

Procedure Code :D0120 AS OF 04/20/2024								
PERIODIC DENTAL SCREENING								
PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$31.00	\$35.00	999			YES

PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$31.00	\$35.00	999			YES

Procedure Code :D0140 AS OF 04/20/2024								
LIMIT ORAL EVAL PROBLM FOCUS								
LIMITED ORAL EVALUATION - PROBLEM FOCUSED								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$45.00	\$50.00	2			YES

LIMITED ORAL EVALUATION - PROBLEM FOCUSED

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$45.00	\$50.00	2			YES

Procedure Code :D0145 AS OF 04/20/2024								
ORAL EVALUATION PT 3YRS								
ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$40.00	\$40.00	1			YES

ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$40.00	\$40.00	1			YES

Procedure Code :D0150 AS OF 04/20/2024
COMPREHENSVE ORAL EVALUATION
COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT

COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
07/01/2003	12/31/9999	NO	\$69.00	\$77.50	1			YES

Procedure Code :D0160 AS OF 04/20/2024

EXTENSV ORAL EVAL PROB FOCUS

DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED BY REPORT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	YES	\$60.00	\$67.50	1			YES

Procedure Code :D0170 AS OF 04/20/2024

RE-EVAL EST PT PROBLEM FOCUS

RE-EVALUATION-LIMITED PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
08/01/2003	12/31/9999	NO	\$40.00	\$45.00	1			YES

Procedure Code :D0171 AS OF 04/20/2024

RE-EVAL POST-OP VISIT

RE-EVALUATION - POST-OPERATIVE OFFICE VISIT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2015	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0180 AS OF 04/20/2024								
COMP PERIODONTAL EVALUATION								
COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
08/01/2003	12/31/9999	NO	\$69.00	\$77.50	1			YES

COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
08/01/2003	12/31/9999	NO	\$69.00	\$77.50	1			YES

Procedure Code :D0190 AS OF 04/20/2024								
Screening of a patient								
SCREENING OF A PATIENT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$30.00	\$30.00	1			YES

## SCREENING OF A PATIENT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$30.00	\$30.00	1			YES

Procedure Code :D0191 AS OF 04/20/2024								
Assessment of a patient								
ASSESSMENT OF A PATIENT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$30.00	\$30.00	1			YES

## ASSESSMENT OF A PATIENT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$30.00	\$30.00	1			YES

Procedure Code :D0210 AS OF 04/20/2024
Intraor complete film series
INTRAORAL - COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES

INTRAORAL - COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$70.00	\$91.00	1			YES

Procedure Code :D0220 AS OF 04/20/2024

Intraoral periapical first

INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$16.00	\$20.00	1			YES

Procedure Code :D0230 AS OF 04/20/2024

Intraoral periapical ea add

INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$12.00	\$16.00	4			YES

Procedure Code :D0240 AS OF 04/20/2024

Intraoral occlusal film

INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$23.00	\$29.00	28			YES

**Procedure Code :D0250 AS OF 04/20/2024**

Extraoral 2d project image

Extra-oral - 2d projection radiographic image created using a stationary radiation source and detector

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999			NO

**Procedure Code :D0251 AS OF 04/20/2024**

EXTRAORAL POSTERIOR IMAGE

EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2016	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0270 AS OF 04/20/2024

Dental bitewing single image

BITEWING - SINGLE RADIOGRAPHIC IMAGE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$16.00	\$21.00	1			YES

Procedure Code :D0272 AS OF 04/20/2024

## Dental bitewings two images

## BITEWINGS - TWO RADIOGRAPHIC IMAGES

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
07/01/2003	12/31/9999	NO	\$32.00	\$40.00	1			YES

Procedure Code :D0273 AS OF 04/20/2024

Bitewings - three images

BITEWINGS - THREE RADIOGRAPHIC IMAGES

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2007	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0274 AS OF 04/20/2024

Bitewings four images

BITEWINGS - FOUR RADIOGRAPHIC IMAGES

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
07/01/2003	12/31/9999	NO	\$38.00	\$48.00	1			YES

Procedure Code :D0277 AS OF 04/20/2024

Vert bitewings 7 to 8 images

VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0310 AS OF 04/20/2024

DENTAL SALIOGRAPHY

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Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0320 AS OF 04/20/2024

DENTAL TMJ ARTHROGRAM INCL I
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[illegible]

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0321 AS OF 04/20/2024

Other TMJ images by report
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OTHER TEMPOROMANDIBULAR JOINT RADIOGRAPHIC IMAGES BY REPORT				
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Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999			NO

Procedure Code :D0322 AS OF 04/20/2024

DENTAL TOMOGRAPHIC SURVEY
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TOMOGRAPHIC SURVEY
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Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0330 AS OF 04/20/2024

Panoramic image

PANORAMIC RADIOGRAPHIC IMAGE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$68.00	\$80.00	1			YES

Procedure Code :D0340 AS OF 04/20/2024

2d cephalometric image

2d cephalometric radiographic image - acquisition measurement and analysis

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
07/01/2003	12/31/9999	NO	\$80.00	\$100.00	999			YES

Procedure Code :D0350 AS OF 04/20/2024

Oral/facial photo images

2d oral/facial photographic image obtained intra-orally or extra-orally

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2007	12/31/9999	NO	\$47.00	\$59.00	1			YES



**Procedure Code :D0364 AS OF 04/20/2024**

Cone beam ct capt interp

CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW - LESS THAN ONE WHOLE JAW

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
04/01/2023	12/31/9999	YES	\$250.00	\$250.00	1			YES

**Procedure Code :D0365 AS OF 04/20/2024**

Cone beam ct interprete man

CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MANDIBLE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
04/01/2023	12/31/9999	YES	\$295.00	\$295.00	1			YES

Procedure Code :D0366 AS OF 04/20/2024

Cone beam ct interprete max
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CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MAXILLA WITH OR WITHOUT CRANIUM

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
04/01/2023	12/31/9999	YES	\$295.00	\$295.00	1			YES

Procedure Code :D0367 AS OF 04/20/2024

Cone beam ct interp both jaw

CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS WITH OR WITHOUT CRANIUM

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
04/01/2023	12/31/9999	YES	\$305.00	\$305.00	1			YES

Procedure Code :D0368 AS OF 04/20/2024

Cone beam ct interpretate TMJ

CONE BEAM CT CAPTURE AND INTERPRETATION FOR TMJ SERIES INCLUDING TWO OR MOREEXPOSURES

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0369 AS OF 04/20/2024

Max MRI capture interpretate

MAXILLOFACIAL MRI CAPTURE AND INTERPRETATION

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0370 AS OF 04/20/2024

Max ultrasound capt interp

MAXILLOFACIAL ULTRASOUND CAPTURE AND INTERPRETATION

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$0.00	\$0.00	1			NO

**Procedure Code :D0371 AS OF 04/20/2024**

Sialoendoscopy capt	interp
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## SIALOENDOSCOPY CAPTURE AND INTERPRETATION

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$0.00	\$0.00	1			NO

**Procedure Code :D0372 AS OF 04/20/2024**

TOMO COMP SERIES IMAGES

INTRAORAL TOMOSYNTHESIS - COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0373 AS OF 04/20/2024

TOMO BITEWING IMAGE

INTRAORAL TOMOSYNTHESIS - BITEWING RADIOGRAPHIC IMAGE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0374 AS OF 04/20/2024

TOMO PERIAPICAL IMAGE

INTRAORAL TOMOSYNTHESIS - PERIAPICAL RADIOGRAPHIC IMAGE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	NO	\$0.00	\$0.00	1			NO

**Procedure Code :D0380 AS OF 04/20/2024**

Cone beam ct capture limited

CONE BEAM CT IMAGE CAPTURE WITH LIMITED FIELD OF VIEW - LESS THAN ONE WHOLE JAW

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$0.00	\$0.00	1			NO

**Procedure Code :D0381 AS OF 04/20/2024**

Cone beam ct capt mandible

CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MANDIBLE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$0.00	\$0.00	1			NO

**Procedure Code :D0382 AS OF 04/20/2024**

Cone beam ct capt maxilla

CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH -MAXILLA WITH OR WITHOUT CRANIUM

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0383 AS OF 04/20/2024								
Cone beam ct both jaws								
CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF BOTH JAWS WITH OR WITHOUTCRANIUM								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$0.00	\$0.00	1			NO

CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF BOTH JAWS WITH OR WITHOUT CRANIUM

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$0.00	\$0.00	1			NO

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0384 AS OF 04/20/2024								
Cone beam ct capture TMJ								
CONE BEAM CT IMAGE CAPTURE FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$0.00	\$0.00	1			NO

CONE BEAM CT IMAGE CAPTURE FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$0.00	\$0.00	1			NO

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0385 AS OF 04/20/2024								
Max MRI image capture								
MAXILLOFACIAL MRI IMAGE CAPTURE								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$0.00	\$0.00	1			NO

MAXILLOFACIAL MRI IMAGE CAPTURE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$0.00	\$0.00	1			NO

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0386 AS OF 04/20/2024
Max ultrasound image capture
MAXILLOFACIAL ULTRASOUND IMAGE CAPTURE

## MAXILLOFACIAL ULTRASOUND IMAGE CAPTURE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$0.00	\$0.00	1			NO

**Procedure Code :D0387 AS OF 04/20/2024**

COMP IMAGE CAPTURE ONLY

INTRAORAL TOMOSYNTHESIS - COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES - IMAGE CAPTURE ONLY

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	NO	\$0.00	\$0.00	1			NO

**Procedure Code :D0388 AS OF 04/20/2024**

BITEWING IMAGE CAPTURE ONLY

INTRAORAL TOMOSYNTHESIS - BITEWING RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	NO	\$0.00	\$0.00	1			NO

**Procedure Code :D0389 AS OF 04/20/2024**

PERIOPIC IMAGE CAPTURE ONLY

INTRAORAL TOMOSYNTHESIS - PERIAPICAL RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	NO	\$0.00	\$0.00	1			NO



Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2014	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0396 AS OF 04/20/2024

3D PRINT OF 3D SURFACE SCAN

3D PRINTING OF A 3D DENTAL SURFACE SCAN

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2024	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0411 AS OF 04/20/2024

HBA1C IN OFFICE TESTING

HBA1C IN-OFFICE POINT OF SERVICE TESTING

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2018	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0412 AS OF 04/20/2024

BLOOD GLUCOSE LEVEL TEST

BLOOD GLUCOSE LEVEL TEST - IN-OFFICE USING A GLUCOSE METER

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2019	12/31/9999	NO	\$0.00	\$0.00	1			NO



**Procedure Code :D0414 AS OF 04/20/2024**

LAB PROCESS MICROBIAL SPEC

LABORATORY PROCESSING OF MICROBIAL SPECIMEN TO INCLUDE CULTURE AND SENSITIVITY STUDIES    PREPARATION AND TRANSMISSION OF WRITTEN REPORT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2017	12/31/9999	NO	\$0.00	\$0.00	1			NO

**Procedure Code :D0415 AS OF 04/20/2024**

## BACTERIOLOGIC STUDY

# COLLECTION OF MICROORGANISMS FOR CULTURE AND SENSITIVITY

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0416 AS OF 04/20/2024

## VIRAL CULTURE

## VIRAL CULTURE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0417 AS OF 04/20/2024

COLLECT	PREP	SALIVA	SAMPLE
1. Collect 100 µl of saliva into the collection tube.	2. Mix the saliva with the collection buffer.	3. Spin the sample at 14,000 x g for 10 min.	4. Remove the supernatant and resuspend the pellet in 100 µl of water.

## COLLECTION AND PREPARATION OF SALIVA SAMPLE FOR LABORATORY DIAGNOSTIC TESTING

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2009	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0418 AS OF 04/20/2024

ANALYSIS OF SALIVA SAMPLE

ANALYSIS OF SALIVA SAMPLE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2009	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0419 AS OF 04/20/2024

ASSESS OF SALIVARY FLOW

ASSESSMENT OF SALIVARY FLOW BY MEASUREMENT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0422 AS OF 04/20/2024

COLLECT PREP GENETIC SAMP

COLLECTION AND PREPARATION OF GENETIC SAMPLE MATERIAL FOR LABORATORY ANALYSIS AND REPORT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2016	12/31/9999	NO	\$0.00	\$0.00	1			NO

**Procedure Code :D0423 AS OF 04/20/2024**

## GENETIC TEST SPEC ANALYSIS

# GENETIC TEST FOR SUSCEPTIBILITY TO DISEASES - SPECIMEN ANALYSIS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2016	12/31/9999	NO	\$0.00	\$0.00	1			NO

**Procedure Code :D0425 AS OF 04/20/2024**

## CARIES SUSCEPTIBILITY TEST

## CARIES SUSCEPTIBILITY TESTS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0431 AS OF 04/20/2024

DIAG	TST	DETECT	MUCOS	ABNORM
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ADJUNCTIVE PRE-DIAGNOSTIC TEST THAT AIDS IN DETECTION OF MUCOSAL ABNORMALITIES INCLUDING PREMALIGNANT AND MALIGNANT LESIONS NOT TO INCLUDE CYTOLOGY OR BIOPSY PROCEDURES

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0460 AS OF 04/20/2024

## PULP VITALITY TESTS

## PULP VITALITY TESTS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$27.00	\$39.00	1			YES

Procedure Code :D0470 AS OF 04/20/2024

DIAGNOSTIC CASTS

DIAGNOSTIC CASTS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	YES	\$50.00	\$75.00	2			YES

Procedure Code :D0472 AS OF 04/20/2024

GROSS EXAM PREP REPORT

ACCESSION OF TISSUE GROSS EXAMINATION PREPARATION AND TRANSMISSION OF WRITTEN REPORT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0473 AS OF 04/20/2024

MICRO EXAM PREP REPORT

ACCESSION OF TISSUE GROSS AND MICROSCOPIC EXAMINATION PREPARATION AND TRANSMISSION OF WRITTEN REPORT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1			NO
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Procedure Code :D0474 AS OF 04/20/2024								
MICRO W EXAM OF SURG MARGINS								
ACCESSION OF TISSUE GROSS AND MICROSCOPIC EXAMINATION INCLUDING ASSESSMENT OF SURGICAL MARGINS FOR PRESENCE OF DISEASE PREPARATION AND TRANSMISSION OF WRITTEN REPORT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0475 AS OF 04/20/2024								
DECALCIFICATION PROCEDURE								
DECALCIFICATION PROCEDURE								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0476 AS OF 04/20/2024								
SPEC STAINS FOR MICROORGANIS								
SPECIAL STAINS FOR MICROORGANISMS								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	NO	\$0.00	\$0.00	1			NO

**Procedure Code :D0477 AS OF 04/20/2024**

SPEC STAINS NOT FOR MICROORG

SPECIAL STAINS NOT FOR MICROORGANISMS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0478 AS OF 04/20/2024

## IMMUNOHISTOCHEMICAL STAINS

## IMMUNOHISTOCHEMICAL STAINS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0479 AS OF 04/20/2024

## TISSUE IN-SITU HYBRIDIZATION

# TISSUE IN-SITU HYBRIDIZATION INCLUDING INTERPRETATION

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0480 AS OF 04/20/2024

CYTOPATH SMEAR PREP REPORT

ACCESSION OF EXFOLIATIVE CYTOLOGIC SMEARS	MICROSCOPIC EXAMINATION	PREPARATION AND TRANSMISSION OF WRITTEN REPORT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0481 AS OF 04/20/2024

Electron microscopy

Electron microscopy

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0482 AS OF 04/20/2024

DIRECT IMMUNOFLUORESCENCE

DIRECT IMMUNOFLUORESCENCE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0483 AS OF 04/20/2024

INDIRECT IMMUNOFLUORESCENCE

INDIRECT IMMUNOFLUORESCENCE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	NO	\$0.00	\$0.00	1			NO

**Procedure Code :D0484 AS OF 04/20/2024**

CONSULT SLIDES PREP ELSEWHERE

CONSULTATION ON SLIDES PREPARED ELSEWHERE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	NO	\$0.00	\$0.00	1			NO

**Procedure Code :D0485 AS OF 04/20/2024**

CONSULT INC PREP OF SLIDES

CONSULTATION INCLUDING PREPARATION OF SLIDES FROM BIOPSY MATERIAL SUPPLIED BY REFERRING SOURCE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0486 AS OF 04/20/2024

ACCESS OF TRANSEP CYTOL SAMP
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ACCESSION OF TRANSEPITHELIAL CYTOLOGIC SAMPLE	MICROSCOPIC EXAMINATION PREPARATION AND TRANSMISSION OF WRITTEN REPORT
<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p>

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2007	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0502 AS OF 04/20/2024

## OTHER ORAL PATHOLOGY PROCEDURES

OTHER ORAL PATHOLOGY PROCEDURES BY REPORT



Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0600 AS OF 04/20/2024

NON-IONIZING DIAG PROC

NON-IONIZING DIAGNOSTIC PROCEDURE CAPABLE OF QUANTIFYING MONITORING AND RECORDING CHANGES IN STRUCTURE OF ENAMEL DENTIN AND CEMENTUM

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2017	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0601 AS OF 04/20/2024

CARIES RISK ASSESS LOW RISK

CARIES RISK ASSESSMENT AND DOCUMENTATION WITH A FINDING OF LOW RISK

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	NO	\$0.00	\$0.00	1		YES	YES

Procedure Code :D0602 AS OF 04/20/2024

CARIES RISK ASSESS MOD RISK

CARIES RISK ASSESSMENT AND DOCUMENTATION WITH A FINDING OF MODERATE RISK

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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MOLECULAR TEST PUB HLTH PATH								
MOLECULAR TESTING FOR A PUBLIC HEALTH RELATED PATHOGEN INCLUDING CORONAVIRUS								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2021	12/31/9999	NO	\$51.33	\$51.33	2		YES	YES

Procedure Code :D0701 AS OF 04/20/2024								
PANO RADIO IMAGE								
PANORAMIC RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2021	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D0702 AS OF 04/20/2024								
2D CEPHAL RADIO IMAGE								
2-D CEPHALOMETRIC RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2021	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D0703 AS OF 04/20/2024								
2D ORAL/FACIAL PHOTO IMAGE								
2-D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY - IMAGE CAPTURE ONLY								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit



INTRAORAL BITE RADIO IMAGE								
INTRAORAL - BITEWING RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2021	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D0709 AS OF 04/20/2024								
INTRAORAL CMLT RADIO IMAGES								
INTRAORAL - COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES - IMAGE CAPTURE ONLY								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2021	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D0801 AS OF 04/20/2024								
3D DENTAL SCAN DIRECT								
3D DENTAL SURFACE SCAN - DIRECT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D0802 AS OF 04/20/2024								
3D DENTAL SCAN INDIRECT								
3D DENTAL SURFACE SCAN - INDIRECT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit



DENTAL PROPHYLAXIS ADULT								
PROPHYLAXIS - ADULT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
07/01/2003	12/31/9999	NO	\$69.00	\$77.50	1		YES	YES

Procedure Code :D1120 AS OF 04/20/2024								
DENTAL PROPHYLAXIS CHILD								
PROPHYLAXIS - CHILD								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$47.00	\$47.00	10		YES	YES

Procedure Code :D1206 AS OF 04/20/2024								
Topical fluoride varnish								
TOPICAL APPLICATION OF FLUORIDE VARNISH								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$29.00	\$29.00	1		YES	YES

Procedure Code :D1208 AS OF 04/20/2024								
Topical app fluorid ex vrnsh								
Topical application of fluoride - excluding varnish								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit





COUNS FOR HIGH RISK SUB USE								
COUNSELING FOR THE CONTROL AND PREVENTION OF ADVERSE ORAL BEHAVIORAL AND SYSTEMIC HEALTH EFFECTS ASSOCIATED WITH HIGH-RISK SUBSTANCE USE								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2021	12/31/9999	NO	\$0.00	\$0.00	1		YES	YES

COUNS FOR HIGH RISK SUB USE								
COUNSELING FOR THE CONTROL AND PREVENTION OF ADVERSE ORAL BEHAVIORAL AND SYSTEMIC HEALTH EFFECTS ASSOCIATED WITH HIGH-RISK SUBSTANCE USE								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2021	12/31/9999	NO	\$0.00	\$0.00	1		YES	YES

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2021	12/31/9999	NO	\$0.00	\$0.00	1		YES	YES

Procedure Code :D1351 AS OF 04/20/2024								
DENTAL SEALANTS (AGES 3-15)								
DENTAL SEALANTS (AGES 3-15)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$38.00	\$38.00	1		YES	YES

Procedure Code :D1351 AS OF 04/20/2024								
DENTAL SEALANTS (AGES 3-15)								
DENTAL SEALANTS (AGES 3-15)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$38.00	\$38.00	1		YES	YES

Procedure Code :D1351 AS OF 04/20/2024								
DENTAL SEALANTS (AGES 3-15)								
DENTAL SEALANTS (AGES 3-15)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$38.00	\$38.00	1		YES	YES

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$38.00	\$38.00	1		YES	YES

Procedure Code :D1352 AS OF 04/20/2024								
PREV RESIN REST    PERM TOOTH								
PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH CARIES RISK PATIENT -PERMANENT TOOTH								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2011	12/31/9999	NO	\$0.00	\$0.00	999999		YES	NO

Procedure Code :D1352 AS OF 04/20/2024								
PREV RESIN REST    PERM TOOTH								
PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH CARIES RISK PATIENT -PERMANENT TOOTH								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2011	12/31/9999	NO	\$0.00	\$0.00	999999		YES	NO

Procedure Code :D1352 AS OF 04/20/2024								
PREV RESIN REST    PERM TOOTH								
PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH CARIES RISK PATIENT -PERMANENT TOOTH								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2011	12/31/9999	NO	\$0.00	\$0.00	999999		YES	NO

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2011	12/31/9999	NO	\$0.00	\$0.00	999999		YES	NO

Procedure Code :D1353 AS OF 04/20/2024
SEALANT REPAIR PER TOOTH
SEALANT REPAIR - PER TOOTH

Procedure Code :D1353 AS OF 04/20/2024
SEALANT REPAIR PER TOOTH
SEALANT REPAIR - PER TOOTH

Procedure Code :D1353 AS OF 04/20/2024
SEALANT REPAIR PER TOOTH
SEALANT REPAIR - PER TOOTH

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2015	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D1354 AS OF 04/20/2024

Int caries med app per tooth

Interim caries arresting medicament application - per tooth

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2016	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D1355 AS OF 04/20/2024

CARIES MED APP PER TOOTH

CARIES PREVENTIVE MEDICAMENT APPLICATION - PER TOOTH

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2021	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D1510 AS OF 04/20/2024

SPACE MAINTAINER FXD UNILAT (AGES 0-12)

SPACE MAINTAINER - FIXED UNILATERAL - PER QUADRANT (AGES 0-12)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$230.00	\$230.00	30		YES	YES

**Procedure Code :D1516 AS OF 04/20/2024**

FIXED BILAT SPACE MAINT	MAX (AGES 0-12)
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
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96	96
97	97
98	98
99	99
100	100

SPACE MAINTAINER - FIXED - BILATERAL MAXILLARY (AGES 0-12)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2019	12/31/9999	NO	\$350.00	\$350.00	1		YES	YES

**Procedure Code :D1517 AS OF 04/20/2024**

FIXED BILAT SPACE MAINT	MAN (AGES 0-12)
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
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SPACE MAINTAINER - FIXED - BILATERAL MANDIBULAR (AGES 0-12)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2019	12/31/9999	NO	\$350.00	\$350.00	1		YES	YES

Procedure Code :D1520 AS OF 04/20/2024

REMOVE UNILAT SPACE MAINTAIN

SPACE MAINTAINER - REMOVABLE UNILATERAL - PER QUADRANT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D1526 AS OF 04/20/2024

REMOVE BILAT SPACE MAIN MAX

SPACE MAINTAINER - REMOVABLE - BILATERAL MAXILLARY

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2019	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D1527 AS OF 04/20/2024

REMOVE BILAT SPACE MAIN MAN

SPACE MAINTAINER - REMOVABLE - BILATERAL MANDIBULAR

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2019	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D1551 AS OF 04/20/2024

RECEMENT SPACE MAINT - MAX

RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER - MAXILLARY

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	NO	\$60.00	\$60.00	1		YES	YES

Procedure Code :D1552 AS OF 04/20/2024

RECEMENT SPACE MAINT - MAN

RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER - MANDIBULAR

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	NO	\$60.00	\$60.00	1		YES	YES

Procedure Code :D1553 AS OF 04/20/2024								
RECEMENT UNILAT SPACE MAINT								
RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER - PER QUADRANT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	NO	\$30.00	\$30.00	4		YES	YES

RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER - PER QUADRANT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	NO	\$30.00	\$30.00	4		YES	YES

Procedure Code :D1556 AS OF 04/20/2024								
REM FIXED UNILAT SPACE MAINT								
REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER - PER QUADRANT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	NO	\$30.00	\$30.00	4		YES	YES

REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER - PER QUADRANT	
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Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	NO	\$30.00	\$30.00	4		YES	YES

Procedure Code :D1557 AS OF 04/20/2024								
REMOVE FIXED BILAT MAINT MAX								
REMOVAL OF FIXED BILATERAL SPACE MAINTAINER - MAXILLARY								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	NO	\$60.00	\$60.00	1		YES	YES

REMOVAL OF FIXED BILATERAL SPACE MAINTAINER - MAXILLARY

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	NO	\$60.00	\$60.00	1		YES	YES

Procedure Code :D1558 AS OF 04/20/2024
REMOVE FIXED BILAT MAN
REMOVAL OF FIXED BILATERAL SPACE MAINTAINER - MANDIBULAR

REMOVAL OF FIXED BILATERAL SPACE MAINTAINER - MANDIBULAR

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	NO	\$60.00	\$60.00	1		YES	YES

**Procedure Code :D1575 AS OF 04/20/2024**

DIST SPACE MAINT FIXED UNIL (AGES 0-12)

DISTAL SHOE SPACE MAINTAINER - FIXED UNILATERAL - PER QUADRANT (AGES 0-12)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2017	12/31/9999	NO	\$230.00	\$230.00	1		YES	YES

**Procedure Code :D1701 AS OF 04/20/2024**

PFIZER VACC ADMIN 1ST DOSE

PFIZER-BIONTECH COVID-19 VACCINE ADMINISTRATION - FIRST DOSE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2021	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D1702 AS OF 04/20/2024**

PFIZER VACC ADMIN 2ND DOSE

PFIZER-BIONTECH COVID-19 VACCINE ADMINISTRATION - SECOND DOSE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2021	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D1703 AS OF 04/20/2024

MODERNA VACC ADMIN 1ST DOSE

MODERNA COVID-19 VACCINE ADMINISTRATION - FIRST DOSE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2021	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D1704 AS OF 04/20/2024

MODERNA VACC ADMIN 2ND DOSE

MODERNA COVID-19 VACCINE ADMINISTRATION - SECOND DOSE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2021	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D1705 AS OF 04/20/2024

ASTRAZENECA VACC ADM 1ST DOS

ASTRAZENECA COVID-19 VACCINE ADMINISTRATION - FIRST DOSE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2021	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D1706 AS OF 04/20/2024

ASTRAZENECA VACC ADM 2ND DOS

ASTRAZENECA COVID-19 VACCINE ADMINISTRATION - SECOND DOSE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2021	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D1707 AS OF 04/20/2024

JANSSEN VACCINE ADMIN

JANSSEN COVID-19 VACCINE ADMINISTRATION

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2021	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D1708 AS OF 04/20/2024

PFIZER VACC ADMIN 3RD DOSE

PFIZER-BIONTECH COVID-19 VACCINE ADMINISTRATION - THIRD DOSE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2022	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D1709 AS OF 04/20/2024

PFIZER VACCINE ADMIN BOOSTER

PFIZER-BIONTECH COVID-19 VACCINE ADMINISTRATION - BOOSTER DOSE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2022	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO



Procedure Code :D1710 AS OF 04/20/2024

MODERNA VACC ADMIN 3RD DOSE

MODERNA COVID-19 VACCINE ADMINISTRATION - THIRD DOSE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2022	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D1711 AS OF 04/20/2024

MODERNA VACC ADMIN BOOSTER

MODERNA COVID-19 VACCINE ADMINISTRATION - BOOSTER DOSE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2022	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D1712 AS OF 04/20/2024

JANSSEN VACC ADMIN BOOSTER

JANSSEN COVID-19 VACCINE ADMINISTRATION - BOOSTER DOSE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2022	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D1713 AS OF 04/20/2024

PFIZER VACC ADM PED 1ST DOSE

PFIZER-BIONTECH COVID-19 VACCINE ADMINISTRATION TRIS-SUCROSE PEDIATRIC - FIRST DOSE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2022	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D1714 AS OF 04/20/2024

PFIZER VACC ADM PED 2ND DOSE

PFIZER-BIONTECH COVID-19 VACCINE ADMINISTRATION TRIS-SUCROSE PEDIATRIC - SECOND DOSE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2022	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D1781 AS OF 04/20/2024

VAC ADMIN HUMAN PAP DOSE 1

VACCINE ADMINISTRATION - HUMAN PAPILLOMAVIRUS - DOSE 1

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D1782 AS OF 04/20/2024

VAC ADMIN HUMAN PAP DOSE 2

VACCINE ADMINISTRATION - HUMAN PAPILLOMAVIRUS - DOSE 2

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO



Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$92.00	\$115.00	5		YES	YES

Procedure Code :D2160 AS OF 04/20/2024

AMALGAM THREE SURFACES PRIMARY OR PERMA

AMALGAM-THREE SURFACES PRIMARY OR PERMANENT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$110.00	\$139.00	5		YES	YES

Procedure Code :D2161 AS OF 04/20/2024

AMALGAM FOUR SURFACES PERMANENT

AMALGAM-FOUR OR MORE SURFACES PRIMARY OR PERMANENT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$132.00	\$165.00	8		YES	YES

Procedure Code :D2330 AS OF 04/20/2024

RESIN-ONE SURFACE ANTERIOR

RESIN-BASED COMPOSITE ONE SURFACE ANTERIOR

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$84.00	\$106.00	5		YES	YES

**Procedure Code :D2331 AS OF 04/20/2024**

RESIN TWO SURFACES-ANTERIOR

RESIN-BASED COMPOSITE TWO SURFACES ANTERIOR

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$108.00	\$135.00	1		YES	YES

**Procedure Code :D2332 AS OF 04/20/2024**

RESIN-THREE SURFACES ANTERIOR

RESIN-BASED COMPOSITE THREE SURFACES ANTERIOR

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$132.00	\$165.00	999		YES	YES

**Procedure Code :D2335 AS OF 04/20/2024**

RESIN 4/	SURF OR W	INCIS AN
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RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES (ANTERIOR)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$160.00	\$200.00	999		YES	YES

Procedure Code :D2390 AS OF 04/20/2024

# ANT RESIN-BASED CMPST CROWN

## RESIN-BASED COMPOSITE CROWN ANTERIOR

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D2391 AS OF 04/20/2024**

RESIN-BASED COMPOSITE - ONE SURFACE POS

RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$96.00	\$120.00	1		YES	YES

**Procedure Code :D2392 AS OF 04/20/2024**

RESIN-BASED COMPOSITE - TWO SURFACES PO

RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$128.00	\$160.00	1		YES	YES

**Procedure Code :D2393 AS OF 04/20/2024**

RESIN-BASED COMPOSITE - THREE SURFACES

RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$160.00	\$200.00	1		YES	YES

Procedure Code :D2394 AS OF 04/20/2024

RESIN-BASED COMPOSITE - FOUR OR MORE SUR

RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES POSTERIOR

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$188.00	\$236.00	1		YES	YES

Procedure Code :D2410 AS OF 04/20/2024

GOLD FOIL ONE SURFACE

GOLD FOIL ONE SURFACE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D2420 AS OF 04/20/2024

GOLD FOIL TWO SURFACES

GOLD FOIL TWO SURFACES

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D2430 AS OF 04/20/2024

GOLD FOIL THREE SURFACES

GOLD FOIL THREE SURFACES

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D2510 AS OF 04/20/2024								
INLAY GOLD ONE SURFACE								
INLAY GOLD ONE SURFACE								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D2520 AS OF 04/20/2024								
INLAY GOLD TWO SURFACES								
INLAY GOLD TWO SURFACES								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D2530 AS OF 04/20/2024								
INLAY GOLD THREE SURFACES								
INLAY GOLD THREE SURFACES								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO



**Procedure Code :D2542 AS OF 04/20/2024**

DENTAL ONLAY METALLIC 2 SURF

## ONLAY-METALLIC-TWO SURFACES

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D2543 AS OF 04/20/2024**

DENTAL ONLAY METALLIC 3 SURF

ONLY - METALLIC - THREE SURFACES

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D2544 AS OF 04/20/2024**

DENTAL ONLAY METL 4/MORE SUR
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ONLAY - METALLIC - FOUR OR MORE SURFACES

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D2610 AS OF 04/20/2024

# INLAY PORCELAIN

INLAY PORCELAIN

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D2620 AS OF 04/20/2024

INLAY PORCELAIN/CERAMIC 2 SU

INLAY-PORCELAIN/CERAMIC-TWO SURFACES

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D2630 AS OF 04/20/2024

DENTAL ONLAY PORC 3/MORE SUR

INLAY-PORCELAIN/CERAMIC-THREE OR MORE SURFACES

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D2642 AS OF 04/20/2024

DENTAL ONLAY PORCELIN 2 SURF

ONLAY - PORCELAIN/CERAMIC - TWO SURFACES

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO



Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D2652 AS OF 04/20/2024**

DENTAL INLAY RESIN 3/MRE SUR

INLAY - RESIN-BASED COMPOSITE - THREE OR MORE SURFACES

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D2662 AS OF 04/20/2024**

DENTAL ONLAY RESIN 2 SURFACE

ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D2663 AS OF 04/20/2024**

DENTAL ONLAY RESIN 3 SURFACE

ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D2664 AS OF 04/20/2024**

DENTAL ONLAY RESIN 4/MRE SUR

ONLAY - - RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES
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Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D2710 AS OF 04/20/2024**

# ACRYLIC JACKET

## CROWN - RESIN-BASED COMPOSITE (INDIRECT)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$400.00	\$400.00	10		YES	YES

Procedure Code :D2712 AS OF 04/20/2024

CROWN 3/4 RESIN-BASED COMPOS

CROWN - 3/4 RESIN-BASED COMPOSITE (INDIRECT)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D2720 AS OF 04/20/2024

# PLASTIC WITH METAL

## PLASTIC WITH METAL

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D2721 AS OF 04/20/2024

CROWN RESIN W/ BASE METAL

CROWN-RESIN WITH PREDOMINANTLY BASE METAL

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D2722 AS OF 04/20/2024

CROWN RESIN W/ NOBLE METAL

CROWN-RESIN WITH NOBLE METAL

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
04/01/2023	12/31/9999	NO	\$300.00	\$400.00	1		YES	YES

Procedure Code :D2740 AS OF 04/20/2024

Crown porcelain/ceramic

Crown - porcelain/ceramic

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	NO	\$600.00	\$600.00	999		YES	YES

**Procedure Code :D2750 AS OF 04/20/2024**

## PORCELAIN WITH METAL

CROWN PORCELAIN FUSED TO HIGH NOBLE METAL

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$500.00	\$500.00	1		YES	YES

**Procedure Code :D2751 AS OF 04/20/2024**

CROWN PORCELAIN FUSED BASE M

CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE METAL

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$320.00	\$320.00	1		YES	YES

Procedure Code :D2752 AS OF 04/20/2024

CROWN PORCELAIN W/ NOBLE MET

CROWN-PORCELAIN FUSED TO NOBLE METAL

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D2753 AS OF 04/20/2024

# CROWN PORC FUSED TO TITANIUM

CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	NO	\$450.00	\$450.00	6		YES	YES

Procedure Code :D2780 AS OF 04/20/2024

CROWN 3/4 CAST HI NOBLE MET

CROWN - 3/4 CAST HIGH NOBLE METAL

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D2781 AS OF 04/20/2024

CROWN 3/4 CAST BASE METAL

CROWN - 3/4 CAST PREDOMINANTLY BASE METAL

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D2782 AS OF 04/20/2024

CROWN 3/4 CAST NOBLE METAL

CROWN - 3/4 CAST NOBLE METAL

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO



**Procedure Code :D2783 AS OF 04/20/2024**

CROWN 3/4 PORCELAIN/CERAMIC

CROWN - 3/4 PORCELAIN/CERAMIC

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D2790 AS OF 04/20/2024**

CROWN - FULL CAST HIGH NOBLE METAL

CROWN - FULL CAST HIGH NOBLE METAL

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$600.00	\$600.00	10		YES	YES

Procedure Code :D2791 AS OF 04/20/2024

CROWN FULL CAST BASE METAL

CROWN-FULL CAST PREDOMINANTLY BASE METAL

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D2792 AS OF 04/20/2024

CROWN FULL CAST NOBLE METAL

CROWN-FULL CAST NOBLE METAL

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D2794 AS OF 04/20/2024

CROWN-TITANIUM

CROWN - TITANIUM AND TITANIUM ALLOYS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D2799 AS OF 04/20/2024

Provisional crown

PROVISIONAL CROWN - FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
08/01/2008	12/31/9999	YES	\$200.00	\$375.00	1		YES	YES

Procedure Code :D2910 AS OF 04/20/2024

Recement inlay onlay or part

Re-cement or re-bond inlay onlay veneer or partial coverage restoration

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D2915 AS OF 04/20/2024								
Recement cast or prefab post								
Re-cement or re-bond indirectly fabricated or prefabricated post and core								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	YES	\$0.00	\$0.00	1		YES	NO

Re-cement or re-bond indirectly fabricated or prefabricated post and core

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	YES	\$0.00	\$0.00	1		YES	NO

Procedure Code :D2920 AS OF 04/20/2024								
Re-cement or re-bond crown								
Re-cement or re-bond crown								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$48.00	\$75.00	1		YES	YES

Re-cement or re-bond crown

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$48.00	\$75.00	1		YES	YES

Procedure Code :D2921 AS OF 04/20/2024								
REATTACH TOOTH FRAGMENT								
REATTACHMENT OF TOOTH FRAGMENT    INCISAL EDGE OR CUSP								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2014	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

REATTACHMENT OF TOOTH FRAGMENT	INCISAL EDGE OR CUSP
	

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2014	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D2928 AS OF 04/20/2024
PREFAB PORC/CER CROWN PERM
PREFABRICATED PORCELAIN/CERAMIC CROWN - PERMANENT TOOTH

PREFABRICATED PORCELAIN/CERAMIC CROWN - PERMANENT TOOTH

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2021	12/31/9999	NO	\$250.00	\$250.00	1		YES	YES

Procedure Code :D2929 AS OF 04/20/2024

Prefab porc/ceram crown pri

PREFABRICATED PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D2930 AS OF 04/20/2024

PREFAB STNLSS STEEL CRWN PRI

PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH

NEW CODE(S) D2930 OR D2931

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
02/16/2009	12/31/9999	NO	\$300.00	\$300.00	10		YES	YES

Procedure Code :D2931 AS OF 04/20/2024

PREFAB STNLSS STEEL CROWN PE

PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH

NEW CODE(S) D2930 OR D2931

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$102.40	\$102.40	10		YES	YES



Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D2941 AS OF 04/20/2024

INT THERAPEUTIC RESTORATION

INTERIM THERAPEUTIC RESTORATION - PRIMARY DENTITION

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2014	12/31/9999	NO	\$70.00	\$70.00	1		YES	YES

Procedure Code :D2949 AS OF 04/20/2024

RESTORATIVE FOUNDATION

RESTORATIVE FOUNDATION FOR AN INDIRECT RESTORATION

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2014	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D2950 AS OF 04/20/2024

Core build-up incl any pins

CORE BUILD-UP INCLUDING ANY PINS WHEN REQUIRED

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	NO	\$220.00	\$220.00	999		YES	YES

Procedure Code :D2951 AS OF 04/20/2024								
TOOTH PIN RETENTION								
PIN RETENTION-PER TOOTH IN ADDITION TO RESTORATION								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

## PIN RETENTION-PER TOOTH IN ADDITION TO RESTORATION

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D2952 AS OF 04/20/2024								
POST AND CORE CAST + CROWN								
POST AND CORE IN ADDITION TO CROWN      INDIRECTLY FABRICATED								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$100.00	\$100.00	5		YES	YES

POST AND CORE IN ADDITION TO CROWN      INDIRECTLY FABRICATED

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$100.00	\$100.00	5		YES	YES

Procedure Code :D2953 AS OF 04/20/2024								
EACH ADDTNL CAST POST								
EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D2954 AS OF 04/20/2024
PREFAB POST/CORE + CROWN
PREFABRICATED POST AND CORE IN ADDITION TO CROWN

PREFABRICATED POST AND CORE IN ADDITION TO CROWN

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$80.00	\$80.00	1		YES	YES

Procedure Code :D2955 AS OF 04/20/2024

Post removal

POST REMOVAL

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D2957 AS OF 04/20/2024

EACH ADDTNL PREFAB POST

EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D2960 AS OF 04/20/2024

LABIAL VENEER RESIN DIRECT

LABIAL VENEER (RESIN LAMINATE) - DIRECT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO



Procedure Code :D2961 AS OF 04/20/2024								
LABIAL VENEER RESIN INDIRECT								
LABIAL VENEER (RESIN LAMINATE) - INDIRECT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

## LABIAL VENEER (RESIN LAMINATE) - INDIRECT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D2962 AS OF 04/20/2024								
LABIAL VENEER PORC INDIRECT								
LABIAL VENEER (PORCELAIN LAMINATE) - INDIRECT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

## LABIAL VENEER (PORCELAIN LAMINATE) - INDIRECT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D2971 AS OF 04/20/2024								
ADD PROC CONSTRUCT NEW CROWN								
ADDITIONAL PROCEDURES TO CONSTRUCT NEW CROWN UNDER EXISTING PARTIAL DENTURE FRAMEWORK								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	YES	\$0.00	\$0.00	1		YES	NO

## ADDITIONAL PROCEDURES TO CONSTRUCT NEW CROWN UNDER EXISTING PARTIAL DENTURE FRAMEWORK

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	YES	\$0.00	\$0.00	1		YES	NO

Procedure Code :D2975 AS OF 04/20/2024
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COPING

## COPING

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D2976 AS OF 04/20/2024

BAND STABILIZATION PER TOOTH

BAND STABILIZATION - PER TOOTH

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2024	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D2980 AS OF 04/20/2024

Crown repair

CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D2981 AS OF 04/20/2024

Inlay repair

INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D2982 AS OF 04/20/2024

Onlay repair

ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D2983 AS OF 04/20/2024

Veneer repair

VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D2989 AS OF 04/20/2024

EXCAVATE TOOTH NON-RESTORABL

EXCAVATION OF A TOOTH RESULTING IN THE DETERMINATION OF NON-RESTORABILITY

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2024	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D2990 AS OF 04/20/2024

Resin infiltration of lesion

RESIN INFILTRATION OF INCIPIENT SMOOTH SURFACE LESIONS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D2991 AS OF 04/20/2024

APP OF HYDROXYAPATITE

APPLICATION OF HYDROXYAPATITE REGENERATION MEDICAMENT - PER TOOTH

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2024	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D3110 AS OF 04/20/2024

PULP CAP DIRECT EXCLUDING FINAL REST

PULP CAP DIRECT EXCLUDING FINAL RESTORATION

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$35.00	\$55.00	10		YES	YES

Procedure Code :D3120 AS OF 04/20/2024

PULP CAP INDIRECT

PULP CAP INDIRECT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D3220 AS OF 04/20/2024

PULPOTOMY

PULPOTOMY

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$107.00	\$134.00	10		YES	YES

Procedure Code :D3221 AS OF 04/20/2024

GROSS PULPAL DEBRIDEMENT

PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEETH

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D3222 AS OF 04/20/2024

PART PULP FOR APEXOGENESIS

PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2009	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D3230 AS OF 04/20/2024

PULPAL THERAPY ANTERIOR PRIM

PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D3240 AS OF 04/20/2024

PULPAL THERAPY POSTERIOR PRI

PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D3310 AS OF 04/20/2024

END THXPY ANTERIOR TOOTH

ENDODONTIC THERAPY ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$398.00	\$498.00	10		YES	YES

Procedure Code :D3320 AS OF 04/20/2024

End th py premolar tooth

Endodontic therapy premolar tooth (excluding final restoration)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$472.00	\$591.00	2		YES	YES

Procedure Code :D3330 AS OF 04/20/2024

End th py molar tooth

Endodontic therapy molar tooth (excluding final restoration)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$582.00	\$728.00	3		YES	YES

Procedure Code :D3331 AS OF 04/20/2024

NON-SURG TX ROOT CANAL OBS

TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D3332 AS OF 04/20/2024

INCOMPLETE ENDODONTIC TX

INCOMPLETE ENDODONTIC THERAPY; INOPERABLE UNRESTORABLE OR FRACTURED TOOTH

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D3333 AS OF 04/20/2024

INTERNAL ROOT REPAIR

INTERNAL ROOT REPAIR OF PERFORATION DEFECTS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D3346 AS OF 04/20/2024

RETREAT ROOT CANAL ANTERIOR

RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	YES	\$441.00	\$552.00	1		YES	YES

Procedure Code :D3347 AS OF 04/20/2024

Retreat root canal premolar

Retreatment of previous root canal therapy - premolar

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	YES	\$525.00	\$657.00	1		YES	YES

Procedure Code :D3348 AS OF 04/20/2024

RETREAT ROOT CANAL MOLAR

RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	YES	\$646.00	\$808.00	1		YES	YES



Procedure Code :D3351 AS OF 04/20/2024

Apexification/recalc initial

Apexification/recalcification - initial visit (apical closure/calcific repair of perforations root resorption etc.)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	YES	\$198.00	\$248.00	1		YES	YES

Procedure Code :D3352 AS OF 04/20/2024

Apexification/recalc interim

Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations root resorption pulp space disinfection etc.)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D3353 AS OF 04/20/2024

APEXIFICATION/RECALC FINAL

APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY-APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS ROOT RESORPTION ETC.)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO



Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$426.00	\$533.00	10		YES	YES

Procedure Code :D3421 AS OF 04/20/2024

Root surgery premolar

Apicoectomy - premolar (first root)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$522.00	\$653.00	1		YES	YES

Procedure Code :D3425 AS OF 04/20/2024

Root surgery molar

Apicoectomy - molar (first root)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$580.00	\$725.00	1		YES	YES

Procedure Code :D3426 AS OF 04/20/2024

Root surgery ea add root

Apicoectomy (each additional root)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
02/16/2009	12/31/9999	NO	\$216.00	\$270.00	4		YES	YES

Procedure Code :D3428 AS OF 04/20/2024

BONE GRAFT PERI PER TOOTH

BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY - PER TOOTH SINGLE SITE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2014	12/31/9999	YES	\$250.00	\$250.00	1		YES	YES

Procedure Code :D3429 AS OF 04/20/2024

BONE GRAFT PERI EACH ADDL

BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY - EACH ADDITIONAL CONTIGUOUS TOOTH IN THE SAME SURGICAL SITE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2014	12/31/9999	YES	\$125.00	\$125.00	1		YES	YES

Procedure Code :D3430 AS OF 04/20/2024

RETROGRADE FILLING - PER ROOT

RETROGRADE FILLING - PER ROOT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$144.00	\$180.00	6		YES	YES

Procedure Code :D3431 AS OF 04/20/2024

BIOLOGICAL MATERIALS

BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION IN CONJUNCTION WITH PERIRADICULAR SURGERY

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2014	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D3432 AS OF 04/20/2024

GUIDED TISSUE REGENERATION

GUIDED TISSUE REGENERATION RESORBABLE BARRIER PER SITE IN CONJUNCTION WITH PERIRADICULAR SURGERY

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2014	12/31/9999	YES	\$250.00	\$250.00	1		YES	YES

Procedure Code :D3450 AS OF 04/20/2024

ROOT AMPUTATION - PER ROOT

ROOT AMPUTATION - PER ROOT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$293.00	\$419.00	999		YES	YES

Procedure Code :D3460 AS OF 04/20/2024

ENDOSSEOUS IMPLANTS

ENDOSSEOUS IMPLANTS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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SURG REP ROOT RES MOLAR								
SURGICAL REPAIR OF ROOT RESORPTION - MOLAR								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2021	12/31/9999	YES	\$395.00	\$395.00	1		YES	YES

Procedure Code :D3501 AS OF 04/20/2024								
SURG EXP ROOT SURF ANTERIOR								
SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT APICOECTOMY OR REPAIR OF ROOT RESORPTION - ANTERIOR								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2021	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D3502 AS OF 04/20/2024								
SURG EXP ROOT SURF PREMOLAR								
SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT APICOECTOMY OR REPAIR OF ROOT RESORPTION - PREMOLAR								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2021	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D3503 AS OF 04/20/2024								
SURG EXP ROOT SURF MOLAR								
SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT APICOECTOMY OR REPAIR OF ROOT RESORPTION - MOLAR								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit





DECOR OR SUBMERG ERUPT TOOTH

DECORONATION OR SUBMERGENCE OF AN ERUPTED TOOTH

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2022	12/31/9999	YES	\$338.00	\$338.00	1		YES	YES

Procedure Code :D3950 AS OF 04/20/2024

CANAL PREP/FITTING OF DOWEL

CANAL PREPARATION AND FITTING OF PREFORMED DOWEL OR POST

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D3999 AS OF 04/20/2024

ENDODONTIC PROCEDURE

UNSPECIFIED ENDODONTIC PROCEDURE BY REPORT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D4210 AS OF 04/20/2024

Gingivectomy/plasty 4 or mor

GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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Ana crown exp 1-3 per quad								
Anatomical crown exposure - one to three teeth or bounded tooth spaces per quadrant								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2007	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2007	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2007	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D4240 AS OF 04/20/2024								
GINGIVAL FLAP PROC W/ PLANIN								
GINGIVAL FLAP PROCEDURE INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2004	12/31/9999	YES	\$100.00	\$125.00	4		YES	YES

GINGIVAL FLAP PROCEDURE INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2004	12/31/9999	YES	\$100.00	\$125.00	4		YES	YES

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2004	12/31/9999	YES	\$100.00	\$125.00	4		YES	YES

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2004	12/31/9999	YES	\$100.00	\$125.00	4		YES	YES

Procedure Code :D4241 AS OF 04/20/2024								
GNGVL FLAP W ROOTPLAN 1-3 TH								
GINGIVAL FLAP PROCEDURE INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2004	12/31/9999	YES	\$100.00	\$125.00	4		YES	YES

GINGIVAL FLAP PROCEDURE INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2004	12/31/9999	YES	\$100.00	\$125.00	4		YES	YES

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2004	12/31/9999	YES	\$100.00	\$125.00	4		YES	YES

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2004	12/31/9999	YES	\$100.00	\$125.00	4		YES	YES

Procedure Code :D4245 AS OF 04/20/2024
APICALLY POSITIONED FLAP
APICALLY POSITIONED FLAP

APICALLY POSITIONED FLAP

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D4249 AS OF 04/20/2024

CROWN LENGTHEN HARD TISSUE

CLINICAL CROWN LENGTHENING-HARD TISSUE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	YES	\$396.00	\$496.00	1		YES	YES

Procedure Code :D4260 AS OF 04/20/2024

Osseous surgery 4 or more

Osseous surgery (including elevation of a full thickness flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	YES	\$700.00	\$700.00	999		YES	YES

Procedure Code :D4261 AS OF 04/20/2024

Osseous surg 1 to 3 teeth

Osseous surgery (including elevation of a full thickness flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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GUIDED TISS REGEN RESORBLE								
GUIDED TISSUE REGENERATION NATURAL TEETH - RESORBABLE BARRIER PER SITE								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	YES	\$500.00	\$500.00	1		YES	YES

Procedure Code :D4267 AS OF 04/20/2024								
GUIDED TISS REGEN NONRESORB								
GUIDED TISSUE REGENERATION NATURAL TEETH - NON-RESORBABLE BARRIER PER SITE								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	YES	\$700.00	\$700.00	1		YES	YES

Procedure Code :D4268 AS OF 04/20/2024								
SURGICAL REVISION PROCEDURE								
SURGICAL REVISION PROCEDURE PER TOOTH								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D4270 AS OF 04/20/2024								
PEDICLE SOFT TISSUE GRAFTS								
PEDICLE SOFT TISSUE GRAFTS								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit

12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO
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<b>Procedure Code :D4273 AS OF 04/20/2024</b>								
Auto tissue graft 1st tooth								
Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth implant or edentulous tooth position in graft								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

<b>Procedure Code :D4274 AS OF 04/20/2024</b>								
Mesial/distal wedge proc								
Mesial/distal wedge procedure single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

<b>Procedure Code :D4275 AS OF 04/20/2024</b>								
Non-auto graft 1st tooth								
Non-autogenous connective tissue graft (including recipient site and donor material) first tooth implant or edentulous tooth position in graft								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D4276 AS OF 04/20/2024

CON TISSUE W DBLE PED GRAFT

COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT PER TOOTH

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D4277 AS OF 04/20/2024

Soft tissue graft firsttooth

Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth implant or edentulous tooth position in graft

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D4278 AS OF 04/20/2024

Soft tissue graft addl tooth

Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth implant or edentulous tooth position in same graft site

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D4283 AS OF 04/20/2024



AUTO TISSUE GRAFT ADDL TOOTH								
AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) - EACH ADDITIONAL CONTIGUOUS TOOTH IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2016	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2016	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2016	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D4285 AS OF 04/20/2024								
NON-AUTO GRAFT ADDL TOOTH								
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								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2016	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

NON-AUTO GRAFT ADDL TOOTH								
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								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2016	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2016	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2016	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D4286 AS OF 04/20/2024								
REMOVE NON-RESORB BARRIER								
REMOVAL OF NON-RESORBABLE BARRIER								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

REMOVE NON-RESORB BARRIER								
REMOVAL OF NON-RESORBABLE BARRIER								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

REMOVAL OF NON-RESORBABLE BARRIER								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D4322 AS OF 04/20/2024
SPLINT INTRA-CORONAL
SPLINT - INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS

SPLINT INTRA-CORONAL
SPLINT - INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS

SPLINT - INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2022	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D4323 AS OF 04/20/2024

SPLINT EXTRA-CORONAL

SPLINT - EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2022	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D4341 AS OF 04/20/2024

PERIODONTAL SCALING AND ROOT PLANING - F

PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	YES	\$140.00	\$181.00	4		YES	YES

Procedure Code :D4342 AS OF 04/20/2024

PERIODONTAL SCALING 1-3TEETH

PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH PER QUADRANT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	YES	\$70.00	\$70.00	1		YES	YES

Procedure Code :D4346 AS OF 04/20/2024

SCALING GINGIV INFLAMMATION

SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION - FULL MOUTH AFTER ORAL EVALUATION

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2017	12/31/9999	NO	\$100.00	\$100.00	1		YES	YES

Procedure Code :D4355 AS OF 04/20/2024

Full mouth debridement

FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE PERIODONTAL EVALUATION AND DIAGNOSIS ON A SUBSEQUENT VISIT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$100.00	\$130.00	1		YES	YES

Procedure Code :D4381 AS OF 04/20/2024

Localized delivery antimicro

LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE PER TOOTH

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D4910 AS OF 04/20/2024**

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PREVENT.PERIOD.PROCEDURES( PERIOD.PRO
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## PERIODONTAL MAINTENANCE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$70.00	\$70.00	999		YES	YES

**Procedure Code :D4920 AS OF 04/20/2024**

Unscheduled dressing change

Unscheduled dressing change (by someone other than treating dentist or their staff)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D4921 AS OF 04/20/2024

GINGIVAL IRRIGATION PER QUAD

GINGIVAL IRRIGATION WITH A MEDICINAL AGENT - PER QUADRANT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2014	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D4999 AS OF 04/20/2024

UNSPECIFIED PERIODONTAL PROC

UNSPECIFIED PERIODONTAL PROCEDURE BY REPORT									
REPORT	DATE	PERIODONTAL PROCEDURE	PERIODONTAL PROCEDURE	PERIODONTAL PROCEDURE	PERIODONTAL PROCEDURE	PERIODONTAL PROCEDURE	PERIODONTAL PROCEDURE	PERIODONTAL PROCEDURE	PERIODONTAL PROCEDURE
1	2010-01-01	1	2	3	4	5	6	7	8
2	2010-01-01	1	2	3	4	5	6	7	8
3	2010-01-01	1	2	3	4	5	6	7	8
4	2010-01-01	1	2	3	4	5	6	7	8
5	2010-01-01	1	2	3	4	5	6	7	8
6	2010-01-01	1	2	3	4	5	6	7	8
7	2010-01-01	1	2	3	4	5	6	7	8
8	2010-01-01	1	2	3	4	5	6	7	8
9	2010-01-01	1	2	3	4	5	6	7	8
10	2010-01-01	1	2	3	4	5	6	7	8
11	2010-01-01	1	2	3	4	5	6	7	8
12	2010-01-01	1	2	3	4	5	6	7	8
13	2010-01-01	1	2	3	4	5	6	7	8
14	2010-01-01	1	2	3	4	5	6	7	8
15	2010-01-01	1	2	3	4	5	6	7	8
16	2010-01-01	1	2	3	4	5	6	7	8
17	2010-01-01	1	2	3	4	5	6	7	8
18	2010-01-01	1	2	3	4	5	6	7	8
19	2010-01-01	1	2	3	4	5	6	7	8
20	2010-01-01	1	2	3	4	5	6	7	8
21	2010-01-01	1	2	3	4	5	6	7	8
22	2010-01-01	1	2	3	4	5	6	7	8
23	2010-01-01	1	2	3	4	5	6	7	8
24	2010-01-01	1	2	3	4	5	6	7	8
25	2010-01-01	1	2	3	4	5	6	7	8
26	2010-01-01	1	2	3	4	5	6	7	8
27	2010-01-01	1	2	3	4	5	6	7	8
28	2010-01-01	1	2	3	4	5	6	7	8
29	2010-01-01	1	2	3	4	5	6	7	8
30	2010-01-01	1	2	3	4	5	6	7	8
31	2010-01-01	1	2	3	4	5	6	7	8
32	2010-01-01	1	2	3	4	5	6	7	8
33	2010-01-01	1	2	3	4	5	6	7	8
34	2010-01-01	1	2	3	4	5	6	7	8
35	2010-01-01	1	2	3	4	5	6	7	8
36	2010-01-01	1	2	3	4	5	6	7	8
37	2010-01-01	1	2	3	4	5	6	7	8
38	2010-01-01	1	2	3	4	5	6	7	8
39	2010-01-01	1	2	3	4	5	6	7	8
40	2010-01-01	1	2	3	4	5	6	7	8
41	2010-01-01	1	2	3	4	5	6	7	8
42	2010-01-01	1	2	3	4	5	6	7	8
43	2010-01-01	1	2	3	4	5	6	7	8
44	2010-01-01	1	2	3	4	5	6	7	8
45	2010-01-01	1	2	3	4	5	6	7	8
46	2010-01-01	1	2</						

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5110 AS OF 04/20/2024

COMPLETE UPPER DENTURE

COMPLETE UPPER DENTURE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$1000.00	\$1120.00	1		YES	YES

Procedure Code :D5120 AS OF 04/20/2024

COMPLETE LOWER DENTURE

COMPLETE LOWER DENTURE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$1000.00	\$1125.00	1		YES	YES

Procedure Code :D5130 AS OF 04/20/2024

PARTIAL DENTURE WIRECLASP/ACRYLIC BA

PARTIAL DENTURE WIRECLASP/ACRY

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D5140 AS OF 04/20/2024								
PARTIAL DENTURE CASTFRAMEWORK/ACRYLI								
PARTIAL DENTURE CASTFRAMEWORK/								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

PARTIAL DENTURE CASTFRAMEWORK/

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D5211 AS OF 04/20/2024								
MAXILLARY PARTIAL DENTURE-RESIN BASE								
MAXILLARY PARTIAL DENTURE-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS RESTS AND TEETH)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$750.00	\$838.00	1		YES	YES

MAXILLARY PARTIAL DENTURE-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS RESTS AND TEETH)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$750.00	\$838.00	1		YES	YES

Procedure Code :D5212 AS OF 04/20/2024								
MANDIBULAR PARTIAL DENTURE-RESIN BASE								
MANDIBULAR PARTIAL DENTURE-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS RESTS AND TEETH)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$750.00	\$838.00	1		YES	YES

MANDIBULAR PARTIAL DENTURE-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS RESTS AND TEETH)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$750.00	\$838.00	1		YES	YES

Procedure Code :D5213 AS OF 04/20/2024
DENTURES MAXILL PART METAL
MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS RESTS AND TEETH)

MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS RESTS AND TEETH)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$1050.00	\$1200.00	1		YES	YES

**Procedure Code :D5214 AS OF 04/20/2024**

DENTURES MANDIBL PART METAL

MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS RESTS AND TEETH)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$1050.00	\$1200.00	1		YES	YES

**Procedure Code :D5221 AS OF 04/20/2024**

IMMED MAX PART DENTURE RESIN

IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS REST AND TEETH)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2016	12/31/9999	NO	\$750.00	\$838.00	1		YES	YES

**Procedure Code :D5222 AS OF 04/20/2024**

IMMED MAN PART DENTURE RESIN

IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS RESTS AND TEETH)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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01/01/2016	12/31/9999	NO	\$750.00	\$838.00	1		YES	YES
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<b>Procedure Code :D5223 AS OF 04/20/2024</b>								
IMMED MAX PART DENT METAL								
IMMEDIATE MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS RESTS AND TEETH)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2016	12/31/9999	NO	\$1050.00	\$1200.00	1		YES	YES

<b>Procedure Code :D5224 AS OF 04/20/2024</b>								
IMMED MAND PART DENT METAL								
IMMEDIATE MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS RESTS AND TEETH)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2016	12/31/9999	NO	\$1050.00	\$1200.00	1		YES	YES

<b>Procedure Code :D5225 AS OF 04/20/2024</b>								
MAXILLARY PART DENTURE FLEX								
MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING RETENTIVE/CLASPING MATERIALS RESTS AND TEETH)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	NO	\$838.00	\$838.00	1		YES	YES



Procedure Code :D5226 AS OF 04/20/2024

MANDIBULAR PART DENTURE FLEX

MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING RETENTIVE/CLASPING MATERIALS RESTS AND TEETH)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	NO	\$838.00	\$838.00	1		YES	YES

Procedure Code :D5227 AS OF 04/20/2024

IMMED MAX PART DENTURE

IMMEDIATE MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS RESTS AND TEETH)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2022	12/31/9999	NO	\$750.00	\$750.00	1		YES	YES

Procedure Code :D5228 AS OF 04/20/2024

IMMED MAND PART DENTURE

IMMEDIATE MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS RESTS AND TEETH)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2022	12/31/9999	NO	\$750.00	\$750.00	1		YES	YES

Procedure Code :D5282 AS OF 04/20/2024

REMOVE UNIL PART DENTURE MAX

REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL (INCLUDING RETENTIVE/CLASPING MATERIALS RESTS AND TEETH) MAXILLARY
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Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2019	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5283 AS OF 04/20/2024
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REMOVE UNIL PART DENTURE MAN

REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL (INCLUDING RESTENTIVE/CLASPING MATERIALS RESTS AND TEETH) MANDIBULAR
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Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2019	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5284 AS OF 04/20/2024

REM UNILAT DENT FLEX BASE

REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE FLEXIBLE BASE (INCLUDING RETENTIVE/CLASPING MATERIALS RESTS AND TEETH) - PER QUADRANT
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Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5286 AS OF 04/20/2024

REM UNILAT DENT 1 PC RESIN
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REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE RESIN (INCLUDING RETENTIVE/CLASPING MATERIALS RESTS AND TEETH) - PER QUADRANT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5410 AS OF 04/20/2024								
COMPLETE DENTURE								
COMPLETE DENTURE								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D5411 AS OF 04/20/2024								
DENTURES ADJUST CMPLT MAND								
ADJUST COMPLETE DENTURE - MANDIBULAR								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5421 AS OF 04/20/2024								
DENTURES ADJUST PART MAXILL								
ADJUST PARTIAL DENTURE - MAXILLARY								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit



REPLACE DENTURE TEETH COMPLT								
REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE (EACH TOOTH)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$100.00	\$100.00	1		YES	YES

Procedure Code :D5611 AS OF 04/20/2024								
Rep resin part dent base man								
Repair resin partial denture base mandibular								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2018	12/31/9999	NO	\$175.00	\$175.00	1		YES	YES

Procedure Code :D5612 AS OF 04/20/2024								
Rep resin part dent base max								
Repair resin partial denture base maxillary								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2018	12/31/9999	NO	\$175.00	\$175.00	1		YES	YES

Procedure Code :D5621 AS OF 04/20/2024								
REP CAST PART FRAME MAN								
REPAIR CAST PARTIAL FRAMEWORK MANDIBULAR								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit



ADD TOOTH TO EXISTING PARTIAL DENTURE								
ADD TOOTH TO EXISTING PARTIAL DENTURE								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$60.00	\$60.00	999		YES	YES

Procedure Code :D5660 AS OF 04/20/2024								
Add clasp to partial denture								
Add clasp to existing partial denture - per tooth								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$80.00	\$80.00	1		YES	YES

Procedure Code :D5670 AS OF 04/20/2024								
REPLC TTH ACRLC ON MTL FRMWK								
REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MAXILLARY)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2003	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D5671 AS OF 04/20/2024								
REPLC TTH ACRLC MANDIBULAR								
REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MANDIBULAR)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit





DENTURES REBASE PART MANDBL								
REBASE MANDIBULAR PARTIAL DENTURE								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$160.00	\$160.00	1		YES	YES

Procedure Code :D5725 AS OF 04/20/2024								
REBASE HYBRID PROSTHESIS								
REBASE HYBRID PROSTHESIS								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2022	12/31/9999	NO	\$175.00	\$175.00	2		YES	YES

Procedure Code :D5730 AS OF 04/20/2024								
DENTURE RELN CMPLT MAX DIR								
RELIN COMPLETE MAXILLARY DENTURE (DIRECT)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$110.00	\$110.00	999		YES	YES

Procedure Code :D5731 AS OF 04/20/2024								
DENTURE RELN CMPLT MAND DIR								
RELIN LOWER COMPLETE MANDIBULAR DENTURE (DIRECT)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit



DENTURE RELN CMPLT MAND IND								
RELIN COMPLETE MANDIBULAR DENTURE (INDIRECT)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5760 AS OF 04/20/2024								
DENTURE RELN PART MAX INDIR								
RELIN MAXILLARY PARTIAL DENTURE (INDIRECT)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D5761 AS OF 04/20/2024								
DENTURE RELN PART MAND INDIR								
RELIN MANDIBULAR PARTIAL DENTURE (INDIRECT)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5765 AS OF 04/20/2024								
LINER COMPL/PARTIAL REM DENT								
SOFT LINER FOR COMPLETE OR PARTIAL REMOVABLE DENTURE      INDIRECT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit



DENTURE INTERM PART MANDBL								
INTERIM PARTIAL DENTURE (INCLUDING RETENTIVE/CLASPING MATERIALS RESTS AND TEETH) MANDIBULAR								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5850 AS OF 04/20/2024								
COMPLETE UPPER RELINE ADULT								
COMPLETE UPPER RELINE ADULT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D5851 AS OF 04/20/2024								
DENTURE TISS CONDTIN MANDBL								
TISSUE CONDITIONING MANDIBULAR								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5862 AS OF 04/20/2024								
PRECISION ATTACHMENT								
PRECISION ATTACHMENT BY REPORT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit



OVERDENTURE PARTIAL MANDIB								
OVERDENTURE - PARTIAL MANDIBULAR								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2014	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5867 AS OF 04/20/2024								
REPLACEMENT OF PRECISION ATT								
REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT (MALE OR FEMALE COMPONENT)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5875 AS OF 04/20/2024								
PROSTHESIS MODIFICATION								
MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURGERY								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5876 AS OF 04/20/2024								
ADD METAL SUB TO ACRYLC DENT								
ADD METAL SUBSTRUCTURE TO ACRYLIC FULL DENTURE (PER ARCH)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit

01/01/2019	12/31/9999	NO	\$150.00	\$150.00	2		YES	YES
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**Procedure Code :D5899 AS OF 04/20/2024**

REMOVABLE PROSTHODONTIC PROC

UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE BY REPORT									
1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5911 AS OF 04/20/2024

## FACIAL MOULAGE SECTIONAL

## FACIAL MOULAGE (SECTIONAL)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5912 AS OF 04/20/2024

FACIAL MOULAGE COMPLETE

FACIAL MOULAGE (COMPLETE)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5913 AS OF 04/20/2024



NASAL PROSTHESIS								
NASAL PROSTHESIS								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5914 AS OF 04/20/2024								
AURICULAR PROSTHESIS								
AURICULAR PROSTHESIS								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5915 AS OF 04/20/2024								
ORBITAL PROSTHESIS								
ORBITAL PROSTHESIS								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5916 AS OF 04/20/2024								
OCULAR PROSTHESIS								
OCULAR PROSTHESIS								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit

01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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**Procedure Code :D5919 AS OF 04/20/2024**

# FACIAL PROSTHESIS

# FACIAL PROSTHESIS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5922 AS OF 04/20/2024

# NASAL SEPTAL PROSTHESIS

# NASAL SEPTAL PROSTHESIS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5923 AS OF 04/20/2024

# OCULAR PROSTHESIS INTERIM

OCULAR PROSTHESIS INTERIM

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5924 AS OF 04/20/2024

## CRANIAL PROSTHESIS

## CRANIAL PROSTHESIS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

## Procedure Code :D5925 AS OF 04/20/2024

## FACIAL AUGMENTATION IMPLANT

## FACIAL AUGMENTATION IMPLANT PROSTHESIS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

## Procedure Code :D5926 AS OF 04/20/2024

## REPLACEMENT NASAL PROSTHESIS

## NASAL PROSTHESIS REPLACEMENT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

## Procedure Code :D5927 AS OF 04/20/2024

## AURICULAR REPLACEMENT

## AURICULAR PROSTHESIS REPLACEMENT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit

01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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Procedure Code :D5928 AS OF 04/20/2024

ORBITAL REPLACEMENT

ORBITAL PROSTHESIS REPLACEMENT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5929 AS OF 04/20/2024

FACIAL REPLACEMENT

FACIAL PROSTHESIS REPLACEMENT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5931 AS OF 04/20/2024

SURGICAL OBTURATOR

OBTURATOR PROSTHESIS SURGICAL

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5932 AS OF 04/20/2024

POSTSURGICAL OBTURATOR								
OBTURATOR PROSTHESIS DEFINITIVE								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5933 AS OF 04/20/2024								
REFITTING OF OBTURATOR								
OBTURATOR PROSTHESIS MODIFICATION								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5934 AS OF 04/20/2024								
MANDIBULAR FLANGE PROSTHESIS								
MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5935 AS OF 04/20/2024								
MANDIBULAR DENTURE PROSTH								
MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit



PEDIATRIC SPEECH AID								
SPEECH AID PROSTHESIS PEDIATRIC								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5953 AS OF 04/20/2024								
ADULT SPEECH AID								
SPEECH AID PROSTHESIS ADULT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5954 AS OF 04/20/2024								
SUPERIMPOSED PROSTHESIS								
PALATAL AUGMENTATION PROSTHESIS								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5955 AS OF 04/20/2024								
PALATAL LIFT PROSTHESIS								
PALATAL LIFT PROSTHESIS DEFINITIVE								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit





SURGICAL STENT								
SURGICAL STENT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
11/10/2014	12/31/9999	YES	\$311.60	\$380.00	2		YES	YES

Procedure Code :D5983 AS OF 04/20/2024								
RADIATION APPLICATOR								
RADIATION CARRIER								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5984 AS OF 04/20/2024								
RADIATION SHIELD								
RADIATION SHIELD								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5985 AS OF 04/20/2024								
RADIATION CONE LOCATOR								
RADIATION CONE LOCATOR								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit

01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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Procedure Code :D5986 AS OF 04/20/2024

FLUORIDE APPLICATOR

FLUORIDE GEL CARRIER

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5987 AS OF 04/20/2024

COMMISSURE SPLINT

COMMISSURE SPLINT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5988 AS OF 04/20/2024

SURGICAL SPLINT

SURGICAL SPLINT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5991 AS OF 04/20/2024



Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2021	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5996 AS OF 04/20/2024

PERI MEDICAMENT W/SEAL MAND

PERIODONTAL MEDICAMENT CARRIER WITH PERIPHERAL SEAL - LABORATORY PROCESSED - MANDIBULAR

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2021	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5999 AS OF 04/20/2024

MAXILLARY INTERMEDIATE SURG SPLINTS

MAXILLARY SURG SPLINTS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
09/01/1990	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6010 AS OF 04/20/2024

ODONTICS ENDOSTEAL IMPLANT

SURGICAL PLACEMENT OF IMPLANT BODY ENDOSTEAL IMPLANT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
09/01/2009	12/31/9999	YES	\$615.00	\$750.00	1		YES	YES

Procedure Code :D6011 AS OF 04/20/2024								
SECOND STAGE IMPLANT SURGERY								
SURGICAL ACCESS TO AN IMPLANT BODY (SECOND STAGE IMPLANT SURGERY)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2014	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

## SURGICAL ACCESS TO AN IMPLANT BODY (SECOND STAGE IMPLANT SURGERY)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2014	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6012 AS OF 04/20/2024								
ENDOSTEAL IMPLANT								
SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL PROSTHESIS    ENDOSTEAL IMPLANT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2007	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

# SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL PROSTHESIS    ENDOSTEAL IMPLANT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2007	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6013 AS OF 04/20/2024								
SURGICAL PLACE MINI IMPLANT								
SURGICAL PLACEMENT OF MINI IMPLANT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2014	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

## SURGICAL PLACEMENT OF MINI IMPLANT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2014	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6040 AS OF 04/20/2024
ODONTICS EPOSTEAL IMPLANT
SURGICAL PLACEMENT EPOSTEAL IMPLANT

SURGICAL PLACEMENT	EPOSTEAL IMPLANT
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Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6050 AS OF 04/20/2024

ODONTICS TRANSOSTEAL IMPLNT

SURGICAL PLACEMENT TRANSOSTEAL IMPLANT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6051 AS OF 04/20/2024

Interim abutment

INTERIM ABUTMENT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6055 AS OF 04/20/2024

IMPLANT CONNECTING BAR

CONNECTING BAR - IMPLANT SUPPORTED OR ABUTMENT SUPPORTED

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D6056 AS OF 04/20/2024**

Prefabricated abutment

PREFABRICATED ABUTMENT - INCLUDES MODIFICATION AND PLACEMENT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
09/01/2009	12/31/9999	YES	\$307.50	\$375.00	1		YES	YES

**Procedure Code :D6057 AS OF 04/20/2024**

Custom abutment

CUSTOM FABRICATED ABUTMENT - INCLUDES PLACEMENT
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Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
06/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6058 AS OF 04/20/2024

## ABUTMENT SUPPORTED CROWN

## ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
09/01/2009	12/31/9999	YES	\$307.50	\$375.00	1		YES	YES

Procedure Code :D6059 AS OF 04/20/2024

## ABUTMENT SUPPORTED MTL CROWN

ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D6060 AS OF 04/20/2024**

ABUTMENT SUPPORTED MTL CROWN

ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINANTLY BASE METAL)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D6061 AS OF 04/20/2024**

ABUTMENT SUPPORTED MTL CROWN

ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D6062 AS OF 04/20/2024**

ABUTMENT SUPPORTED MTL CROWN

ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO



**Procedure Code :D6063 AS OF 04/20/2024**

## ABUTMENT SUPPORTED MTL CROWN

### ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY BASE METAL)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D6064 AS OF 04/20/2024**

ABUTMENT SUPPORTED MTL CROWN

ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6065 AS OF 04/20/2024

## IMPLANT SUPPORTED CROWN

## IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6066 AS OF 04/20/2024

## IMPLANT SUPPORTED MTL CROWN

## IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH NOBLE ALLOYS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6067 AS OF 04/20/2024

IMPLANT SUPPORTED MTL CROWN

IMPLANT SUPPORTED CROWN - HIGH NOBLE ALLOYS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6068 AS OF 04/20/2024

ABUTMENT SUPPORTED RETAINER

ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6069 AS OF 04/20/2024

ABUTMENT SUPPORTED RETAINER

ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE METAL)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6070 AS OF 04/20/2024

ABUTMENT SUPPORTED RETAINER

ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINANTLY BASE METAL)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6071 AS OF 04/20/2024

ABUTMENT SUPPORTED RETAINER

ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6072 AS OF 04/20/2024

ABUTMENT SUPPORTED RETAINER

ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6073 AS OF 04/20/2024

ABUTMENT SUPPORTED RETAINER

ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINANTLY BASE METAL)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6074 AS OF 04/20/2024

ABUTMENT SUPPORTED RETAINER

ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6075 AS OF 04/20/2024

IMPLANT SUPPORTED RETAINER

IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6076 AS OF 04/20/2024

IMPLANT SUPPORTED RETAINER

IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN FUSED TO HIGH NOBLE ALLOYS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6077 AS OF 04/20/2024

IMPLANT SUPPORTED RETAINER

IMPLANT SUPPORTED RETAINER FOR METAL FPD - HIGH NOBLE ALLOYS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6080 AS OF 04/20/2024

Implant maintenance

Implant maintenance procedures when prostheses are removed and reinserted including cleansing of prostheses and abutments

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6081 AS OF 04/20/2024

SCALE DEBRIDE SINGLE IMP

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

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2017	12/31/9999	YES	\$70.00	\$70.00	1		YES	YES

Procedure Code :D6082 AS OF 04/20/2024

IMP CROWN PORC TO BASE ALLOY								
IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE ALLOYS								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	YES	\$500.00	\$500.00	4		YES	YES

Procedure Code :D6083 AS OF 04/20/2024								
IMP CROWN PORC TO NOBLE ALLO								
IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO NOBLE ALLOYS								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	YES	\$600.00	\$600.00	4		YES	YES

Procedure Code :D6084 AS OF 04/20/2024								
IMP CROWN PORC TO TITANIUM								
IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	YES	\$500.00	\$500.00	4		YES	YES

Procedure Code :D6085 AS OF 04/20/2024								
PROVISIONAL IMPLANT CROWN								
PROVISIONAL IMPLANT CROWN								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit

01/01/2017	12/31/9999	YES	\$200.00	\$200.00	1		YES	YES
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**Procedure Code :D6086 AS OF 04/20/2024**

IMP CROWN BASE ALLOYS

## IMPLANT SUPPORTED CROWN - PREDOMINANTLY BASE ALLOYS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6087 AS OF 04/20/2024

IMPLANT CROWN NOBLE ALLOYS

## IMPLANT SUPPORTED CROWN - NOBLE ALLOYS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6088 AS OF 04/20/2024

IMP CROWN TITANIUM ALLOYS

## IMPLANT SUPPORTED CROWN - TITANIUM AND TITANIUM ALLOYS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6089 AS OF 04/20/2024

ACCESS/RETORQ IMPLANT SCREW								
ACCESSING AND RETORQUING LOOSE IMPLANT SCREW - PER SCREW								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2024	12/31/9999	NO	\$50.00	\$50.00	1		YES	YES

ACCESS/RETORQ IMPLANT SCREW								
ACCESSING AND RETORQUING LOOSE IMPLANT SCREW - PER SCREW								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2024	12/31/9999	NO	\$50.00	\$50.00	1		YES	YES

ACCESS/RETORQ IMPLANT SCREW								
ACCESSING AND RETORQUING LOOSE IMPLANT SCREW - PER SCREW								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2024	12/31/9999	NO	\$50.00	\$50.00	1		YES	YES

Procedure Code :D6090 AS OF 04/20/2024								
REPAIR IMPLANT								
REPAIR IMPLANTSUPPORTED PROSTHESIS BY REPORT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6090 AS OF 04/20/2024								
REPAIR IMPLANT								
REPAIR IMPLANTSUPPORTED PROSTHESIS BY REPORT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6090 AS OF 04/20/2024								
REPAIR IMPLANT								
REPAIR IMPLANTSUPPORTED PROSTHESIS BY REPORT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6090 AS OF 04/20/2024								
REPAIR IMPLANT								
REPAIR IMPLANTSUPPORTED PROSTHESIS BY REPORT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6091 AS OF 04/20/2024								
REPL SEMI/PRECISION ATTACH								
REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT (MALE OR FEMALE COMPONENT) OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS PER ATTACHMENT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2007	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6091 AS OF 04/20/2024								
REPL SEMI/PRECISION ATTACH								
REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT (MALE OR FEMALE COMPONENT) OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS PER ATTACHMENT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2007	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6091 AS OF 04/20/2024								
REPL SEMI/PRECISION ATTACH								
REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT (MALE OR FEMALE COMPONENT) OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS PER ATTACHMENT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2007	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6091 AS OF 04/20/2024								
REPL SEMI/PRECISION ATTACH								
REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT (MALE OR FEMALE COMPONENT) OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS PER ATTACHMENT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2007	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6092 AS OF 04/20/2024
Recement supp crown
Re-cement or re-bond implant/abutment supported crown

Procedure Code :D6092 AS OF 04/20/2024
Recement supp crown
Re-cement or re-bond implant/abutment supported crown

Procedure Code :D6092 AS OF 04/20/2024
Recement supp crown
Re-cement or re-bond implant/abutment supported crown



Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2007	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6093 AS OF 04/20/2024

Recement supp part denture

Re-cement or re-bond implant/abutment supported fixed partial denture

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2007	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6094 AS OF 04/20/2024

ABUT SUPPORT CROWN TITANIUM

ABUTMENT SUPPORTED CROWN - TITANIUM AND TITANIUM ALLOYS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6095 AS OF 04/20/2024

ODONTICS REPR ABUTMENT

REPAIR IMPLANT ABUTMENT BY REPORT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6096 AS OF 04/20/2024

REMOVE BROKEN IMP RET SCREW

REMOVE BROKEN IMPLANT RETAINING SCREW

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2018	12/31/9999	YES	\$584.62	\$584.62	1		YES	YES

Procedure Code :D6097 AS OF 04/20/2024

ABUT CROWN PORC TO TITANIUM

ABUTMENT SUPPORTED CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	YES	\$500.00	\$500.00	4		YES	YES

Procedure Code :D6098 AS OF 04/20/2024

IMP RETAIN PORC TO BASE ALLO

IMPLANT SUPPORTED RETAINER - PORCELAIN FUSED TO PREDOMINANTLY BASE ALLOYS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6099 AS OF 04/20/2024

IMP RETAINER FOR FPD

IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN FUSED TO NOBLE ALLOYS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6100 AS OF 04/20/2024

REMOVAL OF IMPLANT

IMPLANT REMOVAL BY REPORT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	YES	\$550.00	\$550.00	1		YES	YES

Procedure Code :D6101 AS OF 04/20/2024

Debridement of a periimplant

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

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
04/01/2023	12/31/9999	YES	\$500.00	\$500.00	1		YES	YES

Procedure Code :D6102 AS OF 04/20/2024

Debridement contouring

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

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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04/01/2023	12/31/9999	YES	\$700.00	\$700.00	1		YES	YES
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**Procedure Code :D6103 AS OF 04/20/2024**

## Bone graft repair perimplant

Bone graft for repair of peri-implant defect - does not include flap entry and closure

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
04/01/2023	12/31/9999	YES	\$600.00	\$600.00	1		YES	YES

**Procedure Code :D6104 AS OF 04/20/2024**

Bone graft time of implant
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BONE GRAFT AT TIME OF IMPLANT PLACEMENT	
Autologous	10
Allogeneic	10
Alloplastic	10
Composite	10
None	10

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
04/01/2023	12/31/9999	YES	\$575.00	\$575.00	1		YES	YES

Procedure Code :D6105 AS OF 04/20/2024

REMOVE IMPLANT BODY

REMOVAL OF IMPLANT BODY NOT REQUIRING BONE REMOVAL OR FLAP ELEVATION

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	YES	\$110.00	\$110.00	1		YES	YES

Procedure Code :D6106 AS OF 04/20/2024

TISSUE REGEN RESORBABLE								
GUIDED TISSUE REGENERATION - RESORBABLE BARRIER PER IMPLANT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	YES	\$500.00	\$500.00	1		YES	YES

Procedure Code :D6107 AS OF 04/20/2024								
TISSUE REGEN NON-RESORBABLE								
GUIDED TISSUE REGENERATION - NON-RESORBABLE BARRIER PER IMPLANT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	YES	\$700.00	\$700.00	1		YES	YES

Procedure Code :D6110 AS OF 04/20/2024								
IMPLNT/ABUT REMOV DENT MAX								
IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH - MAXILLARY								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2015	12/31/9999	YES	\$1120.00	\$1120.00	1		YES	YES

Procedure Code :D6111 AS OF 04/20/2024								
IMPLNT/ABUT REMOV DENT MAND								
IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH - MANDIBULAR								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit

01/01/2015	12/31/9999	YES	\$1120.00	\$1120.00	1		YES	YES
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Procedure Code :D6112 AS OF 04/20/2024

IMP/ABUT REM DENT PART MAX

IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH - MAXILLARY

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2015	12/31/9999	YES	\$1200.00	\$1200.00	1		YES	YES

Procedure Code :D6113 AS OF 04/20/2024

IMP/ABUT REM DENT PART MAND

IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH - MANDIBULAR

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2015	12/31/9999	YES	\$1200.00	\$1200.00	1		YES	YES

Procedure Code :D6114 AS OF 04/20/2024

IMPLNT/ABUT FIXED DENT MAX

IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS ARCH - MAXILLARY

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2015	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6115 AS OF 04/20/2024

IMPLNT/ABUT FIXED DENT MAND								
IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS ARCH - MANDIBULAR								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2015	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6116 AS OF 04/20/2024								
IMP/ABUT FIXED DENT PART MAX								
IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH - MAXILLARY								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2015	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6117 AS OF 04/20/2024								
IMP/ABUT FIXED DENT PART MAN								
IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH - MANDIBULAR								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2015	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6118 AS OF 04/20/2024								
IMP/ABUT INT FIXED DENT MAN								
IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH - MANDIBULAR								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit





RETAIN METAL FPD NOBLE ALLOY								
IMPLANT SUPPORTED RETAINER FOR METAL FPD - NOBLE ALLOYS								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6123 AS OF 04/20/2024								
RETAIN METAL FPD TITANIUM								
IMPLANT SUPPORTED RETAINER FOR METAL FPD - TITANIUM AND TITANUM ALLOYS								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6190 AS OF 04/20/2024								
RADIO/SURGICAL IMPLANT INDEX								
RADIOGRAPHIC/SURGICAL IMPLANT INDEX BY REPORT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	YES	\$300.00	\$300.00	1		YES	YES

Procedure Code :D6191 AS OF 04/20/2024								
SEMI PRECISION ABUTMENT								
SEMI-PRECISION ABUTMENT - PLACEMENT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit



REPLACE MATERIAL PROSTHESIS								
REPLACEMENT OF RESTORATIVE MATERIAL USED TO CLOSE AN ACCESS OPENING OF A SCREW-RETAINED IMPLANT SUPPORTED PROSTHESIS PER IMPLANT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6198 AS OF 04/20/2024								
REMOVE INTERIM IMPLANT								
REMOVE INTERIM IMPLANT COMPONENT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2022	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6199 AS OF 04/20/2024								
IMPLANT PROCEDURE								
UNSPECIFIED IMPLANT PROCEDURE BY REPORT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6205 AS OF 04/20/2024
PONTIC-INDIRECT RESIN BASED
PONTIC - INDIRECT RESIN BASED COMPOSITE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	YES	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6210 AS OF 04/20/2024

CAST GOLD

CAST GOLD

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D6211 AS OF 04/20/2024

BRIDGE BASE METAL CAST

PONTIC-CAST PREDOMINANTLY BASE METAL

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6212 AS OF 04/20/2024

BRIDGE NOBLE METAL CAST

PONTIC-CAST NOBLE METAL

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D6214 AS OF 04/20/2024**

PONTIC TITANIUM

## PONTIC - TITANIUM AND TITANIUM ALLOYS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D6240 AS OF 04/20/2024**

## PORCELAIN FUSED TO METAL

## PORCELAIN FUSED TO METAL

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D6241 AS OF 04/20/2024

BRIDGE PORCELAIN BASE METAL

## PONTIC-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6242 AS OF 04/20/2024

BRIDGE PORCELAIN NOBEL METAL

## PONTIC-PORCELAIN FUSED TO NOBLE METAL

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6243 AS OF 04/20/2024

PONTIC PORCELAIN TO TITANIUM

PONTIC - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6245 AS OF 04/20/2024

BRIDGE PORCELAIN/CERAMIC

PONTIC - PORCELAIN/CERAMIC

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6250 AS OF 04/20/2024

PLASTIC PROCESSED TOP METAL

PLASTIC PROCESSED TOP METAL

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D6251 AS OF 04/20/2024								
BRIDGE RESIN BASE METAL								
PONTIC-RESIN WITH PREDOMINANTLY BASE METAL								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

PONTIC-RESIN WITH PREDOMINANTLY BASE METAL

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6252 AS OF 04/20/2024								
BRIDGE RESIN W/NOBLE METAL								
PONTIC-RESIN WITH NOBLE METAL								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

# PONTIC-RESIN WITH NOBLE METAL

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6253 AS OF 04/20/2024								
Provisional pontic								
PROVISIONAL PONTIC - FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARYPRIOR TO FINAL IMPRESSION								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

PROVISIONAL PONTIC - FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6545 AS OF 04/20/2024
DENTAL RETAINR CAST METL
RETAINER-CAST METAL FOR RESIN BONDED FIXED PROSTHESIS

# RETAINER-CAST METAL FOR RESIN BONDED FIXED PROSTHESIS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6548 AS OF 04/20/2024

PORCELAIN/CERAMIC RETAINER

RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6549 AS OF 04/20/2024

RESIN RETAINER

RESIN RETAINER - FOR RESIN BONDED FIXED PROSTHESIS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2015	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6600 AS OF 04/20/2024

Porcelain/ceramic inlay 2srf

Retainer inlay - porcelain/ceramic two surfaces

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO



Procedure Code :D6601 AS OF 04/20/2024

Porc/ceram inlay = 3 surfac

Retainer inlay - porcelain/ceramic three or more surfaces

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6602 AS OF 04/20/2024

Cst hgh nble mtl inlay 2 srf

Retainer inlay - cast high noble metal two surfaces

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6603 AS OF 04/20/2024

Cst hgh nble mtl inlay =3sr

Retainer inlay - cast high noble metal three or more surfaces

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6604 AS OF 04/20/2024

Cst bse mtl inlay 2 surfaces

Retainer inlay - cast predominantly base metal two surfaces

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6605 AS OF 04/20/2024

Cst bse mtl inlay = 3 surfa

Retainer inlay - cast predominantly base metal three or more surfaces

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6606 AS OF 04/20/2024

Cast noble metal inlay 2 sur

Retainer inlay - cast noble metal two surfaces

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6607 AS OF 04/20/2024

Cst noble mtl inlay =3 surf

Retainer inlay - cast noble metal three or more surfaces

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6608 AS OF 04/20/2024

Onlay porc/crmc 2 surfaces

Retainer onlay - porcelain/ceramic two surfaces

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6609 AS OF 04/20/2024

Onlay porc/crmc =3 surfaces

Retainer onlay - porcelain/ceramic three or more surfaces

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6610 AS OF 04/20/2024

Onlay cst hgh nbl mtl 2 srfc

Retainer onlay - cast high noble metal two surfaces

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2003	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D6611 AS OF 04/20/2024

Onlay cst hgh nbl mtl =3srf

Retainer onlay - cast high noble metal three or more surfaces

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6612 AS OF 04/20/2024

Onlay cst base mtl 2 surface

Retainer onlay - cast predominantly base metal two surfaces

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6613 AS OF 04/20/2024

Onlay cst base mtl =3 surfa

Retainer onlay - cast predominantly base metal three or more surfaces

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6614 AS OF 04/20/2024

Onlay cst nbl mtl 2 surfaces

Retainer onlay - cast noble metal two surfaces

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6615 AS OF 04/20/2024

Onlay cst nbl mtl =3 surfac

Retainer onlay - cast noble metal three or more surfaces

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6624 AS OF 04/20/2024

Inlay titanium

Retainer inlay - titanium

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6634 AS OF 04/20/2024

Onlay titanium

Retainer onlay - titanium

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6710 AS OF 04/20/2024

Crown-indirect resin based

Retainer crown - indirect resin based composite

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6720 AS OF 04/20/2024

Retain crown resin w hi nble

Retainer crown-resin with high noble metal

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	99		YES	NO

Procedure Code :D6721 AS OF 04/20/2024

Crown resin w/base metal

Retainer crown-resin with predominantly base metal

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6722 AS OF 04/20/2024

Crown resin w/noble metal

Retainer crown - resin with noble metal

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6740 AS OF 04/20/2024

Crown porcelain/ceramic

Retainer crown - porcelain/ceramic

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D6750 AS OF 04/20/2024

Crown porcelain high noble

Retainer crown - porcelain fused to high noble metal

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D6751 AS OF 04/20/2024

Crown porcelain base metal

Retainer crown - porcelain fused to predominantly base metal

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6752 AS OF 04/20/2024

Crown porcelain noble metal

Retainer crown - porcelain fused to noble metal

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6753 AS OF 04/20/2024

RETAIN CROWN PORC TO TITANIUM

RETAINER CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6780 AS OF 04/20/2024

Crown 3/4 high noble metal

Retainer crown - 3/4 cast high noble metal

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D6781 AS OF 04/20/2024

Crown 3/4 cast based metal

Retainer crown - 3/4 cast predominantly based metal

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO



**Procedure Code :D6782 AS OF 04/20/2024**

Crown 3/4 cast noble metal

Retainer crown - 3/4 cast noble metal

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D6783 AS OF 04/20/2024**

Crown 3/4 porcelain/ceramic

Retainer crown - 3/4 porcelain/ceramic

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6784 AS OF 04/20/2024

RETAINER CROWN 3/4 TITANIUM
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RETAINER CROWN 3/4 - TITANIUM AND TITANIUM ALLOYS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6790 AS OF 04/20/2024

Crown full high noble metal

Retainer crown - full cast high noble metal

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D6791 AS OF 04/20/2024

Crown full base metal cast

Retainer crown - full cast predominantly base metal

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6792 AS OF 04/20/2024

Crown full noble metal cast

Retainer crown - full cast noble metal

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6793 AS OF 04/20/2024

Provisional retainer crown

PROVISIONAL RETAINER CROWN - FURTHER TREATMENT OR COMPLETION OF DIAGNOSISNECESSARY PRIOR TO FINAL IMPRESSION

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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STRESS BREAKER								
STRESS BREAKER								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D6950 AS OF 04/20/2024								
PRECISION ATTACHMENT								
PRECISION ATTACHMENT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D6980 AS OF 04/20/2024								
Fixed partial repair								
FIXED PARTIAL DENTURE REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6985 AS OF 04/20/2024								
PEDIATRIC PARTIAL DENTURE FX								
PEDIATRIC PARTIAL DENTURE FIXED								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit

01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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**Procedure Code :D6999 AS OF 04/20/2024**

FIXED PROSTHODONTIC PROC

UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE BY REPORT									
1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7111 AS OF 04/20/2024

## EXTRACTION CORONAL REMNANTS

EXTRACTION CORONAL REMNANTS - PRIMARY TOOTH

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	NO	\$50.00	\$50.00	1		YES	YES

Procedure Code :D7140 AS OF 04/20/2024

EXTRACTION ERUPTED TOOTH/EXR

EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$88.00	\$110.00	1		YES	YES

Procedure Code :D7210 AS OF 04/20/2024

Rem imp tooth w mucoper flap
Extraction erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$150.00	\$192.00	1		YES	YES

Procedure Code :D7220 AS OF 04/20/2024
REMOVAL OF IMPACTED TOOTH-SOFT TISSUE
REMOVAL OF IMPACTED TOOTH-SOFT TISSUE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$168.00	\$210.00	1		YES	YES

Procedure Code :D7230 AS OF 04/20/2024
REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY
REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$228.00	\$285.00	1		YES	YES

Procedure Code :D7240 AS OF 04/20/2024
REMOVAL OF IMPACTED TOOTH-COMpletely BON
REMOVAL OF IMPACTED TOOTH-COMpletely BONY

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$280.00	\$350.00	4		YES	YES

Procedure Code :D7241 AS OF 04/20/2024

IMPACT TOOTH REM BONY W/COMP

REMOVAL OF IMPACTED TOOTH-COMpletely BONY WITH UNUSUAL SURGICAL COMPLICATIONS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
04/01/2023	12/31/9999	NO	\$350.00	\$350.00	1		YES	YES

Procedure Code :D7250 AS OF 04/20/2024

Tooth root removal

Removal of residual tooth roots (cutting procedure)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$240.00	\$350.00	1		YES	YES

Procedure Code :D7251 AS OF 04/20/2024

CORONECTOMY

CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL IMPACTED TEETH ONLY

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
04/01/2023	12/31/9999	YES	\$338.00	\$338.00	4		YES	YES

Procedure Code :D7261 AS OF 04/20/2024								
PRIMARY CLOSURE SINUS PERF								
PRIMARY CLOSURE OF A SINUS PERFORATION								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

## PRIMARY CLOSURE OF A SINUS PERFORATION

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7270 AS OF 04/20/2024								
REPLANTATION OF TOOTH WITH SPLINT								
TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$300.00	\$375.00	10		YES	YES

TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$300.00	\$375.00	10		YES	YES

Procedure Code :D7272 AS OF 04/20/2024								
TOOTH TRANSPLANTATION								
TOOTH TRANSPLANTAION								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	6		YES	NO

## TOOTH TRANSPLANTATION

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	6		YES	NO

Procedure Code :D7280 AS OF 04/20/2024
Exposure of unerupted tooth
Exposure of an unerupted tooth

## Exposure of an unerupted tooth



Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$272.00	\$341.00	1		YES	YES

**Procedure Code :D7282 AS OF 04/20/2024**

MOBILIZE ERUPTED/MALPOS TOOT

MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$281.00	\$352.00	1		YES	YES

**Procedure Code :D7283 AS OF 04/20/2024**

PLACE DEVICE IMPACTED TOOTH

PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	YES	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D7284 AS OF 04/20/2024**

EXC BIOPSY OF SALIV GLANDS

EXCISIONAL BIOPSY OF MINOR SALIVARY GLANDS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2024	12/31/9999	NO	\$115.94	\$115.94	1		YES	YES

**Procedure Code :D7285 AS OF 04/20/2024**

Biopsy of oral tissue hard

Incisional biopsy of oral tissue - hard (bone tooth)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
08/01/2008	12/31/9999	YES	\$287.00	\$359.00	1		YES	YES

**Procedure Code :D7286 AS OF 04/20/2024**

Biopsy of oral tissue soft

Incisional biopsy of oral tissue - soft

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$160.00	\$201.00	10		YES	YES

Procedure Code :D7287 AS OF 04/20/2024

CYTOLOGY SAMPLE COLLECTION

EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7288 AS OF 04/20/2024

BRUSH BIOPSY

BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	YES	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7290 AS OF 04/20/2024

SURGICAL REPOSITIONING OF TEETH

SURGICAL REPOSITIONING

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D7291 AS OF 04/20/2024

TRANSSEPTAL FIBEROTOMY

TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY BY REPORT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7292 AS OF 04/20/2024

Screw retained plate

Placement of temporary anchorage device (screw retained plate) requiring flap; includes device removal

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2007	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7293 AS OF 04/20/2024								
Temp anchorage dev w flap								
Placement of temporary anchorage device requiring flap; includes device removal								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2007	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Placement of temporary anchorage device requiring flap; includes device removal

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2007	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7294 AS OF 04/20/2024								
Temp anchorage dev w/o flap								
Placement of temporary anchorage device without flap; includes device removal								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2007	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Placement of temporary anchorage device without flap; includes device removal

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2007	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7295 AS OF 04/20/2024								
BONE HARVEST AUTO GRAFT PROC								
HARVEST OF BONE FOR USE IN AUTOGENOUS GRAFTING PROCEDURE								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2011	12/31/9999	NO	\$0.00	\$0.00	999999		YES	NO

## HARVEST OF BONE FOR USE IN AUTOGENOUS GRAFTING PROCEDURE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2011	12/31/9999	NO	\$0.00	\$0.00	999999		YES	NO

Procedure Code :D7296 AS OF 04/20/2024
CORTICOTOMY 1-3 TEETH
CORTICOTOMY - ONE TO THREE TEETH OR TOOTH SPACES PER QUADRANT

CORTICOTOMY - ONE TO THREE TEETH OR TOOTH SPACES PER QUADRANT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2018	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D7297 AS OF 04/20/2024**

CORTICOTOMY 4 OR MORE TEETH

CORTICOTOMY - FOUR OR MORE TEETH OR TOOTH SPACES PER QUADRANT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2018	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D7298 AS OF 04/20/2024**

REMOVE SCREW RETAINED PLATE

REMOVAL OF TEMPORARY ANCHORAGE DEVICE SCREW RETAINED PLATE REQUIRING FLAP

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2022	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D7299 AS OF 04/20/2024**

REM ANCHORAGE DEVICE W/FLAP

REMOVAL OF TEMPORARY ANCHORAGE DEVICE REQUIRING FLAP

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2022	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7300 AS OF 04/20/2024								
REM ANCHORAGE DEV W/O FLAP								
REMOVAL OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2022	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

## REMOVAL OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2022	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7310 AS OF 04/20/2024								
ALVEOLOPLASTY IN CONJUNCTION WITH EXTRAC								
ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES PER QUADRANT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	YES	\$160.00	\$200.00	4		YES	YES

ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES PER QUADRANT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	YES	\$160.00	\$200.00	4		YES	YES

Procedure Code :D7311 AS OF 04/20/2024								
ALVEOLOPLASTY W/EXTRACT 1-3								
ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES PER QUADRANT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES PER QUADRANT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7320 AS OF 04/20/2024
ALVEOLOPLASTY NOT IN CONJUNCTION WITH EX
ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES PER QUADRANT

ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES PER QUADRANT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	YES	\$236.00	\$295.00	4		YES	YES

**Procedure Code :D7321 AS OF 04/20/2024**

ALVEOLOPLASTY NOT W/EXTRACTS

ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES PER QUADRANT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D7340 AS OF 04/20/2024**

VESTIBULOPLASTY - RIDGE EXTENSION (SECON

VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	YES	\$508.00	\$635.00	999		YES	YES

**Procedure Code :D7350 AS OF 04/20/2024**

VESTIBULOPLASTY - RIDGE EXTENSION

VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS MUSCLE REATTACHMENT REVISION OF SOFT TISSUE ATTACHMENT AND MANAGEMENT OF HYPERTROPHIED AND HYPERPLASTIC TISSUE)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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EXCISION MALIG LESION =1.25C								
EXCISION OF MALIGNANT LESION UP TO 1.25 CM								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
04/01/2023	12/31/9999	NO	\$583.10	\$583.10	1		YES	YES

Procedure Code :D7414 AS OF 04/20/2024								
EXCISION MALIG LESION 1.25CM								
EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
04/01/2023	12/31/9999	NO	\$919.10	\$919.10	1		YES	YES

Procedure Code :D7415 AS OF 04/20/2024								
EXCISION MALIG LES COMPLICAT								
EXCISION OF MALIGNANT LESION COMPLICATED								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
04/01/2023	12/31/9999	NO	\$1123.78	\$1123.78	1		YES	YES

Procedure Code :D7440 AS OF 04/20/2024								
EXCISION MALIG TUMOR LES/DIA TO 1/2								
EXCISION MALIG TUMOR LES/DIA T								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit



REMOV NONODONTOGENI CYST OVER 1/2 IN								
REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN 1.25 CM								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D7465 AS OF 04/20/2024								
LESION DESTRUCTION								
DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHODS BY REPORT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7471 AS OF 04/20/2024								
REM EXOSTOSIS ANY SITE								
REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
08/01/2008	12/31/9999	YES	\$444.00	\$556.00	1		YES	YES

Procedure Code :D7472 AS OF 04/20/2024								
REMOVAL OF TORUS PALATINUS								
REMOVAL OF TORUS PALATINUS								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit

08/01/2008	12/31/9999	YES	\$548.00	\$685.00	1		YES	YES
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**Procedure Code :D7473 AS OF 04/20/2024**

REMOVE TORUS MANDIBULARIS

## REMOVAL OF TORUS MANDIBULARIS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
08/01/2008	12/31/9999	YES	\$516.00	\$645.00	4		YES	YES

**Procedure Code :D7485 AS OF 04/20/2024**

Surg reduct osseoustuberosit

Reduction of osseous tuberosity

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7490 AS OF 04/20/2024

RADICAL RESECTION OF MANDIBLE

RADICAL RESECTION OF MAXILLA OR MANDIBLE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D7509 AS OF 04/20/2024

MARSUPIALIZATION ODON CYST								
MARSUPIALIZATION OF ODONTOGENIC CYST								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	YES	\$482.00	\$482.00	1		YES	YES

MARSUPIALIZATION ODON CYST								
MARSUPIALIZATION OF ODONTOGENIC CYST								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	YES	\$482.00	\$482.00	1		YES	YES

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	YES	\$482.00	\$482.00	1		YES	YES

Procedure Code :D7510 AS OF 04/20/2024								
INCISION DRAINAGE ABSCESS INTRA-ORAL SO								
INCISION DRAINAGE ABSCESS INTRA-ORAL SOFT TISSUE								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$124.00	\$155.00	10		YES	YES

Procedure Code :D7510 AS OF 04/20/2024								
INCISION DRAINAGE ABSCESS INTRA-ORAL SO								
INCISION DRAINAGE ABSCESS INTRA-ORAL SOFT TISSUE								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$124.00	\$155.00	10		YES	YES

Procedure Code :D7510 AS OF 04/20/2024								
INCISION DRAINAGE ABSCESS INTRA-ORAL SO								
INCISION DRAINAGE ABSCESS INTRA-ORAL SOFT TISSUE								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$124.00	\$155.00	10		YES	YES

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$124.00	\$155.00	10		YES	YES

Procedure Code :D7511 AS OF 04/20/2024								
INCISION/DRAIN ABSCESS INTRA								
INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	YES	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7511 AS OF 04/20/2024								
INCISION/DRAIN ABSCESS INTRA								
INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	YES	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7511 AS OF 04/20/2024								
INCISION/DRAIN ABSCESS INTRA								
INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	YES	\$0.00	\$0.00	1		YES	NO

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	YES	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7520 AS OF 04/20/2024				
INCISION DRAINAGE ABSCESS	EXTRA-ORAL	SO		
INCISION DRAINAGE ABSCESS	EXTRA-ORAL	SOFT TISSUE		

Procedure Code :D7520 AS OF 04/20/2024				
INCISION DRAINAGE ABSCESS	EXTRA-ORAL	SO		
INCISION DRAINAGE ABSCESS	EXTRA-ORAL	SOFT TISSUE		

Procedure Code :D7520 AS OF 04/20/2024				
INCISION DRAINAGE ABSCESS	EXTRA-ORAL	SO		
INCISION DRAINAGE ABSCESS	EXTRA-ORAL	SOFT TISSUE		

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$200.00	\$250.00	10		YES	YES

**Procedure Code :D7521 AS OF 04/20/2024**

INCISION/DRAIN ABSCESS EXTRA

INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	YES	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D7530 AS OF 04/20/2024**

CURETTAGE OF FISTULOUS TRACT

REMOVAL OF FOREIGN BODY FROM MUCOSA SKIN OR SUBCUTANEOUS ALVEOLAR TISSUE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$197.00	\$247.00	10		YES	YES

**Procedure Code :D7540 AS OF 04/20/2024**

REMOVAL FOREIGN BODY MUSCULOSKELETAL

REMOVAL OF F/B MUSCULOSKELETAL

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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MAXILLA - CLOSED REDUCTION (TEETH IMMOBI								
MAXILLA - CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
04/01/2023	12/31/9999	NO	\$694.02	\$694.02	2		YES	YES

Procedure Code :D7630 AS OF 04/20/2024								
MANDIBLE - OPEN REDUCTION (TEETH IMMOBIL								
MANDIBLE - OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
04/01/2023	12/31/9999	NO	\$2024.51	\$2024.51	2		YES	YES

Procedure Code :D7640 AS OF 04/20/2024								
MANDIBLE - CLOSED REDUCTION (TEETH IMMOB								
MANDIBLE - CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
04/01/2023	12/31/9999	NO	\$1098.85	\$1098.85	2		YES	YES

Procedure Code :D7650 AS OF 04/20/2024								
OPEN RED SIMP MALAR/ZYGOM FX								
ALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit



01/01/2023	12/31/9999	NO	\$532.46	\$532.46	2		YES	YES
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**Procedure Code :D7660 AS OF 04/20/2024**

MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUC

## MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$1920.00	\$2400.00	2		YES	YES

Procedure Code :D7670 AS OF 04/20/2024

ALVEOLUS

ALVEOLUS - CLOSED REDUCTION MAY INCLUDE STABILIZATION OF TEETH

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$1003.00	\$1254.00	999		YES	YES

Procedure Code :D7671 AS OF 04/20/2024

ALVEOLUS OPEN REDUCTION

ALVEOLUS - OPEN REDUCTION MAY INCLUDE STABILIZATION OF TEETH

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7680 AS OF 04/20/2024

FX FACIAL BONES COMPLICATION REDUC								
FX FACIAL BONES COMPLICA REDUC								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
02/18/2009	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D7710 AS OF 04/20/2024								
FX MAXILLA OPEN REDUCTION								
FX MAXILLA OPEN REDUCTION								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D7720 AS OF 04/20/2024								
CLSD REDUCT COMPD MAXILLA FX								
MAXILLA-CLOSED REDUCTION								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7730 AS OF 04/20/2024								
FX MANDIBLE OPEN REDUCTION								
FX MANDIBLE OPEN REDUCTION								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit

12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO
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**Procedure Code :D7740 AS OF 04/20/2024**

## FX MANDIBLE OPEN REDUCTION

FX	MANDIBLE	OPEN	REDUCTION
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Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D7750 AS OF 04/20/2024

FX MALAR/ZYGOMATIC ARCH OPEN REDUCTI

FX	MALAR/ZYGOMATIC	ARCH	OPEN
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Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D7760 AS OF 04/20/2024

FX MALAR/ZYGOMATIC ARCH (COMPOUND)

FX MALAR/ZYGOMATIC ARCH (COMP)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D7770 AS OF 04/20/2024

FX ALVEOLUS STABILZE TEETH OPEN REDU								
ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D7771 AS OF 04/20/2024								
ALVEOLUS CLSD REDUC STBLZ TE								
ALVEOLUS CLOSED REDUCTION STABILIZATION OF TEETH								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7780 AS OF 04/20/2024								
Reduct compnd facial bone fx								
Facial bones-complicated reduction with fixation and multiple approaches								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7810 AS OF 04/20/2024								
OPEN REDUCTION OF DISLOCATION								
OPEN REDUCTION OF DISLOCATION								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit



SURGICAL DISECTOMY WITH/WITHOUT IMPLANT								
SURGICAL DISECTOMY WITH/WITHOUT IMPLANT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
07/01/2003	12/31/9999	YES	\$504.00	\$630.00	3		YES	YES

Procedure Code :D7852 AS OF 04/20/2024								
TMJ REPAIR OF JOINT DISC								
DISC REPAIR								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7854 AS OF 04/20/2024								
TMJ EXCISN OF JOINT MEMBRANE								
SYNOVECTOMY								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7856 AS OF 04/20/2024								
TMJ CUTTING OF A MUSCLE								
MYOTOMY								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit



ARTHROCENTESIS								
ARTHROCENTESIS								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
07/01/2003	12/31/9999	NO	\$28.00	\$36.00	3		YES	YES

Procedure Code :D7871 AS OF 04/20/2024								
LYSIS + LAVAGE W CATHETERS								
NON-ARTHROSCOPIC LYSIS AND LAVAGE								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7872 AS OF 04/20/2024								
TMJ DIAGNOSTIC ARTHROSCOPY								
ARTHROSCOPY-DIAGNOSIS WITH OR WITHOUT BIOPSY								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7873 AS OF 04/20/2024								
Tmj arthroscopy lysis adhesn								
Arthroscopy lavage and lysis of adhesions								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit





Tmj arthroscopy debridement								
Arthroscopy debridement								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7880 AS OF 04/20/2024								
OCCLUSAL ORTHOTIC APPLIANCE								
OCCLUSAL ORTHOTIC APPLIANCE								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7881 AS OF 04/20/2024								
OCC ORTHOTIC DEVICE ADJUST								
OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2016	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7899 AS OF 04/20/2024								
TMJ UNSPECIFIED THERAPY								
UNSPECIFIED TMD THERAPY BY REPORT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit



SKIN GRAFTS								
SKIN GRAFTS								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D7921 AS OF 04/20/2024								
Collect appl blood product								
COLLECTION AND APPLICATION OF AUTOLOGOUS BLOOD CONCENTRATE PRODUCT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7922 AS OF 04/20/2024								
PLACE INTRA-SOCKET BIO DRESS								
PLACEMENT OF INTRA-SOCKET BIOLOGICAL DRESSING TO AID IN HEMOSTASIS OR CLOT STABILIZATION PER SITE								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7939 AS OF 04/20/2024								
INDEXING FOR OSTEOTOMY								
INDEXING FOR OSTEOTOMY USING DYNAMIC ROBOTIC ASSISTED OR DYNAMIC NAVIGATION								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit



BONE CUTTING SEGMENTED								
OSTEOTOMY-SEGMENTED OR SUBAPICAL								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7945 AS OF 04/20/2024								
BONE CUTTING BODY MANDIBLE								
OSTEOTOMY-BODY OF MANDIBLE								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7946 AS OF 04/20/2024								
RECONSTRUCTION MAXILLA TOTAL								
LEFORT I (MAXILLA-TOTAL)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7947 AS OF 04/20/2024								
RECONSTRUCT MAXILLA SEGMENT								
LEFORT I (MAXILLA-SEGMENTED)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit

01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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<b>Procedure Code :D7948 AS OF 04/20/2024</b>								
RECONSTRUCT MIDFACE NO GRAFT								
LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION)-WITHOUT BONE GRAFT								
<b>Begin Date</b>	<b>End Date</b>	<b>PA Required</b>	<b>Fee (Age 21+)</b>	<b>Fee (under 21)</b>	<b>Max Units</b>	<b>Facility Pricing</b>	<b>Manual Pricing</b>	<b>Covered Benefit</b>
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

<b>Procedure Code :D7949 AS OF 04/20/2024</b>								
RECONSTRUCT MIDFACE W/GRAFT								
LEFORT II OR LEFORT III-WITH BONE GRAFT								
<b>Begin Date</b>	<b>End Date</b>	<b>PA Required</b>	<b>Fee (Age 21+)</b>	<b>Fee (under 21)</b>	<b>Max Units</b>	<b>Facility Pricing</b>	<b>Manual Pricing</b>	<b>Covered Benefit</b>
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

<b>Procedure Code :D7950 AS OF 04/20/2024</b>								
OSTEOPERIOSTEAL CARTILAGE GRAFT								
OSSEOUS OSTEOPERIOSTEAL OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA - AUTOGENOUS OR NONAUTOGENOUS BY REPORT								
<b>Begin Date</b>	<b>End Date</b>	<b>PA Required</b>	<b>Fee (Age 21+)</b>	<b>Fee (under 21)</b>	<b>Max Units</b>	<b>Facility Pricing</b>	<b>Manual Pricing</b>	<b>Covered Benefit</b>
01/01/2013	12/31/9999	YES	\$1440.00	\$1800.00	999		YES	YES

Procedure Code :D7951 AS OF 04/20/2024

Sinus aug w bone or bone sub

SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES VIA A LATERAL OPEN APPROACH

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2007	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7952 AS OF 04/20/2024

Sinus augmentation vertical

SINUS AUGMENTATION VIA A VERTICAL APPROACH

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7953 AS OF 04/20/2024

BONE REPLACEMENT GRAFT

BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
02/01/2007	12/31/9999	YES	\$465.00	\$581.25	1		YES	YES

Procedure Code :D7955 AS OF 04/20/2024

REPAIR MAXILLOFACIAL DEFECTS

REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT



Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7956 AS OF 04/20/2024

TISS REGEN EDENT RESORB

GUIDED TISSUE REGENERATION EDENTULOUS AREA - RESORBABLE BARRIER PER SITE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	YES	\$500.00	\$500.00	1		YES	YES

Procedure Code :D7957 AS OF 04/20/2024

TISS REGEN EDENT NONRESORB

GUIDED TISSUE REGENERATION EDENTULOUS AREA - NON-RESORBABLE BARRIER PER SITE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	YES	\$700.00	\$700.00	1		YES	YES

Procedure Code :D7961 AS OF 04/20/2024

BUCCAL/LABIAL FRENECTOMY

BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2021	12/31/9999	YES	\$350.00	\$350.00	1		YES	YES

Procedure Code :D7962 AS OF 04/20/2024								
LINGUAL FRENECTOMY								
LINGUAL FRENECTOMY (FRENULECTOMY)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2021	12/31/9999	YES	\$350.00	\$350.00	1		YES	YES

## LINGUAL FRENECTOMY (FRENULECTOMY)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2021	12/31/9999	YES	\$350.00	\$350.00	1		YES	YES

Procedure Code :D7963 AS OF 04/20/2024								
FRENULOPLASTY								
FRENULOPLASTY								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	YES	\$0.00	\$0.00	1		YES	NO

## FRENULOPLASTY

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2005	12/31/9999	YES	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7970 AS OF 04/20/2024								
EXCISION HYPERPLASTIC TISSUE PER ARCH								
EXCISION HYPERPLASTIC TISSUE PER ARCH								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	YES	\$340.00	\$425.00	999		YES	YES

EXCISION	HYPERPLASTIC TISSUE	PER ARCH
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
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364	365	366

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	YES	\$340.00	\$425.00	999		YES	YES

Procedure Code :D7971 AS OF 04/20/2024
EXCISION PERICORONAL GINGIVA
EXCISION OF PERICORONAL GINGIVA

## EXCISION OF PERICORONAL GINGIVA

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7972 AS OF 04/20/2024

SURG REDCT FIBROUS TUBEROSIT

SURGICAL REDUCTION OF FIBROUS TUBEROSITY

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
08/01/2008	12/31/9999	YES	\$438.00	\$675.00	1		YES	YES

Procedure Code :D7979 AS OF 04/20/2024

NON-SURGICAL SIALOLITHOTOMY

NON-SURGICAL SIALOLITHOTOMY

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2018	12/31/9999	YES	\$100.00	\$100.00	1		YES	YES

Procedure Code :D7981 AS OF 04/20/2024

EXCISION OF SALIVARY GLAND

EXCISION OF SALIVARY GLAND

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
02/18/2009	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

**Procedure Code :D7982 AS OF 04/20/2024**

# SIALODOCHOPLASTY

# SIALODOCHOPLASTY

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$960.00	\$1200.00	999		YES	YES

**Procedure Code :D7983 AS OF 04/20/2024**

## CLOSURE OF SALIVARY FISTULA

## CLOSURE OF SALIVARY FISTULA

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D7990 AS OF 04/20/2024

## EMERGENCY TRACHEOTOMY

## EMERGENCY TRACHEOTOMY

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D7991 AS OF 04/20/2024

## DENTAL CORONOIDECTOMY

CORONOIDECTOMY

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7993 AS OF 04/20/2024

SURG PLACE CRANIOFACIAL IMPL

SURGICAL PLACEMENT OF CRANIOFACIAL IMPLANT - EXTRA ORAL

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2021	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7994 AS OF 04/20/2024

SURG PLACE ZYGOMATIC IMPL

SURGICAL PLACEMENT ZYGOMATIC IMPLANT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2021	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7995 AS OF 04/20/2024

SYNTHETIC GRAFT FACIAL BONES

SYNTHETIC GRAFT-MANDIBLE OR FACIAL BONES BY REPORT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7996 AS OF 04/20/2024

IMPLANT MANDIBLE FOR AUGMENT

IMPLANT-MANDIBLE FOR AUGMENTATION PURPOSES (EXCLUDING ALVEOLAR RIDGE) BY REPORT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7997 AS OF 04/20/2024

APPLIANCE REMOVAL

APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE) INCLUDES REMOVAL OF ARCHBAR

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7998 AS OF 04/20/2024

INTRAORAL PLACE OF FIX DEV

INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTURE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2007	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D8010 AS OF 04/20/2024

LIMITED DENTAL TX PRIMARY

LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D8020 AS OF 04/20/2024**

LIMITED DENTAL TX TRANSITION

LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D8030 AS OF 04/20/2024**

LIMITED DENTAL TX ADOLESCENT

LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D8040 AS OF 04/20/2024**

LIMITED DENTAL TX ADULT

LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D8070 AS OF 04/20/2024

COMPRE DENTAL TX TRANSITION

COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D8080 AS OF 04/20/2024

COMPRE DENTAL TX ADOLESCENT

COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2007	12/31/9999	YES	\$5000.00	\$5000.00	1		YES	YES

Procedure Code :D8090 AS OF 04/20/2024

COMPRE DENTAL TX ADULT

COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	YES	\$0.00	\$0.00	2		YES	NO

Procedure Code :D8210 AS OF 04/20/2024

REMOVABLE APPLIANCE THERAPY

REMOVABLE APPLIANCE THERAPY



Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$441.00	\$552.00	5		YES	YES

Procedure Code :D8220 AS OF 04/20/2024

FIXED APPLIANCE THERAPY

FIXED APPLIANCE THERAPY

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$541.00	\$677.00	1		YES	YES

Procedure Code :D8660 AS OF 04/20/2024

Preorthodontic tx visit

Pre-orthodontic treatment examination to monitor growth and development

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D8670 AS OF 04/20/2024

Periodic orthodontic tx visit

Periodic orthodontic treatment visit

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D8680 AS OF 04/20/2024

ORTHODONTIC RETENTION

ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES CONSTRUCTION AND PLACEMENT OF RETAINER(S))

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2007	12/31/9999	NO	\$445.00	\$557.00	1		YES	YES

Procedure Code :D8681 AS OF 04/20/2024

REMOVABLE RETAINER ADJUST

REMOVABLE ORTHODONTIC RETAINER ADJUSTMENT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2016	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D8695 AS OF 04/20/2024

REMOVE FIXED ORTHO APPLIANCE

REMOVAL OF FIXED ORTHODONTIC APPLIANCES FOR REASONS OTHER THAN COMPLETION OF TREATMENT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2018	12/31/9999	YES	\$250.00	\$250.00	1		YES	YES

Procedure Code :D8696 AS OF 04/20/2024

REP OF ORTHO APPLIANCE MAX

REPAIR OF ORTHODONTIC APPLIANCE - MAXILLARY

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D8697 AS OF 04/20/2024

REP OF ORTHO APPLIANCE MAN

REPAIR OF ORTHODONTIC APPLIANCE - MANDIBULAR

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D8698 AS OF 04/20/2024

RECEMENT FIXED RETAINER MAX

RE-CEMENT OR RE-BOND FIXED RETAINER - MAXILLARY

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D8699 AS OF 04/20/2024

RECEMENT FIXED RETAINER MAN

RE-CEMENT OR RE-BOND FIXED RETAINER - MANDIBULAR

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D8701 AS OF 04/20/2024**

REPAIR FIXED RETAINER MAX

REPAIR OF FIXED RETAINER INCLUDES REATTACHMENT - MAXILLARY

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D8702 AS OF 04/20/2024**

REPAIR OF FIXED RETAINER MAN

REPAIR OF FIXED RETAINER INCLUDES REATTACHMENT - MANDIBULAR

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D8703 AS OF 04/20/2024

REPLACE BROKEN RETAINER MAX

REPLACEMENT OF LOST OR BROKEN RETAINER - MAXILLARY

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	YES	\$200.00	\$200.00	1		YES	YES

Procedure Code :D8704 AS OF 04/20/2024

REPLACE BROKEN RETAINER MAN

REPLACEMENT OF LOST OR BROKEN RETAINER - MANDIBULAR

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	YES	\$200.00	\$200.00	1		YES	YES

Procedure Code :D8999 AS OF 04/20/2024

ORTHODONTIC PROCEDURE

UNSPECIFIED ORTHODONTIC PROCEDURE BY REPORT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2007	12/31/9999	YES	\$960.00	\$1200.00	2		YES	YES

Procedure Code :D9110 AS OF 04/20/2024

PALLIATIVE (ER) TREAT OF DENT PAIN

PALLIATIVE TREATMENT OF DENTAL PAIN - PER VISIT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$68.00	\$85.00	1		YES	YES

Procedure Code :D9120 AS OF 04/20/2024

FIX PARTIAL DENTURE SECTION

FIXED PARTIAL DENTURE SECTIONING

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2007	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D9130 AS OF 04/20/2024**

# TEMPOROMANDIBULAR JOINT DYSF

## TEMPOROMANDIBULAR JOINT DYSFUNCTION - NON-INVASIVE PHYSICAL THERAPIES

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2019	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D9210 AS OF 04/20/2024**

LOCAL (NOT W/SURGICAL OPERATIVE PROC)

LOCAL (NOT W/ SURGICAL OPERATIVE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D9211 AS OF 04/20/2024

## REGIONAL BLOCK ANESTHESIA

## REGIONAL BLOCK ANESTHESIA

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D9212 AS OF 04/20/2024

## TRIGEMINAL BLOCK ANESTHESIA

## TRIGEMINAL DIVISION BLOCK ANESTHESIA

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D9215 AS OF 04/20/2024

LOCAL ANESTHESIA

LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D9219 AS OF 04/20/2024

EVAL FOR DEEP SED/GEN ANESTH

EVALUATION FOR DEEP SEDATION OR GENERAL ANESTHESIA

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2015	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D9222 AS OF 04/20/2024

DEEP ANEST 1ST 15 MIN

DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2018	12/31/9999	YES	\$130.00	\$130.00	1		YES	YES

Procedure Code :D9223 AS OF 04/20/2024

General anesth ea addl 15 mi

Deep sedation/general anesthesia - each subsequent 15 minute increment

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2016	12/31/9999	YES	\$104.00	\$130.00	7		YES	YES

Procedure Code :D9230 AS OF 04/20/2024

ANALGESIA

INHALATION OF NITROUS OXIDE/ANXIOLYSIS ANALGESIA

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$36.00	\$46.00	1		YES	YES

Procedure Code :D9239 AS OF 04/20/2024

IV MOD SEDATION 1ST 15 MIN

INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - FIRST 15 MINUTES

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2018	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D9243 AS OF 04/20/2024

Iv sedation ea addl 15m

Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment



Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2016	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D9248 AS OF 04/20/2024

Sedation (non-iv)

Non-intravenous conscious sedation

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D9310 AS OF 04/20/2024

CONSULTATION - DIAGNOSTIC SERVICE PROVID

CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$90.00	\$112.50	1		YES	YES

Procedure Code :D9311 AS OF 04/20/2024

CONSULT W/MED HLTH CARE PROF

CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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OFFICE VISIT								
OFFICE VISIT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D9450 AS OF 04/20/2024								
CASE PRESENTATION TX PLAN								
CASE PRESENTATION SUBSEQUENT TO DETAILED AND EXTENSIVE TREATMENT PLANNING								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D9610 AS OF 04/20/2024								
THERAPEUTIC DRUG INJECTION								
THERAPEUTIC PARENTERAL DRUG SINGLE ADMINISTRATION								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D9612 AS OF 04/20/2024								
THERA PAR DRUGS 2 OR ADMIN								
THERAPEUTIC PARENTERAL DRUGS TWO OR MORE ADMINISTRATIONS DIFFERENT MEDICATIONS								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit



APPL DESENSITIZING RESIN								
APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE PER TOOTH								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D9912 AS OF 04/20/2024								
PRE-VISIT PATIENT SCREENING								
PRE-VISIT PATIENT SCREENING								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2022	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D9920 AS OF 04/20/2024								
SPECIAL CONSULTATION APPOINTMENTS								
SPECIAL CONSULTATION APPOINTME								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO

Procedure Code :D9930 AS OF 04/20/2024								
COMPLICATIONS UNUSUAL CIRCUMSTANCES								
COMPLICATIONS UNUSUAL CIRCUMST								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit



CLEAN REM PART DENTURE MAND								
CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE MANDIBULAR								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2016	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D9938 AS OF 04/20/2024								
FAB REMOVABLE APPLIANCE								
FABRICATION OF A CUSTOM REMOVABLE CLEAR PLASTIC TEMPORARY AESTHETIC APPLIANCE								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2024	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D9939 AS OF 04/20/2024								
PLACEMNT REMOVABLE APPLIANCE								
PLACEMENT OF A CUSTOM REMOVABLE CLEAR PLASTIC TEMPORARY AESTHETIC APPLIANCE								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2024	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D9941 AS OF 04/20/2024								
FABRICATION ATHLETIC GUARD								
FABRICATION OF ATHLETIC MOUTHGUARD								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit





OCC GUARD SOFT FULL ARCH								
OCCLUSAL GUARD - SOFT APPLIANCE FULL ARCH								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2019	12/31/9999	YES	\$250.00	\$250.00	2		YES	YES

Procedure Code :D9946 AS OF 04/20/2024								
OCC GUARD HARD PART ARCH								
OCCLUSAL GUARD - HARD APPLIANCE PARTIAL ARCH								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2019	12/31/9999	YES	\$300.00	\$300.00	2		YES	YES

Procedure Code :D9947 AS OF 04/20/2024								
SLEEP APNEA APPLIANCE								
CUSTOM SLEEP APNEA APPLIANCE FABRICATION AND PLACEMENT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2022	12/31/9999	YES	\$1000.00	\$1000.00	1		YES	YES

Procedure Code :D9948 AS OF 04/20/2024								
ADJUST SLEEP APNEA APPLIANCE								
ADJUSTMENT OF CUSTOM SLEEP APNEA APPLIANCE								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit



COMPLETE OCCLUSAL ADJUSTMENT								
OCCLUSAL ADJUSTMENT-COMplete								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	YES	\$379.00	\$474.00	1		YES	YES

Procedure Code :D9953 AS OF 04/20/2024								
RELIN SLEEP APNEA APPLIANCE								
RELIN CUSTOM SLEEP APNEA APPLIANCE (INDIRECT)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	YES	\$378.00	\$378.00	1		YES	YES

Procedure Code :D9954 AS OF 04/20/2024								
FAB/DEL ORAL APPLIANCE THXPY								
FABRICATION AND DELIVERY OF ORAL APPLIANCE THERAPY (OAT) MORNING REPOSITIONING DEVICE								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2024	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D9955 AS OF 04/20/2024								
ORAL APP THXPY TITRATION VIS								
ORAL APPLIANCE THERAPY (OAT) TITRATION VISIT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit

01/01/2024	12/31/9999	NO	\$50.00	\$50.00	1		YES	YES
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**Procedure Code :D9956 AS OF 04/20/2024**

ADMIN	HOME	SLEEP	APNEA	TEST
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## ADMINISTRATION OF HOME SLEEP APNEA TEST

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2024	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D9957 AS OF 04/20/2024

## SCREENING SLEEP DISORDERS

## SCREENING FOR SLEEP RELATED BREATHING DISORDERS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2024	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D9961 AS OF 04/20/2024

DUP/COPY PATIENT S RECORDS

DUPLICATE/COPY PATIENT S RECORDS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2019	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D9970 AS OF 04/20/2024

ENAMEL MICROABRASION								
ENAMEL MICROABRASION								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D9971 AS OF 04/20/2024								
ODONTOPLASTY PER TOOTH								
ODONTOPLASTY - PER TOOTH								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D9972 AS OF 04/20/2024								
Extrnl bleaching per arch								
EXTERNAL BLEACHING - PER ARCH - PERFORMED IN OFFICE								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D9973 AS OF 04/20/2024								
EXTRNL BLEACHING PER TOOTH								
EXTERNAL BLEACHING - PER TOOTH								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit



MISSED APPOINTMENT								
MISSED APPOINTMENT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2015	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D9987 AS OF 04/20/2024								
CANCELLED APPOINTMENT								
CANCELLED APPOINTMENT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2015	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D9990 AS OF 04/20/2024								
TRANS OR SIGN LANGUAGE SVCS								
CERTIFIED TRANSLATION OR SIGN-LANGUAGE SERVICES - PER VISIT								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2019	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D9991 AS OF 04/20/2024								
CASE MGMT APPT BARRIERS								
DENTAL CASE MANAGEMENT - ADDRESSING APPOINTMENT COMPLIANCE BARRIERS								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit





TELEDENTISTRY REAL-TIME								
TELEDENTISTRY - SYNCHRONOUS; REAL-TIME ENCOUNTER								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2018	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D9996 AS OF 04/20/2024								
TELEDENTISTRY DENT REVIEW								
TELEDENTISTRY - ASYNCHRONOUS; INFORMATION STORED AND FORWARDED TO DENTIST FOR SUBSEQUENT REVIEW								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2018	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D9997 AS OF 04/20/2024								
DENT CASE MGMT SPECIAL NEEDS								
DENTAL CASE MANAGEMENT - PATIENTS WITH SPECIAL HEALTH CARE NEEDS								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2020	12/31/9999	NO	\$0.00	\$0.00	1		YES	YES

Procedure Code :D9999 AS OF 04/20/2024								
ALL OTHER DENTAL PROCEDURES								
ALL OTHER DENTAL PROCEDURES								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit

12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO
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