suture - up to 5 cm	By report
D7912	Complicated suture - greater than 5 cm	By report
D7920	Skin graft (identify defect covered, location and type of graft)	By report
D7940	Osteoplasty - for orthognathic deformities	By report
D7941	Osteotomy - mandibular rami	By report
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	By report
D7944	Osteotomy - segmented or subapical	By report
D7945	Osteotomy - body of mandible	By report
D7946	LeFort I (maxilla - total)	By report
D7947	LeFort I (maxilla - segmented)	By report
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)-without bone graft	By report
D7949	LeFort II or LeFort III - with bone graft	By report
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	By report
D7952	Sinus augmentation via a vertical approach	\$780.00
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$88.00
D7963	Frenuloplasty	\$234.00
D7970	Excision of hyperplastic tissue - per arch	\$122.00
D7971	Excision of pericoronal gingiva	\$83.00
D7972	Surgical reduction of fibrous tuberosity	\$83.00
D7980	Sialolithotomy	\$98.00
D7981	Excision of salivary gland, by report	By report
D7982	Sialodochoplasty	\$62.00
D7983	Closure of salivary fistula	\$91.00
Miscellaneous		
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$45.00
D9120	Fixed partial denture sectioning	\$56.00
D9223	Deep sedation/general anesthesia - each 15-minute increment	\$40.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15-minute increment	\$43.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$28.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$34.00
D9440	Office visit - after regularly scheduled hours	\$68.00
D9450	Case presentation, detailed and extensive treatment planning	By report
D9610	Therapeutic parenteral drug, single administration	\$28.00
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	\$70.00
D9951	Occlusal adjustment - limited	\$42.00