

Procedure Code :D0120 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

EXTENSV ORAL EVAL PROB FOCUS

DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED BY REPORT

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

Procedure Code :D0170 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

FUSION 2 OR MORE 3D IMAGES

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

01/01/2017	12/31/9999	NO	\$0.00	\$0.00	1			NO
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Procedure Code :D0415 AS OF 09/23/2023								
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 09/23/2023								
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 09/23/2023								
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 09/23/2023								
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01/01/2016	12/31/9999	NO	\$0.00	\$0.00	1			NO
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Procedure Code :D0425 AS OF 09/23/2023								
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 09/23/2023								
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 09/23/2023								
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 09/23/2023

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 09/23/2023

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 09/23/2023

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
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0474 AS OF 09/23/2023

MICRO W EXAM OF SURG MARGINS

01/01/2005	12/31/9999	NO	\$0.00	\$0.00	1			NO
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Procedure Code :D0478 AS OF 09/23/2023								
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 09/23/2023								
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 09/23/2023								
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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

CONSULT SLIDES PREP ELSEWHERE

CONSULTATION ON SLIDES PREPARED ELSEWHERE

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

Procedure Code :D0485 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

OTHER ORAL PATHOLOGY PROCEDU

OTHER ORAL PATHOLOGY PROCEDURES BY REPORT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1			NO
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Procedure Code :D0600 AS OF 09/23/2023								
NON-IONIZING DIAG PROC								
NON-IONIZING DIAGNOSTIC PROCEDURE CAPABLE OF QUANTIFYING MONITORING AND RECORDING CHANGES IN STRUCTURE OF ENAMEL DENTIN AND CEMENTUM								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2017	12/31/9999	NO	\$0.00	\$0.00	1			NO

Procedure Code :D0601 AS OF 09/23/2023								
CARIES RISK ASSESS LOW RISK								
CARIES RISK ASSESSMENT AND DOCUMENTATION WITH A FINDING OF LOW RISK								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	NO	\$0.00	\$0.00	1		YES	YES

Procedure Code :D0602 AS OF 09/23/2023								
CARIES RISK ASSESS MOD RISK								
CARIES RISK ASSESSMENT AND DOCUMENTATION WITH A FINDING OF MODERATE RISK								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	NO	\$0.00	\$0.00	1		YES	YES

Procedure Code :D0603 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

MOLECULAR TEST PUB HLTH PATH

MOLECULAR TESTING FOR A PUBLIC HEALTH RELATED PATHOGEN INCLUDING CORONAVIRUS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2021	12/31/9999	NO	\$51.33	\$51.33	2		YES	YES

Procedure Code :D0701 AS OF 09/23/2023

PANO RADIO IMAGE

PANORAMIC RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY

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

Procedure Code :D0702 AS OF 09/23/2023

2D CEPHAL RADIO IMAGE

2-D CEPHALOMETRIC RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY

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

Procedure Code :D0703 AS OF 09/23/2023

2D ORAL/FACIAL PHOTO IMAGE

2-D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY - IMAGE CAPTURE ONLY

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

Procedure Code :D0705 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

INTRAORAL BITE RADIO IMAGE

INTRAORAL - BITEWING RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY

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

Procedure Code :D0709 AS OF 09/23/2023

INTRAORAL CMLPT RADIO IMAGES

INTRAORAL - COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES - IMAGE CAPTURE ONLY

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

Procedure Code :D0801 AS OF 09/23/2023

3D DENTAL SCAN DIRECT

3D DENTAL SURFACE SCAN - DIRECT

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

Procedure Code :D0802 AS OF 09/23/2023

3D DENTAL SCAN INDIRECT

3D DENTAL SURFACE SCAN - INDIRECT

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

Procedure Code :D0803 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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
01/01/2013	12/31/9999	NO	\$25.00	\$25.00	1		YES	YES

Procedure Code :D1310 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

RESIN-FOUR OR MORE SURFACES OR INVOLVING

RESIN-BASED COMPOSITE FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 :D2980 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 :D2990 AS OF 09/23/2023

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 :D3110 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

RETREAT ROOT CANAL ANTERIOR

RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR

01/07/2006	12/31/9999	YES	\$198.00	\$248.00	1		YES	YES
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Procedure Code :D3352 AS OF 09/23/2023								
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 09/23/2023								
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 09/23/2023								
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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023								
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 09/23/2023								
ENDOSSEOUS IMPLANTS								
ENDOSSEOUS IMPLANTS								
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 :D3470 AS OF 09/23/2023								
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
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Procedure Code :D3471 AS OF 09/23/2023								
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

Procedure Code :D3472 AS OF 09/23/2023								
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

Procedure Code :D3473 AS OF 09/23/2023								
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 09/23/2023								
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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 09/23/2023

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 09/23/2023

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

Procedure Code :D3910 AS OF 09/23/2023

GINGIVAL CURETTEMENT

GINGIVAL CURETTEMENT

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 :D3911 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

DECOR OR SUBMERG ERUPT TOOTH

DECORONATION OR SUBMERGENCE OF AN ERUPTED TOOTH

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

Procedure Code :D3950 AS OF 09/23/2023

CANAL PREP/FITTING OF DOWEL

CANAL PREPARATION AND FITTING OF PREFORMED DOWEL OR POST

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

Procedure Code :D3999 AS OF 09/23/2023

ENDODONTIC PROCEDURE

UNSPECIFIED ENDODONTIC PROCEDURE BY REPORT

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

Procedure Code :D4210 AS OF 09/23/2023

Gingivectomy/plasty 4 or mor

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

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	YES	\$356.00	\$446.00	4		YES	YES

Procedure Code :D4211 AS OF 09/23/2023

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
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01/07/2006	12/31/9999	YES	\$128.00	\$160.00	1		YES	YES
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Procedure Code :D4212 AS OF 09/23/2023								
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

Procedure Code :D4230 AS OF 09/23/2023								
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

Procedure Code :D4231 AS OF 09/23/2023								
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 09/23/2023								
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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 09/23/2023

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 09/23/2023

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 09/23/2023

CROWN LENGTHEN HARD TISSUE

CLINICAL CROWN LENGTHENING-HARD TISSUE

01/07/2006	12/31/9999	YES	\$361.00	\$452.00	1		YES	YES
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Procedure Code :D4264 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

PEDICLE SOFT TISSUE GRAFTS

PEDICLE SOFT TISSUE GRAFTS

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

Procedure Code :D4273 AS OF 09/23/2023

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

01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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Procedure Code :D4277 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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
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01/01/2017	12/31/9999	NO	\$100.00	\$100.00	1		YES	YES
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Procedure Code :D4355 AS OF 09/23/2023

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 09/23/2023

Localized delivery antimicro

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

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

Procedure Code :D4910 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

DENTURES MAXILL PART METAL

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

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

Procedure Code :D5214 AS OF 09/23/2023

DENTURES MANDIBL PART METAL

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

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

Procedure Code :D5221 AS OF 09/23/2023

IMMED MAX PART DENTURE RESIN

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

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

Procedure Code :D5222 AS OF 09/23/2023

IMMED MAN PART DENTURE RESIN

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

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

Procedure Code :D5223 AS OF 09/23/2023

IMMED MAX PART DENT METAL

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

01/01/2023	12/31/9999	NO	\$838.00	\$838.00	1		YES	YES
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Procedure Code :D5227 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

REM UNILAT DENT 1 PC RESIN

REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE RESIN (INCLUDING RETENTIVE/CLASPING MATERIALS RESTS AND TEETH) - PER QUADRANT

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

Procedure Code :D5410 AS OF 09/23/2023

COMPLETE DENTURE

COMPLETE DENTURE

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

Procedure Code :D5411 AS OF 09/23/2023

DENTURES ADJUST CMPLT MAND

ADJUST COMPLETE DENTURE - MANDIBULAR

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

Procedure Code :D5421 AS OF 09/23/2023

DENTURES ADJUST PART MAXILL

ADJUST PARTIAL DENTURE - MAXILLARY

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

Procedure Code :D5422 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

REPLACE DENTURE TEETH COMPLT

REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE (EACH TOOTH)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$100.00	\$100.00	1		YES	YES

Procedure Code :D5611 AS OF 09/23/2023

Rep resin part dent base man

Repair resin partial denture base mandibular

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2018	12/31/9999	NO	\$175.00	\$175.00	1		YES	YES

Procedure Code :D5612 AS OF 09/23/2023

Rep resin part dent base max

Repair resin partial denture base maxillary

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2018	12/31/9999	NO	\$175.00	\$175.00	1		YES	YES

Procedure Code :D5621 AS OF 09/23/2023

REP CAST PART FRAME MAN

REPAIR CAST PARTIAL FRAMEWORK MANDIBULAR

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2018	12/31/9999	NO	\$200.00	\$200.00	1		YES	YES

Procedure Code :D5622 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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
01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5710 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

DENTURES REBASE PART MANDBL

REBASE MANDIBULAR PARTIAL DENTURE

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

Procedure Code :D5725 AS OF 09/23/2023

REBASE HYBRID PROSTHESIS

REBASE HYBRID PROSTHESIS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2022	12/31/9999	NO	\$175.00	\$175.00	2		YES	YES

Procedure Code :D5730 AS OF 09/23/2023

DENTURE RELN CMPLT MAX DIR

RELIN COMPLETE MAXILLARY DENTURE (DIRECT)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$110.00	\$110.00	999		YES	YES

Procedure Code :D5731 AS OF 09/23/2023

DENTURE RELN CMPLT MAND DIR

RELIN LOWER COMPLETE MANDIBULAR DENTURE (DIRECT)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2013	12/31/9999	NO	\$110.00	\$110.00	1		YES	YES

Procedure Code :D5740 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

DENTURE RELN PART MAX INDIR

RELINEX 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 09/23/2023

DENTURE RELN PART MAND INDIR

RELINEX 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 09/23/2023

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
01/01/2022	12/31/9999	NO	\$150.00	\$150.00	2		YES	YES

Procedure Code :D5810 AS OF 09/23/2023

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 09/23/2023

DENTURE INTERM CMLPT 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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

DENTURE TISS CONDITIN 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 09/23/2023

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
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D5863 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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

Procedure Code :D5899 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

NASAL PROSTHESIS

NASAL PROSTHESIS

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

Procedure Code :D5914 AS OF 09/23/2023

AURICULAR PROSTHESIS

AURICULAR PROSTHESIS

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

Procedure Code :D5915 AS OF 09/23/2023

ORBITAL PROSTHESIS

ORBITAL PROSTHESIS

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

Procedure Code :D5916 AS OF 09/23/2023

OCULAR PROSTHESIS

OCULAR PROSTHESIS

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

Procedure Code :D5919 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

CRANIAL PROSTHESIS

CRANIAL PROSTHESIS

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

Procedure Code :D5925 AS OF 09/23/2023

FACIAL AUGMENTATION IMPLANT

FACIAL AUGMENTATION IMPLANT PROSTHESIS

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

Procedure Code :D5926 AS OF 09/23/2023

REPLACEMENT NASAL PROSTHESIS

NASAL PROSTHESIS REPLACEMENT

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

Procedure Code :D5927 AS OF 09/23/2023

AURICULAR REPLACEMENT

AURICULAR PROSTHESIS REPLACEMENT

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

Procedure Code :D5928 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

POSTSURGICAL OBTURATOR

OBTURATOR PROSTHESIS DEFINITIVE

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

Procedure Code :D5933 AS OF 09/23/2023

REFITTING OF OBTURATOR

OBTURATOR PROSTHESIS MODIFICATION

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

Procedure Code :D5934 AS OF 09/23/2023

MANDIBULAR FLANGE PROSTHESIS

MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE

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

Procedure Code :D5935 AS OF 09/23/2023

MANDIBULAR DENTURE PROSTH

MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE

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

Procedure Code :D5936 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

PEDIATRIC SPEECH AID

SPEECH AID PROSTHESIS PEDIATRIC

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

Procedure Code :D5953 AS OF 09/23/2023

ADULT SPEECH AID

SPEECH AID PROSTHESIS ADULT

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

Procedure Code :D5954 AS OF 09/23/2023

SUPERIMPOSED PROSTHESIS

PALATAL AUGMENTATION PROSTHESIS

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

Procedure Code :D5955 AS OF 09/23/2023

PALATAL LIFT PROSTHESIS

PALATAL LIFT PROSTHESIS DEFINITIVE

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

Procedure Code :D5958 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

SURGICAL STENT

SURGICAL STENT

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

Procedure Code :D5983 AS OF 09/23/2023

RADIATION APPLICATOR

RADIATION CARRIER

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

Procedure Code :D5984 AS OF 09/23/2023

RADIATION SHIELD

RADIATION SHIELD

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

Procedure Code :D5985 AS OF 09/23/2023

RADIATION CONE LOCATOR

RADIATION CONE LOCATOR

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

Procedure Code :D5986 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

PROVISIONAL IMPLANT CROWN

PROVISIONAL IMPLANT CROWN

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2017	12/31/9999	YES	\$200.00	\$200.00	1		YES	YES

Procedure Code :D6086 AS OF 09/23/2023

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
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01/01/2020	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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Procedure Code :D6087 AS OF 09/23/2023

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 09/23/2023

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 :D6090 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

IMP RETAINER FOR FPD

IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN FUSED TO NOBLE ALLOYS

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

Procedure Code :D6100 AS OF 09/23/2023

REMOVAL OF IMPLANT

IMPLANT REMOVAL BY REPORT

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

Procedure Code :D6101 AS OF 09/23/2023

Debridement of a periimplant

Debridement of a peri-implant defect or defects surrounding a single implant and surface cleaning of the exposed implant surfaces including flap entry and closure

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

Procedure Code :D6102 AS OF 09/23/2023

Debridement contouring

Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces including flap entry and closure

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
04/01/2023	12/31/9999	YES	\$700.00	\$700.00	1		YES	YES

Procedure Code :D6103 AS OF 09/23/2023

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 09/23/2023

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
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04/01/2023	12/31/9999	YES	\$575.00	\$575.00	1		YES	YES
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Procedure Code :D6105 AS OF 09/23/2023

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 09/23/2023

TISSUE REGEN RESORBABLE

GUIDED TISSUE REGENERATION - RESORBABLE BARRIER PER IMPLANT

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

Procedure Code :D6107 AS OF 09/23/2023

TISSUE REGEN NON-RESORBABLE

GUIDED TISSUE REGENERATION - NON-RESORBABLE BARRIER PER IMPLANT

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	YES	\$700.00	\$700.00	1		YES	YES

Procedure Code :D6110 AS OF 09/23/2023

IMPLNT/ABUT REMOV DENT MAX

IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH - MAXILLARY

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2015	12/31/9999	YES	\$1120.00	\$1120.00	1		YES	YES

Procedure Code :D6111 AS OF 09/23/2023

IMPLNT/ABUT REMOV DENT MAND

IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH - MANDIBULAR

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2015	12/31/9999	YES	\$1120.00	\$1120.00	1		YES	YES

Procedure Code :D6112 AS OF 09/23/2023

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 09/23/2023

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
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01/01/2015	12/31/9999	YES	\$1200.00	\$1200.00	1		YES	YES
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Procedure Code :D6114 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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
01/01/2018	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6119 AS OF 09/23/2023

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

Procedure Code :D6120 AS OF 09/23/2023

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
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01/01/2020	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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Procedure Code :D6121 AS OF 09/23/2023								
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

Procedure Code :D6122 AS OF 09/23/2023								
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 09/23/2023								
RETAIN METAL FPD TITANIUM								
IMPLANT SUPPORTED RETAINER FOR METAL 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
01/01/2020	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6190 AS OF 09/23/2023								
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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 09/23/2023

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
01/01/2021	12/31/9999	YES	\$200.00	\$200.00	1		YES	YES

Procedure Code :D6192 AS OF 09/23/2023

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

Procedure Code :D6194 AS OF 09/23/2023

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
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01/01/2005	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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Procedure Code :D6195 AS OF 09/23/2023								
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

Procedure Code :D6197 AS OF 09/23/2023								
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 09/23/2023								
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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

RETAIN CROWN PORC TO TITANIUM

RETAINER CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS

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

Procedure Code :D6780 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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
01/01/2003	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D6794 AS OF 09/23/2023

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 09/23/2023

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
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01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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Procedure Code :D6930 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

PEDIATRIC PARTIAL DENTURE FX

PEDIATRIC PARTIAL DENTURE FIXED

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

Procedure Code :D6999 AS OF 09/23/2023

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

Procedure Code :D7111 AS OF 09/23/2023

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
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01/01/2023	12/31/9999	NO	\$50.00	\$50.00	1		YES	YES
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Procedure Code :D7140 AS OF 09/23/2023								
EXTRACTION ERUPTED TOOTH/EXR								
EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	NO	\$88.00	\$110.00	1		YES	YES

Procedure Code :D7210 AS OF 09/23/2023								
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 09/23/2023								
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 09/23/2023

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 09/23/2023

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 09/23/2023

IMPACT TOOTH REM BONY W/COMP

REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY WITH UNUSUAL SURGICAL COMPLICATIONS

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

Procedure Code :D7250 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

TOOTH TRANSPLANTATION

TOOTH TRANSPLANTATION

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

Procedure Code :D7280 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 :D7285 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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
06/27/2009	12/31/9999	YES	\$1681.00	\$2050.00	999		YES	YES

Procedure Code :D7410 AS OF 09/23/2023

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

Procedure Code :D7411 AS OF 09/23/2023

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

Procedure Code :D7412 AS OF 09/23/2023

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

Procedure Code :D7413 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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

Procedure Code :D7441 AS OF 09/23/2023

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

Procedure Code :D7451 AS OF 09/23/2023

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

Procedure Code :D7460 AS OF 09/23/2023

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

Procedure Code :D7461 AS OF 09/23/2023

REMOV NONODONTOGENI CYST OVER 1/2 IN

REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN 1.25 CM

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

Procedure Code :D7465 AS OF 09/23/2023

LESION DESTRUCTION

DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHODS BY REPORT

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

Procedure Code :D7471 AS OF 09/23/2023

REM EXOSTOSIS ANY SITE

REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
08/01/2008	12/31/9999	YES	\$444.00	\$556.00	1		YES	YES

Procedure Code :D7472 AS OF 09/23/2023

REMOVAL OF TORUS PALATINUS

REMOVAL OF TORUS PALATINUS

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
08/01/2008	12/31/9999	YES	\$548.00	\$685.00	1		YES	YES

Procedure Code :D7473 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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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Procedure Code :D7550 AS OF 09/23/2023								
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

Procedure Code :D7560 AS OF 09/23/2023								
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

Procedure Code :D7610 AS OF 09/23/2023								
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

Procedure Code :D7620 AS OF 09/23/2023								
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MAXILLA - CLOSED REDUCTION (TEETH IMMOBI								
MAXILLA - CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
04/01/2023	12/31/9999	NO	\$694.02	\$694.02	2		YES	YES

Procedure Code :D7630 AS OF 09/23/2023								
MANDIBLE - OPEN REDUCTION (TEETH IMMOBIL								
MANDIBLE - OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
04/01/2023	12/31/9999	NO	\$2024.51	\$2024.51	2		YES	YES

Procedure Code :D7640 AS OF 09/23/2023								
MANDIBLE - CLOSED REDUCTION (TEETH IMMOB								
MANDIBLE - CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
04/01/2023	12/31/9999	NO	\$1098.85	\$1098.85	2		YES	YES

Procedure Code :D7650 AS OF 09/23/2023								
OPEN RED SIMP MALAR/ZYGOM FX								
ALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit

01/01/2023	12/31/9999	NO	\$532.46	\$532.46	2		YES	YES
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Procedure Code :D7660 AS OF 09/23/2023								
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 09/23/2023								
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 09/23/2023								
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 09/23/2023								
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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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023								
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 09/23/2023								
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 09/23/2023								
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 09/23/2023								
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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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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Procedure Code :D7858 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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Procedure Code :D7874 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023								
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 09/23/2023								
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 09/23/2023								
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 09/23/2023								
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02/16/2009	12/31/9999	YES	\$1600.00	\$2000.00	2		YES	YES
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Procedure Code :D7941 AS OF 09/23/2023								
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

Procedure Code :D7943 AS OF 09/23/2023								
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

Procedure Code :D7944 AS OF 09/23/2023								
BONE CUTTING SEGMENTED								
OSTEOTOMY-SEGMENTED OR SUBAPICAL								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7945 AS OF 09/23/2023								
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BONE CUTTING BODY MANDIBLE

OSTEOTOMY-BODY OF MANDIBLE

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

Procedure Code :D7946 AS OF 09/23/2023

RECONSTRUCTION MAXILLA TOTAL

LEFORT I (MAXILLA-TOTAL)

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

Procedure Code :D7947 AS OF 09/23/2023

RECONSTRUCT MAXILLA SEGMENT

LEFORT I (MAXILLA-SEGMENTED)

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

Procedure Code :D7948 AS OF 09/23/2023

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

Procedure Code :D7949 AS OF 09/23/2023

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

Procedure Code :D7950 AS OF 09/23/2023

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 09/23/2023

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
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01/01/2007	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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Procedure Code :D7952 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

REPAIR MAXILLOFACIAL DEFECTS

REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT

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

Procedure Code :D7956 AS OF 09/23/2023

01/01/2021	12/31/9999	YES	\$350.00	\$350.00	1		YES	YES
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Procedure Code :D7963 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

SIALODOCHOPLASTY

SIALODOCHOPLASTY

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	\$960.00	\$1200.00	999		YES	YES
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Procedure Code :D7983 AS OF 09/23/2023								
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 09/23/2023								
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 09/23/2023								
DENTAL CORONOIDECTOMY								
CORONOIDECTOMY								
Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D7993 AS OF 09/23/2023								
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01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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Procedure Code :D7997 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

01/01/2002	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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Procedure Code :D8080 AS OF 09/23/2023								
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 09/23/2023								
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 09/23/2023								
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 09/23/2023								
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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 09/23/2023

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 09/23/2023

Periodic orthodontc 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 09/23/2023

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
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01/01/2007	12/31/9999	NO	\$445.00	\$557.00	1		YES	YES
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Procedure Code :D8681 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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
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01/01/2020	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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Procedure Code :D8702 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

01/01/2019	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO
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Procedure Code :D9210 AS OF 09/23/2023								
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 09/23/2023								
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 09/23/2023								
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 09/23/2023								
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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 09/23/2023

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 09/23/2023

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 09/23/2023

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
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01/01/2016	12/31/9999	YES	\$104.00	\$130.00	7		YES	YES
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Procedure Code :D9230 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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
01/01/2017	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D9410 AS OF 09/23/2023

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

Procedure Code :D9420 AS OF 09/23/2023

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

Procedure Code :D9430 AS OF 09/23/2023

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

Procedure Code :D9440 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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
01/01/2007	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D9613 AS OF 09/23/2023

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

Procedure Code :D9630 AS OF 09/23/2023

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

Procedure Code :D9910 AS OF 09/23/2023

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

Procedure Code :D9911 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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

Procedure Code :D9932 AS OF 09/23/2023

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

Procedure Code :D9933 AS OF 09/23/2023

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

Procedure Code :D9934 AS OF 09/23/2023

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

Procedure Code :D9935 AS OF 09/23/2023

CLEAN REM PART DENTURE MAND

CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE MANDIBULAR

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

Procedure Code :D9941 AS OF 09/23/2023

FABRICATION ATHLETIC GUARD

FABRICATION OF ATHLETIC MOUTHGUARD

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

Procedure Code :D9942 AS OF 09/23/2023

REPAIR/RELIN OCCLUSAL GUARD

REPAIR AND/OR RELINE 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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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
01/01/2022	12/31/9999	NO	\$45.00	\$45.00	1		YES	YES

Procedure Code :D9949 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

COMPLETE OCCLUSAL ADJUSTMENT

OCCLUSAL ADJUSTMENT-COMPLETE

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/07/2006	12/31/9999	YES	\$379.00	\$474.00	1		YES	YES

Procedure Code :D9953 AS OF 09/23/2023

RELIN SLEEP APNEA APPLIANCE

RELIN CUSTOM SLEEP APNEA APPLIANCE (INDIRECT)

Begin Date	End Date	PA Required	Fee (Age 21+)	Fee (under 21)	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
01/01/2023	12/31/9999	YES	\$378.00	\$378.00	1		YES	YES

Procedure Code :D9961 AS OF 09/23/2023

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 09/23/2023

ENAMEL MICROABRASION

ENAMEL MICROABRASION

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

Procedure Code :D9971 AS OF 09/23/2023

ODONTOPLASTY PER TOOTH

ODONTOPLASTY - PER TOOTH

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

Procedure Code :D9972 AS OF 09/23/2023

Extrnl bleaching per arch

EXTERNAL BLEACHING - PER ARCH - PERFORMED IN OFFICE

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

Procedure Code :D9973 AS OF 09/23/2023

EXTRNL BLEACHING PER TOOTH

EXTERNAL BLEACHING - PER TOOTH

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

Procedure Code :D9974 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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
01/01/2017	12/31/9999	NO	\$0.00	\$0.00	1		YES	NO

Procedure Code :D9992 AS OF 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

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 09/23/2023

ALL OTHER DENTAL PROCEDURES

ALL OTHER DENTAL PROCEDURES

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