



**BlueCare Dental<sup>SM</sup>  
HMO Plan 706**

**BENEFITS SCHEDULE**

ADA Code	Procedure	Patient Copay
D0120	Periodic Oral Evaluation - Established Patient	\$10
D0140	Limited Oral Evaluation - Problem Focused	10
D0145	Oral Evaluation for a Patient Under Three Years of Age and Counseling with Primary Caregiver	10
D0150	Comprehensive Oral Evaluation - New or Established Patient	10
D0160	Detailed and Extensive Oral Evaluation - Problem Focused, by Report	10
D0170	Re-Evaluation - Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	10
D0180	Comprehensive Periodontal Evaluation - New or Established Patient	10
D0210	Intraoral - Complete Series of Radiographic Images	0
D0220	Intraoral - Periapical First Radiographic Image	0
D0230	Intraoral - Periapical Each Additional Radiographic Image	0
D0240	Intraoral - Occlusal Radiographic Image	0
D0251	Extra-Oral Posterior Dental Radiographic Image	0
D0270	Bitewing - Single Radiographic Image	0
D0272	Bitewings - Two Radiographic Images	0
D0273	Bitewings - Three Radiographic Images	0
D0274	Bitewings - Four Radiographic Images	0
D0277	Vertical Bitewings - Seven to Eight Radiographic Images	0
D0330	Panoramic Radiographic Image	0
D0340	2D Cephalometric Radiographic Image - Acquisition, Measurement and Analysis	0
D0460	Pulp Vitality Tests	0
D0470	Diagnostic Casts	0
D1110	Prophylaxis - Adult	0
D1120	Prophylaxis - Child	0
D1208	Topical Application of Fluoride - Excluding Varnish	0
D1310	Nutritional Counseling for Control of Dental Disease	0
D1330	Oral Hygiene Instructions	0
D1351	Sealant - Per Tooth	0
D1352	Preventive Resin Restoration in a Moderate to High Caries Risk Patient - Permanent Tooth	0
D1353	Sealant Repair - Per Tooth	0
D1354	Interim Caries Arresting Medicament Application - Per Tooth	0
D1510	Space Maintainer - Fixed - Unilateral	0
D1516	Space Maintainer - Fixed - Bilateral, Maxillary	0
D1517	Space Maintainer - Fixed - Bilateral, Mandibular	0
D1520	Space Maintainer - Removable - Unilateral	0
D1526	Space Maintainer - Removable - Bilateral, Maxillary	0
D1527	Space Maintainer - Removable - Bilateral, Mandibular	0
D1550	Recement or Rebond Space Maintainer	0
D1555	Removal of Fixed Space Maintainer	0
D1575	Distal Shoe Space Maintainer - Fixed - Unilateral	0
D2140	Amalgam - One Surface, Primary or Permanent	20
D2150	Amalgam - Two Surfaces, Primary or Permanent	24
D2160	Amalgam - Three Surfaces, Primary or Permanent	31
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	40
D2330	Resin-Based Composite - One Surface, Anterior	24
D2331	Resin-Based Composite - Two Surfaces, Anterior	31
D2332	Resin-Based Composite - Three Surfaces, Anterior	45
D2335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle (Anterior)	45
D2390	Resin-Based Composite Crown, Anterior	45
D2391	Resin-Based Composite - One Surface, Posterior	29

ADA Code	Procedure	Patient Copay
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$39
D2393	Resin-Based Composite - Three Surfaces, Posterior	45
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	50
D2510	Inlay - Metallic - One Surface	276
D2520	Inlay - Metallic - Two Surfaces	330
D2530	Inlay - Metallic - Three or More Surfaces	352
D2542	Onlay - Metallic - Two Surfaces	373
D2543	Onlay - Metallic - Three Surfaces	373
D2544	Onlay - Metallic - Four or More Surfaces	373
D2610	Inlay - Porcelain/Ceramic - One Surface	299
D2620	Inlay - Porcelain/Ceramic - Two Surfaces	299
D2630	Inlay - Porcelain/Ceramic - Three or More Surfaces	299
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	373
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	373
D2644	Onlay - Porcelain/Ceramic - Four or More Surfaces	373
D2650	Inlay - Resin-Based Composite - One Surface	301
D2651	Inlay - Resin-Based Composite - Two Surfaces	301
D2652	Inlay - Resin-Based Composite - Three or More Surfaces	301
D2662	Onlay - Resin-Based Composite - Two Surfaces	373
D2663	Onlay - Resin-Based Composite - Three Surfaces	373
D2664	Onlay - Resin-Based Composite - Four or More Surfaces	373
D2710	Crown - Resin-Based Composite (Indirect)	157
D2712	Crown - 3/4 Resin-based Composite (Indirect)	157
D2720	Crown - Resin with High Noble Metal	416
D2721	Crown - Resin with Predominantly Base Metal	405
D2722	Crown - Resin with Noble Metal	405
D2740	Crown - Porcelain/Ceramic Substrate	385
D2750	Crown - Porcelain Fused to High Noble Metal	416
D2751	Crown - Porcelain Fused to Predominantly Base Metal	405
D2752	Crown - Porcelain Fused to Noble Metal	405
D2780	Crown - 3/4 Cast High Noble Metal	405
D2781	Crown - 3/4 Cast Predominantly Base Metal	395
D2782	Crown - 3/4 Cast Noble Metal	395
D2783	Crown - 3/4 Porcelain/Ceramic	385
D2790	Crown - Full Cast High Noble Metal	405
D2791	Crown - Full Cast Predominantly Base Metal	394
D2792	Crown - Full Cast Noble Metal	395
D2794	Crown - Titanium	405
D2799	Provisional Crown - Further Treatment or Completion of Diagnosis Necessary Prior to Final Impression	147
D2910	Re-Cement or Re-Bond Inlay, Onlay, Veneer or Partial Coverage Restoration	31
D2915	Re-Cement or Re-Bond Indirectly Fabricated or Prefabricated Post and Core	31
D2920	Re-Cement or Re-Bond Crown	31
D2921	Reattachment of Tooth Fragment, Incisal Edge or Cusp	24
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	44
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	96
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	126
D2932	Prefabricated Resin Crown	110
D2933	Prefabricated Stainless Steel Crown with Resin Window	44
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	44
D2940	Protective Restoration	47
D2941	Interim Therapeutic Restoration - Primary Dentition	47
D2949	Restorative Foundation for an Indirect Restoration	0
D2950	Core Buildup, Including any Pins when Required	110
D2951	Pin Retention - Per Tooth, in Addition to Restoration	31
D2952	Post and Core in Addition to Crown, Indirectly Fabricated	159
D2953	Each Additional Indirectly Fabricated Post - Same Tooth	36
D2954	Prefabricated Post and Core in Addition to Crown	136
D2957	Each Additional Prefabricated Post - Same Tooth	25
D2980	Crown Repair Necessitated by Restorative Material Failure	85
D2981	Inlay Repair Necessitated by Restorative Material Failure	85
D2982	Onlay Repair Necessitated by Restorative Material Failure	85
D2983	Veneer Repair Necessitated by Restorative Material Failure	85
D2990	Resin Infiltration of Incipient Smooth Surface Lesions	24
D3110	Pulp Cap - Direct (Excluding Final Restoration)	8

ADA Code	Procedure	Patient Copay
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	\$8
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	24
D3221	Pulpal Debridement, Primary and Permanent Teeth	24
D3222	Partial Pulpotomy for Apexogenesis - Permanent Tooth with Incomplete Root Development	24
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	24
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	24
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	75
D3320	Endodontic Therapy, Premolar Bicuspid Tooth (Excluding Final Restorations)	80
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restorations)	108
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth	61
D3346	Retreatment of Previous Root Canal Therapy - Anterior	97
D3347	Retreatment of Previous Root Canal Therapy - Bicuspid Premolar	120
D3348	Retreatment of Previous Root Canal Therapy - Molar	159
D3351	Apexification/Recalcification - Initial Visit	41
D3352	Apexification/Recalcification - Interim Medication Replacement	29
D3353	Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy)	75
D3355	Pulpal Regeneration - Initial Visit	41
D3356	Pulpal Regeneration - Interim Medication Replacement	29
D3357	Pulpal Regeneration - Completion of Treatment	41
D3410	Apicoectomy - Anterior	69
D3421	Apicoectomy - Bicuspid Premolar (First Root)	69
D3425	Apicoectomy - Molar (First Root)	69
D3426	Apicoectomy (Each Additional Root)	26
D3427	Periradicular Surgery Without Apicoectomy	69
D3428	Bone Graft in Conjunction with Periradicular Surgery - Per Tooth, Single Site	77
D3429	Bone Graft in Conjunction with Periradicular Surgery - Each Additional Contiguous Tooth in the Same Surgical Site	60
D3430	Retrograde Filling - Per Root	56
D3450	Root Amputation - Per Root	29
D3920	Hemisection (Including any Root Removal), Not Including Root Canal Therapy	38
D4210	Gingivectomy or Gingivoplasty - Four or more Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	92
D4211	Gingivectomy or Gingivoplasty - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	15
D4212	Gingivectomy or Gingivoplasty to Allow Access for Restorative Procedure, Per Tooth	15
D4230	Anatomical Crown Exposure - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	97
D4231	Anatomical Crown Exposure - One to Three Teeth or Tooth Bounded Spaces Per Quadrant	35
D4240	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	88
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	46
D4245	Apically Positioned Flap	66
D4249	Clinical Crown Lengthening - Hard Tissue	71
D4260	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) - Four or More Contiguous Teeth	102
D4261	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) - One to Three Contiguous Teeth	54
D4263	Bone Replacement Graft - Retained Natural Tooth - First Site in Quadrant	77
D4264	Bone Replacement Graft - Retained Natural Tooth - Each Additional Site in Quadrant	60
D4270	Pedicle Soft Tissue Graft Procedure	71
D4273	Autogenous Connective Tissue Graft Procedure (Including Donor and Recipient Surgical Sites) - First Tooth, Implant or Edentulous Tooth Position in Graft	25
D4274	Mesial/Distal Wedge Procedure, Single Tooth (When not Performed in Conjunction with Surgical Procedures in the Same Anatomical Area)	71
D4275	Non-Autogenous Connective Tissue Graft (Including Recipient Site and Donor Material) - First Tooth, Implant or Edentulous Tooth Position in Graft Site	71
D4276	Combined Connective Tissue and Double Pedicle Graft, Per Tooth	71
D4277	Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Sites) - First Tooth, Implant or Edentulous tooth Position in Graft Site	71
D4278	Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Sites) - Each Additional Contiguous Tooth, Implant or Edentulous Tooth Position in Same Graft Site	36
D4283	Autogenous Connective Tissue Graft Procedure (Including Donor and Recipient Surgical Sites) - Each Additional Contiguous Tooth, Implant or Edentulous Tooth Position in Same Graft Site	71
D4285	Non-Autogenous Connective Tissue Graft Procedure (Including Donor and Recipient Surgical Sites) - Each Additional Contiguous Tooth, Implant or Edentulous Tooth Position in Same Graft Site	71
D4320	Provisional Splinting - Intracoronal	36
D4321	Provisional Splinting - Extracoronal	23
D4341	Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant	45
D4342	Periodontal Scaling and Root Planing - One to Three Teeth Per Quadrant	23
D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	29
D4355	Full Mouth Debridement to Enable Comprehensive Oral Evaluation and Diagnosis on a Subsequent Visit	23
D4910	Periodontal Maintenance	29

ADA Code	Procedure	Patient Copay
D5110	Complete Denture - Maxillary	\$485
D5120	Complete Denture - Mandibular	485
D5130	Immediate Denture - Maxillary	504
D5140	Immediate Denture - Mandibular	504
D5211	Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests and Teeth)	524
D5212	Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests and Teeth)	524
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases	524
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases	524
D5221	Immediate Maxillary Partial Denture - Resin Base (Including any Conventional Clasps, Rests and Teeth)	524
D5222	Immediate Mandibular Partial Denture - Resin Base (Including any Conventional Clasps, Rests and Teeth)	524
D5223	Immediate Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	524
D5224	Immediate Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	524
D5225	Maxillary Partial Denture - Flexible Base (Including any Clasps, Rests and Teeth)	524
D5226	Mandibular Partial Denture - Flexible Base (Including any Clasps, Rests and Teeth)	524
D5282	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps and Teeth), Maxillary	330
D5283	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps and Teeth), Mandibular	330
D5410	Adjust Complete Denture - Maxillary	31
D5411	Adjust Complete Denture - Mandibular	31
D5421	Adjust Partial Denture - Maxillary	31
D5422	Adjust Partial Denture - Mandibular	31
D5511	Repair Broken Complete Denture Base, Mandibular	75
D5512	Repair Broken Complete Denture Base, Maxillary	75
D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	60
D5611	Repair Resin Partial Denture Base, Mandibular	75
D5612	Repair Resin Partial Denture Base, Maxillary	75
D5621	Repair Cast Partial Framework, Mandibular	85
D5622	Repair Cast Partial Framework, Maxillary	85
D5630	Repair or Replace Broken Retentive/Clasping Materials Per Tooth	75
D5640	Replace Broken Teeth - Per Tooth	60
D5650	Add Tooth to Existing Partial Denture	96
D5660	Add Clasp to Existing Partial Denture - Per Tooth	136
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (Maxillary)	222
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)	222
D5710	Rebase Complete Maxillary Denture	222
D5711	Rebase Complete Mandibular Denture	222
D5720	Rebase Maxillary Partial Denture	222
D5721	Rebase Mandibular Partial Denture	222
D5730	Reline Complete Maxillary Denture (Chairside)	147
D5731	Reline Complete Mandibular Denture (Chairside)	147
D5740	Reline Maxillary Partial Denture (Chairside)	197
D5741	Reline Mandibular Partial Denture (Chairside)	197
D5750	Reline Complete Maxillary Denture (Laboratory)	180
D5751	Reline Complete Mandibular Denture (Laboratory)	180
D5760	Reline Maxillary Partial Denture (Laboratory)	180
D5761	Reline Mandibular Partial Denture (Laboratory)	180
D5810	Interim Complete Denture (Maxillary)	233
D5811	Interim Complete Denture (Mandibular)	233
D5820	Interim Partial Denture (Maxillary)	233
D5821	Interim Partial Denture (Mandibular)	233
D5850	Tissue Conditioning, Maxillary	78
D5851	Tissue Conditioning, Mandibular	78
D5863	Overdenture - Complete Maxillary	485
D5864	Overdenture - Partial Maxillary	524
D5865	Overdenture - Complete Mandibular	485
D5866	Overdenture - Partial Mandibular	524
D6092	Re-Cement or Re-Bond Implant/Abutment Supported Crown	31
D6093	Re-Cement or Re-Bond Implant/Abutment Supported Fixed Partial Denture	63
D6205	Pontic - Indirect Resin Based Composite	142
D6210	Pontic - Cast High Noble Metal	383
D6211	Pontic - Cast Predominantly Base Metal	339
D6212	Pontic - Cast Noble Metal	361
D6214	Pontic - Titanium	383
D6240	Pontic - Porcelain Fused to High Noble Metal	427

ADA Code	Procedure	Patient Copay
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$405
D6242	Pontic - Porcelain Fused to Noble Metal	416
D6245	Pontic - Porcelain/Ceramic	416
D6250	Pontic - Resin with High Noble Metal	427
D6251	Pontic - Resin with Predominantly Base Metal	405
D6252	Pontic - Resin with Noble Metal	416
D6253	Provisional Pontic - Further Treatment or Completion of Diagnosis Necessary Prior to Final Impression	147
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis	184
D6548	Retainer - Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	184
D6549	Resin Retainer - for Resin Bonded Fixed Prosthesis	184
D6600	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	416
D6601	Retainer Inlay - Porcelain/Ceramic, Three or More Surfaces	416
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces	243
D6603	Retainer Inlay - Cast High Noble Metal, Three or More Surfaces	343
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	243
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three or More Surfaces	343
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	243
D6607	Retainer Inlay - Cast Noble Metal, Three or More Surfaces	343
D6608	Retainer Onlay - Porcelain/Ceramic, Two Surfaces	416
D6609	Retainer Onlay - Porcelain/Ceramic, Three or More Surfaces	416
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	391
D6611	Retainer Onlay - Cast High Noble Metal, Three or More Surfaces	407
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	391
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three or More Surfaces	407
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	391
D6615	Retainer Onlay - Cast Noble Metal, Three or More Surfaces	407
D6624	Retainer Inlay - Titanium	343
D6634	Retainer Onlay - Titanium	407
D6710	Retainer Crown - Indirect Resin Based Composite	157
D6720	Retainer Crown - Resin with High Noble Metal	416
D6721	Retainer Crown - Resin with Predominantly Base Metal	405
D6722	Retainer Crown - Resin with Noble Metal	405
D6740	Retainer Crown - Porcelain/Ceramic	385
D6750	Retainer Crown - Porcelain Fused to High Noble Metal	438
D6751	Retainer Crown - Porcelain Fused to Predominantly Base Metal	416
D6752	Retainer Crown - Porcelain Fused to Noble Metal	427
D6780	Retainer Crown - 3/4 Cast High Noble Metal	339
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	405
D6782	Retainer Crown - 3/4 Cast Noble Metal	395
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	395
D6790	Retainer Crown - Full Cast High Noble Metal	405
D6791	Retainer Crown - Full Cast Predominantly Base Metal	339
D6792	Retainer Crown - Full Cast Noble Metal	372
D6793	Provisional Retainer Crown - Further Treatment or Completion of Diagnosis Necessary Prior to Final Impression	147
D6794	Retainer Crown - Titanium	405
D6930	Re-Cement or Re-Bond Fixed Partial Denture	63
D6980	Fixed Partial Denture Repair Necessitated by Restorative Material Failure	36
D6985	Pediatric Partial Denture, Fixed	524
D7111	Extraction, Coronal Remnants - Primary Deciduous Tooth	24
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	24
D7210	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated	45
D7220	Removal of Impacted Tooth - Soft Tissue	58
D7230	Removal of Impacted Tooth - Partially Bony	83
D7240	Removal of Impacted Tooth - Completely Bony	83
D7241	Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	98
D7250	Removal of Residual Tooth Roots (Cutting Procedure)	47
D7251	Coronectomy - Intentional Partial Tooth Removal	83
D7260	Oroantral Fistula Closure	124
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	85
D7280	Exposure of an Unerupted Tooth	96
D7285	Incisional Biopsy of Oral Tissue-Hard (Bone, Tooth)	47
D7286	Incisional Biopsy of Oral Tissue-Soft	75
D7310	Alveoloplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	75

ADA Code	Procedure	Patient Copay
D7311	Alveoloplasty in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	\$38
D7320	Alveoloplasty not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	96
D7321	Alveoloplasty not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	49
D7410	Excision of Benign Lesion up to 1.25 cm	75
D7411	Excision of Benign Lesion Greater than 1.25 cm	83
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter up to 1.25 cm	109
D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater than 1.25 cm	0
D7460	Removal of Benign Nonodontogenic Cyst or Tumor - Lesion Diameter up to 1.25 cm	60
D7461	Removal of Benign Nonodontogenic Cyst or Tumor - Lesion Diameter Greater than 1.25 cm	83
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	51
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	47
D7511	Incision and Drainage of Abscess - Intraoral Soft Tissue - Complicated (Includes Drainage of Multiple Fascial Spaces)	58
D7520	Incision and Drainage of Abscess - Extraoral Soft Tissue	47
D7530	Removal of Foreign Body from Mucosa, Skin, or Subcutaneous Alveolar Tissue	47
D7960	Frenulectomy - Also Known as Frenectomy or Frenotomy - Separate Procedure Not Incidental to Another Procedure	75
D7963	Frenuloplasty	94
D7970	Excision of Hyperplastic Tissue - Per Arch	109
D7971	Excision of Pericoronal Gingiva	60
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	1,800
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	1,800
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition	1,800
D8660	Pre-Orthodontic Treatment Examination to Monitor Growth and Development	36
D8680	Orthodontic Retention (Removal of Appliances, Construction and Placement of Retainer(s))	0
D8693	Re-Cement or Re-Bond Fixed Retainer	25
D8694	Repair of Fixed Retainers, Includes Reattachment	25
D8695	Removal of Fixed Orthodontic Appliances for Reasons Other than Completion of Treatment	0
D8999	Unspecified Orthodontic Procedure, by Report	275
D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	17
D9120	Fixed Partial Denture Sectioning	0
D9210	Local Anesthesia Not in Conjunction with Operative or Surgical Procedures	16
D9211	Regional Block Anesthesia	0
D9212	Trigeminal Division Block Anesthesia	0
D9215	Local Anesthesia in Conjunction with Operative or Surgical Procedures	0
D9219	Evaluation for Moderate Sedation, Deep Sedation or General Anesthesia	10
D9222	Deep Sedation/General Anesthesia - First 15 Minutes (Medical Necessity Required)	26
D9223	Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment (Medical Necessity Required)	26
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	16
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minute Increment (Medical Necessity Required)	19
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute Increment (Medical Necessity Required)	19
D9248	Non-Intravenous Conscious Sedation	5
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist or Physician	29
D9430	Office Visit for Observation (During Regularly Scheduled Hours) - No Other Services Performed	0
D9440	Office Visit - After Regularly Scheduled Hours	70
D9450	Case Presentation, Detailed and Extensive Treatment Planning	0
D9910	Application of Desensitizing Medicament	16
D9932	Cleaning and Inspection of Removable Complete Denture, Maxillary (Two Per Year)	0
D9933	Cleaning and Inspection of Removable Complete Denture, Mandibular (Two Per Year)	0
D9934	Cleaning and Inspection of Removable Partial Denture, Maxillary (Two Per Year)	0
D9935	Cleaning and Inspection of Removable Partial Denture, Mandibular (Two Per Year)	0
D9942	Repair and/or Reline of Occlusal Guard	75
D9943	Occlusal Guard Adjustment	31
D9944	Occlusal Guard - Hard Appliance, Full Arch	124
D9945	Occlusal Guard - Soft Appliance, Full Arch	124
D9946	Occlusal Guard - Hard Appliance, Partial Arch	124
D9951	Occlusal Adjustment - Limited	26
D9952	Occlusal Adjustment - Complete	98
D9987	Cancelled Appointment (Less than 24 hours)	Office Discretion
D9986	No Show (per 1/2 hour)	Office Discretion
D9999	Unspecified Adjunctive Procedure, by Report	5

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Current Dental Terminology © American Dental Association  
CDT 2019-20190101