

HSD1 Dental Benefit Schedule for the 2019-20 Plan Year

Code	Description	Type	Rate	2018-2019 Benefit
D0120	Periodic Oral Examination	P	1.0	\$38
D0140	Limited Oral Evaluation-Problem Focused	P	1.0	\$63
D0145	Oral Evaluation for Patient Under 3 Years	P	1.0	\$53
D0150	Comprehensive Oral Evaluation	P	1.0	\$60
D0170	Re-evaluation - Limited - Problem Focused	P	1.0	\$62
D0180	Comprehensive Periodontal Evaluation	P	1.0	\$122
D0210	Complete Intraoral X-rays	P	1.0	\$106
D0220	Intraoral X-ray - First Film	P	1.0	\$23
D0230	Intraoral X-ray - Added Films	P	1.0	\$22
D0240	Intraoral Occlusal Film	P	1.0	\$22
D0250	Extraoral 2D Films	P	1.0	\$47
D0270	Bitewing X-ray - Single Film	P	1.0	\$26
D0272	Bitewings X-ray - Two Films	P	1.0	\$36
D0273	Bitewings X-ray - Three Films	P	1.0	\$50
D0274	Bitewings X-ray - Four Films	P	1.0	\$48
D0277	Vertical bitewings - 7 to 8 Films	P	1.0	\$80
D0322	Tomographic Survey	P	1.0	\$126
D0330	Panoramic Film	P	1.0	\$97
D0340	Cephalometric film	P	1.0	\$101
D0350	Oral/Facial Photographic Images	P	1.0	\$51
D0460	Pulp Vitality Tests	P	1.0	\$60
D0470	Diagnostic Casts	P	1.0	\$79
D0473	Accession of Tissue Gross & Micro Exam/Prep	P	1.0	\$134
D1110	Prophylaxis - Adult	P	1.0	\$78
D1120	Prophylaxis - Child	P	1.0	\$55
D1206	Topical Fluoride Varnish - Therapeutic Application	P	1.0	\$30
D1208	Topical Application of Fluoride	P	1.0	\$26
D1351	Sealant-Per Tooth	P	1.0	\$40
D1510	Space Maintain - Fixed-Unilateral	P	1.0	\$309
D1515	Space Maintainer - Fixed - Bilateral	P	1.0	\$358
D1525	Space Maintain Removable	P	1.0	\$218
D2140	Amalgam - 1 Surface - Permanent	R	0.8	\$77
D2150	Amalgam - 2 Surfaces - Permanent	R	0.8	\$103
D2160	Amalgam - 3 Surfaces - Permanent	R	0.8	\$119
D2161	Amalgam - 4+ Surfaces - Permanent	R	0.8	\$157

D2330	Resin-Based Composite - 1 Surface Anterior	R	0.8	\$94
D2331	Resin-Based Composite - 2 Surfaces Anterior	R	0.8	\$124
D2332	Resin-Based Composite - 3 Surfaces Anterior	R	0.8	\$164
D2335	Resin-Based Composite - 4+ Surfaces Anterior	R	0.8	\$232
D2390	Resin Based Composite - Crown Anterior	R	0.8	\$275
D2391	Resin-Based Composite - 1 Surface Posterior	R	0.8	\$101
D2392	Resin-Based Composite - 2 Surface Posterior	R	0.8	\$147
D2393	Resin-Based Composite - 3 Surface Posterior	R	0.8	\$195
D2394	Resin-based Composite - 4+ Surfaces Posterior	R	0.8	\$292
D2520	Inlay Metallic - 2 Surfaces	R	0.8	\$527
D2530	Inlay Metallic - 3 Surfaces	R	0.8	\$742
D2543	Onlay Metallic - 3 Surfaces	R	0.8	\$827
D2544	Onlay Metallic - 4+ Surfaces	M	0.5	\$591
D2630	Inlay Porcelain/Ceramic 3+ Surfaces	M	0.5	\$308
D2643	Onlay Porcelain/Ceramic 3 Surfaces	M	0.5	\$542
D2644	Onlay Porcelain/Ceramic 4+ Surfaces	M	0.5	\$638
D2662	Onlay Resin-Based Composite 2 Surfaces	M	0.5	\$317
D2663	Onlay Resin-Based Composite 3 Surfaces	M	0.5	\$380
D2664	Onlay Resin-Based Composite 4+ Surfaces	M	0.5	\$345
D2710	Crown Resin-Based Composite (Laboratory)	M	0.5	\$525
D2740	Crown Porcelain/Ceramic Substrate	M	0.5	\$525
D2750	Crown Porcelain/High Noble Metal	M	0.5	\$500
D2751	Crown Porcelain/Base Metal	M	0.5	\$336
D2752	Crown Porcelain/Noble Metal	M	0.5	\$394
D2780	Crown 3/4 Cast High Noble Metal	M	0.5	\$472
D2781	Crown 3/4 Cast Base Metal	M	0.5	\$272
D2782	Crown 3/4 Cast Noble Metal	M	0.5	\$365
D2783	Crown 3/4 Porcelain/Ceramic	M	0.5	\$427

D2790	Crown Full Cast High Noble Metal	M	0.5	\$518
D2791	Crown Full Cast Base Metal	M	0.5	\$320
D2792	Crown Full Cast Noble Metal	M	0.5	\$399
D2799	Provision Crown	M	0.5	\$83
D2910	Recement Inlay/Onlay or Partial Coverage Restoration	M	0.5	\$52
D2920	Recement Crown	M	0.5	\$42
D2930	Prefabricated Stainless Steel Crown Prim Tooth	M	0.5	\$106
D2931	Prefabricated Stainless Steel Crown Perm Tooth	M	0.5	\$106
D2940	Protective Restoration	M	0.5	\$37
D2950	Core Buildup - Including Pins	M	0.5	\$96
D2951	Pin Retention - Per Tooth	M	0.5	\$21
D2952	Cast Post & Core Plus Crown	M	0.5	\$187
D2954	Prefabricated Post & Core Plus Crown	M	0.5	\$126
D2960	Labial Veneer (Resin Laminate) - Chairside	M	0.5	\$312
D2962	Labial Veneer (Porcelain Laminate) - Laboratory	M	0.5	\$710
D2980	Crown Repair - By Report	M	0.5	\$98
D2999	Unspecified Restorative Procedure	M	0.5	\$40
D3110	Pulp Cap- Direct	M	0.5	\$58
D3120	Pulp Cap - Indirect	M	0.5	\$23
D3220	Therapeutic Pulpotomy	M	0.5	\$78
D3221	Gross Pulpal Debridement Prim/Perm	M	0.5	\$85
D3240	Pulpal Therapy - Posterior - Primary Tooth	M	0.5	\$98
D3310	Anterior Root Canal	M	0.5	\$332
D3320	Bicuspid Root Canal	M	0.5	\$376
D3330	Molar Root Canal	M	0.5	\$502
D3331	Treat Root Canal Obstruction; Non-Surgical Access	M	0.5	\$170
D3332	Incomplete Endontic Therapy	M	0.5	\$260
D3333	Internal Root Repair	M	0.5	\$158
D3346	Retreatment - Anterior	M	0.5	\$489
D3347	Retreatment - Bicuspid	M	0.5	\$525
D3348	Retreatment - Molar	M	0.5	\$549
D3410	Apicoectomy/Periradicular Surgery- Anterior	M	0.5	\$438
D3421	Apicoectomy/Periradicular Surgery - Bicuspid	M	0.5	\$500
D3425	Apicoectomy - Molar (First Root)	M	0.5	\$475
D3426	Apicoectomy - Each Additional Root	M	0.5	\$230
D3429	Bone Graft in Conjunction with Periradicular Surgery - Per Tooth, Single Site	M	0.5	\$155
D3430	Retrograde Filling - Per Root	M	0.5	\$55
D3450	Root Amputation - Per Root	M	0.5	\$200

D4210	Gingivectomy - 4+ Contiguous teeth	R	0.8	\$384
D4211	Gingivectomy - One to Three Teeth per Quadrant	R	0.8	\$148
D4212	Gingivectomy or Plasty Restor/Tooth	R	0.8	\$97
D4240	Gingival Flap Procedure - Including Root Planing	R	0.8	\$264
D4241	Gingival Flap Procedure - Including Root Planing 1-3 Teeth Quad	R	0.8	\$265
D4249	Crown Lengthening - Hard Tissue	R	0.8	\$501
D4260	Osseous Surgery - Four or more Teeth per Quadrant	R	0.8	\$685
D4261	Osseous Surgery - One to Three Teeth per Quadrant	R	0.8	\$604
D4263	Bone Replacement Graft - First Quad	R	0.8	\$432
D4266	Guided Tissue Regeneration - Resorbable - Per Site	R	0.8	\$595
D4267	Guided Tissue Regeneration - Nonresorbable - Per Site	R	0.8	\$280
D4273	Autogenous Graft	R	0.8	\$551
D4274	Distal/Mesial or Proximal Wedge Procedure	R	0.8	\$204
D4277	Soft Tissue Graft - 1st Tooth Pos In Graft	R	0.8	\$480
D4320	Provisional Splinting Intracoronal	R	0.8	\$254
D4321	Provisional Splinting Extracoronal	R	0.8	\$314
D4341	Periodontal Scaling & Root Planing 4+ Per Quad	R	0.8	\$170
D4342	Periodontal Scaling & Root Planing 1-3 Per Quad	R	0.8	\$115
D4355	Full Mouth Debridement	R	0.8	\$107
D4381	Local Antimicrobial Agent Delivery - Per Tooth	R	0.8	\$60
D4910	Periodontal Maintenance Procedures	R	0.8	\$95
D4999	Unspecified Periodontal Procedure	R	0.8	\$108
D5110	Complete Upper Denture - Maxillary	M	0.5	\$511
D5120	Complete Lower Denture - Mandibular	M	0.5	\$708
D5130	Immediate Denture - Maxillary	M	0.5	\$632
D5140	Immediate Denture - Mandibular	M	0.5	\$645
D5212	Mandibular Lower Partial Denture Base/Resin	M	0.5	\$116
D5213	Maxillary Partial Denture - Cast/Metal - Base/Resin	M	0.5	\$616
D5214	Mandibular Partial Denture - Cast/Metal - Base/Resin	M	0.5	\$876
D5520	Replace Missing or Broken Teeth - Complete Denture	M	0.5	\$44

D5630	Repair or Replace Broken Clasp	M	0.5	\$80
D5640	Replace Broken Denture Teeth - Each	M	0.5	\$47
D5650	Add Tooth To Existing Partial Denture	M	0.5	\$123
D5660	Add Clasp To Existing Partial Denture - Per Tooth	M	0.5	\$97
D5730	Reline Complete Maxillary Denture - Chairside	M	0.5	\$106
D5750	Reline Complete Maxillary Denture - Laboratory	M	0.5	\$170
D5751	Reline Complete Mandibular Denture - Laboratory	M	0.5	\$199
D5760	Reline Upper Partial Denture - Laboratory	M	0.5	\$130
D5982	Surgical Stent	M	0.5	\$38
D6010	Surgical Placement of Implant Body:Endosteal Implant	M	0.5	\$830
D6056	Prefabricated Abutment	M	0.5	\$257
D6057	Custom abutment - includes placement	M	0.5	\$360
D6058	Abutment Supported Porcelain/Ceramic Crown	M	0.5	\$614
D6059	Abutment Supported Porcelain Fused to Metal Crown - High Noble Metal	M	0.5	\$614
D6060	Abutment Supported Porcelain Fused to Metal Crown PBM	M	0.5	\$437
D6061	Abutment Supported Porcelain Fused to Metal Crown NM	M	0.5	\$539
D6065	Implant Supported Porcelain /Ceramic Crown	M	0.5	\$363
D6066	Implant Supported Porcelain Fused to Metal Crown	M	0.5	\$515
D6092	Recement Implant/Abutment Supported Crown	M	0.5	\$39
D6100	Implant Removal	M	0.5	\$250
D6104	Bone Graft at Time of Implant Placement	M	0.5	\$149
D6205	Pontic - Indirect Resin Based Composite	M	0.5	\$375
D6210	Pontic - Cast High Noble Metal	M	0.5	\$345
D6240	Pontic - Porcelain Fused to High Noble Metal	M	0.5	\$496
D6241	Pontic - Porcelain Fused to Base Metal	M	0.5	\$396
D6242	Pontic - Porcelain Fused to Noble Metal	M	0.5	\$554
D6245	Pontic - Porcelain/Ceramic	M	0.5	\$464
D6740	Crown - Porcelain/Ceramic	M	0.5	\$495
D6750	Crown - Porcelain Fused to High Noble Metal	M	0.5	\$519
D6751	Crown - Porcelain Fused to Base Metal	M	0.5	\$326
D6752	Crown - Porcelain Fused to Noble Metal	M	0.5	\$415
D6780	Crown - 3/4 Cast High Noble Metal	M	0.5	\$289
D6790	Crown - Full Cast High Noble Metal	M	0.5	\$588
D6792	Crown - Full Cast Noble Metal	M	0.5	\$78
D6930	Recement Fixed Partial Denture	M	0.5	\$67
D7111	Extraction Coronal Remnant - Deciduous Tooth Primary	R	0.8	\$78
D7140	Extraction - Erupted Tooth Or Exposed Root	R	0.8	\$97
D7210	Surgical Removal of Erupted Tooth	R	0.8	\$180

D7220	Remove Impacted Tooth - Soft Tissue	R	0.8	\$194
D7230	Remove Impacted Tooth - Partially Bony	R	0.8	\$251
D7240	Remove Impacted Tooth - Completely Bony	R	0.8	\$289
D7241	Removal of Impacted Tooth - Unusual Surgical Complication	R	0.8	\$368
D7250	Surgical Removal of Residual Tooth Roots	R	0.8	\$197
D7251	Coronectomy - Intentional Partial Tooth Removal	R	0.8	\$368
D7270	Tooth Reimplantation and/or Stabilization	R	0.8	\$120
D7280	Surgical Access of Unerupted Tooth	R	0.8	\$371
D7285	Biopsy of Oral Tissue - Hard	R	0.8	\$160
D7286	Biopsy of Oral Tissue - Soft	R	0.8	\$260
D7310	Alveoloplasty W/Extract - 4+ Per Quadrant	R	0.8	\$210
D7311	Alveoloplasty W/Extract - 1-3 Per Quadrant	R	0.8	\$118
D7410	Excision of Benign Lesion Up To 1.25 Cm	R	0.8	\$304
D7510	Incision/Drain Abscess - Intraoral Soft Tissue	R	0.8	\$388
D7520	Incision/Drainage Abscess - Extraoral Soft Tissue	R	0.8	\$106
D7530	Removal of Foreign Body, Skin Tissue	R	0.8	\$84
D7950	Mandible or Maxilla Facial Bone Graft	R	0.8	\$1,240
D7960	Frenulectomy - Separate Procedure	R	0.8	\$330
D7963	Frenuloplasty - Oral Surgery	R	0.8	\$213
D7971	Excision of Pericoronal Gingiva	R	0.8	\$108
D9110	Palliative Treatment Of Dental Pain	R	0.8	\$71
D9222	Deep Sedation/General Anesthesia - First 15 Min	R	0.8	\$154
D9223	Deep Sedation/General Anesthesia - Each Additional 15 Min Increment	R	0.8	\$154
D9230	Analgesia - Anxiolysis - Inhalation of Nitrous Oxide	R	0.8	\$47
D9239	IV Moderate Consciousness First 15 Min	R	0.8	\$127
D9242	IV Moderate Consciousness Additional 15 Min	R	0.8	\$127
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each 15 Min Increment	R	0.8	\$40
D9248	Non-Intravenous Conscious Sedation	R	0.8	\$233
D9310	Consultation - Per Session	P	0.0	\$78
D9430	Office Visit For Observation	P	1.0	\$65
D9440	Office Visit - After Hours	P	1.0	\$87
D9910	Application of Desensitizing Medicaments	R	0.8	\$47