

Dental Full Schedule of Benefits Plan Design - Level 1 - NY

The following benefit categories are payable using the 2017 CDT codes assigned by the American Dental Association® (ADA).

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These codes are proprietary and are subject to change by the ADA.

Plan benefits and amounts vary by states. Please refer to policy schedule addendum for complete list of covered procedures and benefit amounts.

Calendar Year Maximum per Covered Insured

Level 1 \$1,400

Dental Wellness (Cleanings)

Pays two visits per calendar year per covered insured.

Visits must be separated by 150 days or more.

Dental Wellness Benefits are not subject to the calendar year maximum. Any one or more of the following codes counts as a dental wellness visit:

CDT Code	Description	Waiting Period	Level 1
D0120	periodic oral evaluation - established patient	None	\$25
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	None	\$25
D0150	comprehensive oral evaluation - new or established patient	None	\$25
D0160	detailed and extensive oral evaluation - problem focused, by report	None	\$25
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	None	\$25
D0180	comprehensive periodontal evaluation - new or established patient	None	\$25
D0425	caries susceptibility tests	None	\$25
D0601	caries risk assessment and documentation, with a finding of low risk	None	\$25
D0602	caries risk assessment and documentation, with a finding of moderate risk	None	\$25
D0603	caries risk assessment and documentation, with a finding of high risk	None	\$25
D1110	prophylaxis - adult	None	\$25
D1120	prophylaxis - child	None	\$25
D1206	topical application of fluoride varnish	None	\$25
D1208	topical application of fluoride – excluding varnish	None	\$25
D1310	nutritional counseling for control of dental disease	None	\$25
D1320	tobacco counseling for the control and prevention of oral disease	None	\$25
D1330	oral hygiene instructions	None	\$25
D4910	periodontal maintenance	None	\$25
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	None	\$25
D9910	application of desensitizing medicament	None	\$25

Radiographic Image Procedure (X-Ray)

Payable once per visit, regardless of the number of X-Rays received.

This benefit is payable only once per calendar year per covered person. Radiographic Image Procedure

(X-Ray) Benefits are not subject to the calendar year maximum. Any one or more of the following codes counts as a radiographic image procedure (X-Ray):

CDT Code	Description	Waiting Period	Level 1
D0210	intraoral - complete series of radiographic images	None	\$15
D0220	intraoral - periapical first radiographic image	None	\$15
D0230	intraoral - periapical each additional radiographic image	None	\$15
D0240	intraoral - occlusal radiographic image	None	\$15
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	None	\$15
D0251	extra-oral posterior dental radiographic image	None	\$15
D0270	bitewing - single radiographic image	None	\$15
D0272	bitewings - two radiographic images	None	\$15
D0273	bitewings - three radiographic images	None	\$15
D0274	bitewings - four radiographic images	None	\$15
D0277	vertical bitewings - 7 to 8 radiographic images	None	\$15
D0330	panoramic radiographic image	None	\$15
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	None	\$15
D0393	treatment simulation using 3D image volume	None	\$15
D0394	digital subtraction of two or more images or image volumes of the same modality	None	\$15
D0395	fusion of two or more 3D image volumes of one or more modalities	None	\$15
	Filling & Basic Services		
CDT Code	Description	Waiting	Level 1
CD1 Code	Description	Period	Level 1
D0140	limited oral evaluation - problem focused	3 months	\$20
D0310	sialography	3 months	\$160
D0415	collection of microorganisms for culture and sensitivity	3 months	\$10
D0416	viral culture	3 months	\$10
D0417	collection and preparation of saliva sample for laboratory diagnostic testing	3 months	\$10
D0418	analysis of saliva sample	3 months	\$10



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Does Duju visiality tests 3 months 530	D0431		3 months	\$10
DOLP Giagnestic casts 3 months 540	D0460		3 months	\$15
20150 amalgam these surfaces, primary or permanent 3 months 550				•
Description Continued Co	D2140	amalgam - one surface, primary or permanent	3 months	\$45
Description September Se	D2150	amalgam - two surfaces, primary or permanent	3 months	\$50
Post	D2160	amalgam - three surfaces, primary or permanent	3 months	\$55
D2321 resin-based composite - two surfaces, anterior 3 months 590 D2323 resin-based composite - three surfaces or involving incisal angle (anterior) 3 months 590 D2339 resin-based composite - four or more surfaces or involving incisal angle (anterior) 3 months 590 D2391 resin-based composite - four or more surfaces posterior 3 months 590 D2392 resin-based composite - two surfaces, posterior 3 months 590 D2393 resin-based composite - two surfaces, posterior 3 months 590 D2393 resin-based composite - two surfaces, posterior 3 months 590 D2394 resin-based composite - three surfaces, posterior 3 months 590 D2395 resin-based composite - three surfaces, posterior 3 months 590 D2396 gold foil - one surface 3 months 590 D2490 gold foil - one surface 9 months 590 D2490 gold foil - two surfaces 9 months 590 D2490 gold foil - two surfaces 9 months 590 D2490 gold foil - two surfaces 9 months 590 D2490 gold foil - two surfaces 9 months 590 D2591 gold foil - two surfaces 9 months 590 D25920 deep sedation/general anesthesia - each 15 minute increment 3 months 590 D25920 deep sedation/general anesthesia - each 15 minute increment 3 months 590 D25920 deep sedation/general anesthesia - each 15 minute increment 3 months 590 D25920 deep sedation/general anesthesia - each 15 minute increment 3 months 590 D25920 deep sedation/general anesthesia - each 15 minute increment 3 months 590 D25920 deep sedation/general anesthesia - each 15 minute increment 3 months 590 D25920 deep sedation/general anesthesia - each 15 minute increment 3 months 590 D25920 deep sedation/general anesthesia - each 15 minute increment 4 months 590 D25920 deep sedation/general anesthesia - each 15 minute increment 4 months 590 D25920 deep sedation/general anesthesia - each 15 minute increment 4 months 590 D25920 deep sedation/general anesthesia - each 15 minute increment 4 months 590 D25920 deep sedation/general anesthesia - each 15 minute increment 4 months 590 D25920 deep sedation/general anesthesia - each 15 minute increment 5 months 590 D25920 deep sedation/	D2161	• • • • • • • • • • • • • • • • • • • •		
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D22392 resin-based composite - two surfaces, posterior 3 months 550 D22394 resin-based composite - three surfaces, posterior 3 months 550 D22394 resin-based composite - four or more surfaces, posterior 3 months 550 D22400 gold foil - one surfaces 3 months 5200 D2400 gold foil - two surfaces 3 months 5200 D2410 gold foil - one surfaces 9 D2410 gold foil - two surfaces 9 D2420 gold foil - two surfaces 9 D2420 gold foil - two surfaces 9 D2421 gold foil - two surfaces 9 D2422 gold foil - two surfaces 9 D2423 gold foil - two surfaces 9 D2424 gold foil - two surfaces 9 D2424 gold foil - two surfaces 9 D2425 gold foil - two surfaces 9 D2426 gold foil - two surfaces 9 D2427 gold foil - two surfaces 9 D2428 gold foil - two surfaces 9 D2429 gold foil - two su				
D2239 resim-based composite - future surfaces, posterior 3 months 535		·		
D2340 resimbased composite - four or more surfaces, posterior D2410 gold foil - ensurface D2420 gold foil - two surfaces Pain Management & Adjunctive Services Period Period Period D9110 palliative (emergency) treatment of dental pain - minor procedure 3 months \$30 D9223 deep sedation/general anesthesia - each 15 minute increment 3 months \$35 D9230 intravenous moderate (conscious) sedation/analgesia - each 15 minute increment 3 months \$35 D9243 intravenous moderate (conscious) sedation/analgesia - each 15 minute increment 3 months \$35 D9243 intravenous moderate (conscious) sedation/analgesia - each 15 minute increment 3 months \$35 D9240 house/extended care facility call D9410 house/extended care facility call D9420 house/extended care facility call D9430 office visit - after regularly scheduled hours D9430 treatment of complications (post-surgical) - unusual circumstances, by report 3 months \$35 D9450 case presentation, detailed and extensive treatment planning D9450 case presentation, detailed and extensive treatment planning D9450 case presentation, detailed and extensive treatment planning D9550 case presentation, detailed and extensive treatment planning D9550 pasce maintainer - fixed - unilateral D9550 pasce maintainer -				
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Pain Management & Adjunctive Services Description Period Level 1				
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Description		Pain Management & Adjunctive Services		
Description	CDT Code	Description		Level 1
D9223 deep sedation/general anesthesia - each 15 minute increment 3 months 555	D9110	palliative (emergency) treatment of dental pain - minor procedure		\$30
D9243 intravenous moderate (conscious) sedation/analgesia – each 15 minute increment D9310 consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician D9410 hospital or ambulatory surgical center call D9420 hospital or ambulatory surgical center call D9420 folice visit - after regularly scheduled hours D9430 case presentation, detailed and extensive treatment planning D9430 treatment of complications (post-surgical) - unusual circumstances, by report D9530 treatment of complications (post-surgical) - unusual circumstances, by report D850 Cotoco D850 D850 Coto	D9223		3 months	\$55
D9310 Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician 3 months \$25	D9230	inhalation of nitrous oxide/analgesia, anxiolysis	3 months	\$25
D9410 house/extended care facility call 3 months 525 D9420 hospital or ambulatory surgical center call 3 months 525 D9430 office visit - after regularly scheduled hours 3 months 525 D9450 case presentation, detailed and extensive treatment planning 3 months 525 D9450 treatment of complications (post-surgical) - unusual circumstances, by report 3 months 525 D950 treatment of complications (post-surgical) - unusual circumstances, by report 3 months 525 D950 Todde Description Waiting Period Period Period Period Period 5 months 520 D1351 sealant - per tooth 6 months 515 D1510 space maintainer - fixed - bilateral 6 months 510 D1520 space maintainer - fixed - bilateral 6 months 510 D1520 space maintainer - removable - unilateral 6 months 510 D1525 space maintainer - removable - bilateral 6 months 510 D1550 re- cement or re- bond space maintainer 1 months 510 D1551 space maintainer - fixed - bilateral 6 months 510 D1555 distal shoe space maintainer - fixed - unilateral 6 months 535 D1575 distal shoe space maintainer - fixed - unilateral 6 months 535 D1575 distal shoe space maintainer - fixed - unilateral 6 months 535 D1575 gignifyectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant 6 months 545 D4210 gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant 6 months 545 D4221 gingivectomy or gingivoplasty - one to three centiguous teeth or tooth bounded spaces per quadrant 6 months 545 D4241 gingivectomy exposure - four or more contiguous teeth or tooth bounded spaces per quadrant 6 months 525 D4241 gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant 6 months 525 D4241 gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant 6 months 525 D4241 gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant 6 months 525 D4241 gingival flap procedure including root	D9243	intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	3 months	\$50
D9420	D9310			
D9400 office visit - after regularly scheduled hours D9450 case presentation, detailed and extensive treatment planning D9500 treatment of complications (post-surgical) - unusual circumstances, by report Other Preventive Services Waiting Period Level 1 D1351 sealant - per tooth Genoths S80 D1510 space maintainer - fixed - unilateral Genoths S80 D1515 space maintainer - fixed - bilateral Genoths S80 D1520 space maintainer - removable - unilateral Genoths S80 D1520 space maintainer - removable - unilateral Genoths S80 D1525 space maintainer - removable - bilateral Genoths S80 D1525 space maintainer - removable - unilateral Genoths S80 D1526 space maintainer - removable - unilateral Genoths S80 D1527 space maintainer - removable - unilateral Genoths S80 D1528 space maintainer - removable - unilateral Genoths S80 D1529 space maintainer - removable - unilateral Genoths S80 D1550 re-cement or re-bond space maintainer Genoths S35 D1575 distal shoe space maintainer - fixed - unilateral Genoths S35 D1575 distal shoe space maintainer - fixed - unilateral Genoths S80 Oral Surgery, Gum Treatments, and Prosthetic Repair CDT Code Description Waiting Period Center Continuous teeth or tooth bounded spaces per quadrant Genoths S45 D4230 anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant Genoths S45 D4240 gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant Genoths S45 D4240 gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant Genoths S25 D4240 gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant Genoths S25 D4241 gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded Genoths S25 D4240 osseous surge		· · · · · · · · · · · · · · · · · · ·		•
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D1351 sealant - per tooth 6 months 515 D1510 space maintainer - fixed - unilateral 6 months 580 D1515 space maintainer - fixed - bilateral 6 months 580 D1515 space maintainer - fixed - bilateral 6 months 580 D1520 space maintainer - removable - unilateral 6 months 580 D1525 space maintainer - removable - bilateral 6 months 580 D1525 re-cement or re-bond space maintainer 6 months 535 D1555 removal of fixed space maintainer 7 months 535 D1555 distal shoe space maintainer 6 months 535 D1555 distal shoe space maintainer - fixed - unilateral 6 months 535 D1575 distal shoe space maintainer - fixed - unilateral 6 months 580 D1525 removal of fixed space maintainer 6 months 580 D1525 removal of fixed space maintainer 6 months 580 D1525 removal of fixed space maintainer - fixed - unilateral 7 more contiguous teeth or tooth bounded spaces per quadrant 8 months 580 D1575 distal shoe space maintainer - fixed - unilateral 7 more contiguous teeth or tooth bounded spaces per quadrant 8 months 580 D1575 distal shoe space maintainer - fixed - unilateral 7 more contiguous teeth or tooth bounded spaces per quadrant 8 months 580 D1575 distal shoe space maintainer - fixed - unilateral 7 more contiguous teeth or tooth bounded spaces per quadrant 8 months 580 D1575 distal shoe space maintainer - fixed - unilateral 7 more contiguous teeth or tooth bounded spaces per quadrant 8 months 545 D1575 distal shoe spaces per quadrant 9 months 545 D1575 distal shoe space maintainer - fixed - unilateral 5 more fixed by fixed per quadrant 9 months 545 D1575 distal shoe space maintainer - fixed - unilateral 5 more fixed by fixed per quadrant 9 months 545 D1575 distal shoe space maintainer - fixed - unilateral 6 months 545 D1575 distal shoe spaces per quadrant 9 months 545 D1576 distal shoe spaces per quadrant 9 months 545 D1576 distal shoe spaces per quadrant 9 months 545 D1576 distal shoe spaces per quadrant 9 months 545 D1576 distal shoe spaces per quadrant 9 months 545 D1576 distal shoe spaces per quadrant 9 months 545 D1576 distal shoe spaces p			Waiting	
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D1525 space maintainer - removable - bilateral 6 months 535 D1550 re-cement or re- bond space maintainer 6 months 535 D1555 removal of fixed space maintainer 6 months 535 D1575 distal shoe space maintainer - fixed - unilateral 6 months 580 COT Code Description Waiting Period Period Period Period Period Period Period 9 gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant 6 months 5130 D4211 gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant 6 months 545 D4230 anatomical crown exposure - four or more contiguous teeth per quadrant 6 months 5130 D4231 anatomical crown exposure - one to three teeth per quadrant 6 months 545 D4240 gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant 6 months 5225 D4241 gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant 6 months 5225 D4249 clinical crown legishening - hard tissue 6 months 5250 D4260 osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant 6 months 5250 D4261 osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant 6 months 5250 D4262 bone replacement graft - retained natural tooth - first site in quadrant 6 months 5250 D4263 bone replacement graft - retained natural tooth - each additional site in quadrant 6 months 5250 D4266 guided tissue regeneration - resorbable barrier, per site (includes membrane removal) 6 months 5275 D4267 guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal) 6 months 5275 D4273 autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or 6 months 5270		•		
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D4211 gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant 6 months \$45 D4230 anatomical crown exposure - four or more contiguous teeth per quadrant 6 months \$130 D4231 anatomical crown exposure - one to three teeth per quadrant 6 months \$45 D4240 gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant 6 months \$225 D4241 gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant 6 months \$225 D4249 clinical crown lengthening - hard tissue 6 months \$250 D4260 osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant 6 months \$250 D4261 osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant 6 months \$250 D4261 bone replacement graft - retained natural tooth - first site in quadrant 6 months \$250 D4264 bone replacement graft - retained natural tooth - each additional site in quadrant 6 months \$225 D4266 guided tissue regeneration - resorbable barrier, per site (includes membrane removal) 6 months \$250 D4260 pedicle soft tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or 6 months \$275	D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant		\$130
D4231 anatomical crown exposure - one to three teeth per quadrant D4240 gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant D4241 gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant D4249 clinical crown lengthening - hard tissue D4240 osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant D4260 osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant D4261 osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant D4263 bone replacement graft - retained natural tooth - first site in quadrant D4264 bone replacement graft - retained natural tooth - each additional site in quadrant D4266 guided tissue regeneration - resorbable barrier, per site D4267 guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal) D4273 autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or D4273 autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or	D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	6 months	\$45
D4240gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant6 months\$225D4241gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant6 months\$225D4249clinical crown lengthening - hard tissue6 months\$250D4260osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant6 months\$250D4261osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant6 months\$250D4261osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant6 months\$250D4261bone replacement graft - retained natural tooth - first site in quadrant6 months\$275D4264bone replacement graft - retained natural tooth - each additional site in quadrant6 months\$225D4266guided tissue regeneration - resorbable barrier, per site6 months\$250D4267guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)6 months\$250D4270pedicle soft tissue graft procedure6 months\$275D4273autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or6 months\$300			6 months	
D4241 gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant D4249 clinical crown lengthening - hard tissue Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant D4261 bone replacement graft - retained natural tooth - first site in quadrant D4263 bone replacement graft - retained natural tooth - each additional site in quadrant D4264 bone replacement graft - retained natural tooth - each additional site in quadrant D4266 guided tissue regeneration - resorbable barrier, per site D4267 guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal) D4270 pedicle soft tissue graft procedure autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or 6 months \$225 \$226 \$275 \$280 \$				
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D4260 osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant D4261 osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant D4263 bone replacement graft – retained natural tooth – first site in quadrant D4264 bone replacement graft – retained natural tooth – each additional site in quadrant D4266 guided tissue regeneration – resorbable barrier, per site D4267 guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal) D4270 pedicle soft tissue graft procedure autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or 6 months \$250				
spaces per quadrant Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant D4261 bone replacement graft – retained natural tooth – first site in quadrant D4264 bone replacement graft – retained natural tooth – each additional site in quadrant D4266 guided tissue regeneration – resorbable barrier, per site D4267 guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal) D4270 pedicle soft tissue graft procedure autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or 6 months 5250 5250 5260 5275 5300	D4249	·	6 months	\$250
spaces per quadrant D4263 bone replacement graft – retained natural tooth – first site in quadrant D4264 bone replacement graft – retained natural tooth – each additional site in quadrant D4266 guided tissue regeneration – resorbable barrier, per site D4267 guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal) D4270 pedicle soft tissue graft procedure autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or 6 months \$250	D4260	spaces per quadrant	6 months	\$250
D4263bone replacement graft - retained natural tooth - first site in quadrant6 months\$275D4264bone replacement graft - retained natural tooth - each additional site in quadrant6 months\$225D4266guided tissue regeneration - resorbable barrier, per site6 months\$250D4267guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)6 months\$250D4270pedicle soft tissue graft procedure6 months\$275D4273autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or6 months\$300	D4261		6 months	\$250
D4264bone replacement graft - retained natural tooth - each additional site in quadrant6 months\$225D4266guided tissue regeneration - resorbable barrier, per site6 months\$250D4267guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)6 months\$250D4270pedicle soft tissue graft procedure6 months\$275D4273autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or6 months\$300	D4263		6 months	\$275
D4267 guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal) 6 months \$250 D4270 pedicle soft tissue graft procedure 6 months \$275 D4273 autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or 6 months \$300				
D4270 pedicle soft tissue graft procedure 1 page 275 D4273 pedicle soft tissue graft procedure 1 page 275 1 page 275 2 pa	D4266	guided tissue regeneration - resorbable barrier, per site	6 months	\$250
autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or	D4267			
1047/3 1 6 months \$300	D4270		6 months	\$275
	D4273		6 months	\$300



December	CDT Code	Description	Waiting Period	Level 1
position in graft see of tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or elementulous tooth position in same graft site position of the procedure including donor and recipient surgical sites) - each additional contiguous tooth, implant or elementulous tooth position in same graft site contiguous tooth, implant or elementulous tooth position in same graft site contiguous tooth, implant or elementulous tooth position in same graft site contiguous tooth, implant or elementulous tooth position in same graft site contiguous tooth, implant or elementulous tooth position in same graft site contiguous tooth, implant or elementulous tooth position in same graft site contiguous tooth, implant or elementulous tooth position in same graft site contiguous tooth, implant or elementulous tooth position in same graft site contiguous tooth, implant or elementulous tooth position in same graft site contiguous tooth, implant or elementulous tooth position in same graft site contiguous tooth, implant or elementulous tooth position in same graft site contiguous tooth, implant or elementulous tooth position in same graft site contiguous tooth, implant or elementulous tooth position in same graft site contiguous tooth, implant or elementulous tooth position in same graft site contiguous tooth, implant or elementulous tooth position in same graft site contiguous tooth, implant or elementulous tooth position in same graft site contiguous tooth, implant or elementulous tooth position in same graft site contiguous tooth, implant or elementulous tooth position in same graft site contiguous tooth, implant or elementulous tooth position in same graft site contiguous tooth, implant or elementulous tooth position in same graft site contiguous tooth, implant or elementulous tooth position in same graft site contiguous tooth, implant or elementulous tooth position in same graft site contiguous tooth, implant tooth, implant tooth, implant tooth, implant to	D4275		6 months	\$275
December	D4277		6 months	\$165
D426 contain juntant or edentifulous tooth position in same graft site contiguous tooth, implant or edentifulous tooth position in same graft site contiguous tooth, implant or edentifulous tooth position in same graft site contiguous tooth, implant or edentifulous tooth position in same graft site contiguous tooth, implant or edentifulous tooth position in same graft site contiguous tooth, implant or edentifulous tooth position in same graft site contiguous tooth, implant or edentifulous tooth position in same graft site contiguous tooth, implant or edentifulous tooth position in same graft site contiguous contiguous tooth, implant or edentifulous tooth site site site site site site site site	D4278		6 months	\$165
Design provisional splinting - interaceronal 6 months 5130 post-provisional splinting - interaceronal 7 months 5130 post-provisional splinting and root planting - four or more teeth per quadrant 7 months 5130 post-provisional splinting and root planting - four or to three teeth per quadrant 8 months 5130 post-provisional splinting - four per quadrant 9 months 5130 post-provisional splinting - four per quadrant 9 months 5130 post-provisional splinting - four per quadrant 9 months 5130 post-provisional splinting - four per quadrant 9 months 5130 post-provisional splinting - four per quadrant 9 months 5130 post-provisional splinting - four per quadrant 9 months 5130 post-provisional splinting - four per per quadrant 9 months 5130 post-provisional splinting - four per per per quadrant 9 months 5130 post-provisional splinting - four per per per per quadrant 9 months 5130 post-provisional splinting - four per per per per quadrant 9 months 5130 post-provisional splinting - four per per per per per per per per per pe	D4283		6 months	\$300
D4341 provisional splinting - extracoronal D4342 periodonatal scaling and root planing - four or more teeth per quadrant D4342 periodonatal scaling and root planing - one to three teeth per quadrant D4345 scaling in presence of generalized moderate to resever giapsid inflammation - full mouth, after oral evaluation D4345 full mouth debridement to enable comprehensive evaluation and diagnosis D4345 full mouth debridement to enable comprehensive evaluation and diagnosis D4340 adjust complete denture - mandibular D5410 adjust complete denture - mandibular D5411 adjust complete denture - mandibular D5412 adjust partial denture - mandibular D5412 adjust partial denture - mandibular D5413 repair broken complete denture (each tooth) D5410 repair broken complete denture base D5520 repair broken complete denture base D5520 repair broken complete denture base D5520 repair cast framework D5520 re	D4285		6 months	\$275
D8341 periodontal scaling and root planing - four or more teeth per quadrant D8346 scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation 6 months 5 mont	D4320	provisional splinting - intracoronal	6 months	\$150
D4342 periodontal scaling and noto planing- one to three teeth per guadrant D436 scaling in presence of generalized moderate or severe giolaysin Inflammation - full mouth, after oral evaluation 6 months D435 full mouth debridement to enable comprehensive evaluation and diagnosis D4310 adjust complete denture- mandibular D4311 adjust complete denture- mandibular D4312 adjust complete denture- mandibular D4313 adjust partial denture- mandibular D4314 adjust partial denture- mandibular D4315 repair broken complete denture base D4316 repair broken complete denture base D4316 repair cast framework D4316 repair cast framework D4316 repair oral repair broken complete denture (each tooth) D4316 repair cast framework D4317 repair oral repair broken teeth - complete denture (each tooth) D4318 repair oral repair cast framework D4319 repair oral repair cast framework D4310 rebase complete mandibular denture D4310 rebase complete mandibular denture D4310 rebase complete mandibular denture D4311 rebase mandibular partial denture D4311 reline complete mandibular denture (relinarisde) D4311 reline mandibular partial denture (relinarisde) D4311 reline mandibular partial denture (relinarisde) D4311 reline mandibular partial denture (relinarisde) D4311 reline mandibular denture (relinarisde) D4311 reline mandibular denture (relinarisde) D4311 reline mandibular denture (relinarisde) D4311 reline mand			6 months	
D4346 sealing in presence of generalized moderate or sewere gingvial inflammation - full mouth, after oral evaluation Genoritis 535				
D8355 full mouth debridement to enable comprehensive evaluation and diagnosis 6 months \$55 D8410 adjust complete denture - marillary 6 months \$20 D8421 adjust complete denture - marillary 6 months \$20 D8421 adjust partial denture - marillary 7 months \$20 D8421 adjust partial denture - marillary 7 months \$20 D8422 adjust partial denture - marillary 7 months \$20 D85310 repair broken complete denture base 6 months \$40 D85311 replace missing or broken teeth - complete denture (each tooth) 6 months \$40 D85310 repair cast framework 6 months \$40 D85310 repair cast framework 7 months \$40 D85310 repair cast framework 6 months \$40 D85310 repair cast promote the per tooth 6 months \$40 D85310 repair cast promote the per tooth 6 months \$40 D85310 repair or replace broken clasp - per tooth 6 months \$40 D85310 repair or replace broken least - per tooth 8 months \$40 D85310 repair or months of \$40 D85310 repair or months broken teeth - per tooth 8 months \$40 D85310 repair or months broken teeth - per tooth 8 months \$40 D85310 repair or months broken teeth - per tooth 8 months \$40 D85310 repair or months broken teeth - per tooth 8 months \$40 D85310 repair or months broken teeth - per tooth 8 months \$40 D85310 repair or months broken teeth - per tooth 8 months \$40 D85310 repair or months broken teeth - per tooth 8 months \$40 D85310 repair or months broken teeth - per tooth 8 months \$40 D85310 repair or months broken teeth - per tooth 8 months \$40 D85311 rebase complete manifollural denture when the per tooth 8 months \$40 D85311 rebase complete manifollural denture (bairside) 8 months \$40 D85311 reline complete manifollural denture (chairside) 8 months \$40 D85310 reline complete manifollural denture (chairside) 8 months \$40 D85311 reline complete manifollural denture (chairside) 8 months \$40 D85311 reline complete manifollural denture (chairside) 9 months \$40 D85311 reline complete manifollural denture (baboratory) 8 months \$40 D85311 reline complete manifollural dent				
D921				
D8410 adjust complete denture - manillary		·		
DS-111 adjust complete denture - mandibular 6 months 520				
D5421 adjust partial denture - marillary D5422 adjust partial denture - marillary D5510 repair broken complete denture base D5510 repair broken complete denture base D5520 repair broken complete denture (each tooth) D5610 repair resin denture base D5610 repair resin denture D5610 repair or replace broken clasp - per tooth D5610 repair or replace broken clasp - per tooth D5610 repair or replace broken teeth - per tooth D5610 repair or replace broken teeth - per tooth D5610 rebase complete marillary denture D5610 rebase complete marillary denture D5610 rebase manuflary partial denture D5610 reline complete manuflary denture (chainside) D5610 reline manuflary partial denture (barristory) D5610 reline manuflary denture (laboratory) D5610 reline manuflary partial denture (barristory) D5610 reline manuflary partial denture (barristory) D5610 reline manuflary partial denture (barristory) D6610 reline manuflary partial denture (barristory) D6610 reline manuflary denture (barristory) D6610 reline manuflary partial denture (barristory) D6610 reline manuflary denture (barristory) D6610 relin				•
D5422 adjust partial denture - mandibular		•		
D5510 repair broken complete denture base 6 months \$45 D5510 replace missing or broken teeth complete denture (each tooth) 6 months \$40 D5510 repair crast framework 6 months \$45 D5520 repair crast framework 6 months \$50 D5630 repair crast framework 6 months \$50 D5640 replace broken teeth - per tooth 6 months \$40 D5650 add clost to existing partial denture 6 months \$40 D5650 add clast to existing partial denture 6 months \$50 D5710 rebase complete maxillad denture 6 months \$10 D5711 rebase maxillary partial denture 6 months \$170 D5721 rebase maxillary partial denture 6 months \$170 D5721 rebase maxillary partial denture (chairside) 6 months \$80 D5731 reline complete maxillary denture (chairside) 6 months \$80 D5731 reline complete maxillary denture (chairside) 6 months \$80 D5741 re				
D5520 replace missing or broken teeth - complete denture (each tooth) 6 months 540 D5610 repair cast framework 6 months 560 D5620 repair cast framework 6 months 560 D5630 repair cast framework 6 months 550 D5640 repair cast framework 6 months 550 D5650 add tooth to existing partial denture 6 months 540 D5660 add clost to existing partial denture per tooth 6 months 560 D5710 rebase complete maxillary denture 6 months 510 D5711 rebase complete maxillary denture 6 months 517 D5720 rebase maxillary partial denture 6 months 517 D5721 rebase maxillary partial denture 6 months 517 D5731 reline complete maxillary denture (chairside) 6 months 517 D5731 reline complete maxillary denture (chairside) 6 months 580 D5731 reline maxillary partial denture (chairside) 6 months 580 D5740 reline				
D5510 repair cast framework 6 months 580 D5620 repair cast framework 6 months 580 D5630 repair or replace broken clasp - per tooth 6 months 550 D5640 replace broken teeth - per tooth 6 months 540 D5650 add clost to existing partial denture 6 months 550 D5700 rebase complete maxillad denture 6 months 550 D5711 rebase complete maxillad denture 6 months 510 D5721 rebase maxillary partial denture 6 months 5170 D5720 rebase maxillary partial denture 6 months 5170 D5721 rebase maxillary partial denture 6 months 5170 D5730 reline complete maxillary denture (chairside) 6 months 5170 D5731 reline complete maxillary denture (chairside) 6 months 580 D5740 reline maxillary partial denture (chairside) 6 months 580 D5741 reline maxillary partial denture (chairside) 6 months 530 D5751 reline				
D5530 repair or replace broken clasp- per tooth D5640 replace broken teeth - per tooth D5640 replace broken teeth - per tooth D5650 add tooth to existing partial denture D5650 add clasp to existing partial denture D5710 rebase complete maxillary denture D5711 rebase complete maxillary denture D5711 rebase complete maxillary denture D5712 rebase mandibular partial denture D5713 reline complete maxillary denture (chairside) D5720 reline complete maxillary denture (chairside) D5731 reline complete maxillary denture (chairside) D5740 reline maxillary partial denture D5731 reline complete maxillary denture (chairside) D5740 reline maxillary partial denture (chairside) D5740 reline maxillary partial denture (chairside) D5741 reline maxillary partial denture (chairside) D5740 reline maxillary partial denture (chairside) D5741 reline maxillary partial denture (chairside) D5740 reline maxillary partial denture (chairside) D5741 reline maxillary partial denture (chairside) D5740 reline maxillary partial denture (chairside) D5740 reline maxillary partial denture (chairside) D5751 reline complete maxillary denture (chairside) D5751 reline maxillary partial denture (laboratory) D5751 reline complete maxillary denture (laboratory) D5751 reline complete maxillary denture (laboratory) D5751 reline complete maxillary denture (laboratory) D5751 reline maxillary partial denture (laboratory) D5750 reline maxillary part				
D5640 replace broken teeth - per tooth 540	D5620	repair cast framework	6 months	\$60
D5650 add clasp to existing partial denture D5600 add clasp to existing partial denture D5710 rebase complete maxillary denture D5711 rebase complete maxillary denture D5712 rebase maxillary denture D5713 rebase complete maxillary denture D5714 rebase maxillary partial denture D5715 from this S170 D5716 rebase maxillary partial denture D5730 reline complete maxillary denture (chairside) D5731 reline complete maxillary denture (chairside) D5731 reline complete maxillary denture (chairside) D5740 reline maxillary partial denture (chairside) D5741 reline maxillary partial denture (chairside) D5740 reline maxillary partial denture (chairside) D5741 reline complete maxillary denture (chairside) D5742 reline maxillary partial denture (chairside) D5743 reline complete maxillary denture (chairside) D5750 reline complete maxillary denture (laboratory) D5751 reline complete maxillary denture (laboratory) D5750 reline maxillary partial denture (laboratory) D5760 reline maxillary partial denture (laboratory) D5761 reline maxillary on the maxillary D5761 reline maxilla	D5630	repair or replace broken clasp - per tooth	6 months	\$50
D5660 add clasp to existing partial denture - per tooth D5710 rebase complete maxillary denture D5711 rebase complete maxillary denture D5712 rebase complete maxillary denture D5712 rebase maxillary partial denture D5713 rebase maxillary partial denture D5714 rebase maxillary denture (chairside) D5715 reline complete maxillary denture (chairside) D5716 reline complete maxillary denture (chairside) D5717 reline complete maxillary denture (chairside) D5718 reline complete maxillary denture (chairside) D5719 reline maxillary partial denture (chairside) D5710 reline maxillary partial denture (chairside) D5710 reline maxillary partial denture (chairside) D5711 reline maxillary partial denture (chairside) D5712 reline complete maxillary denture (chairside) D5714 reline maxillary partial denture (chairside) D5715 reline complete maxillary denture (chairside) D5716 reline maxillary partial denture (chairside) D5710 repair implant supported prosthesis, by report D5710 repair implant supported prosthesis, by report D5710 repair implant supported prosthesis, by report D5710 reline maxillary partial denture D5710 repair implant abutment, by report D5710 removal of implant abutment, by report D5710 removal of implant abutme	D5640	replace broken teeth - per tooth	6 months	\$40
D5710 rebase complete mandibular denture 6 months 5130	D5650		6 months	
D5711 rebase complete mandibular denture 6 months \$170 D5720 rebase maxillary partial denture 6 months \$170 D5730 reline complete maxillary denture (chairside) 6 months \$80 D5731 reline complete maxillary denture (chairside) 6 months \$80 D5731 reline complete maxillary denture (chairside) 6 months \$30 D5740 reline mandibular partial denture (chairside) 6 months \$30 D5741 reline mandibular partial denture (chairside) 6 months \$30 D5750 reline complete maxillary denture (laboratory) 6 months \$110 D5750 reline complete maxillary partial denture (laboratory) 6 months \$130 D5760 reline mandibular partial denture (laboratory) 6 months \$130 D5751 reline complete maxillary partial denture (laboratory) 6 months \$110 D5750 reline mandibular partial denture (laboratory) 6 months \$130 D5751 reline complete maxillary denture (laboratory) 6 months \$130 D5751 tilisus conditioni	-		6 months	· · · · · · · · · · · · · · · · · · ·
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	D7280	exposure of an unerupted tooth	6 months	\$200



CDT Code	Description	Waiting Period	Level 1
D7282	mobilization of erupted or malpositioned tooth to aid eruption	6 months	\$65
D7283	placement of device to facilitate eruption of impacted tooth	6 months	\$65
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	6 months	\$135
D7286	incisional biopsy of oral tissue-soft	6 months	\$100
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	6 months	\$65
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	6 months	\$65
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	6 months	\$80
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	6 months	\$80
D7340	vestibuloplasty - ridge extension (secondary epithelialization) vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and	6 months	\$400
D7350	management of hypertrophied and hyperplastic tissue) excision of benign lesion up to 1.25 cm	6 months	\$800 \$125
D7410	excision of benign lesion greater than 1.25 cm	6 months	\$175
D7411	excision of benign lesion, complicated	6 months	\$325
D7413	excision of malignant lesion up to 1.25 cm	6 months	\$250
D7414	excision of malignant lesion greater than 1.25 cm	6 months	\$350
D7415	excision of malignant lesion, complicated	6 months	\$400
D7440	excision of malignant tumor - lesion diameter up to 1.25 cm	6 months	\$250
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	6 months	\$400
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	6 months	\$265
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	6 months	\$250
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	6 months	\$225
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	6 months	\$325
D7471	removal of lateral exostosis (maxilla or mandible)	6 months	\$275
D7472	removal of torus palatinus	6 months	\$325
D7473	removal of torus mandibularis	6 months	\$325 \$275
D7485 D7510	reduction of osseous tuberosity incision and drainage of abscess - intraoral soft tissue	6 months 6 months	\$275 \$100
D7510	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	6 months	\$150
D7511	incision and drainage of abscess - intraoral soft tissue	6 months	\$200
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	6 months	\$250
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	6 months	\$150
D7540	removal of reaction producing foreign bodies, musculoskeletal system	6 months	\$180
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone	6 months	\$170
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	6 months	\$700
D7610	maxilla - open reduction (teeth immobilized, if present)	6 months	\$1,000
D7620	maxilla - closed reduction (teeth immobilized, if present)	6 months	\$1,000
D7630	mandible - open reduction (teeth immobilized, if present)	6 months	\$1,000
D7640	mandible - closed reduction (teeth immobilized, if present)	6 months	\$1,000
D7650	malar and/or zygomatic arch - open reduction	6 months	\$1,000
D7660	malar and/or zygomatic arch - closed reduction alveolus - closed reduction, may include stabilization of teeth	6 months	\$1,000 \$725
D7670 D7671	alveolus - open reduction, may include stabilization of teeth	6 months 6 months	\$350
D7710	maxilla - open reduction	6 months	\$1,000
D7720	maxilla - closed reduction	6 months	\$1,000
D7730	mandible - open reduction	6 months	\$1,000
D7740	mandible - closed reduction	6 months	\$1,000
D7750	malar and/or zygomatic arch - open reduction	6 months	\$1,000
D7760	malar and/or zygomatic arch - closed reduction	6 months	\$1,000
D7770	alveolus - open reduction stabilization of teeth	6 months	\$350
D7771	alveolus, closed reduction stabilization of teeth	6 months	\$725
D7953	bone replacement graft for ridge preservation - per site	6 months	\$80
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	6 months	\$80
D7963	frenuloplasty excision of hyperplastic tissue - per arch	6 months	\$80 \$80
D7970 D7971	excision of nyperplastic tissue - per arch excision of pericoronal gingiva	6 months 6 months	\$80 \$70
D9120	fixed partial denture sectioning	6 months	\$35
23120	Crowns and Major Services	5	400
CDT Code	Description	Waiting	Level 1
D2E10		Period 12 months	¢100
D2510 D2520	inlay - metallic - one surface inlay - metallic - two surfaces	12 months	\$190 \$225
D2520 D2530	inlay - metallic - two surfaces	12 months	\$350
D2530 D2542	onlay - metallic - two surfaces	12 months	\$225
D2542	onlay - metallic - three surfaces	12 months	\$250
	in the second contract contract		7200



CDT Code	Description	Waiting	Level 1
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D2544	onlay - metallic - four or more surfaces	12 months	\$275
D2610	inlay - porcelain/ceramic - one surface	12 months	\$200
D2620 D2630	inlay - porcelain/ceramic - two surfaces inlay - porcelain/ceramic - three or more surfaces	12 months 12 months	\$225 \$350
D2630 D2642	onlay - porcelain/ceramic - twee or more surfaces	12 months	\$350
D2643	onlay - porcelain/ceramic - two surfaces	12 months	\$275
D2644	onlay - porcelain/ceramic - four or more surfaces	12 months	\$325
D2650	inlay - resin-based composite - one surface	12 months	\$180
D2651	inlay - resin-based composite - two surfaces	12 months	\$200
D2652	inlay - resin-based composite - three or more surfaces	12 months	\$250
D2662	onlay - resin-based composite - two surfaces	12 months	\$225
D2663	onlay - resin-based composite - three surfaces	12 months	\$250
D2664	onlay - resin-based composite - four or more surfaces	12 months	\$250
D2710	crown - resin-based composite (indirect)	12 months	\$150
D2712	crown - ¾ resin-based composite (indirect)	12 months	\$150
D2720	crown - resin with high noble metal	12 months	\$250
D2721	crown - resin with predominantly base metal	12 months	\$250
D2722	crown - resin with noble metal	12 months	\$250
D2740	crown - porcelain/ceramic substrate	12 months	\$250
D2750	crown - porcelain fused to high noble metal	12 months	\$250
D2751	crown - porcelain fused to predominantly base metal	12 months	\$250
D2752	crown - porcelain fused to noble metal crown - 3/4 cast high noble metal	12 months	\$250
D2780 D2781	crown - 3/4 cast nigh noble metal crown - 3/4 cast predominantly base metal	12 months 12 months	\$250 \$250
D2781 D2782	crown - 3/4 cast noble metal	12 months	\$250
D2782	crown - 3/4 porcelain/ceramic	12 months	\$250
D2790	crown - full cast high noble metal	12 months	\$250
D2791	crown - full cast predominantly base metal	12 months	\$250
D2792	crown - full cast noble metal	12 months	\$250
D2794	crown - titanium	12 months	\$250
D2799	provisional crown- further treatment or completion of diagnosis necessary prior to final impression	12 months	\$75
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	12 months	\$30
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	12 months	\$30
D2920	re-cement or re-bond crown	12 months	\$30
D2921	reattachment of tooth fragment, incisal edge or cusp	12 months	\$30
D2930	prefabricated stainless steel crown - primary tooth	12 months	\$65
D2931	prefabricated stainless steel crown - permanent tooth	12 months	\$75
D2932	prefabricated resin crown	12 months	\$100
D2933	prefabricated stainless steel crown with resin window	12 months	\$110
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	12 months	\$65
D2940	protective restoration	12 months	\$25
D2941	interim therapeutic restoration – primary dentition restorative foundation for an indirect restoration	12 months	\$10 \$25
D2949 D2950	core buildup, including any pins when required	12 months 12 months	\$25 \$50
D2950 D2951	pin retention - per tooth, in addition to restoration	12 months	\$15
D2951 D2952	post and core in addition to crown, indirectly fabricated	12 months	\$95
D2954	prefabricated post and core in addition to crown	12 months	\$100
D2955	post removal	12 months	\$75
D2975	coping	12 months	\$225
D2980	crown repair necessitated by restorative material failure	12 months	\$75
D3110	pulp cap - direct (excluding final restoration)	12 months	\$15
D3120	pulp cap - indirect (excluding final restoration)	12 months	\$15
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	12 months	\$40
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	12 months	\$40
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	12 months	\$45
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	12 months	\$45
D3310	endodontic therapy, anterior tooth (excluding final restoration)	12 months	\$150
D3320	endodontic therapy, bicuspid tooth (excluding final restoration)	12 months	\$200
D3330	endodontic therapy, molar (excluding final restoration)	12 months	\$250
D3346	retreatment of previous root canal therapy - anterior	12 months	\$130
D3347	retreatment of previous root canal therapy - bicuspid	12 months	\$180
D3348	retreatment of previous root canal therapy - molar	12 months	\$225
D3351	apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	12 months	\$130



CDT Code	Description	Waiting	Level 1
		Period	
D3352	apexification/recalcification – interim medication replacement apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of	12 months	\$30
D3353	perforations, root resorption, etc.)	12 months	\$65
D3355	pulpal regeneration - initial visit	12 months	\$65
D3356	pulpal regeneration - interim medication replacement	12 months	\$30
D3357	pulpal regeneration - completion of treatment	12 months	\$30
D3410	apicoectomy - anterior	12 months	\$140
D3421	apicoectomy - bicuspid (first root)	12 months	\$275
D3425	apicoectomy - molar (first root)	12 months	\$300
D3426 D3427	apicoectomy (each additional root)	12 months 12 months	\$110 \$120
D3427 D3428	periradicular surgery without apicoectomy bone graft in conjunction with periradicular surgery – per tooth, single site	12 months	\$120
D3428	bone graft in conjunction with perinadicular surgery – per tooth, single site bone graft in conjunction with perinadicular surgery – each additional contiguous tooth in the same surgical site	12 months	\$115
D3429	retrograde filling - per root	12 months	\$80
D3431	biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	12 months	\$30
D3432	guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	12 months	\$250
D3450	root amputation - per root	12 months	\$160
D3920	hemisection (including any root removal), not including root canal therapy	12 months	\$120
D3950	canal preparation and fitting of preformed dowel or post	12 months	\$55
	Major Prosthetic Services	10/- iti.	
CDT Code	Description	Waiting Period	Level 1
D5110	complete denture - maxillary	24 months	\$350
D5110	complete denture - maxitary complete denture - mandibular	24 months	\$350
D5130	immediate denture - maxillary	24 months	\$350
D5140	immediate denture - mandibular	24 months	\$350
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	24 months	\$250
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	24 months	\$250
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	24 months	\$300
DF214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and	24 +	¢200
D5214	teeth)	24 months	\$300
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	24 months	\$250
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	24 months	\$250
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	24 months	\$300
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional	24 months	\$300
D5225	clasps, rests and teeth) maxillary partial denture - flexible base (including any clasps, rests and teeth)	24 months	\$300
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	24 months	\$300
D5281	removable unilateral partial denture - one piece cast metal (including clasps and teeth)	24 months	\$300
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	24 months	\$180
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	24 months	\$180
D5810	interim complete denture (maxillary)	24 months	\$225
D5811	interim complete denture (mandibular)	24 months	\$225
D5820	interim partial denture (maxillary)	24 months	\$170
D5821	interim partial denture (mandibular)	24 months	\$180
D5863 D5864	overdenture – complete maxillary overdenture – partial maxillary	24 months 24 months	\$200 \$100
D5864 D5865	overdenture – partial maxillary overdenture – complete mandibular	24 months	\$200
D5866	overdenture – partial mandibular	24 months	\$100
D6010	surgical placement of implant body: endosteal implant	24 months	\$450
D6011	second stage implant surgery	24 months	\$100
D6012	surgical placement of interim implant body for transitional prosthesis: endosteal implant	24 months	\$450
D6013	surgical placement of mini implant	24 months	\$450
D6040	surgical placement: eposteal implant	24 months	\$1,000
D6050	surgical placement: transosteal implant	24 months	\$1,000
D6052	semi-precision attachment abutment	24 months	\$250
D6056	prefabricated abutment – includes modification and placement custom fabricated abutment – includes placement	24 months	\$225 \$225
D6057 D6058	abutment supported porcelain/ceramic crown	24 months 24 months	\$250
D6059	abutment supported porcelain/ceramic crown (high noble metal)	24 months	\$250
20003			-
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	24 months	\$250
D6060 D6061	abutment supported porcelain fused to metal crown (predominantly base metal) abutment supported porcelain fused to metal crown (noble metal)	24 months 24 months	\$250



		Waiting	
CDT Code	Description	Period	Level 1
D6063	abutment supported cast metal crown (predominantly base metal)	24 months	\$250
D6064	abutment supported cast metal crown (noble metal)	24 months	\$250
D6065	implant supported porcelain/ceramic crown	24 months	\$250
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	24 months	\$250
D6067	implant supported metal crown (titanium, titanium alloy, high noble metal)	24 months	\$250
D6068 D6069	abutment supported retainer for porcelain/ceramic FPD	24 months 24 months	\$250 \$250
D6069 D6070	abutment supported retainer for porcelain fused to metal FPD (high noble metal) abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	24 months	\$250
D6070	abutment supported retainer for porcelain fused to metal FPD (noble metal)	24 months	\$250
D6072	abutment supported retainer for cast metal FPD (high noble metal)	24 months	\$250
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	24 months	\$250
D6074	abutment supported retainer for cast metal FPD (noble metal)	24 months	\$250
D6075	implant supported retainer for ceramic FPD	24 months	\$250
D6076	implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	24 months	\$250
D6077	implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	24 months	\$250
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	24 months	\$75
D6085	provisional implant crown	24 months	\$75
D6094	abutment supported crown - (titanium)	24 months	\$250
D6110	implant /abutment supported removable denture for edentulous arch – maxillary	24 months	\$450
D6111	implant /abutment supported removable denture for edentulous arch – mandibular	24 months	\$450
D6112	implant /abutment supported removable denture for partially edentulous arch – maxillary implant /abutment supported removable denture for partially edentulous arch – mandibular	24 months	\$450
D6113 D6114	implant /abutment supported fixed denture for partially edentulous arch – mandibular implant /abutment supported fixed denture for edentulous arch – maxillary	24 months 24 months	\$450 \$450
D6114	implant /abutment supported fixed denture for edentulous arch – mandibular	24 months	\$450
D6116	implant /abutment supported fixed denture for partially edentulous arch – maxillary	24 months	\$450
D6117	implant /abutment supported fixed denture for partially edentulous arch – mandibular	24 months	\$450
D6194	abutment supported retainer crown for FPD (titanium)	24 months	\$250
D6205	pontic - indirect resin based composite	24 months	\$250
D6210	pontic - cast high noble metal	24 months	\$250
D6211	pontic - cast predominantly base metal	24 months	\$250
D6212	pontic - cast noble metal	24 months	\$250
D6214	pontic - titanium	24 months	\$250
D6240	pontic - porcelain fused to high noble metal pontic - porcelain fused to predominantly base metal	24 months	\$250 \$250
D6241 D6242	pontic - porcelain fused to predominantly base metal	24 months 24 months	\$250
D6242	pontic - porcelain/tased to hobie metal	24 months	\$250
D6250	pontic - resin with high noble metal	24 months	\$250
D6251	pontic - resin with predominantly base metal	24 months	\$250
D6252	pontic - resin with noble metal	24 months	\$250
D6253	provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	24 months	\$250
D6545	retainer - cast metal for resin bonded fixed prosthesis	24 months	\$140
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	24 months	\$140
D6549	resin retainer – for resin bonded fixed prosthesis	24 months	\$140
D6600	retainer inlay - porcelain/ceramic, two surfaces retainer inlay - porcelain/ceramic, three or more surfaces	24 months	\$225
D6601 D6602	retainer inlay - porcelain/ceramic, three or more surfaces retainer inlay - cast high noble metal, two surfaces	24 months 24 months	\$350 \$300
D6603	retainer inlay - cast high noble metal, two surfaces	24 months	\$300
D6604	retainer inlay - cast predominantly base metal, two surfaces	24 months	\$300
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	24 months	\$325
D6606	retainer inlay - cast noble metal, two surfaces	24 months	\$300
D6607	retainer inlay - cast noble metal, three or more surfaces	24 months	\$325
D6608	retainer onlay - porcelain/ceramic, two surfaces	24 months	\$250
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	24 months	\$275
D6610	retainer onlay - cast high noble metal, two surfaces	24 months	\$325
D6611	retainer onlay - cast high noble metal, three or more surfaces	24 months	\$350
D6612	retainer onlay - cast predominantly base metal, two surfaces	24 months	\$325
D6613 D6614	retainer onlay - cast predominantly base metal, three or more surfaces retainer onlay - cast noble metal, two surfaces	24 months 24 months	\$350 \$325
D6615	retainer onlay - cast noble metal, two surfaces	24 months	\$350
D6624	retainer inlay - titanium	24 months	\$325
D6634	retainer onlay - titanium	24 months	\$350
D6710	retainer crown - indirect resin based composite	24 months	\$250
D6720	retainer crown - resin with high noble metal	24 months	\$250



CDT Code	Description	Waiting Period	Level 1
D6721	retainer crown - resin with predominantly base metal	24 months	\$250
D6722	retainer crown - resin with noble metal	24 months	\$250
D6740	retainer crown - porcelain/ceramic	24 months	\$250
D6750	retainer crown - porcelain fused to high noble metal	24 months	\$250
D6751	retainer crown - porcelain fused to predominantly base metal	24 months	\$250
D6752	retainer crown - porcelain fused to noble metal	24 months	\$250
D6780	retainer crown - 3/4 cast high noble metal	24 months	\$250
D6781	retainer crown - 3/4 cast predominantly base metal	24 months	\$250
D6782	retainer crown - 3/4 cast noble metal	24 months	\$250
D6783	retainer crown - 3/4 porcelain/ceramic	24 months	\$250
D6790	retainer crown - full cast high noble metal	24 months	\$250
D6791	retainer crown - full cast predominantly base metal	24 months	\$250
D6792	retainer crown - full cast noble metal	24 months	\$250
D6793	provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	24 months	\$125
D6794	retainer crown - titanium	24 months	\$250

EXCLUSIONS AND LIMITATIONS

Each benefit requires that charges are incurred for treatment. We will not pay benefits for: coding convention errors, misrepresentations or upcoding, crown replacement services within five years of last placement, inlay or onlay replacement services within five years of last placement, procedures prior to the effective date, procedures prior to the expiration of the waiting period, prosthetic replacement services within five years of last placement, repairs within six months of the initial procedure, sealant limitation (limited to secondary molars for dependent children under age 16 and will not be payable more often than every five years), teeth missing before the policy coverage effective date, treatment outside of the United States, unlisted procedures, or unrecommended or unrequired services. This list does not include a complete description of each limitation and exclusion. To obtain a complete description of benefits, limitations and exclusions, please refer to the policy or see your Paul Revere benefits counselor.

Applicable to policy Dental-NY. This is not an insurance contract and only the actual policy provisions will control.

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DENTAL SCHEDULE OF BENEFITS - IDN8000 - LEVEL 1 | 1-17 | TM-506-1-NY