

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

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

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

Procedure Code :D0150 AS OF 04/20/2024

COMPREHENSVE ORAL EVALUATION

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

EXTENSIV 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

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

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

Procedure Code :D0210 AS OF 04/20/2024

Intraor complete film series

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

SIALOGRAPHY

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

TEMPOROMANDIBULAR JOINT ARTHROGRAM INCLUDING INJECTION

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

OTHER TEMPOROMANDIBULAR JOINT RADIOGRAPHIC IMAGES BY REPORT

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

TOMOGRAPHIC SURVEY

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

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 interprete 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 interprete

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

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

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

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

Procedure Code :D0386 AS OF 04/20/2024

Max 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

Procedure Code :D0391 AS OF 04/20/2024

Interprete diagnostic image

INTERPRETATION OF DIAGNOSTIC IMAGE BY A PRACTITIONER NOT ASSOCIATED WITH CAPTURE OF THE IMAGE INCLUDING REPORT

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 :D0393 AS OF 04/20/2024

TRTMNT SIMULATION 3D IMAGE

VIRTUAL TREATMENT SIMULATION USING 3D IMAGE VOLUME OR SURFACE SCAN

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 :D0394 AS OF 04/20/2024

DIGITAL SUB 2 OR MORE IMAGES

DIGITAL SUBTRACTION OF TWO OR MORE IMAGES OR IMAGE VOLUMES OF THE SAME MODALITY

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 :D0395 AS OF 04/20/2024

FUSION 2 OR MORE 3D IMAGES

FUSION OF TWO OR MORE 3D IMAGE VOLUMES OF ONE OR MORE MODALITIES

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

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

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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<b>Procedure Code :D0474 AS OF 04/20/2024</b>								
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

<b>Procedure Code :D0475 AS OF 04/20/2024</b>								
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

<b>Procedure Code :D0476 AS OF 04/20/2024</b>								
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 ELSEWHER

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

ACCESSION OF TRANSEPIHELIAL CYTOLOGIC SAMPLE 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
01/01/2007	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0502 AS OF 04/20/2024

OTHER ORAL PATHOLOGY PROCEDU

OTHER ORAL PATHOLOGY PROCEDURES BY REPORT



01/01/2023	12/31/9999	NO	\$0.00	\$0.00	1		YES	YES
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**Procedure Code :D0603 AS OF 04/20/2024**

CARIES RISK ASSESS HIGH RISK

CARIES RISK ASSESSMENT AND DOCUMENTATION WITH A FINDING OF HIGH 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 :D0604 AS OF 04/20/2024**

ANTIGEN TEST PUB HLTH PATHOG

ANTIGEN 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	\$41.38	\$41.38	1		YES	YES

**Procedure Code :D0605 AS OF 04/20/2024**

ANTIBODY TEST PUB HLTH PATH

ANTIBODY 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	\$45.23	\$45.23	1		YES	YES

**Procedure Code :D0606 AS OF 04/20/2024**



01/01/2021	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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**Procedure Code :D0705 AS OF 04/20/2024**

EXTRA ORAL POST RADIO IMAGE

EXTRA-ORAL POSTERIOR DENTAL 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 :D0706 AS OF 04/20/2024**

INTRAORAL OCCLUS RADIO IMAGE

INTRAORAL - OCCLUSAL 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 :D0707 AS OF 04/20/2024**

INTRAORAL PERIAP RADIO IMAGE

INTRAORAL - 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
01/01/2021	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D0708 AS OF 04/20/2024**



01/01/2023	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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**Procedure Code :D0803 AS OF 04/20/2024**

3D FACIAL SCAN DIRECT

3D FACIAL 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 :D0804 AS OF 04/20/2024**

3D FACIAL SCAN INDIRECT

3D FACIAL SURFACE SCAN - 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	NO	\$0.00	\$0.00	1		YES	NO

**Procedure Code :D0999 AS OF 04/20/2024**

PRESURGICAL WORKUP XRAY ANAN MODEL

PRESURGICAL WORK UP

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 :D1110 AS OF 04/20/2024**

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
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01/01/2013	12/31/9999	NO	\$25.00	\$25.00	1		YES	YES
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**Procedure Code :D1301 AS OF 04/20/2024**

IMMUNIZATION COUNSELING

IMMUNIZATION COUNSELING

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 :D1310 AS OF 04/20/2024**

DIET PLAN FOR CONTROL DENTAL CANES

DIET PLAN FOR CONTROL DENTAL

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 :D1320 AS OF 04/20/2024**

TOBACCO COUNSELING

TOBACCO COUNSELING FOR THE CONTROL AND PREVENTION OF ORAL DISEASE

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 :D1321 AS OF 04/20/2024**

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

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 :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 :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)

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)

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

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

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

Procedure Code :D1558 AS OF 04/20/2024

REMOVE FIXED BILAT MAN

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

Procedure Code :D1783 AS OF 04/20/2024

VAC ADMIN HUMAN PAP DOSE 3

VACCINE ADMINISTRATION - HUMAN PAPILLOMAVIRUS - DOSE 3

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 :D1999 AS OF 04/20/2024

UNSPECIFIED PREVENTIVE PROC

UNSPECIFIED PREVENTIVE PROCEDURE BY REPORT

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

Procedure Code :D2140 AS OF 04/20/2024

AMALGAM ONE SURFACE PRIMARY OR PERMANEN

AMALGAM-ONE SURFACE 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	\$72.00	\$90.00	5		YES	YES

Procedure Code :D2150 AS OF 04/20/2024

AMALGAM TWO SURFACES PRIMARY OR PERMANT

AMALGAM-TWO 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	\$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

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

ONLAY - 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

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 PORCILAIN

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

Procedure Code :D2643 AS OF 04/20/2024

DENTAL ONLAY PORCELIN 3 SURF

ONLAY - PORCELAIN/CERAMIC - 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 :D2644 AS OF 04/20/2024

DENTAL ONLAY PORC 4/MORE SUR

ONLAY - PORCELAIN/CERAMIC - 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 :D2650 AS OF 04/20/2024

INLAY COMPOSITE/RESIN ONE SU

INLAY - RESIN-BASED COMPOSITE - ONE SURFACE

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 :D2651 AS OF 04/20/2024

INLAY COMPOSITE/RESIN TWO SU

INLAY - 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 :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

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

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

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

Procedure Code :D2928 AS OF 04/20/2024

PREFAB PORC/CER CROWN PERM

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

Procedure Code :D2932 AS OF 04/20/2024

PREFABRICATED RESIN CROWN

PREFABRICATED RESIN 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 :D2933 AS OF 04/20/2024

PREFAB STAINLESS STEEL CROWN

PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW

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 :D2934 AS OF 04/20/2024

PREFAB STEEL CROWN PRIMARY

PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH

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 :D2940 AS OF 04/20/2024

PROTECTIVE RESTORATION

PROTECTIVE 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 :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

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

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

Procedure Code :D2954 AS OF 04/20/2024

PREFAB POST/CORE + 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

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

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

Procedure Code :D2975 AS OF 04/20/2024

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

Procedure Code :D3355 AS OF 04/20/2024

PULPAL REGENERATION INITIAL

PULPAL REGENERATION - INITIAL VISIT

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 :D3356 AS OF 04/20/2024

PULPAL REGENERATION INTERIM

PULPAL REGENERATION - INTERIM MEDICATION REPLACEMENT

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 :D3357 AS OF 04/20/2024

PULPAL REGENERATION COMPLETE

PULPAL REGENERATION - COMPLETION OF TREATMENT

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

Procedure Code :D3410 AS OF 04/20/2024

Apicoectomy - anterior

Apicoectomy - 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	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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12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO
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<b>Procedure Code :D3470 AS OF 04/20/2024</b>								
INTENTIONAL REPLANTATION								
INTENTIONAL REPLANTATION ( INCLUDING NECESSARY SPLINTING )								
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 :D3471 AS OF 04/20/2024</b>								
SURG REP ROOT RES ANTERIOR								
SURGICAL 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	YES	\$245.00	\$245.00	1		YES	YES

<b>Procedure Code :D3472 AS OF 04/20/2024</b>								
SURG REP ROOT RES PREMOLAR								
SURGICAL 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	YES	\$320.00	\$320.00	1		YES	YES

<b>Procedure Code :D3473 AS OF 04/20/2024</b>								
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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
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01/01/2021	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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**Procedure Code :D3910 AS OF 04/20/2024**

GINGIVAL CURETTEMENT

GINGIVAL CURETTEMENT

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 :D3911 AS OF 04/20/2024**

INTRAORIFICE BARRIER

INTRAORIFICE BARRIER

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 :D3920 AS OF 04/20/2024**

HEMISECTION

HEMISECTION

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 :D3921 AS OF 04/20/2024**



01/07/2006	12/31/9999	YES	\$356.00	\$446.00	4		YES	YES
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<b>Procedure Code :D4211 AS OF 04/20/2024</b>								
Gingivectomy/plasty 1 to 3								
GINGIVECTOMY OR GINGIVOPLASTY - 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
01/07/2006	12/31/9999	YES	\$128.00	\$160.00	1		YES	YES

<b>Procedure Code :D4212 AS OF 04/20/2024</b>								
Gingivectomy/plasty rest								
GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE PER TOOTH								
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	\$200.00	\$200.00	6		YES	YES

<b>Procedure Code :D4230 AS OF 04/20/2024</b>								
Ana crown exp 4 or per quad								
Anatomical crown exposure - four or more contiguous 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

<b>Procedure Code :D4231 AS OF 04/20/2024</b>								
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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

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

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

Procedure Code :D4245 AS OF 04/20/2024

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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01/01/2023	12/31/9999	YES	\$500.00	\$500.00	1		YES	YES
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**Procedure Code :D4263 AS OF 04/20/2024**

Bone replce graft first site

Bone replacement graft - retained natural tooth - first site in 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	\$361.00	\$452.00	1		YES	YES

**Procedure Code :D4264 AS OF 04/20/2024**

Bone replce graft each add

Bone replacement graft - retained natural tooth - each additional site in 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	\$271.00	\$339.00	1		YES	YES

**Procedure Code :D4265 AS OF 04/20/2024**

BIO MTRLS TO AID SOFT/OS REG

BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION

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 :D4266 AS OF 04/20/2024**

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
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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

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

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

Procedure Code :D4322 AS OF 04/20/2024

SPLINT INTRA-CORONAL

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 INTODISEASED 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

PREVENT.PERIOD.PROCEDURES(PERIOD.PRO

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

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

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

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

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)



01/01/2016	12/31/9999	NO	\$750.00	\$838.00	1		YES	YES
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**Procedure Code :D5223 AS OF 04/20/2024**

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

**Procedure Code :D5224 AS OF 04/20/2024**

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

**Procedure Code :D5225 AS OF 04/20/2024**

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

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

REMOVE UNIL PART DENTURE MAN

REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL (INCLUDING RESTENTIVE/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
01/01/2019	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

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



01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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**Procedure Code :D5422 AS OF 04/20/2024**

DENTURES ADJUST PART MANDBL

ADJUST PARTIAL DENTURE - MANDIBULAR

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

**Procedure Code :D5511 AS OF 04/20/2024**

REP BROKE COMP DENT BASE MAN

REPAIR BROKEN COMPLETE 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	\$150.00	\$150.00	1		YES	YES

**Procedure Code :D5512 AS OF 04/20/2024**

REP BROKE COMP DENT BASE MAX

REPAIR BROKEN COMPLETE 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	\$150.00	\$150.00	1		YES	YES

**Procedure Code :D5520 AS OF 04/20/2024**



01/01/2018	12/31/9999	NO	\$200.00	\$200.00	1		YES	YES
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**Procedure Code :D5622 AS OF 04/20/2024**

REP CAST PART FRAME MAX

REPAIR CAST PARTIAL FRAMEWORK 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	\$200.00	\$200.00	1		YES	YES

**Procedure Code :D5630 AS OF 04/20/2024**

Rep partial denture clasp

Repair or replace broken clasp - 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	\$70.00	\$70.00	999		YES	YES

**Procedure Code :D5640 AS OF 04/20/2024**

REPLACE BROKEN TEETH - PER TOOTH

REPLACE BROKEN TEETH - PER 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	\$100.00	\$125.00	999		YES	YES

**Procedure Code :D5650 AS OF 04/20/2024**

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
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01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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**Procedure Code :D5710 AS OF 04/20/2024**

REBASE COMPLETE MAXILLARY DENTURE

REBASE COMPLETE MAXILLARY 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	\$170.00	\$170.00	999		YES	YES

**Procedure Code :D5711 AS OF 04/20/2024**

DENTURES REBASE CMPLT MAND

REBASE COMPLETE MANDIBULAR 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	\$170.00	\$170.00	1		YES	YES

**Procedure Code :D5720 AS OF 04/20/2024**

REBASE MAXILLARY PARTIAL DENTURE

REBASE MAXILLARY 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	999		YES	YES

**Procedure Code :D5721 AS OF 04/20/2024**



01/01/2013	12/31/9999	NO	\$110.00	\$110.00	1		YES	YES
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**Procedure Code :D5740 AS OF 04/20/2024**

DENTURE RELN PART MAX DIR

RELIN MAXILLARY PARTIAL 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	\$100.00	\$100.00	999		YES	YES

**Procedure Code :D5741 AS OF 04/20/2024**

DENTURE RELN PART MAND DIR

RELIN MANDIBULAR PARTIAL 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	\$100.00	\$100.00	1		YES	YES

**Procedure Code :D5750 AS OF 04/20/2024**

DENTURE RELN CMPLT MAX INDIR

RELIN COMPLETE MAXILLARY 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 :D5751 AS OF 04/20/2024**

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
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01/01/2022	12/31/9999	NO	\$150.00	\$150.00	2		YES	YES
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**Procedure Code :D5810 AS OF 04/20/2024**

DENTURE TEMP (COMPLETE) UPPER OR LOWER

DENTURE TEMP (COMPLETE) UPPER OR

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 :D5811 AS OF 04/20/2024**

DENTURE INTERM CMPLT MANDBL

INTERIM 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 :D5820 AS OF 04/20/2024**

DENTURE INTERM PART MAXILL

INTERIM PARTIAL DENTURE (INCLUDING RETENTIVE/CLASPING MATERIALS RESTS AND TEETH) MAXILLARY

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 :D5821 AS OF 04/20/2024**

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
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01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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**Procedure Code :D5863 AS OF 04/20/2024**

OVERDENTURE COMPLETE MAX

OVERDENTURE - COMPLETE MAXILLARY

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 :D5864 AS OF 04/20/2024**

OVERDENTURE PARTIAL MAX

OVERDENTURE - PARTIAL MAXILLARY

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 :D5865 AS OF 04/20/2024**

OVERDENTURE COMPLETE MANDIB

OVERDENTURE - COMPLETE 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 :D5866 AS OF 04/20/2024**

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

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**



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**



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**



01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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**Procedure Code :D5936 AS OF 04/20/2024**

TEMP OBTURATOR PROSTHESIS

OBTURATOR/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 :D5937 AS OF 04/20/2024**

TRISMUS APPLIANCE

TRISMUS APPLIANCE (NOT FOR TM TREATMENT)

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 :D5951 AS OF 04/20/2024**

FEEDING AID

FEEDING AID

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 :D5952 AS OF 04/20/2024**



01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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**Procedure Code :D5958 AS OF 04/20/2024**

INTRAORAL CON DEF INTER PLT

PALATAL LIFT 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 :D5959 AS OF 04/20/2024**

INTRAORAL CON DEF MOD PALAT

PALATAL LIFT 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 :D5960 AS OF 04/20/2024**

MODIFY SPEECH AID PROSTHESIS

SPEECH AID 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 :D5982 AS OF 04/20/2024**



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**

Vesiculobullous disease carr								
Vesiculobullous disease medicament carrier								
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 :D5992 AS OF 04/20/2024								
ADJUST MAX PROST APPLIANCE								
ADJUST MAXILLOFACIAL PROSTHETIC APPLIANCE								
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 :D5993 AS OF 04/20/2024								
Main/clean max prosthesis								
Maintenance and cleaning of a maxillofacial prosthesis (extra- or intra-oral) other than required adjustments by report								
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 :D5995 AS OF 04/20/2024								
PERI MEDICAMENT W/SEAL MAX								
PERIODONTAL MEDICAMENT CARRIER WITH PERIPHERAL SEAL - LABORATORY PROCESSED - MAXILLARY								

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

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

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

Procedure Code :D6040 AS OF 04/20/2024

ODONTICS EPOSTEAL IMPLANT

SURGICAL PLACEMENT EPOSTEAL 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 :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

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
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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

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 :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



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

BONE GRAFT AT TIME OF IMPLANT PLACEMENT

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**



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
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01/01/2018	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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<b>Procedure Code :D6119 AS OF 04/20/2024</b>								
INT/ABUT INT FIXED DENT MAX								
IMPLANT/ABUTMENT SUPPORTED INTERIM 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
01/01/2018	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

<b>Procedure Code :D6120 AS OF 04/20/2024</b>								
IMP RETAIN PORC TO TITANIUM								
IMPLANT SUPPORTED RETAINER - 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

<b>Procedure Code :D6121 AS OF 04/20/2024</b>								
RETAIN METAL FPD BASE ALLOYS								
IMPLANT SUPPORTED RETAINER FOR METAL FPD - 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

<b>Procedure Code :D6122 AS OF 04/20/2024</b>								
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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
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01/01/2021	12/31/9999	YES	\$200.00	\$200.00	1		YES	YES
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<b>Procedure Code :D6192 AS OF 04/20/2024</b>								
SEMI PRECISION ATTACHMENT								
SEMI-PRECISION ATTACHMENT - PLACEMENT								
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	\$200.00	\$200.00	1		YES	YES

<b>Procedure Code :D6194 AS OF 04/20/2024</b>								
ABUT SUPPORT RETAINER TITANI								
ABUTMENT SUPPORTED RETAINER CROWN FOR FPD - 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

<b>Procedure Code :D6195 AS OF 04/20/2024</b>								
ABUT RETAIN PORC TO TITANIUM								
ABUTMENT SUPPORTED RETAINER - 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

<b>Procedure Code :D6197 AS OF 04/20/2024</b>								
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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

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

Procedure Code :D6253 AS OF 04/20/2024

Provisional pontic

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

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/crnc 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/crnc =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 TITANIU

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

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 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
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01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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**Procedure Code :D6794 AS OF 04/20/2024**

CROWN TITANIUM

RETAINER 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 :D6920 AS OF 04/20/2024**

DENTAL CONNECTOR BAR

CONNECTOR BAR

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 :D6930 AS OF 04/20/2024**

Recement/bond part denture

Re-cement or re-bond fixed partial 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 :D6940 AS OF 04/20/2024**

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
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01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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<b>Procedure Code :D6999 AS OF 04/20/2024</b>								
FIXED PROSTHODONTIC PROC								
UNSPECIFIED FIXED PROSTHODONTIC 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

<b>Procedure Code :D7111 AS OF 04/20/2024</b>								
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

<b>Procedure Code :D7140 AS OF 04/20/2024</b>								
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

<b>Procedure Code :D7210 AS OF 04/20/2024</b>								
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Rem imp tooth w mucoper flp

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-COMPLETLY 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

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

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

Procedure Code :D7280 AS OF 04/20/2024

Exposure of 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

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

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

Procedure Code :D7296 AS OF 04/20/2024

CORTICOTOMY 1-3 TEETH

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

**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

**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

**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

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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06/27/2009	12/31/9999	YES	\$1681.00	\$2050.00	999		YES	YES
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<b>Procedure Code :D7410 AS OF 04/20/2024</b>								
EXCISION OF BENIGN LESION TO 1.25 CM								
EXCISION OF BENIGN 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	\$188.57	\$188.57	999		YES	YES

<b>Procedure Code :D7411 AS OF 04/20/2024</b>								
EXCISION BENIGN LESION 1.25C								
EXCISION OF BENIGN 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
01/01/2023	12/31/9999	NO	\$273.42	\$273.42	1		YES	YES

<b>Procedure Code :D7412 AS OF 04/20/2024</b>								
EXCISION BENIGN LESION COMPL								
EXCISION OF BENIGN 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	\$369.70	\$369.70	1		YES	YES

<b>Procedure Code :D7413 AS OF 04/20/2024</b>								
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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
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12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO
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<b>Procedure Code :D7441 AS OF 04/20/2024</b>								
EXCISION MALIG TUMOR LES/DIA OVE 1/2								
EXCISION MALIG TUMOR LES/DIA O								
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

<b>Procedure Code :D7451 AS OF 04/20/2024</b>								
REMOVAL ODONTOGENIC CYST OVER 1/2 IN								
REMOVAL OF BENIGN ODONTOGENIC 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
08/01/2008	12/31/9999	YES	\$474.00	\$593.00	999		YES	YES

<b>Procedure Code :D7460 AS OF 04/20/2024</b>								
EXCISION OF RANULA								
REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER 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
01/07/2006	12/31/9999	YES	\$264.00	\$330.00	5		YES	YES

<b>Procedure Code :D7461 AS OF 04/20/2024</b>								
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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

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 :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 :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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12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO
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<b>Procedure Code :D7550 AS OF 04/20/2024</b>								
SEQUESTRECTOMY FOR OSTEOMYELITIS								
PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE								
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

<b>Procedure Code :D7560 AS OF 04/20/2024</b>								
MAXILLARY SINUSOTOMY								
MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY								
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 :D7610 AS OF 04/20/2024</b>								
MAXILLA - OPEN REDUCTION (TEETH IMMOBILI								
MAXILLA - 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	\$796.24	\$796.24	999		YES	YES

<b>Procedure Code :D7620 AS OF 04/20/2024</b>								
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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
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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

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

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
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12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO
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**Procedure Code :D7820 AS OF 04/20/2024**

CLOSED REDUCTION OF DISLOCATION

CLOSED REDUCTION OF DISLOCATION

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	\$90.00	\$112.50	10		YES	YES

**Procedure Code :D7830 AS OF 04/20/2024**

MANIPULATION UNDER ANESTHESIA

MANIPULATION UNDER 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 :D7840 AS OF 04/20/2024**

CONDYLECTOMY

CONDYLECTOMY

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	\$540.00	\$675.00	3		YES	YES

**Procedure Code :D7850 AS OF 04/20/2024**



01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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**Procedure Code :D7858 AS OF 04/20/2024**

TMJ RECONSTRUCTION

JOINT RECONSTRUCTION

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 :D7860 AS OF 04/20/2024**

ARTHROTOMY

ARTHROTOMY

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	\$360.00	\$450.00	3		YES	YES

**Procedure Code :D7865 AS OF 04/20/2024**

TMJ RESHAPING COMPONENTS

ARTHROPLASTY

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 :D7870 AS OF 04/20/2024**



01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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**Procedure Code :D7874 AS OF 04/20/2024**

Tmj arthroscopy disc reposit

Arthroscopy disc repositioning and stabilization

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 :D7875 AS OF 04/20/2024**

Tmj arthroscopy synovectomy

Arthroscopy 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 :D7876 AS OF 04/20/2024**

Tmj arthroscopy discectomy

Arthroscopy discectomy

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 :D7877 AS OF 04/20/2024**

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
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01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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**Procedure Code :D7910 AS OF 04/20/2024**

SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM

SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM

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	\$152.00	\$190.00	1		YES	YES

**Procedure Code :D7911 AS OF 04/20/2024**

COMPLICATED SUTURE - UP TO 5 CM

COMPLICATED SUTURE - UP TO 5 CM

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	\$245.00	\$307.00	1		YES	YES

**Procedure Code :D7912 AS OF 04/20/2024**

DIAMETER UP TO 2 INCHES (50.8 MM)

DIAMETER UP TO 2 INCHES (50.8

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	10		YES	NO

**Procedure Code :D7920 AS OF 04/20/2024**



01/01/2024	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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<b>Procedure Code :D7940 AS OF 04/20/2024</b>								
OSTEOPLASTY (PROGNATHISM MICROGNATHIS)								
OSTEOPLASTY (PROGNATHISM MICROG								
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	YES	\$1600.00	\$2000.00	2		YES	YES

<b>Procedure Code :D7941 AS OF 04/20/2024</b>								
BONE CUTTING RAMUS CLOSED								
OSTEOTOMY - MANDIBULAR RAMI								
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 :D7943 AS OF 04/20/2024</b>								
CUTTING RAMUS OPEN W/GRAFT								
OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE 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 :D7944 AS OF 04/20/2024</b>								
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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								
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 :D7949 AS OF 04/20/2024</b>								
RECONSTRUCT MIDFACE W/GRAFT								
LEFORT II OR LEFORT III-WITH BONE 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 :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								
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	\$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

<b>Procedure Code :D7956 AS OF 04/20/2024</b>								
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

<b>Procedure Code :D7957 AS OF 04/20/2024</b>								
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

<b>Procedure Code :D7961 AS OF 04/20/2024</b>								
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

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

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

Procedure Code :D7971 AS OF 04/20/2024

EXCISION 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 CORONOIDECTIONY

CORONOIDECTIONY

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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01/01/2017	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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<b>Procedure Code :D9410 AS OF 04/20/2024</b>								
DENTAL HOUSE CALL								
HOUSE/EXTENDED CARE FACILITY CALL								
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 :D9420 AS OF 04/20/2024</b>								
HOSPITAL/ASC CALL								
HOSPITAL OR AMBULATORY SURGICAL CENTER CALL								
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	\$26.00	\$33.00	1		YES	YES

<b>Procedure Code :D9430 AS OF 04/20/2024</b>								
OFFICE VISIT FOR OBSERVATION (DURING REG								
OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS) - NO OTHER SERVICES PERFORMED								
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	\$54.00	\$67.50	999		YES	YES

<b>Procedure Code :D9440 AS OF 04/20/2024</b>								
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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
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01/01/2007	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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<b>Procedure Code :D9613 AS OF 04/20/2024</b>								
INFILTRATION THERA DRUG								
INFILTRATION OF SUSTAINED RELEASE THERAPEUTIC DRUG - SINGLE OR MULTIPLE SITES								
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

<b>Procedure Code :D9630 AS OF 04/20/2024</b>								
Drugs/meds disp for home use								
Drugs or medicaments dispensed in the office for home use								
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

<b>Procedure Code :D9910 AS OF 04/20/2024</b>								
APPLICATION OF DESENSITIZING MEDS								
APPLICATION OF DESENSITIZING M								
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

<b>Procedure Code :D9911 AS OF 04/20/2024</b>								
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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

12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO
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<b>Procedure Code :D9932 AS OF 04/20/2024</b>								
CLEAN INSPECT REM DENT MAX								
CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE MAXILLARY								
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

<b>Procedure Code :D9933 AS OF 04/20/2024</b>								
CLEAN INSPECT REM DENT MAN								
CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE MANDIBULAR								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2016	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

<b>Procedure Code :D9934 AS OF 04/20/2024</b>								
CLEAN REM PART DENTURE MAX								
CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE MAXILLARY								
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

<b>Procedure Code :D9935 AS OF 04/20/2024</b>								
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01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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**Procedure Code :D9942 AS OF 04/20/2024**

REPAIR/RELINING OCCLUSAL GUARD

REPAIR AND/OR RELINING OF OCCLUSAL GUARD

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 :D9943 AS OF 04/20/2024**

OCCLUSAL GUARD ADJUSTMENT

OCCLUSAL GUARD 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 :D9944 AS OF 04/20/2024**

OCC GUARD HARD FULL ARCH

OCCLUSAL GUARD - HARD 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	\$500.00	\$500.00	2		YES	YES

**Procedure Code :D9945 AS OF 04/20/2024**

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
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01/01/2022	12/31/9999	NO	\$45.00	\$45.00	1		YES	YES
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**Procedure Code :D9949 AS OF 04/20/2024**

REPAIR SLEEP APNEA APPLIANCE

REPAIR 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
01/01/2022	12/31/9999	NO	\$150.00	\$150.00	1		YES	YES

**Procedure Code :D9950 AS OF 04/20/2024**

OCCLUSION ANALYSIS (MOUNTED CASE)

OCCLUSION ANALYSIS (MOUNTED CA

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 :D9951 AS OF 04/20/2024**

LIMITED OCCLUSAL ADJUSTMENT

OCCLUSAL ADJUSTMENT-LIMITED

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	\$92.00	\$116.00	1		YES	YES

**Procedure Code :D9952 AS OF 04/20/2024**



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

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**



01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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**Procedure Code :D9974 AS OF 04/20/2024**

INTRNL BLEACHING PER TOOTH

INTERNAL BLEACHING - 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 :D9975 AS OF 04/20/2024**

External bleaching home app

EXTERNAL BLEACHING FOR HOME APPLICATION PER ARCH; INCLUDES MATERIALS AND FABRICATION OF CUSTOM TRAYS

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 :D9985 AS OF 04/20/2024**

SALES TAX

SALES TAX

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 :D9986 AS OF 04/20/2024**

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
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01/01/2017	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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**Procedure Code :D9992 AS OF 04/20/2024**

CASE MGMT CARE COORDINATION

DENTAL CASE MANAGEMENT - CARE COORDINATION

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		YES	NO

**Procedure Code :D9993 AS OF 04/20/2024**

CASE MGMT INTERVIEWING

DENTAL CASE MANAGEMENT - MOTIVATIONAL INTERVIEWING

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		YES	NO

**Procedure Code :D9994 AS OF 04/20/2024**

CASE MGMT PT EDUCATION

DENTAL CASE MANAGEMENT - PATIENT EDUCATION TO IMPROVE ORAL HEALTH LITERACY

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		YES	NO

**Procedure Code :D9995 AS OF 04/20/2024**

## 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
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12/31/1978	12/31/9999	NO	\$0.00	\$0.00	999		YES	NO
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