

Your Plan Details

Table of allowances:

How much Delta Dental pays for each procedure

To find out how much your plan pays for a covered service, browse the following list. You are responsible for the amount not covered by your plan. Procedures are organized by type.

Procedure Code	Description	Your plan pays
Diagnostic services		
D0120	Periodic oral evaluation (dental exam) – established patient	\$13.00
D0140	Limited oral evaluation – problem focused	\$24.00
D0150	Comprehensive oral evaluation (dental exam) – new or established patient	\$23.00
D0160	Detailed and extensive oral evaluation – problem focused, by report	\$32.00
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	\$32.00
D0180	Comprehensive periodontal evaluation – new or established patient	\$24.00
D0190	Screening of a patient	\$9.00
D0191	Assessment of a patient	\$9.00
D0210	Intraoral – complete series of radiographic images	\$47.00
D0220	Intraoral – periapical first radiographic image	\$8.00
D0230	Intraoral – periapical each additional radiographic image	\$7.00
D0240	Intraoral – occlusal radiographic image	\$12.00
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	\$20.00
D0270	Bitewing x-ray – single radiographic image	\$8.00
D0272	Bitewing x-rays – two radiographic images	\$14.00
D0274	Bitewing x-rays – four radiographic images	\$20.00
D0277	Vertical bitewing x-rays – 7 to 8 radiographic images	\$17.00
D0330	Panoramic radiographic image	\$38.00
D0460	Pulp vitality tests	\$15.00
D0601	Caries risk assessment and documentation, with a finding of low risk	\$3.00
D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$3.00
D0603	Caries risk assessment and documentation, with a finding of high risk	\$3.00

Procedure Code	Description	Your plan pays
Preventive services		
D1110	Prophylaxis (cleaning) – adult	\$33.00
D1120	Prophylaxis (cleaning) – child	\$24.00
D1208	Topical application of fluoride – excluding varnish	\$10.00
D1351	Sealant – per tooth	\$20.00
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	\$24.00
D1354	Interim caries arresting medicament application – per tooth	\$25.00
D1510	Space maintainer – fixed – unilateral	\$91.00
D1516	Space maintainer – fixed – bilateral, maxillary (upper)	\$156.00
D1517	Space maintainer – fixed – bilateral, mandibular (lower)	\$156.00
D1520	Space maintainer – removable – unilateral	\$56.00
D1526	Space maintainer – removable – bilateral, maxillary (upper)	\$165.00
D1527	Space maintainer – removable – bilateral, mandibular (lower)	\$165.00
D1550	Re-cement or re-bond space maintainer	\$19.00
D1575	Distal shoe space maintainer – fixed – unilateral	\$91.00
Restorative services		
D2140	Amalgam filling – one surface, primary or permanent	\$32.00
D2150	Amalgam filling– two surfaces, primary or permanent	\$43.00
D2160	Amalgam filling – three surfaces, primary or permanent	\$54.00
D2161	Amalgam filling – four or more surfaces, primary or permanent	\$58.00
D2330	Resin-based composite filling – one surface, anterior	\$39.00
D2331	Resin-based composite filling – two surfaces, anterior	\$49.00
D2332	Resin-based composite filling – three surfaces, anterior	\$62.00
D2335	Resin-based composite filling – four or more surfaces or involving incisal angle (anterior)	\$71.00
D2390	Resin-based composite crown, anterior	\$78.00
D2391	Resin-based composite filling – one surface, posterior	\$40.00
D2392	Resin-based composite filling – two surfaces, posterior	\$56.00
D2393	Resin-based composite filling – three surfaces, posterior	\$70.00
D2394	Resin-based composite filling – four or more surfaces, posterior	\$78.00
D2510	Inlay – metallic – one surface	\$95.00
D2520	Inlay – metallic – two surfaces	\$176.00
D2530	Inlay – metallic – three or more surfaces	\$165.00
D2542	Onlay – metallic – two surfaces	\$100.00
D2543	Onlay – metallic – three surfaces	\$111.00
D2544	Onlay – metallic – four or more surfaces	\$115.00
D2610	Inlay – porcelain/ceramic – one surface	\$98.00
D2620	Inlay – porcelain/ceramic – two surfaces	\$197.00
D2630	Inlay – porcelain/ceramic – three or more surfaces	\$191.00
D2642	Onlay – porcelain/ceramic – two surfaces	\$87.00
D2643	Onlay – porcelain/ceramic – three surfaces	\$107.00

Procedure Code	Description	Your plan pays
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$128.00
D2650	Inlay - resin-based composite - one surface	\$93.00
D2651	Inlay - resin-based composite - two surfaces	\$85.00
D2652	Inlay - resin-based composite - three or more surfaces	\$107.00
D2662	Onlay - resin-based composite - two surfaces	\$109.00
D2663	Onlay - resin-based composite - three surfaces	\$113.00
D2664	Onlay - resin-based composite - four or more surfaces	\$117.00
D2710	Crown - resin-based composite (indirect)	\$62.00
D2720	Crown - resin with high noble metal	\$131.00
D2721	Crown - resin with predominantly base metal	\$100.00
D2722	Crown - resin with noble metal	\$154.00
D2740	Crown - porcelain/ceramic substrate	\$206.00
D2750	Crown - porcelain fused to high noble metal	\$200.00
D2751	Crown - porcelain fused to predominantly base metal	\$190.00
D2752	Crown - porcelain fused to noble metal	\$192.00
D2780	Crown - $\frac{3}{4}$ cast high noble metal	\$205.00
D2781	Crown - $\frac{3}{4}$ cast predominantly base metal	\$177.00
D2782	Crown - $\frac{3}{4}$ cast noble metal	\$179.00
D2783	Crown - $\frac{3}{4}$ porcelain/ceramic	\$206.00
D2790	Crown - full cast high noble metal	\$199.00
D2791	Crown - full cast predominantly base metal	\$172.00
D2792	Crown - full cast noble metal	\$173.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$15.00
D2920	Re-cement or re-bond crown	\$14.00
D2921	Reattachment of tooth fragment, incisal edge or cusp	\$53.00
D2930	Prefabricated stainless steel crown - primary tooth	\$43.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$49.00
D2932	Prefabricated resin crown	\$42.00
D2933	Prefabricated stainless steel crown with resin window	\$64.00
D2940	Protective restoration	\$15.00
D2941	Interim therapeutic restoration - primary dentition	\$15.00
D2950	Core buildup, including any pins when required	\$37.00
D2951	Pin retention - per tooth, in addition to restoration	\$9.00
D2952	Post and core in addition to crown, indirectly fabricated	\$67.00
D2953	Each additional indirectly fabricated post - same tooth	\$67.00
D2954	Prefabricated post and core in addition to crown	\$56.00
D2955	Post removal	\$50.00
D2957	Each additional prefabricated post - same tooth	\$56.00
D2960	Labial veneer (resin laminate) - chairside	\$63.00
D2961	Labial veneer (resin laminate) - laboratory	\$135.00
D2962	Labial veneer (porcelain laminate) - laboratory	\$173.00

Procedure Code	Description	Your plan pays
D2980	Crown repair necessitated by restorative material failure	\$42.00
D2981	Inlay repair necessitated by restorative material failure	\$42.00
D2982	Onlay repair necessitated by restorative material failure	\$42.00
D2983	Veneer repair necessitated by restorative material failure	\$42.00
Endodontics		
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	\$24.00
D3221	Pulpal debridement, primary and permanent teeth	\$11.00
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	\$34.00
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	\$32.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$112.00
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$136.00
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$171.00
D3331	Treatment of root canal obstruction; non-surgical access	\$11.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$11.00
D3333	Internal root repair of perforation defects	\$11.00
D3346	Retreatment of previous root canal therapy – anterior	\$114.00
D3347	Retreatment of previous root canal therapy – premolar	\$152.00
D3348	Retreatment of previous root canal therapy – molar	\$196.00
D3410	Apicoectomy – anterior	\$90.00
D3421	Apicoectomy – premolar (first root)	\$144.00
D3425	Apicoectomy – molar (first root)	\$129.00
D3426	Apicoectomy (each additional root)	\$33.00
D3427	Periradicular surgery without apicoectomy	\$35.00
D3430	Retrograde filling – per root	\$35.00
D3450	Root amputation – per root	\$98.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$37.00
Periodontics		
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	\$49.00
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	\$30.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$30.00
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	\$85.00
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	\$85.00
D4245	Apically positioned flap	\$101.00
D4249	Clinical crown lengthening – hard tissue	\$115.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$209.00

Procedure Code	Description	Your plan pays
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$209.00
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	\$71.00
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	\$82.00
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$110.00
D4266	Guided tissue regeneration – resorbable barrier, per site	\$110.00
D4267	Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)	\$117.00
D4270	Pedicle soft tissue graft procedure	\$190.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	\$233.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$136.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$179.00
D4276	Combined connective tissue and double pedicle graft, per tooth	\$233.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$179.00
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	\$134.00
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	\$140.00
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	\$107.00
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	\$40.00
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	\$40.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	\$33.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	\$28.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$30.00
D4910	Periodontal maintenance	\$22.00
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	\$5.00
Prosthodontics (removable)		
D5110	Complete denture – maxillary (upper)	\$230.00
D5120	Complete denture – mandibular (lower)	\$237.00
D5130	Immediate denture – maxillary (upper)	\$259.00
D5140	Immediate denture – mandibular (lower)	\$259.00
D5211	Maxillary (upper) partial denture – resin base (including retentive/clasping materials, rests, and teeth)	\$194.00

Procedure Code	Description	Your plan pays
D5212	Mandibular (lower) partial denture – resin base (including retentive/clasping materials, rests, and teeth)	\$209.00
D5213	Maxillary (upper) partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$288.00
D5214	Mandibular (lower) partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$284.00
D5221	Immediate maxillary (upper) partial denture – resin base (including any conventional clasps, rests and teeth)	\$233.00
D5222	Immediate mandibular (lower) partial denture – resin base (including any conventional clasps, rests and teeth)	\$251.00
D5223	Immediate maxillary (upper) partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$346.00
D5224	Immediate mandibular (lower) partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$341.00
D5282	Removable unilateral partial denture – one-piece cast metal (including clasps and teeth), maxillary (upper)	\$145.00
D5283	Removable unilateral partial denture – one-piece cast metal (including clasps and teeth), mandibular (lower)	\$145.00
D5410	Adjust complete denture – maxillary (upper)	\$11.00
D5411	Adjust complete denture – mandibular (lower)	\$9.00
D5421	Adjust partial denture – maxillary (upper)	\$13.00
D5422	Adjust partial denture – mandibular (lower)	\$10.00
D5511	Repair broken complete denture base, mandibular (lower)	\$22.00
D5512	Repair broken complete denture base, maxillary (upper)	\$22.00
D5520	Replace missing or broken teeth – complete denture (each tooth)	\$21.00
D5611	Repair resin partial denture base, mandibular (lower)	\$23.00
D5612	Repair resin partial denture base, maxillary (upper)	\$23.00
D5621	Repair cast partial framework, mandibular (lower)	\$31.00
D5622	Repair cast partial framework, maxillary (upper)	\$31.00
D5630	Repair or replace broken retentive clasping materials – per tooth	\$33.00
D5640	Replace broken teeth – per tooth	\$19.00
D5650	Add tooth to existing partial denture	\$28.00
D5660	Add clasp to existing partial denture – per tooth	\$34.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary (upper))	\$92.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular (lower))	\$102.00
D5710	Rebase complete maxillary (upper) denture	\$75.00
D5711	Rebase complete mandibular (lower) denture	\$93.00
D5720	Rebase maxillary (upper) partial denture	\$92.00
D5721	Rebase mandibular (lower) partial denture	\$102.00
D5730	Reline complete maxillary (upper) denture (chairside)	\$46.00
D5731	Reline complete mandibular (lower) denture (chairside)	\$39.00
D5740	Reline maxillary (upper) partial denture (chairside)	\$38.00
D5741	Reline mandibular (lower) partial denture (chairside)	\$43.00
D5750	Reline complete maxillary (upper) denture (laboratory)	\$73.00

Procedure Code	Description	Your plan pays
D5751	Reline complete mandibular (lower) denture (laboratory)	\$71.00
D5760	Reline maxillary (upper) partial denture (laboratory)	\$64.00
D5761	Reline mandibular (lower) partial denture (laboratory)	\$66.00
D5820	Interim partial denture (maxillary (upper))	\$79.00
D5821	Interim partial denture (mandibular (lower))	\$101.00
D5850	Tissue conditioning, maxillary (upper)	\$35.00
D5851	Tissue conditioning, mandibular (lower)	\$22.00
D5863	Overdenture - complete maxillary (upper)	\$230.00
D5864	Overdenture - partial maxillary (upper)	\$288.00
D5865	Overdenture - complete mandibular (lower)	\$237.00
D5866	Overdenture - partial mandibular (lower)	\$284.00
D5875	Modification of removable prosthesis following implant surgery	\$31.00
Implant services and fixed prosthodontics		
D6010	Surgical placement of implant body: endosteal implant	\$530.00
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$530.00
D6013	Surgical placement of mini implant	\$265.00
D6040	Surgical placement: eposteal implant	\$990.00
D6050	Surgical placement: transosteal implant	\$1,000.00
D6055	Connecting bar - implant supported or abutment supported	\$461.00
D6056	Prefabricated abutment - includes modification and placement	\$126.00
D6057	Custom fabricated abutment - includes placement	\$172.00
D6058	Abutment supported porcelain/ceramic crown	\$295.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$302.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$278.00
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$278.00
D6062	Abutment supported cast metal crown (high noble metal)	\$297.00
D6063	Abutment supported cast metal crown (predominantly base metal)	\$261.00
D6064	Abutment supported cast metal crown (noble metal)	\$254.00
D6065	Implant supported porcelain/ceramic crown	\$309.00
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$302.00
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$297.00
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$309.00
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$302.00
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$278.00
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$278.00
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$297.00
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$261.00
D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$254.00

Procedure Code	Description	Your plan pays
D6075	Implant supported retainer for ceramic FPD	\$309.00
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$302.00
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$297.00
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	\$44.00
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	\$40.00
D6090	Repair implant supported prosthesis, by report	\$76.00
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	\$49.00
D6092	Re-cement or re-bond implant/abutment supported crown	\$28.00
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$42.00
D6094	Abutment supported crown - (titanium)	\$281.00
D6095	Repair implant abutment, by report	\$86.00
D6100	Implant removal, by report	\$113.00
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	\$85.00
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	\$209.00
D6103	Bone graft for repair of peri-implant defect - does not include flap entry and closure	\$71.00
D6104	Bone graft at time of implant placement	\$71.00
D6110	Implant/abutment supported removable denture for edentulous arch - maxillary (upper)	\$230.00
D6111	Implant/abutment supported removable denture for edentulous arch - mandibular (lower)	\$230.00
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary (upper)	\$288.00
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular (lower)	\$288.00
D6114	Implant/abutment supported fixed denture for edentulous arch - maxillary (upper)	\$230.00
D6115	Implant/abutment supported fixed denture for edentulous arch - mandibular (lower)	\$230.00
D6116	Implant/abutment supported fixed denture for partially edentulous arch - maxillary (upper)	\$288.00
D6117	Implant/abutment supported fixed denture for partially edentulous arch - mandibular (lower)	\$288.00
D6210	Pontic - cast high noble metal	\$204.00
D6211	Pontic - cast predominantly base metal	\$184.00
D6212	Pontic - cast noble metal	\$165.00
D6240	Pontic - porcelain fused to high noble metal	\$196.00

Procedure Code	Description	Your plan pays
D6241	Pontic – porcelain fused to predominantly base metal	\$182.00
D6242	Pontic – porcelain fused to noble metal	\$180.00
D6245	Pontic – porcelain/ceramic	\$206.00
D6250	Pontic – resin with high noble metal	\$202.00
D6251	Pontic – resin with predominantly base metal	\$227.00
D6252	Pontic – resin with noble metal	\$202.00
D6545	Retainer – cast metal for resin bonded fixed prosthesis	\$60.00
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	\$206.00
D6549	Retainer – for resin bonded fixed prosthesis	\$60.00
D6600	Retainer inlay – porcelain/ceramic, two surfaces	\$175.00
D6601	Retainer inlay – porcelain/ceramic, three or more surfaces	\$196.00
D6602	Retainer inlay – cast high noble metal, two surfaces	\$175.00
D6603	Retainer inlay – cast high noble metal, three or more surfaces	\$196.00
D6604	Retainer inlay – cast predominantly base metal, two surfaces	\$175.00
D6605	Retainer inlay – cast predominantly base metal, three or more surfaces	\$196.00
D6606	Retainer inlay – cast noble metal, two surfaces	\$175.00
D6607	Retainer inlay – cast noble metal, three or more surfaces	\$196.00
D6608	Retainer onlay – porcelain/ceramic, two surfaces	\$100.00
D6609	Retainer onlay – porcelain/ceramic, three or more surfaces	\$111.00
D6610	Retainer onlay – cast high noble metal, two surfaces	\$100.00
D6611	Retainer onlay – cast high noble metal, three or more surfaces	\$111.00
D6612	Retainer onlay – cast predominantly base metal, two surfaces	\$100.00
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces	\$111.00
D6614	Retainer onlay – cast noble metal, two surfaces	\$100.00
D6615	Retainer onlay – cast noble metal, three or more surfaces	\$111.00
D6720	Retainer crown – resin with high noble metal	\$226.00
D6721	Retainer crown – resin with predominantly base metal	\$190.00
D6722	Retainer crown – resin with noble metal	\$165.00
D6740	Retainer crown – porcelain/ceramic	\$206.00
D6750	Retainer crown – porcelain fused to high noble metal	\$201.00
D6751	Retainer crown – porcelain fused to predominantly base metal	\$186.00
D6752	Retainer crown – porcelain fused to noble metal	\$186.00
D6780	Retainer crown – $\frac{3}{4}$ cast high noble metal	\$221.00
D6781	Retainer crown – $\frac{3}{4}$ cast predominantly base metal	\$177.00
D6782	Retainer crown – $\frac{3}{4}$ cast noble metal	\$179.00
D6783	Retainer crown – $\frac{3}{4}$ porcelain/ceramic	\$206.00
D6790	Retainer crown – full cast high noble metal	\$198.00
D6791	Retainer crown – full cast predominantly base metal	\$177.00
D6792	Retainer crown – full cast noble metal	\$169.00
D6920	Connector bar	\$61.00
D6930	Re-cement or re-bond fixed partial denture	\$19.00
D6980	Fixed partial denture repair necessitated by restorative material failure	\$39.00

Procedure Code	Description	Your plan pays
Oral and maxillofacial surgery		
D7111	Extraction, coronal remnants – primary tooth	\$20.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$20.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$40.00
D7220	Removal of impacted tooth – soft tissue	\$56.00
D7230	Removal of impacted tooth – partially bony	\$73.00
D7240	Removal of impacted tooth – completely bony	\$84.00
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$107.00
D7250	Removal of residual tooth roots (cutting procedure)	\$36.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$62.00
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	\$379.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$80.00
D7290	Surgical repositioning of teeth	\$67.00
D7296	Corticotomy – one to three teeth or tooth spaces, per quadrant	\$85.00
D7297	Corticotomy – four or more teeth or tooth spaces, per quadrant	\$85.00
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$33.00
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$45.00
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	\$65.00
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	\$102.00
D7485	Reduction of osseous tuberosity	\$136.00
D7510	Incision and drainage of abscess – intraoral soft tissue	\$21.00
D7520	Incision and drainage of abscess – extraoral soft tissue	\$23.00
D7960	Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	\$74.00
D7970	Excision of hyperplastic tissue – per arch	\$35.00
D7971	Excision of pericoronal gingiva	\$22.00
D7972	Surgical reduction of fibrous tuberosity	\$140.00
D7995	Synthetic graft – mandible or facial bones, by report	\$61.00
Miscellaneous		
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$18.00
D9222	Deep sedation/general anesthesia – first 15 minutes	\$21.00
D9223	Deep sedation/general anesthesia – each subsequent 15-minute increment	\$21.00
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$7.00
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	\$21.00
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15-minute increment	\$21.00

Procedure Code	Description	Your plan pays
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$15.00
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	\$11.00
D9440	Office visit – after regularly scheduled hours	\$19.00
D9450	Case presentation, detailed and extensive treatment planning	\$8.00
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	\$7.00
D9944	Occlusal guard – hard appliance, full arch	\$125.00
D9945	Occlusal guard – soft appliance, full arch	\$31.00
D9946	Occlusal guard – hard appliance, partial arch	\$63.00
D9951	Occlusal adjustment – limited	\$13.00
D9952	Occlusal adjustment – complete	\$116.00