



**Select Plan Basic Kids 702xs (DC)**  
**Description of Services, Member Copayments, Exclusions**  
**and Limitations for Pediatric Services**

- Coverage continues through end of the year in which the Member turns 19 -

**Plan Highlights**

- This plan has fixed copayments.
- There is no out-of-network coverage (with the exception of out-of-area emergency dental services and/or for services provided when a Member is referred to an out-of-network specialist). See exclusion 11.
- Annual Out-of-Pocket Maximum: \$400 per child per calendar year for medically necessary treatment (maximum of \$800 for policy covering two or more children).
- There are no annual maximum dollar limits, no waiting periods and no deductibles.
- If course of treatment is to exceed \$300, prior review is recommended.

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
<b>Diagnostic/Preventive</b>					
	Office visit.....	10	D0602	Caries risk assessment & documentation, with a finding of moderate risk .....	0
D0120	Periodic oral eval - established patient .....	0	D0603	Caries risk assessment & documentation, with a finding of high risk .....	0
D0140	Limited oral eval - problem focused .....	0	D0701	Panoramic radiographic image – image capture only ..	0
D0145	Oral eval for a patient under 3 years of age .....	0	D0702	2-D cephalometric radiographic image – image capture only .....	0
D0150	Comprehensive oral eval - new or established patient	0	D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only.....	0
D0160	Detailed and extensive oral eval - problem focused....	0	D0705	Extra-oral posterior dental radiographic image – image capture only.....	0
D0170	Re-evaluation - limited, problem focused .....	0	D0706	Intraoral – occlusal radiographic image – image capture only .....	0
D0180	Comp. periodontal eval - new or established patient .	0	D0707	Intraoral – periapical radiographic image – image capture only .....	0
D0210	Intraoral – comprehensive series of radiographic images .....	26	D0708	Intraoral – bitewing radiographic image – image capture only .....	0
D0220	Intraoral - periapical first radiographic image .....	0	D0709	Intraoral – comprehensive series of radiographic images – image capture only.....	0
D0230	Intraoral - periapical each add. radiographic image ....	0	D1110	Prophylaxis (cleaning) - adult .....	13
D0240	Intraoral - occlusal radiographic image .....	0	D1120	Prophylaxis (cleaning) - child .....	10
D0250	Extra-oral - 2D projection radiographic image .....	0	D1206	Topical application of fluoride varnish.....	0
D0270	Bitewing - single radiographic image.....	0	D1208	Topical application of fluoride - excluding varnish .....	0
D0272	Bitewings - two radiographic images.....	0	D1310	Nutritional counseling for control of dental disease ...	0
D0273	Bitewings - three radiographic images .....	0	D1320	Tobacco counseling for control of prev. oral disease...	0
D0274	Bitewings - four radiographic images .....	0	D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use .....	0
D0277	Vertical bitewings - 7 to 8 radiographic images.....	0	D1330	Oral hygiene instructions.....	0
D0330	Panoramic radiographic image .....	30	D1351	Sealant - per tooth .....	21
D0340	2D cephalometric radiographic image .....	0	D1352	Prev resin rest. mod/high caries risk – perm. tooth ....	21
D0350	2D oral/facial photographic images (intraoral/extraoral) .....	0	D1354	Application of caries arresting medicament - per tooth.....	0
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images .....	26	D1355	Caries preventive medicament application – per tooth.....	21
D0373	Intraoral tomosynthesis – bitewing radiographic image.....	0	D1510	Space maintainer - fixed, unilateral - per quadrant....	143
D0374	Intraoral tomosynthesis – periapical radiographic image.....	0	D1516	Space maintainer - fixed - bilateral, maxillary .....	198
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0	D1517	Space maintainer - fixed - bilateral, mandibular .....	198
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only .....	0	D1520	Space maintainer - removable, unilateral - per quadrant .....	143
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only .....	0	D1526	Space maintainer - removable - bilateral, maxillary....	198
D0391	Interpretation of diagnostic image only .....	0	D1527	Space maintainer - removable - bilateral, mandibular	198
D0460	Pulp vitality tests .....	0	D1551	Re-cement or re-bond bilateral space maintainer – mandibular.....	34
D0470	Diagnostic casts .....	0			
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum .....	0			
D0601	Caries risk assessment & documentation, with a finding of low risk .....	0			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D1552	Re-cement or re-bond bilateral space maintainer – maxillary.....	34	D2940	Protective restoration.....	39
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant.....	34	D2941	Interim therapeutic restoration, primary dentition.....	31
D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant.....	143	D2949	Restorative foundation for an indirect restoration.....	0
<b>Restorative (Fillings)</b>			D2950	Core buildup, including any pins .....	125
D2140	Amalgam - one surface, prim. or perm. ....	41	D2951	Pin retention - per tooth, in addition to restoration ...	22
D2150	Amalgam - two surfaces, prim. or perm. ....	51	D2952	Post and core in addition to crown .....	186
D2160	Amalgam - three surfaces, prim. or perm. ....	64	D2954	Prefab. post and core in addition to crown .....	154
D2161	Amalgam - >=4 surfaces, prim. or perm. ....	78	D2955	Post removal (not in conj. with endo. therapy).....	105
D2330	Resin-based composite - one surface, anterior .....	69	D2970	Temporary crown (fractured tooth) .....	0
D2331	Resin-based composite - two surfaces, anterior .....	83	D2980	Crown repair necessitated by restorative material failure .....	102
D2332	Resin-based composite - three surfaces, anterior.....	99	D2981	Inlay repair necessitated by restorative material failure.....	102
D2335	Resin-based composite - >=4 surfaces, anterior.....	119	D2982	Onlay repair necessitated by restorative material failure .....	102
D2390	Resin-based composite crown, anterior.....	192	D2983	Veneer repair necessitated by restorative material failure .....	102
D2391	Resin-based composite - one surface, posterior .....	73	D2990	Resin infiltration lesion.....	41
D2392	Resin-based composite - two surfaces, posterior.....	87	<b>Endodontics'</b>		
D2393	Resin-based composite - three surfaces, posterior .....	102	D3110	Pulp cap - direct (excl. final restoration).....	32
D2394	Resin-based composite - >=4 surfaces, posterior.....	123	D3120	Pulp cap - indirect (excl. final restoration).....	32
<b>Crown &amp; Bridge</b>			D3220	Therapeutic pulpotomy (excl. final restor.).....	81
D2510	Inlay - metallic - one surface.....	407	D3221	Pulpal debridement, prim. and perm. teeth .....	94
D2520	Inlay - metallic - two surfaces.....	407	D3222	Partial pulpotomy for apexogenesis .....	160
D2530	Inlay - metallic - three or more surfaces.....	425	D3230	Pulpal therapy - resorbable filling, anterior, primary tooth.....	160
D2542	Onlay - metallic - two surfaces .....	458	D3240	Pulpal therapy - resorbable filling, posterior, primary tooth.....	164
D2543	Onlay - metallic - three surfaces.....	524	D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	341
D2544	Onlay - metallic - four or more surfaces .....	524	D3320	Endodontic therapy, premolar tooth (excluding final restoration).....	418
D2610	Inlay - porcelain/ceramic - one surface .....	427	D3330	Endodontic therapy, molar tooth (excluding final restoration).....	512
D2620	Inlay - porcelain/ceramic - two surfaces.....	427	D3333	Internal root repair of perforation defects.....	105
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	445	D3346	Retreat of prev. root canal therapy, anterior .....	387
D2642	Onlay - porcelain/ceramic - two surfaces.....	479	D3347	Retreat of prev root canal therapy - premolar .....	465
D2643	Onlay - porcelain/ceramic - three surfaces.....	499	D3348	Retreat of prev. root canal therapy - molar .....	558
D2644	Onlay - porcelain/ceramic - >=4 surfaces .....	499	D3351	Apexification/recalcification - initial visit.....	202
D2650	Inlay - resin-based composite - one surface .....	440	D3352	Apexification/recalcification - interim med. repl. ....	589
D2651	Inlay - resin-based composite - two surfaces .....	440	D3353	Apexification/recalcification - final visit .....	449
D2652	Inlay - resin-based composite - >=3 surfaces.....	440	D3355	Pulpal regeneration - initial visit.....	202
D2662	Onlay - resin-based composite - two surfaces.....	444	D3356	Pulpal regeneration - interim medication replacement .....	589
D2663	Onlay - resin-based composite - three surfaces .....	444	D3357	Pulpal regeneration - completion of treatment .....	449
D2664	Onlay - resin-based composite - >=4 surfaces .....	444	D3410	Apicoectomy - anterior.....	323
D2710	Crown - resin based composite (indirect).....	272	D3421	Apicoectomy - premolar (first root) .....	364
D2712	Crown - 3/4 resin-based composite (indirect).....	485	D3425	Apicoectomy - molar (first root) .....	418
D2720	Crown - resin with high noble metal .....	495	D3426	Apicoectomy (each add. root).....	152
D2721	Crown - resin with predominantly base metal .....	495	D3430	Retrograde filling - per root.....	119
D2722	Crown - resin with noble metal .....	495	D3450	Root amputation - per root .....	234
D2740	Crown - porcelain/ceramic .....	560	D3471	Surgical repair of root resorption - anterior .....	323
D2750	Crown - porcelain fused to high noble metal .....	523	D3472	Surgical repair of root resorption – premolar .....	364
D2751	Crown - porcelain fused to predominantly base metal .....	523	D3473	Surgical repair of root resorption – molar .....	418
D2752	Crown - porcelain fused to noble metal.....	523	D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior ...	323
D2753	Crown - porcelain fused to titanium and titanium alloys .....	523	D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar .	364
D2780	Crown - 3/4 cast high noble metal .....	478	D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar .....	418
D2781	Crown - 3/4 cast predominantly base metal .....	478	D3920	Hemisection, not inc. root canal therapy.....	234
D2782	Crown - 3/4 cast noble metal .....	478	D3921	Decoronation or submergence of an erupted tooth	107
D2783	Crown - 3/4 porcelain/ceramic.....	511	D3950	Canal prep/fitting of preformed dowel or post .....	136
D2790	Crown - full cast high noble metal.....	495	<b>Periodontics'</b>		
D2791	Crown - full cast predominately base metal.....	495	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad. ....	279
D2792	Crown - full cast noble metal.....	495			
D2794	Crown - titanium and titanium alloys .....	495			
D2910	Recement inlay .....	43			
D2920	Recement crown .....	43			
D2928	Prefab. porcelain/ceramic crown – permanent tooth.	560			
D2929	Prefab. porcelain/ceramic crown - prim. tooth .....	560			
D2930	Prefab. stainless steel crown - prim. tooth.....	110			
D2931	Prefab. stainless steel crown - perm. tooth.....	121			
D2932	Prefabricated resin crown .....	140			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad..	100	D5622	Repair cast partial framework, maxillary.....	87
D4212	Gingivectomy or gingivoplasty, rest., per tooth.....	40	D5630	Repair or replace broken retentive/clasping material - per tooth .....	115
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	345	D5640	Replace broken teeth - per tooth .....	87
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	106	D5650	Add tooth to existing partial denture .....	87
D4249	Clinical crown lengthening - hard tissue.....	576	D5660	Add clasp to existing partial denture -per tooth .....	115
D4260	Osseous surgery - >3 cont. teeth, per quad .....	499	D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	287
D4261	Osseous surgery - <=3 cont. teeth, per quad .....	392	D5671	Replace all teeth and acrylic on cast metal framework (mandibular).....	287
D4268	Surgical revision proc., per tooth .....	358	D5710	Rebase complete maxillary denture.....	260
D4270	Pedicle soft tissue graft procedure .....	643	D5711	Rebase complete mandibular denture .....	260
D4273	Autogenous connective tissue graft proc. ....	800	D5720	Rebase maxillary partial denture.....	260
D4274	Mesial/distal wedge procedure, single tooth.....	308	D5721	Rebase mandibular partial denture.....	260
D4277	Free soft tissue graft, per tooth.....	654	D5725	Rebase hybrid prosthesis.....	260
D4278	Free soft tissue graft, each add. tooth.....	100	D5730	Reline complete maxillary denture (direct).....	159
D4286	Removal of non-resorbable barrier .....	100	D5731	Reline complete mandibular denture (direct).....	159
D4341	Perio scaling and root planing - >3 cont teeth, per quad. ....	109	D5740	Reline maxillary partial denture (direct).....	155
D4342	Perio scaling and root planing - <= 3 teeth, per quad .	63	D5741	Reline mandibular partial denture (direct).....	155
D4346	Perio scaling and root planing - <= 3 teeth, per quad .	45	D5750	Reline complete maxillary denture (indirect).....	224
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit .....	89	D5751	Reline complete mandibular denture (indirect).....	224
D4381	Localized delivery of antimicrobial agents.....	98	D5760	Reline maxillary partial denture (indirect).....	224
D4910	Periodontal maintenance .....	74	D5761	Reline mandibular partial denture (indirect).....	224
D4921	Gingival irrigation with a medicinal agent – per quadrant.....	0	D5765	Soft liner for complete or partial removable denture – indirect .....	53
<b>Prosthetics (Dentures)</b>			D5810	Interim complete denture - maxillary.....	362
D5110	Complete denture - maxillary.....	697	D5811	Interim complete denture - mandibular.....	362
D5120	Complete denture - mandibular.....	697	D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary .....	362
D5130	Immediate denture - maxillary.....	722	D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular .....	362
D5140	Immediate denture - mandibular .....	722	D5850	Tissue conditioning - maxillary .....	79
D5211	Maxillary partial denture - resin base.....	649	D5851	Tissue conditioning - mandibular .....	79
D5212	Mandibular partial denture - resin base.....	649	<b>Implant Services</b>		
D5213	Maxillary partial denture - cast metal .....	750	D6010	Surgical placement of implant body, endosteal .....	1716
D5214	Mandibular partial denture - cast metal .....	750	D6011	Second stage implant surgery .....	200
D5221	Immediate maxillary partial denture - resin base .....	649	D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant .....	1782
D5222	Immediate mandibular partial denture - resin base....	649	D6013	Surgical placement of mini implant.....	572
D5223	Immediate maxillary partial denture - cast metal .....	750	D6040	Surgical placement, eposteaal implant .....	3564
D5224	Immediate mandibular partial denture - cast metal ...	750	D6050	Surgical placement, transosteal implant .....	4455
D5225	Maxillary partial denture - flexible base.....	750	D6055	Dental implant supported connecting bar .....	1611
D5226	Mandibular partial denture - flexible base.....	750	D6056	Prefabricated abutment .....	456
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth).....	750	D6058	Abutment supported porcelain/ceramic crown.....	560
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth).....	750	D6059	Abutment supported porcelain fused to metal crown - high noble metal .....	523
D5282	Rem. unilateral partial denture - one piece cast metal, maxillary.....	419	D6060	Abutment supported porcelain fused to metal crown - predominantly based metal .....	523
D5283	Rem. unilateral partial denture - one piece cast metal, mandibular .....	419	D6061	Abutment supported porcelain fused to metal crown - noble metal .....	523
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant .....	419	D6062	Abutment supported cast metal crown - high noble metal .....	495
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....	419	D6063	Abutment supported cast metal crown - predominantly based metal .....	495
D5410	Adjust complete denture - maxillary .....	38	D6064	Abutment supported cast metal crown - noble metal .....	495
D5411	Adjust complete denture - mandibular .....	38	D6065	Implant supported porcelain/ceramic crown.....	560
D5421	Adjust partial denture - maxillary.....	38	D6066	Implant supported crown – porcelain fused to high noble alloys .....	523
D5422	Adjust partial denture - mandibular.....	38	D6067	Implant supported crown – high noble alloys .....	523
D5511	Repair broken complete denture base, mandibular....	87	D6068	Abutment supp. retainer for porc/ceramic FPD .....	788
D5512	Repair broken complete denture base, maxillary.....	87	D6069	Abutment supp. retainer for porc/high noble FPD.....	843
D5520	Replace missing or broken teeth - complete denture .	87	D6070	Abutment supp. retainer for porc/pred. base FPD.....	695
D5611	Repair resin partial denture base, mandibular.....	87	D6071	Abutment supp. retainer for porc/noble FPD .....	704
D5612	Repair resin partial denture base, maxillary.....	87	D6072	Abutment supp. retainer for cast high noble FPD .....	788
D5621	Repair cast partial framework, mandibular.....	87	D6073	Abutment supp. retainer for cast high noble FPD .....	749
			D6074	Abutment supp. retainer for cast noble metal FPD.....	758

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D6075	Implant supported retainer for ceramic FPD.....	874	D6606	Retainer inlay - cast noble metal, two surfaces.....	407
D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys .....	823	D6607	Retainer inlay - cast noble metal, >=3 surfaces .....	425
D6077	Implant supported retainer for metal FPD – high noble alloys .....	872	D6608	Retainer onlay - porc./ceramic, two surfaces.....	479
D6080	Implant maintenance procedures .....	61	D6609	Retainer onlay - porc./ceramic, three or more surfaces .....	499
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.....	63	D6610	Retainer onlay - cast high noble metal, two surfaces..	458
D6082	Implant supported crown – porcelain fused to predominantly base alloys.....	523	D6611	Retainer onlay - cast high noble metal, >=3 surfaces..	524
D6083	Implant supported crown – porcelain fused to noble alloys .....	523	D6612	Retainer onlay - cast predominantly base metal, two surfaces .....	458
D6086	Implant supported crown – predominantly base alloys .....	495	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces .....	524
D6087	Implant supported crown – noble alloys.....	495	D6614	Retainer onlay - cast noble metal, two surfaces.....	458
D6090	Repair implant supported prosthesis .....	362	D6615	Retainer onlay - cast noble metal, >=3 surfaces.....	524
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment .....	34	D6720	Retainer crown - resin with high noble metal .....	495
D6095	Repair implant abutment, by report .....	391	D6721	Retainer crown - resin with predominantly base metal .....	495
D6098	Implant supported retainer – porcelain fused to predominantly base alloys .....	695	D6722	Retainer crown - resin with noble metal .....	495
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys .....	843	D6740	Retainer crown - porcelain/ceramic .....	560
D6100	Surgical removal of implant body .....	241	D6750	Retainer crown - porcelain fused to high noble metal	523
D6101	Debridement peri-implant defect .....	90	D6751	Retainer crown - porcelain fused to predominately base metal.....	523
D6102	Debridement and osseous contouring peri-implant defect .....	180	D6752	Retainer crown - porcelain fused to noble metal.....	523
D6103	Bone graft repair peri-implant defect.....	600	D6780	Retainer crown - 3/4 cast high noble metal .....	470
D6104	Bone graft at time of implant placement .....	600	D6781	Retainer crown - 3/4 cast predominantly base metal .	470
D6105	Removal of implant body not requiring bone removal or flap elevation .....	121	D6782	Retainer crown - 3/4 cast noble metal.....	470
D6121	Implant supported retainer for metal FPD – predominantly base alloys .....	749	D6783	Retainer crown - 3/4 porc./ceramic .....	511
D6122	Implant supported retainer for metal FPD – noble alloys .....	758	D6790	Retainer crown - full cast high noble metal.....	495
D6190	Radiographic surgical implant index, by report.....	0	D6791	Retainer crown - full cast predominately base metal..	495
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant .....	69	D6792	Retainer crown - full cast noble metal.....	495
<b>Bridge &amp; Pontics</b>			<b>Oral Surgery*</b>		
D6210	Pontic - cast high noble metal .....	495	D7111	Extraction, coronal remnants - primary tooth.....	56
D6211	Pontic - cast predominately base metal .....	495	D7140	Extraction, erupted tooth or exposed root .....	69
D6212	Pontic - cast noble metal .....	495	D7210	Extraction, erupted tooth req elev, etc .....	133
D6214	Pontic - titanium and titanium alloys .....	495	D7220	Removal of impacted tooth - soft tissue .....	151
D6240	Pontic - porcelain fused to high noble metal.....	523	D7230	Removal of impacted tooth - partially bony .....	196
D6241	Pontic - porcelain fused to predominately base metal	523	D7240	Removal of impacted tooth - completely bony .....	241
D6242	Pontic - porcelain fused to noble metal .....	523	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications .....	217
D6243	Pontic – porcelain fused to titanium and titanium alloys .....	495	D7250	Removal of residual tooth roots.....	141
D6245	Pontic - porcelain/ceramic.....	560	D7251	Coronectomy – intentional partial tooth removal, impacted teeth only .....	217
D6250	Pontic - resin with high noble metal.....	495	D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth .....	226
D6251	Pontic - resin with predominately base metal.....	495	D7280	Exposure of an unerupted tooth .....	153
D6252	Pontic - resin with noble metal.....	495	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report .....	60
D6545	Ret. - cast metal for resin bonded fixed prosthesis ....	251	D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad. ..	141
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	393	D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad. ....	141
D6549	Resin retainer for resin bonded fixed prosthesis.....	251	D7321	Alveoloplasty not in conj. w/ extractions, 1-3 per quad .....	141
D6600	Retainer inlay - porc./ceramic, two surfaces .....	427	D7471	Removal of lateral exostosis .....	351
D6601	Retainer inlay - porc./ceramic, >=3 surfaces .....	445	D7509	Marsupialization of odontogenic cyst .....	400
D6602	Retainer inlay - cast high noble metal, two surfaces ...	407	D7510	Incision and drainage of abscess - intraoral soft tissue	96
D6603	Retainer inlay - cast high noble metal, >=3 surfaces ...	425	D7910	Suture of recent small wounds up to 5 cm.....	59
D6604	Retainer inlay - cast predominantly base metal, two surfaces .....	407	D7921	Collection application of blood concentrate .....	40
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces .....	425	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site .....	25
			D7961	Buccal/labial frenectomy (frenulectomy).....	263
			D7962	Lingual frenectomy (frenulectomy).....	263
			D7971	Excision of pericoronal gingiva .....	131
			D7979	Non-surgical sialolithotomy.....	43

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
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**Orthodontics<sup>2</sup>**

D8010	Limited ortho. treatment of the primary dentition.....	3304
D8020	Limited ortho. treatment of the transitional dentition	3304
D8030	Limited ortho treatment - adolescent dentition .....	3422
D8070	Comp. ortho. treatment - transitional dentition .....	3304
D8080	Comp. ortho. treatment - adolescent dentition .....	3422
D8090	Comp. ortho. treatment - adult dentition.....	3658
D8210	Removable appliance therapy.....	770
D8220	Fixed appliance therapy .....	783
D8660	Pre-orthodontic treatment visit .....	413
D8670	Periodic ortho. treatment visit (as part of contract) ...	118
D8680	Orthodontic ret. (rem. of appl./placement of retainer(s)).....	413
D8701	Repair of fixed retainer, includes reattachment – maxillary.....	174
D8702	Repair of fixed retainer, includes reattachment – mandibular .....	174

**Adjunctive General Services**

D9110	Palliative treatment of dental pain – per visit .....	43
D9210	Local anesthesia not in conj. w/ operative/surg. Procedures .....	0
D9211	Regional block anesthesia .....	0
D9212	Trigeminal division block anesthesia .....	0
D9215	Local anesthesia in conj. w/ operative/surg. procedures .....	0
D9219	Evaluation for deep sedation or general anesthesia ...	0
D9222	Deep sedation/general anesthesia - first 15 minutes..	103
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment.....	103
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	37
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes.....	103
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.....	103
D9310	Consultation (diagnostic service by nontreating dentist) .....	43
D9613	Infiltration of sustained release therapeutic drug, per quadrant.....	190
D9910	Application of desensitizing medicament .....	31
D9930	Treatment of complications (post-surgical) .....	43
D9944	Occlusal guard – hard appliance, full arch.....	272
D9945	Occlusal guard – soft appliance, full arch.....	272
D9946	Occlusal guard – hard appliance, partial arch .....	272
D9950	Occlusion analysis - mounted case.....	104
D9951	Occlusal adjustment - limited.....	66
D9952	Occlusal adjustment - complete .....	266
D9953	Reline custom sleep apnea appliance (indirect).....	175
D9986	Missed appointment .....	50
D9995	Teledentistry – synchronous; real-time encounter (when available).....	0
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review (when available) .....	0
D9997	Dental case management – patients with special health care needs.....	50

- 1 Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist.
- 2 See exclusion #15 and limitation #29 for additional coverage information.

Current Dental Terminology © American Dental Association. Only current ADA CDT codes are considered valid by Dominion. For a full description of each code, please consult the ADA’s CDT guidelines.

**Plan Exclusions**

Please refer to the section in your Certificate of Coverage titled “State-Specific Exclusions” for additional exclusions, if applicable.

1. Services which are covered under worker’s compensation or employer’s liability laws.
2. Services which are not necessary for the patient’s dental health as determined by the Plan.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
9. Replacement due to loss or theft of prosthetic appliance.
10. Procedures not listed as covered benefits under this Plan.
11. Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services).
12. Services related to the treatment of TMD (Temporomandibular Disorder) except if TMD is caused by severe, dysfunctional, handicapping malocclusion that requires medically necessary orthodontia services.
13. Services performed by a Participating Specialist without a referral from a Participating General Dentist (with the exception of Orthodontics). Participating dentists should refer to Specialty Care Referral Guidelines.
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan. The prophylactic removal of these teeth for medically necessary orthodontia services may be covered subject to review.
15. Non-medically necessary orthodontia is not a covered benefit under this policy. A discount is provided to members through the Plan’s agreements with its participating orthodontists. The provider agreements create no liability for payment by the Plan, and payments by the member for these services do not contribute to the Out-of-Pocket Maximum. The Invisalign system and similar specialized braces are not a covered benefit. See limitation #29 concerning medically necessary orthodontia.

**Plan Limitations**

1. One evaluation (D0120, D0140, D0145, D0150, D0160, D0180) is covered once per six months, per patient. D0150 limited to once in 12 months.
2. One (1) teeth cleaning (D1110 or D1120) per 6 months, per patient.
3. One (1) fluoride application every 6 months, per patient.
4. One (1) set of bitewing x-rays are covered per six (6) months, per patient starting at age two.
5. One (1) set of full mouth x-rays or panoramic film is covered every five (5) years. Panoramic x-rays are limited to ages 6-18. No more than one set of x-rays are covered per visit.
6. One (1) sealant per tooth is covered per 36 months, per patient up to age 18 (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).
7. One (1) application of caries arresting medicament per primary tooth is covered per lifetime.
8. One (1) space maintainer (D1510, D1516, D1517, D1520, D1526 or D1527) is covered per 24 months per patient, per arch. D1575 limited to once per lifetime.
9. Replacement of a filling is covered if it is more than three (3) years from the date of original placement.
10. Replacement of a primary stainless steel crown (under age 15), crown, denture, or other prosthodontic appliance is covered if it is more than five (5) years from the date of original placement.

11. Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
12. Relining and rebasing of dentures is covered once per 24 months, per patient.
13. Root canal treatment is covered once per lifetime.
14. Periodontal scaling and root planing (D4341 or D4342), limited to one (1) per 24 months, per patient, per quadrant.
15. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110/D1120, limited to once per two years.
16. Osseous surgery (D4260 or D4261), gingival flap procedure (D4240), and gingivectomy or gingivoplasty (D4210 - D4212) are limited to one (1) per 36 months.
17. Full mouth debridement is covered once per lifetime, per patient.
18. Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant; or a total of 12 teeth for all four quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.
19. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site.
20. Periodontal maintenance is covered twice per calendar year in addition to adult prophylaxis, within 24 months after definitive periodontal therapy.
21. Denture rebase and denture relines is limited to 1 in a 36 month period 6 months after initial placement.
22. One (1) scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, per two (2) years.
23. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
24. Anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 60 minutes of services are allowed for general anesthesia and intravenous or non-intravenous conscious sedation. General anesthesia is not covered with procedure codes D9230, D9239 or D9243. Intravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Nonintravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Analgesia (nitrous oxide) is not covered with procedure codes D9222, D9223, D9239 or D9243.
25. Occlusal guards are covered by report for patients 13 years of age or older when the purpose of the occlusal guard is for the treatment of bruxism or diagnoses other than temporomandibular dysfunction (TMD). Occlusal guards are limited to one per 12 consecutive month period.
26. Deep sedation/general anesthesia and intravenous conscious sedation are covered (by report) only when provided in connection with a covered procedure(s) when determined to be medically or dentally necessary for documented handicapped or uncontrollable patients or justifiable medical or dental conditions.
27. Fixed partial dentures, buildups, and posts and cores for members under 16 years of age are only covered if deemed necessary by the Plan.
28. Onlays, crowns, and posts and cores for members 12 years of age or younger are only covered if deemed necessary by the Plan. Cast posts and cores (D2952) are processed as an alternate benefit of a prefabricated post and core. Posts are eligible only when provided as part of a crown buildup or implant and are considered integral to the buildup or implant.
29. Orthodontics is only covered if medically necessary as determined by the Plan. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.
30. Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.

The dental plan is underwritten by Dominion Dental Services, Inc. (hereinafter referred to as “Dominion”).



**Select Plan Basic Kids 702xs (DE)**  
**Description of Services, Member Copayments, Exclusions**  
**and Limitations for Pediatric Services**

- Coverage continues through end of the year in which the Member turns 19 -

**Plan Highlights**

- This plan has fixed copayments.
- There is no out-of-network coverage (with the exception of out-of-area emergency dental services and/or for services provided when a Member is referred to an out-of-network specialist). See exclusion 11.
- Annual Out-of-Pocket Maximum: \$400 per child per calendar year for medically necessary treatment (maximum of \$800 for policy covering two or more children).
- There are no annual maximum dollar limits, no waiting periods and no deductibles.
- If course of treatment is to exceed \$300, prior review is required.

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
<b>Diagnostic/Preventive</b>			D0701	Panoramic radiographic image – image capture only .	0
	Office visit.....	20	D0702	2-D cephalometric radiographic image – image capture only .....	0
D0120	Periodic oral eval - established patient .....	0	D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only.....	0
D0140	Limited oral eval - problem focused .....	0	D0705	Extra-oral posterior dental radiographic image – image capture only.....	0
D0145	Oral eval for a patient under 3 years of age .....	0	D0706	Intraoral – occlusal radiographic image – image capture only .....	0
D0150	Comprehensive oral eval - new or established patient	0	D0707	Intraoral – periapical radiographic image – image capture only .....	0
D0160	Detailed and extensive oral eval - problem focused....	0	D0708	Intraoral – bitewing radiographic image – image capture only .....	0
D0170	Re-evaluation - limited, problem focused .....	0	D0709	Intraoral – comprehensive series of radiographic images – image capture only.....	0
D0180	Comp. periodontal eval - new or established patient .	0	D0999	Unspecified diagnostic procedure, by report .....	0
D0210	Intraoral – comprehensive series of radiographic images .....	26	D1110	Prophylaxis (cleaning) - adult .....	13
D0220	Intraoral - periapical first radiographic image .....	0	D1120	Prophylaxis (cleaning) - child .....	10
D0230	Intraoral - periapical each add. radiographic image ....	0	D1206	Topical application of fluoride varnish.....	0
D0240	Intraoral - occlusal radiographic image .....	0	D1208	Topical application of fluoride - excluding varnish .....	0
D0250	Extra-oral - 2D projection radiographic image .....	0	D1310	Nutritional counseling for control of dental disease ...	0
D0270	Bitewing - single radiographic image.....	0	D1320	Tobacco counseling for control of prev. oral disease...	0
D0272	Bitewings - two radiographic images.....	0	D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use .....	0
D0273	Bitewings - three radiographic images .....	0	D1330	Oral hygiene instructions.....	0
D0274	Bitewings - four radiographic images .....	0	D1351	Sealant - per tooth .....	21
D0277	Vertical bitewings - 7 to 8 radiographic images.....	0	D1352	Prev resin rest. mod/high caries risk – perm. tooth ....	21
D0322	Tomographic survey .....	0	D1354	Application of caries arresting medicament - per tooth.....	0
D0330	Panoramic radiographic image .....	30	D1355	Caries preventive medicament application – per tooth.....	21
D0340	2D cephalometric radiographic image .....	0	D1510	Space maintainer - fixed, unilateral - per quadrant.....	143
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally .....	0	D1516	Space maintainer - fixed - bilateral, maxillary .....	198
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images .....	26	D1517	Space maintainer - fixed - bilateral, mandibular .....	198
D0373	Intraoral tomosynthesis – bitewing radiographic image.....	0	D1520	Space maintainer - removable, unilateral - per quadrant.....	143
D0374	Intraoral tomosynthesis – periapical radiographic image.....	0	D1526	Space maintainer - removable - bilateral, maxillary ....	198
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0	D1527	Space maintainer - removable - bilateral, mandibular	198
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only .....	0	D1551	Re-cement or re-bond bilateral space maintainer – maxillary.....	34
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only .....	0	D1552	Re-cement or re-bond bilateral space maintainer – mandibular .....	34
D0460	Pulp vitality tests .....	0	D1553	Re-cement or re-bond unilateral space maintainer – per quadrant.....	34
D0470	Diagnostic casts .....	0	D1556	Removal of fixed unilateral space maintainer – per quadrant.....	44
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum .....	0			
D0601	Caries risk assessment & documentation, with a finding of low risk .....	0			
D0602	Caries risk assessment & documentation, with a finding of moderate risk .....	0			
D0603	Caries risk assessment & documentation, with a finding of high risk .....	0			

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ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D1557	Removal of fixed bilateral space maintainer – maxillary .....	44	D2941	Interim therapeutic restoration, primary dentition.....	31
D1558	Removal of fixed bilateral space maintainer – mandibular .....	44	D2950	Core buildup, including any pins .....	125
D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant.....	143	D2951	Pin retention - per tooth, in addition to restoration ...	22
<b>Restorative (Fillings)</b>			D2952	Post and core in addition to crown .....	186
D2140	Amalgam - one surface, prim. or perm. ....	41	D2953	Each add. indirectly fabricated post - same tooth.....	50
D2150	Amalgam - two surfaces, prim. or perm. ....	51	D2954	Prefab. post and core in addition to crown .....	154
D2160	Amalgam - three surfaces, prim. or perm. ....	64	D2955	Post removal (not in conj. with endo. therapy).....	105
D2161	Amalgam - >=4 surfaces, prim. or perm. ....	78	D2957	Each add. prefab post - same tooth .....	40
D2330	Resin-based composite - one surface, anterior .....	69	D2970	Temporary crown (fractured tooth) .....	0
D2331	Resin-based composite - two surfaces, anterior .....	83	D2980	Crown repair necessitated by restorative material failure .....	102
D2332	Resin-based composite - three surfaces, anterior .....	99	D2981	Inlay repair necessitated by restorative material failure .....	102
D2335	Resin-based composite - >=4 surfaces, anterior.....	119	D2982	Onlay repair necessitated by restorative material failure .....	102
D2390	Resin-based composite crown, anterior.....	192	D2983	Veneer repair necessitated by restorative material failure .....	102
D2391	Resin-based composite - one surface, posterior .....	73	D2990	Resin infiltration lesion.....	41
D2392	Resin-based composite - two surfaces, posterior.....	87	<b>Endodontics'</b>		
D2393	Resin-based composite - three surfaces, posterior .....	102	D3110	Pulp cap - direct (excl. final restoration).....	32
D2394	Resin-based composite - >=4 surfaces, posterior.....	123	D3120	Pulp cap - indirect (excl. final restoration).....	32
<b>Crown &amp; Bridge</b>			D3220	Therapeutic pulpotomy (excl. final restor.).....	81
D2510	Inlay- metallic - one surface .....	407	D3221	Pulpal debridement, prim. and perm. teeth .....	94
D2520	Inlay- metallic - two surfaces.....	407	D3222	Partial pulpotomy for apexogenesis .....	160
D2530	Inlay - metallic - three or more surfaces.....	425	D3230	Pulpal therapy - resorbable filling, anterior, primary tooth.....	160
D2542	Onlay - metallic-two surfaces .....	458	D3240	Pulpal therapy - resorbable filling, posterior, primary tooth.....	164
D2543	Onlay - metallic - three surfaces.....	524	D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	341
D2544	Onlay - metallic - four or more surfaces .....	524	D3320	Endodontic therapy, premolar tooth (excluding final restoration).....	418
D2610	Inlay - porcelain/ceramic - one surface .....	427	D3330	Endodontic therapy, molar tooth (excluding final restoration).....	512
D2620	Inlay - porcelain/ceramic - two surfaces.....	427	D3332	Incomp. endo. therapy-inop. or fractured tooth.....	183
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	445	D3333	Internal root repair of perforation defects .....	105
D2642	Onlay - porcelain/ceramic - two surfaces .....	479	D3346	Retreat of prev. root canal therapy, anterior.....	387
D2643	Onlay - porcelain/ceramic - three surfaces.....	499	D3347	Retreat of prev. root canal therapy - premolar.....	465
D2644	Onlay - porcelain/ceramic - >=4 surfaces .....	499	D3348	Retreat of prev. root canal therapy, molar .....	558
D2650	Inlay - resin-based composite - one surface.....	440	D3351	Apexification/recalcification - initial visit.....	202
D2651	Inlay - resin-based composite - two surfaces .....	440	D3352	Apexification/recalcification - interim med. repl. ....	589
D2652	Inlay - resin-based composite - >=3 surfaces.....	440	D3353	Apexification/recalcification - final visit .....	449
D2662	Onlay - resin-based composite - two surfaces.....	444	D3355	Pulpal regeneration - initial visit.....	202
D2663	Onlay - resin-based composite - three surfaces .....	444	D3356	Pulpal regeneration - interim medication replacement .....	589
D2664	Onlay - resin-based composite - >=4 surfaces .....	444	D3357	Pulpal regeneration - completion of treatment .....	449
D2710	Crown - resin based composite (indirect).....	272	D3410	Apicoectomy - anterior.....	323
D2712	Crown - 3/4 resin-based composite (indirect).....	485	D3421	Apicoectomy - premolar (first root) .....	364
D2720	Crown - resin with high noble metal .....	495	D3425	Apicoectomy - molar (first root).....	418
D2721	Crown - resin with predominantly base metal .....	495	D3426	Apicoectomy (each additional root).....	152
D2722	Crown - resin with noble metal .....	495	D3428	Bone graft in conj. w/ periradicular surg., per tooth, single site.....	743
D2740	Crown - porcelain/ceramic .....	560	D3429	Bone graft in conj. w/ periradicular surg., add. contiguous tooth, same site .....	582
D2750	Crown - porcelain fused to high noble metal .....	523	D3430	Retrograde filling - per root.....	119
D2751	Crown - porcelain fused to predominantly base metal .....	523	D3431	Biologic materials to aid soft/osseous tissue regen. in conj. w/ periradicular surg. ....	407
D2752	Crown - porcelain fused to noble metal .....	523	D3432	Guided tissue regen., resorbable barrier, per site, in conj. w/ periradicular surg. ....	815
D2753	Crown - porcelain fused to titanium and titanium alloys .....	523	D3450	Root amputation - per root .....	234
D2780	Crown - 3/4 cast high noble metal .....	478	D3471	Surgical repair of root resorption - anterior .....	323
D2781	Crown - 3/4 cast predominantly base metal .....	478	D3472	Surgical repair of root resorption – premolar .....	364
D2782	Crown - 3/4 cast noble metal .....	478	D3473	Surgical repair of root resorption – molar .....	418
D2783	Crown - 3/4 porcelain/ceramic.....	511	D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior... ..	323
D2790	Crown - full cast high noble metal.....	495	D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar .	364
D2791	Crown - full cast predominately base metal.....	495			
D2792	Crown - full cast noble metal.....	495			
D2799	Interim crown – further treatment or completion of diagnosis necessary prior to final impression .....	0			
D2910	Recement inlay .....	43			
D2915	Recement cast or prefab. post and core.....	82			
D2920	Recement crown .....	43			
D2930	Prefab. stainless steel crown - prim. tooth.....	110			
D2931	Prefab. stainless steel crown - perm. tooth.....	121			
D2932	Prefabricated resin crown .....	140			
D2933	Prefab. stainless steel crown w/ resin window .....	271			
D2940	Protective restoration .....	39			



ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar .....	418	D5226	Mandibular partial denture - flexible base .....	750
D3920	Hemisection, not inc. root canal therapy .....	234	D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth) .....	750
D3921	Decoronation or submergence of an erupted tooth ..	107	D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) .....	750
D3950	Canal prep/fitting of preformed dowel or post .....	136	D5282	Rem. unilateral partial denture - one piece cast metal, maxillary .....	419
<b>Periodontics<sup>1</sup></b>			D5283	Rem. unilateral partial denture - one piece cast metal, mandibular .....	419
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad. ....	279	D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant .....	419
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad..	100	D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....	419
D4212	Gingivectomy or gingivoplasty, rest., per tooth.....	40	D5410	Adjust complete denture - maxillary .....	38
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	345	D5411	Adjust complete denture - mandibular .....	38
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	106	D5421	Adjust partial denture - maxillary.....	38
D4260	Osseous surgery - >3 cont. teeth, per quad .....	499	D5422	Adjust partial denture - mandibular.....	38
D4261	Osseous surgery - <=3 cont. teeth, per quad .....	392	D5511	Repair broken complete denture base, mandibular....	87
D4263	Bone replacement graft - retained natural tooth - first site in quad.....	743	D5512	Repair broken complete denture base, maxillary.....	87
D4264	Bone replacement graft - retained natural tooth - each add. site in quad. ....	582	D5520	Replace missing or broken teeth - complete denture .	87
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site .....	407	D5611	Repair resin partial denture base, mandibular .....	87
D4266	Guided tissue regen. - resorb. barrier, per site.....	815	D5612	Repair resin partial denture base, maxillary.....	87
D4267	Guided tissue regen. - non-resorb. barrier, per site ....	797	D5621	Repair cast partial framework, mandibular .....	87
D4268	Surgical revision proc., per tooth .....	358	D5622	Repair cast partial framework, maxillary.....	87
D4270	Pedicle soft tissue graft procedure .....	643	D5630	Repair or replace broken clasp .....	115
D4273	Autogenous connective tissue graft proc. ....	800	D5640	Replace broken teeth - per tooth .....	87
D4274	Mesial/distal wedge procedure, single tooth.....	308	D5650	Add tooth to existing partial denture .....	87
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft Soft tissue allograft .....	854	D5660	Add clasp to existing partial denture -per tooth .....	115
D4276	Comb. connec. tissue/double and pedicle graft, per tooth.....	1019	D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	287
D4286	Removal of non-resorbable barrier .....	100	D5671	Replace all teeth and acrylic on cast metal framework (mandibular).....	287
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns .....	427	D5710	Rebase complete maxillary denture .....	260
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns .....	377	D5711	Rebase complete mandibular denture .....	260
D4341	Perio scaling and root planing - >3 cont teeth, per quad. ....	109	D5720	Rebase maxillary partial denture.....	260
D4342	Perio scaling and root planing - <= 3 teeth, per quad .	63	D5721	Rebase mandibular partial denture.....	260
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	45	D5725	Rebase hybrid prosthesis.....	260
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit .....	89	D5730	Reline complete maxillary denture (direct).....	159
D4381	Localized delivery of antimicrobial agents.....	98	D5731	Reline complete mandibular denture (direct).....	159
D4910	Periodontal maintenance .....	74	D5740	Reline maxillary partial denture (direct).....	155
D4920	Unscheduled dressing change by non-treating dentist	84	D5741	Reline mandibular partial denture (direct).....	155
<b>Prosthetics (Dentures)</b>			D5750	Reline complete maxillary denture (indirect).....	224
D5110	Complete denture - maxillary.....	697	D5751	Reline complete mandibular denture (indirect).....	224
D5120	Complete denture - mandibular .....	697	D5760	Reline maxillary partial denture (indirect).....	224
D5130	Immediate denture - maxillary .....	722	D5761	Reline mandibular partial denture (indirect).....	224
D5140	Immediate denture - mandibular .....	722	D5765	Soft liner for complete or partial removable denture – indirect .....	53
D5211	Maxillary partial denture - resin base.....	649	D5810	Interim complete denture - maxillary.....	362
D5212	Mandibular partial denture - resin base.....	649	D5811	Interim complete denture - mandibular.....	362
D5213	Maxillary partial denture - cast metal .....	750	D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary .....	362
D5214	Mandibular partial denture - cast metal .....	750	D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular .....	362
D5221	Immediate maxillary partial denture - resin base .....	649	D5850	Tissue conditioning - maxillary .....	79
D5222	Immediate mandibular partial denture - resin base....	649	D5851	Tissue conditioning - mandibular .....	79
D5223	Immediate maxillary partial denture - cast metal .....	750	D5932	Obturator prosthesis, definitive .....	4800
D5224	Immediate mandibular partial denture - cast metal ...	750	D5933	Obturator prosthesis, modification .....	709
D5225	Maxillary partial denture - flexible base.....	750	D5934	Mandibular resection prosthesis w/ guide flange .....	4042
			D5935	Mandibular resection prosthesis w/o guide flange .....	3770
			D5936	Obturator prosthesis, interim.....	2049
			D5937	Trismus appliance, not in conj. with TMD .....	653
			D5986	Fluoride gel carrier .....	126
			D5991	Topical medicament carrier.....	126
			<b>Bridge &amp; Pontics</b>		
			D6210	Pontic - cast high noble metal .....	495
			D6211	Pontic - cast predominately base metal .....	495
			D6240	Pontic - porcelain fused to high noble metal.....	523

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D6241	Pontic - porcelain fused to predominately base metal	523	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	60
D6242	Pontic - porcelain fused to noble metal	523	D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad. ..	141
D6245	Pontic - porcelain/ceramic	560	D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad. ....	141
D6250	Pontic - resin with high noble metal	495	D7340	Vestibuloplasty - ridge ext. sec. epithel.	923
D6251	Pontic - resin with predominately base metal	495	D7350	Vestibuloplasty - ridge ext. inc. grafts, etc.	1776
D6252	Pontic - resin with noble metal	495	D7509	Marsupialization of odontogenic cyst	400
D6545	Ret. - cast metal for resin bonded fixed prosthesis	251	D7510	Incision and drainage of abscess - intraoral soft tissue	96
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	393	D7511	Incision/drainage of abscess - intra. soft tissue, comp.	112
D6600	Retainer inlay - porc./ceramic, two surfaces	427	D7520	Incision/drainage of abscess - extra. soft tissue	116
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	445	D7521	Incision/drainage of abscess - extra. soft tissue, comp.	120
D6602	Retainer inlay - cast high noble metal, two surfaces	407	D7910	Suture of recent small wounds up to 5 cm.	59
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	425	D7911	Complicated suture, <= 5 cm.	69
D6604	Retainer inlay - cast predominantly base metal, two surfaces	407	D7912	Complicated suture, > 5 cm.	79
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	425	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	25
D6606	Retainer inlay - cast noble metal, two surfaces	407	D7961	Buccal/labial frenectomy (frenulectomy)	263
D6607	Retainer inlay - cast noble metal, >=3 surfaces	425	D7962	Lingual frenectomy (frenulectomy)	263
D6608	Retainer onlay - porc./ceramic, two surfaces	479	D7963	Frenuloplasty	293
D6609	Retainer onlay - porc./ceramic, three or more surfaces	499	D7970	Excision of hyperplastic tissue - per arch	233
D6610	Retainer onlay - cast high noble metal, two surfaces	458	D7971	Excision of pericoronal gingiva	131
D6611	Retainer onlay - cast high noble metal, >=3 surfaces	524	D7979	Non-surgical sialolithotomy	43
D6612	Retainer onlay - cast predominantly base metal, two surfaces	458		<b>Orthodontics<sup>2</sup></b>	
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	524	D8060	Interceptive ortho. treatment - transitional dentition	3304
D6614	Retainer onlay - cast noble metal, two surfaces	458	D8070	Comp. ortho. treatment - transitional dentition	3304
D6615	Retainer onlay - cast noble metal, >=3 surfaces	524	D8080	Comp. ortho. treatment - adolescent dentition	3422
D6720	Retainer crown - resin with high noble metal	495	D8090	Comp. ortho. treatment - adult dentition	3658
D6721	Retainer crown - resin with predominantly base metal	495	D8660	Pre-orthodontic treatment visit	413
D6722	Retainer crown - resin with noble metal	495	D8670	Periodic ortho. treatment visit (as part of contract)	118
D6740	Retainer crown - porcelain/ceramic	560	D8680	Orthodontic ret. (rem. of appl./placement of retainer(s))	413
D6750	Retainer crown - porcelain fused to high noble metal	523	D8703	Replacement of lost or broken retainer – maxillary	179
D6751	Retainer crown - porcelain fused to predominately base metal	523	D8704	Replacement of lost or broken retainer – mandibular	179
D6752	Retainer crown - porcelain fused to noble metal	523		<b>Adjunctive General Services</b>	
D6780	Retainer crown - 3/4 cast high noble metal	470	D9110	Palliative treatment of dental pain – per visit	43
D6781	Retainer crown - 3/4 cast predominantly base metal	470	D9210	Local anesthesia not in conj. w/ operative/surg. procedures	0
D6782	Retainer crown - 3/4 cast noble metal	470	D9211	Regional block anesthesia	0
D6783	Retainer crown - 3/4 porc./ceramic	511	D9212	Trigeminal division block anesthesia	0
D6790	Retainer crown - full cast high noble metal	495	D9215	Local anesthesia in conj. w/ operative/surg. procedures	0
D6791	Retainer crown - full cast predominantly base metal	495	D9219	Evaluation for deep sedation or general anesthesia	0
D6792	Retainer crown - full cast noble metal	495	D9222	Deep sedation/general anesthesia - first 15 minutes	103
D6930	Recent or rebond fixed partial denture	69	D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	103
D6980	Fixed partial denture repair, by report	172	D9230	Inhalation of nitrous oxide/analgesia, anxietyolysis	37
D6985	Pediatric partial denture, fixed	560	D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	103
	<b>Oral Surgery<sup>1</sup></b>		D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	103
D7111	Extraction, coronal remnants - primary tooth	56	D9248	Non-intravenous conscious sedation	145
D7140	Extraction, erupted tooth or exposed root	69	D9310	Consultation (diagnostic service by nontreating dentist)	43
D7210	Extraction, erupted tooth req. bone cut	133	D9440	Office visit after regularly scheduled hours	90
D7220	Removal of impacted tooth - soft tissue	151	D9610	Therapeutic parenteral drug, single admin.	26
D7230	Removal of impacted tooth - partially bony	196	D9612	Therapeutic parenteral drug, 2 or more admin., diff. med.	70
D7240	Removal of impacted tooth - completely bony	241	D9613	Infiltration of sustained release therapeutic drug, per quadrant	190
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	217	D9910	Application of desensitizing medicament	31
D7250	Removal of residual tooth roots	141	D9920	Behavior management, by report	68
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	217	D9930	Treatment of complications (post-surgical)	43
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth	226	D9944	Occlusal guard – hard appliance, full arch	272
D7272	Tooth transplantation	615	D9945	Occlusal guard – soft appliance, full arch	272
D7280	Exposure of an unerupted tooth	153			
D7282	Mobil. of erupted/malpositioned tooth to aid eruption	231			
D7283	Place. of device to facilitate erupt. of impacted tooth	144			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D9946	Occlusal guard – hard appliance, partial arch .....	272
D9950	Occlusion analysis - mounted case.....	104
D9951	Occlusal adjustment - limited.....	66
D9952	Occlusal adjustment - complete.....	266
D9953	Reline custom sleep apnea appliance (indirect).....	175
D9986	Missed appointment .....	50
D9995	Teledentistry – synchronous; real-time encounter.....	0
D9996	Teledentistry – asynchronous; information store and forwarded to dentist for subsequent review.....	0
D9997	Dental case management – patients with special health care needs.....	50

1. Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist.
2. See exclusion #15 and limitation #25 for additional coverage information.

Current Dental Terminology © American Dental Association. Only current ADA CDT codes are considered valid by Dominion. For a full description of each code, please consult the ADA's CDT guidelines

### Plan Exclusions

Please refer to the section in your Certificate of Coverage titled "State-Specific Exclusions" for additional exclusions, if applicable.

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not necessary for the patient's dental health as determined by the Plan.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
9. Replacement due to loss or theft of prosthetic appliance.
10. Procedures not listed as covered benefits under this Plan.
11. Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services).
12. Services related to the treatment of TMD (Temporomandibular Disorder) except if TMD is caused by severe, dysfunctional, handicapping malocclusion that requires medically necessary orthodontia services.
13. Services performed by a Participating Specialist without a referral from a Participating General Dentist (with the exception of Orthodontics). Participating dentists should refer to Specialty Care Referral Guidelines.
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan. The prophylactic removal of these teeth for medically necessary orthodontia services may be covered subject to review.
15. Non-medically necessary orthodontia and Phase I Treatment for medically necessary orthodontia are not covered benefits under this policy. Discounts are provided to members through the Plan's agreements with its participating orthodontists. The provider agreements create no liability for payment by the Plan, and payments by the member for these services do not contribute to the Out-of-Pocket Maximum. The Invisalign system and similar specialized braces are not a covered benefit. See limitation #25 concerning medically necessary orthodontia.

### Plan Limitations

1. One (1) evaluation (D0120, D0145, D0150 or D0160) per six (6) months, per patient.
2. One (1) teeth cleaning (D1110 or D1120) per six (6) months, per patient.
3. One fluoride treatment per six (6) months, per patient.
4. Four bitewing x-ray films per six (6) months, per patient.
5. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years.
6. One sealant per tooth, per patient up to age 19 (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).
7. One (1) application of caries arresting medicament per primary tooth is covered per lifetime.
8. One fixed space maintainer (D1510, D1516, D1517) per 5 years, per arch, per patient up to age 14, to preserve space between teeth for premature loss of a primary tooth (does not include use for orthodontic treatment). D1575 limited to once per lifetime.
9. Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
10. Replacement of a crown (for teeth with extensive caries or fracture that is unable to be restored with an amalgam or composite filling), bridge (that cannot be repaired) or denture is covered if it is more than five (5) years from the date of original placement and cannot be restored.
11. Crown and bridge fees apply to treatment involving five (5) or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
12. Relining and rebasing of dentures is covered once per 24 months, per patient, only after six (6) months of initial placement.
13. Periodontal scaling and root planing (D4341 or D4342), osseous surgery (D4260 or D4261) and gingivectomy or gingivoplasty (D4210 or D4211) are limited to one (1) per patient, per quadrant.
14. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1120/D1110, limited to once per two years.
15. Full mouth debridement is covered once per 36 months, per patient.
16. Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant; or a total of 12 teeth for all four quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.
17. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site.
18. Periodontal maintenance following surgery is covered once per three (3) months.
19. All dental services that are to be rendered in a hospital setting require coordination and approval from both the dental insurer and the medical insurer before services can be rendered. Services delivered to the patient on the date of service are documented separately using applicable procedure codes.
20. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
21. Anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 60 minutes of services are allowed for general anesthesia and intravenous or non-intravenous conscious sedation. General anesthesia is not covered with procedure codes D9230, D9239 or D9243. Intravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Nonintravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Analgesia (nitrous oxide) is not covered with procedure codes D9222, D9223, D9239 or D9243.
22. Occlusal guard with covered surgery, by report.
23. Gingivectomy, once per quadrant.
24. One pedicle, free soft tissue, subepithelial connective tissue or double pedicle graft per site.
25. Orthodontics is only covered if medically necessary as determined by the Plan. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.
26. Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.



**Select Plan Basic Kids 702xs (MD)**  
**Description of Services, Member Copayments, Exclusions**  
**and Limitations for Pediatric Services**

- Coverage continues through end of the year in which the Member turns 19 -

**Plan Highlights**

- This plan has fixed copayments.
- There is no out-of-network coverage (with the exception of out-of-area emergency dental services and/or for services provided when a Member is referred to an out-of-network specialist). See exclusion 11.
- Annual Out-of-Pocket Maximum: \$400 per child per calendar year for medically necessary treatment (maximum of \$800 for policy covering two or more children). For any medically necessary treatments in which the member copayment listed below is over the annual out-of-pocket maximum, the member shall only be responsible up to the maximum and the Plan would be responsible for the remainder.
- There are no annual maximum dollar limits, no waiting periods and no deductibles.
- If course of treatment is to exceed \$300, prior review is recommended.

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
<b>Diagnostic/Preventive</b>					
	Office visit.....	10	D0603	Caries risk assessment & documentation, with a finding of high risk.....	0
D0120	Periodic oral eval - established patient .....	0	D0701	Panoramic radiographic image – image capture only .	0
D0140	Limited oral eval - problem focused.....	0	D0702	2-D cephalometric radiographic image – image capture only .....	0
D0145	Oral eval for a patient under 3 years of age .....	0	D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only.....	0
D0150	Comprehensive oral eval - new or established patient	0	D0705	Extra-oral posterior dental radiographic image – image capture only.....	0
D0160	Detailed and extensive oral eval - problem focused....	0	D0706	Intraoral – occlusal radiographic image – image capture only .....	0
D0170	Re-evaluation - limited, problem focused .....	0	D0707	Intraoral – periapical radiographic image – image capture only .....	0
D0210	Intraoral - comprehensive series of radiographic images .....	26	D0708	Intraoral – bitewing radiographic image – image capture only .....	0
D0220	Intraoral - periapical first radiographic image .....	0	D0709	Intraoral – comprehensive series of radiographic images – image capture only.....	0
D0230	Intraoral - periapical each add. radiographic image ....	0	D1110	Prophylaxis (cleaning) - adult .....	0
D0240	Intraoral - occlusal radiographic image .....	0	D1120	Prophylaxis (cleaning) - child .....	0
D0250	Extra-oral - 2D projection radiographic image .....	0	D1206	Topical application of fluoride varnish.....	0
D0270	Bitewing - single radiographic image.....	0	D1208	Topical application of fluoride - excluding varnish .....	0
D0272	Bitewings - two radiographic images.....	0	D1310	Nutritional counseling for control of dental disease ...	0
D0273	Bitewings - three radiographic images .....	0	D1320	Tobacco counseling for control of prev. oral disease...	0
D0274	Bitewings - four radiographic images .....	0	D1330	Oral hygiene instructions.....	0
D0277	Vertical bitewings - 7 to 8 radiographic images.....	0	D1351	Sealant - per tooth .....	21
D0310	Sialography.....	370	D1352	Prev resin rest. mod/high caries risk – perm. tooth ....	21
D0320	Temporomandibular joint arthrogram, incl. injection .	562	D1354	Application of caries arresting medicament - per tooth.....	0
D0321	Other temporomandibular joint radiographic images, by report.....	120	D1510	Space maintainer - fixed, unilateral - per quadrant.....	143
D0330	Panoramic radiographic image .....	30	D1516	Space maintainer - fixed - bilateral, maxillary .....	198
D0340	2D cephalometric radiographic image .....	0	D1517	Space maintainer - fixed - bilateral, mandibular .....	198
D0350	2D oral/facial photographic image obtained (intraorally/extraoral) .....	0	D1520	Space maintainer - removable, unilateral - per quadrant.....	143
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images .....	26	D1526	Space maintainer - removable - bilateral, maxillary ....	198
D0373	Intraoral tomosynthesis – bitewing radiographic image.....	0	D1527	Space maintainer - removable - bilateral, mandibular	198
D0374	Intraoral tomosynthesis – periapical radiographic image.....	0	D1551	Re-cement or re-bond bilateral space maintainer – maxillary .....	34
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0	D1552	Re-cement or re-bond bilateral space maintainer – mandibular .....	34
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only.....	0	D1553	Re-cement or re-bond unilateral space maintainer – per quadrant.....	34
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	0	D1556	Removal of fixed unilateral space maintainer – per quadrant.....	44
D0460	Pulp vitality tests .....	0	D1557	Removal of fixed bilateral space maintainer – maxillary .....	44
D0470	Diagnostic casts .....	0	D1558	Removal of fixed bilateral space maintainer – mandibular .....	44
D0486	Accession of Brush Biopsy Sample .....	0	D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant.....	143
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum .....	0			
D0601	Caries risk assessment & documentation, with a finding of low risk.....	0			
D0602	Caries risk assessment & documentation, with a finding of moderate risk.....	0			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
<b>Restorative (Fillings)</b>					
D2140	Amalgam - one surface, prim. or perm.....	41	D2961	Labial veneer (resin laminate) - indirect.....	601
D2150	Amalgam - two surfaces, prim. or perm.....	51	D2962	Labial veneer (porcelain laminate) - indirect.....	449
D2160	Amalgam - three surfaces, prim. or perm. ....	64	D2980	Crown repair necessitated by restorative material failure .....	102
D2161	Amalgam - >=4 surfaces, prim. or perm. ....	78	D2981	Inlay repair necessitated by restorative material failure .....	102
D2330	Resin-based composite - one surface, anterior .....	69	D2982	Onlay repair necessitated by restorative material failure .....	102
D2331	Resin-based composite - two surfaces, anterior .....	83	D2983	Veneer repair necessitated by restorative material failure .....	102
D2332	Resin-based composite - three surfaces, anterior .....	99			
D2335	Resin-based composite - >=4 surfaces, anterior.....	119	<b>Endodontics<sup>1</sup></b>		
D2390	Resin-based composite crown, anterior.....	192	D3110	Pulp cap - direct (excl. final restoration).....	32
D2391	Resin-based composite - one surface, posterior .....	73	D3120	Pulp cap - indirect (excl. final restoration).....	32
D2392	Resin-based composite - two surfaces, posterior.....	87	D3220	Therapeutic pulpotomy (excl. final restor.).....	81
D2393	Resin-based composite - three surfaces, posterior .....	102	D3221	Pulpal debridement, prim. and perm. teeth .....	94
D2394	Resin-based composite - >=4 surfaces, posterior.....	123	D3230	Pulpal therapy - resorbable filling, anterior, primary tooth.....	160
D2510	Inlay- metallic - one surface .....	407	D3240	Pulpal therapy - resorbable filling, posterior, primary tooth.....	164
D2520	Inlay- metallic - two surfaces.....	407	D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	341
D2530	Inlay - metallic - three or more surfaces.....	425	D3320	Endodontic therapy, premolar tooth (excluding final restoration) .....	418
D2542	Onlay - metallic-two surfaces .....	458	D3330	Endodontic therapy, molar tooth (excluding final restoration) .....	512
D2543	Onlay - metallic - three surfaces.....	524	D3332	Incomp. endo. therapy-inop. or fractured tooth.....	183
D2544	Onlay - metallic - four or more surfaces.....	524	D3333	Internal root repair of perforation defects .....	105
D2610	Inlay - porcelain/ceramic - one surface .....	427	D3346	Retreat of prev. root canal therapy, anterior.....	387
D2620	Inlay - porcelain/ceramic - two surfaces.....	427	D3347	Retreat of prev root canal therapy - premolar .....	465
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	445	D3348	Retreat of prev. root canal therapy, molar .....	558
D2642	Onlay - porcelain/ceramic - two surfaces.....	479	D3351	Apexification/recalcification - initial visit.....	202
D2643	Onlay - porcelain/ceramic - three surfaces.....	499	D3352	Apexification/recalcification - interim med. repl.....	589
D2644	Onlay - porcelain/ceramic - >=4 surfaces .....	499	D3353	Apexification/recalcification - final visit .....	449
D2650	Inlay - resin-based composite - one surface.....	440	D3355	Pulpal regeneration - initial visit.....	202
D2651	Inlay - resin-based composite - two surfaces .....	440	D3356	Pulpal regeneration - interim medication replacement .....	589
D2652	Inlay - resin-based composite - >=3 surfaces.....	440	D3357	Pulpal regeneration - completion of treatment .....	449
D2662	Onlay - resin-based composite - two surfaces.....	444	D3410	Apicoectomy - anterior.....	323
D2663	Onlay - resin-based composite - three surfaces .....	444	D3421	Apicoectomy - premolar (first root).....	364
D2664	Onlay - resin-based composite - >=4 surfaces.....	444	D3425	Apicoectomy - molar (first root).....	418
D2710	Crown - resin based composite (indirect).....	272	D3426	Apicoectomy (each additional root).....	152
D2712	Crown - 3/4 resin-based composite (indirect).....	485	D3430	Retrograde filling - per root.....	119
D2720	Crown - resin with high noble metal .....	495	D3450	Root amputation (resection) - per root.....	234
D2721	Crown - resin with predominantly base metal .....	495	D3470	Intentional reimplantation .....	718
D2722	Crown - resin with noble metal.....	495	D3471	Surgical repair of root resorption - anterior .....	323
D2740	Crown - porcelain/ceramic .....	560	D3472	Surgical repair of root resorption - premolar .....	364
D2750	Crown - porcelain fused to high noble metal .....	523	D3473	Surgical repair of root resorption - molar .....	418
D2751	Crown - porcelain fused to predominantly base metal .....	523	D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior... ..	323
D2752	Crown - porcelain fused to noble metal.....	523	D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar .	364
D2753	Crown - porcelain fused to titanium and titanium alloys .....	523	D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar .....	418
D2780	Crown - 3/4 cast high noble metal .....	478	D3920	Hemisection, not inc. root canal therapy .....	234
D2781	Crown - 3/4 cast predominantly base metal .....	478	D3921	Decoronation or submergence of an erupted tooth ..	107
D2782	Crown - 3/4 cast noble metal .....	478	D3950	Canal prep/fitting of preformed dowel or post .....	136
D2783	Crown - 3/4 porcelain/ceramic.....	511			
D2790	Crown - full cast high noble metal.....	495	<b>Periodontics<sup>1</sup></b>		
D2791	Crown - full cast predominately base metal.....	495	D0180	Comp. periodontal eval - new or established patient .	0
D2792	Crown - full cast noble metal.....	495	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad. ....	279
D2794	Crown - titanium and titanium alloys .....	495	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad..	100
D2910	Recement inlay.....	43	D4230	Anatomical crown exposure, >=4 teeth per quad. ....	454
D2920	Recement crown .....	43	D4231	Anatomical crown exposure, 1-3 teeth per quad.....	424
D2928	Prefab. porcelain/ceramic crown - permanent tooth.	560	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	345
D2929	Prefab. porcelain/ceramic crown - prim. tooth .....	560	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	106
D2930	Prefab. stainless steel crown - prim. tooth .....	110			
D2931	Prefab. stainless steel crown - perm. tooth.....	121			
D2932	Prefabricated resin crown .....	140			
D2933	Prefab. stainless steel crown w/ resin window .....	271			
D2934	Prefab. esthetic coated primary tooth .....	296			
D2940	Protective restoration .....	39			
D2941	Interim therapeutic restoration, primary dentition....	31			
D2950	Core buildup, including any pins .....	125			
D2951	Pin retention - per tooth, in addition to restoration ...	22			
D2952	Post and core in addition to crown .....	186			
D2954	Prefab. post and core in addition to crown.....	154			
D2955	Post removal (not in conj. with endo. therapy).....	105			
D2960	Labial veneer (resin laminate) - direct.....	434			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D4249	Clinical crown lengthening - hard tissue.....	576	D5630	Repair or replace broken retentive/clasping material - per tooth .....	115
D4260	Osseous surgery - >3 cont. teeth, per quad .....	499	D5640	Replace broken teeth - per tooth .....	87
D4261	Osseous surgery - <=3 cont. teeth, per quad .....	392	D5650	Add tooth to existing partial denture .....	87
D4268	Surgical revision proc., per tooth .....	358	D5660	Add clasp to existing partial denture -per tooth .....	115
D4274	Mesial/distal wedge procedure, single tooth.....	308	D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	287
D4286	Removal of non-resorbable barrier.....	100	D5671	Replace all teeth and acrylic on cast metal framework (mandibular).....	287
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns .....	427	D5710	Rebase complete maxillary denture.....	260
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns .....	377	D5711	Rebase complete mandibular denture .....	260
D4341	Perio scaling and root planing - >3 cont teeth, per quad. ....	109	D5720	Rebase maxillary partial denture.....	260
D4342	Perio scaling and root planing - <= 3 teeth, per quad .	63	D5721	Rebase mandibular partial denture.....	260
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	45	D5725	Rebase hybrid prosthesis.....	260
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit .....	89	D5730	Reline complete maxillary denture (direct).....	159
D4381	Localized delivery of antimicrobial agents.....	98	D5731	Reline complete mandibular denture (direct).....	159
D4910	Periodontal maintenance .....	74	D5740	Reline maxillary partial denture (direct).....	155
D4920	Unscheduled dressing change by non-treating dentist	84	D5741	Reline mandibular partial denture (direct).....	155
<b>Prosthetics (Dentures)</b>			D5750	Reline complete maxillary denture (indirect).....	224
D5110	Complete denture - maxillary.....	697	D5751	Reline complete mandibular denture (indirect).....	224
D5120	Complete denture - mandibular.....	697	D5760	Reline maxillary partial denture (indirect).....	224
D5130	Immediate denture - maxillary .....	722	D5761	Reline mandibular partial denture (indirect).....	224
D5140	Immediate denture - mandibular .....	722	D5765	Soft liner for complete or partial removable denture – indirect .....	53
D5211	Maxillary partial denture - resin base.....	649	D5810	Interim complete denture - maxillary.....	362
D5212	Mandibular partial denture - resin base.....	649	D5811	Interim complete denture - mandibular.....	362
D5213	Maxillary partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth) .....	750	D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary .....	362
D5214	Mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth) .....	750	D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular .....	362
D5221	Immediate maxillary partial denture - resin base (incl. retentive/clasing materials, rests and teeth).....	649	D5850	Tissue conditioning - maxillary .....	79
D5222	Immediate mandibular partial denture - resin base (incl. retentive/clasing materials, rests and teeth).....	649	D5851	Tissue conditioning - mandibular .....	79
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	750	D5863	Overdenture - complete maxillary.....	1694
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	750	D5864	Overdenture - partial maxillary .....	1668
D5225	Maxillary partial denture - flexible base.....	750	D5865	Overdenture - complete mandibular.....	1694
D5226	Mandibular partial denture - flexible base.....	750	D5866	Overdenture - partial mandibular .....	1668
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth) .....	750	D5992	Adjustment of prosthetic appliance, by report .....	24
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) .....	750	D5993	Cleaning and maintenance prosthetic appliance .....	18
D5282	Rem. unilateral partial denture - one piece cast metal, maxillary.....	419	<b>Implant Services</b>		
D5283	Rem. unilateral partial denture - one piece cast metal, mandibular .....	419	D6058	Abutment supported porcelain/ceramic crown.....	560
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant .....	419	D6059	Abutment supported porcelain fused to metal crown - high noble metal .....	523
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....	419	D6060	Abutment supported porcelain fused to metal crown - predominantly based metal .....	523
D5410	Adjust complete denture - maxillary.....	38	D6061	Abutment supported porcelain fused to metal crown - noble metal .....	523
D5411	Adjust complete denture - mandibular .....	38	D6066	Implant supported crown - porcelain fused to high noble alloys .....	523
D5421	Adjust partial denture - maxillary.....	38	D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.....	63
D5422	Adjust partial denture - mandibular.....	38	D6082	Implant supported crown – porcelain fused to predominantly base alloys.....	523
D5511	Repair broken complete denture base, mandibular....	87	D6083	Implant supported crown – porcelain fused to noble alloys .....	523
D5512	Repair broken complete denture base, maxillary.....	87	D6084	Implant supported crown – porcelain fused to titanium and titanium alloys .....	523
D5520	Replace missing or broken teeth - complete denture .	87	D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant.....	69
D5611	Repair resin partial denture base, mandibular.....	87	<b>Bridge &amp; Pontics</b>		
D5612	Repair resin partial denture base, maxillary.....	87	D6210	Pontic - cast high noble metal .....	495
D5621	Repair cast partial framework, mandibular.....	87	D6211	Pontic - cast predominately base metal .....	495
D5622	Repair cast partial framework, maxillary.....	87	D6212	Pontic - cast noble metal .....	495
			D6240	Pontic - porcelain fused to high noble metal.....	523
			D6241	Pontic - porcelain fused to predominately base metal	523
			D6242	Pontic - porcelain fused to noble metal .....	523
			D6245	Pontic - porcelain/ceramic.....	560

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D6250	Pontic - resin with high noble metal.....	495
D6251	Pontic - resin with predominately base metal.....	495
D6252	Pontic - resin with noble metal.....	495
D6545	Ret. - cast metal for resin bonded fixed prosthesis ....	251
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	393
D6549	Resin retainer - for resin bonded fixed prosthesis.....	251
D6600	Retainer inlay - porc./ceramic, two surfaces .....	427
D6601	Retainer inlay - porc./ceramic, >=3 surfaces .....	445
D6602	Retainer inlay - cast high noble metal, two surfaces...	407
D6603	Retainer inlay - cast high noble metal, >=3 surfaces ...	425
D6604	Retainer inlay - cast predominantly base metal, two surfaces .....	407
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces .....	425
D6606	Retainer inlay - cast noble metal, two surfaces.....	407
D6607	Retainer inlay - cast noble metal, >=3 surfaces .....	425
D6608	Retainer onlay - porc./ceramic, two surfaces .....	479
D6609	Retainer onlay - porc./ceramic, three or more surfaces .....	499
D6610	Retainer onlay - cast high noble metal, two surfaces..	458
D6611	Retainer onlay - cast high noble metal, >=3 surfaces..	524
D6612	Retainer onlay - cast predominantly base metal, two surfaces .....	458
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces .....	524
D6614	Retainer onlay - cast noble metal, two surfaces.....	458
D6615	Retainer onlay - cast noble metal, >=3 surfaces .....	524
D6720	Retainer crown - resin with high noble metal .....	495
D6721	Retainer crown - resin with predominantly base metal .....	495
D6722	Retainer crown - resin with noble metal .....	495
D6740	Retainer crown - porcelain/ceramic .....	560
D6750	Retainer crown - porcelain fused to high noble metal	523
D6751	Retainer crown - porcelain fused to predominately base metal .....	523
D6752	Retainer crown - porcelain fused to noble metal .....	523
D6780	Retainer crown - 3/4 cast high noble metal .....	470
D6781	Retainer crown - 3/4 cast predominantly base metal .	470
D6782	Retainer crown - 3/4 cast noble metal .....	470
D6783	Retainer crown - 3/4 porc./ceramic .....	511
D6790	Retainer crown - full cast high noble metal.....	495
D6791	Retainer crown - full cast predominately base metal..	495
D6792	Retainer crown - full cast noble metal.....	495
D6930	Recement or rebond fixed partial denture.....	69
D6980	Fixed partial denture repair, by report .....	172

### Oral Surgery<sup>1</sup>

D7111	Extraction, coronal remnants - primary tooth.....	56
D7140	Extraction, erupted tooth or exposed root .....	69
D7210	Extraction, erupted tooth req. bone cut .....	133
D7220	Removal of impacted tooth - soft tissue .....	151
D7230	Removal of impacted tooth - partially bony.....	196
D7240	Removal of impacted tooth - completely bony .....	241
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications .....	217
D7250	Removal of residual tooth roots.....	141
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only .....	217
D7260	Oroantral fistula closure .....	578
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	226
D7272	Tooth transplantation .....	615
D7280	Exposure of an unerupted tooth .....	153
D7285	Biopsy of oral tissue - hard (bone, tooth).....	387
D7286	Biopsy of oral tissue - soft (all others) .....	295
D7290	Surgical repositioning of teeth .....	407
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report .....	60
D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad. ..	141
D7311	Alveoloplasty in conj. w/ extractions, 1-3 per quad. ...	141

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad. ....	141
D7321	Alveoloplasty not in conj. w/ extractions, 1-3 per quad. ....	141
D7340	Vestibuloplasty - ridge ext. sec. epithel. ....	923
D7350	Vestibuloplasty - ridge ext. inc. grafts, etc.....	1776
D7410	Excision of benign lesion up to 1.25 cm .....	278
D7440	Exc. of malignant tumor- lesion diam. <=1.25cm .....	608
D7450	Removal of benign odon cyst/tumor - diam <=1.25cm	354
D7451	Removal of benign odon cyst/tumor - diam >1.25cm.	543
D7460	Removal of benign nonodon cyst/tumor-diam <=1.25cm.....	516
D7461	Removal of benign nonodon cyst/tumor-diam >1.25cm.....	718
D7471	Removal of lateral exostosis .....	351
D7472	Removal of torus palatinus.....	480
D7473	Removal of torus mandibularis .....	480
D7509	Marsupialization of odontogenic cyst .....	400
D7510	Incision and drainage of abscess - intraoral soft tissue	96
D7520	Incision/drainage of abscess - extra. soft tissue .....	116
D7550	Partial ostect/osteotom non-vital bone rem.....	336
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site .....	25
D7961	Buccal/labial frenectomy (frenulectomy).....	263
D7962	Lingual frenectomy (frenulectomy) .....	263
D7970	Excision of hyperplastic tissue - per arch.....	233
D7971	Excision of pericoronal gingiva .....	131
D7979	Non-surgical sialolithotomy.....	43

### Orthodontics<sup>2</sup>

D8070	Comp. ortho. treatment - transitional dentition .....	3304
D8080	Comp. ortho. treatment - adolescent dentition .....	3422
D8090	Comp. ortho. treatment - adult dentition .....	3658
D8660	Pre-orthodontic treatment visit .....	413
D8670	Periodic ortho. treatment visit (as part of contract) ...	118
D8680	Orthodontic ret. (rem. of appl./placement of retainer(s)).....	413
D8696	Repair of orthodontic appliances – maxillary.....	100
D8697	Repair of orthodontic appliances – mandibular .....	100
D8698	Re-cement or re-bond fixed retainer – maxillary .....	174
D8699	Re-cement or re-bond fixed retainer – mandibular....	174
D8701	Repair of fixed retainer, includes reattachment – maxillary .....	174
D8702	Repair of fixed retainer, includes reattachment – mandibular .....	174
D8703	Replacement of lost or broken retainer – maxillary ....	174
D8704	Replacement of lost or broken retainer – mandibular	174

### Adjunctive General Services

D9110	Palliative treatment of dental pain – per visit .....	43
D9210	Local anesthesia not in conj. w/ operative/surg. procedures .....	0
D9211	Regional block anesthesia .....	0
D9212	Trigeminal division block anesthesia .....	0
D9215	Local anesthesia in conj. w/ operative/surg. procedures .....	0
D9219	Evaluation for deep sedation or general anesthesia ...	0
D9222	Deep sedation/general anesthesia - first 15 minutes..	103
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment.....	103
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	37
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes.....	103
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.....	103
D9248	Non-intravenous conscious sedation .....	145
D9310	Consultation (diagnostic service by nontreating dentist) .....	43
D9410	House/extended care facility call .....	200
D9420	Hospital call .....	350

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D9613	Infiltration of sustained release therapeutic drug, per quadrant.....	190
D9910	Application of desensitizing medicament .....	31
D9930	Treatment of complications (post-surgical).....	43
D9941	Fabrication of athletic mouthguard.....	102
D9944	Occlusal guard – hard appliance, full arch.....	272
D9945	Occlusal guard – soft appliance, full arch.....	272
D9946	Occlusal guard – hard appliance, partial arch .....	272
D9950	Occlusion analysis - mounted case.....	104
D9951	Occlusal adjustment - limited.....	66
D9952	Occlusal adjustment - complete.....	266
D9953	Reline custom sleep apnea appliance (indirect).....	175
D9986	Missed appointment .....	50
D9995	Teledentistry – synchronous; real-time encounter.....	0
D9996	Teledentistry – asynchronous; information store and forwarded to dentist for subsequent review.....	0
D9997	Dental case management – patients with special health care needs.....	50

1. Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist.
2. See exclusion #11 and limitation #24 for additional coverage information.

Current Dental Terminology © American Dental Association. Only current ADA CDT codes are considered valid by Dominion. For a full description of each code, please consult the ADA's CDT guidelines.

#### Plan Exclusions

Please refer to the section in your Certificate of Coverage titled "State-Specific Exclusions" for additional exclusions, if applicable.

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not necessary for the patient's dental health as determined by the Plan.
3. Surgery or related services for cosmetic purposes to improve appearance, but not to restore bodily function or correct deformity resulting from disease, trauma, or congenital or developmental anomalies.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Dispensing of drugs.
6. Hospitalization for the following: the operation or treatment for the fitting or wearing of dentures; orthodontic care or malocclusion, operations on or for treatment of or to the teeth or supporting tissues of the teeth, except for the removal of tumors and cysts or treatment of injury to natural teeth due to an accident if the treatment is received within 6 months of the accident; and dental implants.
7. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
8. Procedures not listed as covered benefits under this Plan.
9. Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan, (with the exception of out-of-area emergency dental services).
10. Any bill, or demand for payment, for a dental service that the appropriate regulatory board determines was provided as a result of a prohibited referral. "Prohibited referral" means a referral prohibited by Section 1-302 of the Maryland Health Occupations Article.
11. Non-medically necessary orthodontia is not a covered benefits under this policy. Orthodontia services are only provided for severe, dysfunctional, handicapping malocclusion. The provider agreements create no liability for payment by the Plan, and payments by the member for these services do not contribute to the Out-of-Pocket Maximum. The Invisalign system and similar specialized braces are not a covered benefit. See limitation #24 concerning medically necessary orthodontia.

#### Plan Limitations

1. One (1) evaluation (D0120, D0145, D0150, D0160) is covered two (2) times per calendar year, per patient, per provider/

2. location.
2. One (1) teeth cleaning (D1110 or D1120) is covered two (2) times per calendar year, per patient.
3. One (1) topical fluoride application (D1208) is covered two (2) times per calendar year, per patient; four (4) topical fluoride varnish treatments (D1206) are covered per calendar year, per patient for children age three (3) and above; eight (8) topical fluoride varnish treatments (D1206) are covered per calendar year, per patient up to age two (2).
4. Two (2) bitewing x-rays are covered per calendar year, per patient, per provider/location (D0270 does not have a frequency limitation).
5. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years. Panoramic x-rays are limited to ages six (6) and above. No more than one (1) set of x-rays are covered per provider/location.
6. One (1) sealant per tooth is covered per lifetime, per patient (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).
7. One (1) application of caries arresting medicament per primary tooth is covered per lifetime.
8. One (1) space maintainer per 24 months, per quadrant (D1510, D1520 or D1575) or per arch (D1516, D1517, D1526 or D1527), per patient to preserve space between teeth for premature loss of a primary tooth (does not include use for orthodontic treatment).
9. Replacement of a filling is covered if it is more than three (3) years from the date of original placement.
10. Replacement of a crown or denture is covered if it is more than five (5) years from the date of original placement.
11. Replacement of a prefabricated resin and stainless steel crown (D2930, D2932, D2933, D2934) is covered if it is more than three (3) years from the date of original placement, per tooth, per patient.
12. Relining and rebasing of dentures is covered once per 24 months, per patient, only after six (6) months of initial placement.
13. Root canal treatment and retreatment of previous root canal are covered once per lifetime, per tooth.
14. Periodontal scaling and root planing (D4341 or D4342), osseous surgery (D4260 or D4261) and gingivectomy or gingivoplasty (D4210 or D4211) are limited to one (1) per 24 months, per patient, per quadrant.
15. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu or a covered D1120/D1110, limited to once per two years.
16. Full mouth debridement is covered once per 24 months, per patient.
17. Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant; or a total of 12 teeth for all four (4) quadrants per 12 months. Must have pocket depths of five (5) millimeters or greater.
18. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site.
19. Periodontal maintenance after active therapy is covered two (2) times per calendar year.
20. One (1) scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, per two (2) years.
21. Coronectomy, intentional partial tooth removal, one (1) per lifetime per patient per tooth.
22. All dental services that are to be rendered in a hospital setting require coordination and approval from both the dental insurer and the medical insurer before services can be rendered. Services delivered to the patient on the date of service are documented separately using applicable procedure codes.
23. A maximum of 60 minutes of services are allowed for general anesthesia and intravenous or non-intravenous conscious sedation. General anesthesia is not covered with procedure codes D9230, D9239 or D9243. Intravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Nonintravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Analgesia (nitrous oxide) is not covered with procedure codes D9222, D9223, D9239 or D9243.
24. Orthodontics is only covered if medically necessary as determined by the Plan. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.
25. Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.



The dental plan is underwritten by Dominion Dental Services, Inc. (hereinafter referred to as “Dominion”).



**Select Plan Basic Pediatric 702xs (NJ)**  
**Description of Services, Member Copayments, Exclusions**  
**and Limitations for Pediatric Services**

- Coverage continues through end of the year in which the Member turns 19 -

**Plan Highlights**

- This plan has fixed Member Copayments.
- This plan requires Members to use Participating Dentists except for out-of-area emergency dental services and/or for services provided when a Member is referred to an out-of-network specialist. See exclusion 7.
- Annual Out-of-Pocket Maximum: \$400 per Member per calendar year for Necessary and Appropriate Dental Services treatment (maximum of \$800 for policy covering two or more Members). The Member shall only be responsible for the Member Copayment listed in the Member Copayment column.
- There are no annual maximum dollar limits, no waiting periods and no deductibles.
- If course of treatment is to exceed \$300, pre-authorization is required.

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
<b>Diagnostic/Preventive</b>			D0381	Cone beam CT image capture one arch (mandibular/ maxillary).....	98
	Office visit.....	10	D0382	Cone beam CT image capture one arch (mandibular/ maxillary).....	98
D0120	Periodic oral eval - established patient .....	0	D0383	Cone beam CT image capture both jaws .....	156
D0140	Limited oral eval - problem focused.....	0	D0384	Cone beam CT image capture- TMJ.....	97
D0145	Oral eval for a patient under 3 years of age .....	0	D0385	Maxillofacial MRI/ultrasound image capture .....	164
D0150	Comprehensive oral eval - new or established patient.....	0	D0386	Maxillofacial MRI/ultrasound image capture .....	164
D0160	Detailed and extensive oral eval - problem focused....	0	D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0
D0170	Re-evaluation - limited, problem focused .....	0	D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only .....	0
D0171	Re-evaluation - post-operative office visit.....	41	D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only .....	0
D0180	Comp. periodontal eval - new or established patient .	0	D0391	Interpretation of diagnostic image only .....	0
D0210	Intraoral – comprehensive series of radiographic images .....	26	D0414	Lab processing of microbial specimen to include culture & sensitivity studies .....	29
D0220	Intraoral - periapical first radiographic image .....	0	D0415	Collection of microorganisms for culture and sensitivity .....	29
D0230	Intraoral - periapical each add. radiographic image ....	0	D0416	Viral culture .....	35
D0240	Intraoral - occlusal radiographic image .....	0	D0417	Collection/Prep of saliva sample for lab.....	26
D0250	Extra-oral - 2D projection radiographic image .....	0	D0418	Analysis of saliva sample .....	32
D0251	Extra-oral posterior dental radiographic image.....	44	D0422	Collection and preparation of genetic sample material for lab analysis and report .....	50
D0270	Bitewing - single radiographic image.....	0	D0423	Genetic test for susceptibility to diseases .....	75
D0272	Bitewings - two radiographic images.....	0	D0425	Caries susceptibility tests .....	27
D0273	Bitewings - three radiographic images .....	0	D0431	Adjunctive pre-diagnostic.....	49
D0274	Bitewings - four radiographic images .....	0	D0460	Pulp vitality tests .....	0
D0277	Vertical bitewings - 7 to 8 radiographic images.....	0	D0470	Diagnostic casts .....	0
D0310	Sialography .....	370	D0472	Accession of tissue, gross exam, prep, transm .....	114
D0320	Temporomandibular joint arthrogram, incl. injection .	370	D0473	Accession of tissue, gross and micro. exam., prep, transm .....	156
D0321	Other temporomandibular joint radiographic images, by report.....	120	D0474	Accession of tissue, gross and micro. exam., prep, transm .....	53
D0322	Tomographic survey .....	0	D0480	Accession of exfoliative cytologic smears, micro. exam., prep, transm .....	52
D0330	Panoramic radiographic image .....	30	D0486	Lab accession trans cytologic sample, micro. exam., prep, transm .....	0
D0340	2D cephalometric radiographic image .....	0	D0502	Other oral pathology procedures, by report .....	0
D0350	2D oral/facial photographic images (intraoral/ extraoral) .....	0	D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring abnormalities incl premalignant and malignant lesions .....	0
D0364	Cone Beam CT limited view-less than one jaw.....	98	D0601	Caries risk assessment & documentation, with a finding of low risk .....	0
D0365	Cone Beam CT one full dental arch (mandibular/ maxillary).....	164	D0602	Caries risk assessment & documentation, with a finding of moderate risk .....	0
D0366	Cone Beam CT one full dental arch (mandibular/ maxillary).....	164	D0603	Caries risk assessment & documentation, with a finding of high risk.....	0
D0367	Cone Beam CT both jaws.....	164			
D0368	Cone Beam CT- TMJ.....	96			
D0369	Maxillofacial MRI/ultrasound .....	164			
D0370	Maxillofacial MRI/ultrasound .....	164			
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images .....	26			
D0373	Intraoral tomosynthesis – bitewing radiographic image.....	0			
D0374	Intraoral tomosynthesis – periapical radiographic image.....	0			
D0380	Cone beam CT image capture-less than one jaw .....	98			

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ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D0701	Panoramic radiographic image – image capture only .	0
D0702	2-D cephalometric radiographic image – image capture only .....	0
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only.....	0
D0705	Extra-oral posterior dental radiographic image – image capture only.....	0
D0706	Intraoral – occlusal radiographic image – image capture only .....	0
D0707	Intraoral – periapical radiographic image – image capture only .....	0
D0708	Intraoral – bitewing radiographic image – image capture only .....	0
D0709	Intraoral – comprehensive series of radiographic images – image capture only.....	0
D1110	Prophylaxis (cleaning) - adult .....	0
D1120	Prophylaxis (cleaning) - child .....	0
D1206	Topical application of fluoride varnish.....	0
D1208	Topical application of fluoride - excluding varnish .....	0
D1310	Nutritional counseling for control of dental disease ...	0
D1320	Tobacco counseling for control of prev. oral disease...	0
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use .....	0
D1330	Oral hygiene instructions.....	0
D1351	Sealant - per tooth .....	21
D1352	Prev resin rest. mod/high caries risk – perm. tooth ....	21
D1354	Application of caries arresting medicament - per tooth.....	0
D1355	Caries preventive medicament application – per tooth.....	21
D1510	Space maintainer – fixed, unilateral – per quadrant ...	143
D1516	Space maintainer - fixed - bilateral, maxillary .....	198
D1517	Space maintainer - fixed - bilateral, mandibular .....	198
D1520	Space maintainer – removable, unilateral – per quadrant.....	143
D1526	Space maintainer - removable - bilateral, maxillary ....	198
D1527	Space maintainer - removable - bilateral, mandibular	198
D1551	Re-cement or re-bond bilateral space maintainer – maxillary.....	34
D1552	Re-cement or re-bond bilateral space maintainer – mandibular .....	34
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant.....	34
D1556	Removal of fixed unilateral space maintainer – per quadrant.....	44
D1557	Removal of fixed bilateral space maintainer – maxillary.....	44
D1558	Removal of fixed bilateral space maintainer – mandibular .....	44
D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant.....	143
<b>Restorative (Fillings)</b>		
D2140	Amalgam - one surface, prim. or perm. ....	41
D2150	Amalgam - two surfaces, prim. or perm.....	51
D2160	Amalgam - three surfaces, prim. or perm. ....	64
D2161	Amalgam - >=4 surfaces, prim. or perm. ....	78
D2330	Resin-based composite - one surface, anterior .....	69
D2331	Resin-based composite - two surfaces, anterior .....	83
D2332	Resin-based composite - three surfaces, anterior.....	99
D2335	Resin-based composite - >=4 surfaces, anterior.....	119
D2390	Resin-based composite crown, anterior.....	192
D2391	Resin-based composite - one surface, posterior .....	73
D2392	Resin-based composite - two surfaces, posterior.....	87
D2393	Resin-based composite - three surfaces, posterior ....	102
D2394	Resin-based composite - >=4 surfaces, posterior.....	123
D2410	Gold foil - one surface .....	168
D2420	Gold foil - two surfaces.....	198
D2430	Gold foil - three surfaces .....	268

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
<b>Crown &amp; Bridge</b>		
D2510	Inlay- metallic - one surface .....	400
D2520	Inlay- metallic - two surfaces.....	400
D2530	Inlay - metallic - three or more surfaces.....	400
D2542	Onlay - metallic-two surfaces .....	400
D2543	Onlay - metallic - three surfaces.....	400
D2544	Onlay - metallic - four or more surfaces .....	400
D2610	Inlay - porcelain/ceramic - one surface .....	400
D2620	Inlay - porcelain/ceramic - two surfaces.....	400
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	400
D2642	Onlay - porcelain/ceramic - two surfaces.....	400
D2643	Onlay - porcelain/ceramic - three surfaces.....	400
D2644	Onlay - porcelain/ceramic - >=4 surfaces .....	400
D2650	Inlay - resin-based composite - one surface .....	400
D2651	Inlay - resin-based composite - two surfaces .....	400
D2652	Inlay - resin-based composite - >=3 surfaces.....	400
D2662	Onlay - resin-based composite - two surfaces.....	400
D2663	Onlay - resin-based composite - three surfaces .....	400
D2664	Onlay - resin-based composite - >=4 surfaces.....	400
D2710	Crown - resin based composite (indirect).....	272
D2712	Crown - 3/4 resin-based composite (indirect).....	400
D2720	Crown - resin with high noble metal .....	400
D2721	Crown - resin with predominantly base metal .....	400
D2722	Crown - resin with noble metal .....	400
D2740	Crown - porcelain/ceramic .....	400
D2750	Crown - porcelain fused to high noble metal .....	400
D2751	Crown - porcelain fused to predominantly base metal	400
D2752	Crown - porcelain fused to noble metal.....	400
D2753	Crown - porcelain fused to titanium and titanium alloys .....	400
D2780	Crown - 3/4 cast high noble metal .....	400
D2781	Crown - 3/4 cast predominantly base metal .....	400
D2782	Crown - 3/4 cast noble metal .....	400
D2783	Crown - 3/4 porcelain/ceramic.....	400
D2790	Crown - full cast high noble metal.....	400
D2791	Crown - full cast predominately base metal.....	400
D2792	Crown - full cast noble metal.....	400
D2910	Recement inlay.....	43
D2915	Recement cast or prefab. post and core.....	82
D2920	Recement crown .....	43
D2928	Prefab. porcelain/ceramic crown – permanent tooth .	400
D2929	Prefab. porcelain/ceramic crown - prim. tooth .....	400
D2930	Prefab. stainless steel crown - prim. tooth.....	110
D2931	Prefab. stainless steel crown - perm. tooth.....	121
D2932	Prefabricated resin crown .....	140
D2933	Prefab. stainless steel crown w/ resin window .....	271
D2934	Prefab. esthetic coated primary tooth .....	296
D2940	Protective restoration .....	39
D2950	Core buildup, including any pins .....	125
D2951	Pin retention - per tooth, in addition to restoration ...	22
D2952	Post and core in addition to crown .....	186
D2953	Each add. indirectly fabricated post - same tooth.....	50
D2954	Prefab. post and core in addition to crown .....	154
D2955	Post removal (not in conj. with endo. therapy).....	105
D2957	Each add. prefab post - same tooth .....	40
D2970	Temporary crown (fractured tooth) .....	0
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework.....	73
D2975	Coping .....	225
D2980	Crown repair necessitated by restorative material failure.....	102
D2981	Inlay repair necessitated by restorative material failure .....	102
D2982	Onlay repair necessitated by restorative material failure .....	102
<b>Endodontics<sup>1</sup></b>		
D3110	Pulp cap - direct (excl. final restoration).....	32
D3120	Pulp cap - indirect (excl. final restoration).....	32



ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant .....	400	D5931	Obturator prosthesis, surgical .....	400
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....	400	D5932	Obturator prosthesis, definitive .....	400
D5410	Adjust complete denture - maxillary .....	38	D5933	Obturator prosthesis, modification .....	400
D5411	Adjust complete denture - mandibular .....	38	D5934	Mandibular resection prosthesis w/ guide flange .....	400
D5421	Adjust partial denture - maxillary .....	38	D5935	Mandibular resection prosthesis w/o guide flange .....	400
D5422	Adjust partial denture - mandibular.....	38	D5936	Obturator prosthesis, interim.....	400
D5511	Repair broken complete denture base, mandibular....	87	D5951	Feeding aid .....	400
D5512	Repair broken complete denture base, maxillary.....	87	D5952	Speech aid prosthesis.....	400
D5520	Replace missing or broken teeth - complete denture .	87	D5953	Speech aid prosthesis, adult.....	400
D5611	Repair resin partial denture base, mandibular.....	87	D5954	Palatal augmentation prosthesis .....	400
D5612	Repair resin partial denture base, maxillary.....	87	D5955	Palatal lift prosthesis, definitive .....	400
D5621	Repair cast partial framework, mandibular .....	87	D5958	Palatal lift prosthesis, interim.....	400
D5622	Repair cast partial framework, maxillary.....	87	D5959	Palatal lift prosthesis, modification .....	400
D5630	Repair or replace broken retentive/clasping material - per tooth .....	115	D5960	Speech aid prosthesis, modification.....	278
D5640	Replace broken teeth - per tooth .....	87	D5982	Surgical stent .....	87
D5650	Add tooth to existing partial denture .....	87	D5983	Radiation carrier.....	400
D5660	Add clasp to existing partial denture -per tooth .....	115	D5984	Radiation shield .....	375
D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	287	D5985	Radiation cone locator .....	375
D5671	Replace all teeth and acrylic on cast metal framework (mandibular).....	287	D5986	Fluoride gel carrier .....	126
D5710	Rebase complete maxillary denture.....	260	D5987	Commissure splint.....	400
D5711	Rebase complete mandibular denture.....	260	D5988	Surgical splint .....	125
D5720	Rebase maxillary partial denture.....	260	D5991	Topical medicament carrier.....	126
D5721	Rebase mandibular partial denture.....	260	D5992	Adjustment of prosthetic appliance, by report .....	24
D5725	Rebase hybrid prosthesis.....	260	D5993	Cleaning and maintenance prosthetic appliance .....	18
D5730	Reline complete maxillary denture (direct).....	159	D5994	Periodontal medicament carrier .....	150
D5731	Reline complete mandibular denture (direct).....	159	<b>Implant Services</b>		
D5740	Reline maxillary partial denture (direct).....	155	D6010	Surgical placement of implant body, endosteal .....	400
D5741	Reline mandibular partial denture (direct).....	155	D6011	Second stage implant surgery .....	200
D5750	Reline complete maxillary denture (indirect).....	224	D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant .....	400
D5751	Reline complete mandibular denture (indirect).....	224	D6013	Surgical placement of mini implant.....	400
D5760	Reline maxillary partial denture (indirect).....	224	D6040	Surgical placement, epostal implant .....	400
D5761	Reline mandibular partial denture (indirect).....	224	D6050	Surgical placement, transosteal implant .....	400
D5765	Soft liner for complete or partial removable denture – indirect .....	53	D6051	Interim implant abutment placement .....	197
D5810	Interim complete denture - maxillary.....	362	D6055	Dental implant supported connecting bar .....	400
D5811	Interim complete denture - mandibular.....	362	D6056	Prefabricated abutment .....	400
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary .....	362	D6057	Custom fabricated abutment .....	400
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular .....	362	D6058	Abutment supported porcelain/ceramic crown .....	400
D5850	Tissue conditioning - maxillary .....	79	D6059	Abutment supported porcelain fused to metal crown - high noble metal .....	400
D5851	Tissue conditioning - mandibular .....	79	D6060	Abutment supported porcelain fused to metal crown - predominantly based metal .....	400
D5862	Precision attachment, by report.....	400	D6061	Abutment supported porcelain fused to metal crown - noble metal .....	400
D5863	Overdenture - complete maxillary.....	400	D6062	Abutment supported cast metal crown - high noble metal .....	400
D5864	Overdenture - partial maxillary .....	400	D6063	Abutment supported cast metal crown - predominantly based metal .....	400
D5865	Overdenture - complete mandibular.....	400	D6064	Abutment supported cast metal crown - noble metal .....	400
D5866	Overdenture - partial mandibular .....	400	D6065	Implant supported porcelain/ceramic crown.....	400
D5875	Mod. of remov prosthesis post implant surgery .....	41	D6066	Implant supported crown – porcelain fused to high noble alloys .....	400
D5911	Facial moulage (sectional) .....	147	D6067	Implant supported crown – high noble alloys .....	400
D5912	Facial moulage (complete) .....	147	D6068	Abutment supp. retainer for porc/ceramic FPD .....	400
D5913	Nasal prosthesis .....	400	D6069	Abutment supp. retainer for porc/high noble FPD.....	400
D5914	Auricular prosthesis.....	400	D6070	Abutment supp. retainer for porc/pred. base FPD.....	400
D5915	Orbital prosthesis .....	400	D6071	Abutment supp. retainer for porc/noble FPD .....	400
D5916	Ocular prosthesis.....	400	D6072	Abutment supp. retainer for cast high noble FPD .....	400
D5919	Facial prosthesis .....	388	D6073	Abutment supp. retainer for cast high noble FPD .....	400
D5922	Nasal septal prosthesis .....	388	D6074	Abutment supp. retainer for cast noble metal FPD.....	400
D5923	Ocular prosthesis, interim .....	400	D6080	Implant maintenance procedures .....	61
D5924	Cranial prosthesis .....	400			
D5925	Facial augmentation implant prosthesis.....	400			
D5926	Nasal prosthesis, replacement .....	169			
D5927	Auricular prosthesis, replacement .....	400			
D5928	Orbital prosthesis, replacement.....	400			
D5929	Facial prosthesis, replacement .....	255			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.....	63	D6720	Retainer crown - resin with high noble metal .....	400
D6090	Repair implant supported prosthesis .....	362	D6721	Retainer crown - resin with predominantly base metal .....	400
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment .....	34	D6722	Retainer crown - resin with noble metal .....	400
D6092	Re-cement implant/abutment supp. crown .....	56	D6740	Retainer crown - porcelain/ceramic .....	400
D6093	Re-cement impl/abutment supp. fixed par .....	86	D6750	Retainer crown - porcelain fused to high noble metal .....	400
D6095	Repair implant abutment, by report .....	400	D6751	Retainer crown - porcelain fused to predominately base metal.....	400
D6110	Implant / abut supp rem dent for edentulous arch - maxillary .....	400	D6752	Retainer crown - porcelain fused to noble metal.....	400
D6111	Implant / abut supp rem dent for edentulous arch - mandibular .....	400	D6753	Retainer crown - porcelain fused to titanium and titanium alloys.....	400
D6112	Implant / abut supp rem dent for partially edentulous arch - maxillary .....	400	D6780	Retainer crown - 3/4 cast high noble metal .....	400
D6113	Implant / abut supp rem dent for partially edentulous arch - mandibular .....	400	D6781	Retainer crown - 3/4 cast predominantly base metal .	400
D6114	Implant / abut supp fixed dent for edentulous arch - maxillary .....	400	D6782	Retainer crown - 3/4 cast noble metal .....	400
D6115	Implant / abut supp fixed dent for edentulous arch - mandibular .....	400	D6783	Retainer crown - 3/4 porc./ceramic .....	400
D6116	Implant / abut supp fixed dent for partially edentulous arch - maxillary .....	400	D6784	Retainer crown - 3/4 titanium and titanium alloys.....	400
D6117	Implant / abut supp fixed dent for partially edentulous arch - mandibular .....	400	D6790	Retainer crown - full cast high noble metal.....	400
D6194	Abutment supported retainer crown for FPD - titanium and titanium alloys .....	400	D6791	Retainer crown - full cast predominately base metal..	400
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant .....	69	D6792	Retainer crown - full cast noble metal.....	400
<b>Bridge &amp; Pontics</b>			D6930	Recement or rebond fixed partial denture.....	69
D6205	Pontic - indirect resin based composite .....	400	D6950	Precision attachment.....	377
D6210	Pontic - cast high noble metal .....	400	D6980	Fixed partial denture repair, by report .....	172
D6211	Pontic - cast predominately base metal .....	400	D6985	Pediatric partial denture, fixed .....	400
D6212	Pontic - cast noble metal .....	400	<b>Oral Surgery*</b>		
D6240	Pontic - porcelain fused to high noble metal.....	400	D7111	Extraction, coronal remnants - primary tooth .....	56
D6241	Pontic - porcelain fused to predominately base metal .....	400	D7140	Extraction, erupted tooth or exposed root .....	69
D6242	Pontic - porcelain fused to noble metal .....	400	D7210	Extraction, erupted tooth req elev, etc .....	133
D6245	Pontic - porcelain/ceramic.....	400	D7220	Removal of impacted tooth - soft tissue .....	151
D6250	Pontic - resin with high noble metal.....	400	D7230	Removal of impacted tooth - partially bony.....	196
D6251	Pontic - resin with predominately base metal.....	400	D7240	Removal of impacted tooth - completely bony .....	241
D6252	Pontic - resin with noble metal.....	400	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications .....	217
D6545	Ret. - cast metal for resin bonded fixed prosthesis .....	251	D7250	Removal of residual tooth roots.....	141
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis .....	393	D7251	Coronectomy - intentional partial tooth removal, impacted teeth only .....	217
D6549	Resin retainer - for resin bonded fixed prost.....	251	D7260	Oroantral fistula closure.....	400
D6600	Retainer inlay - porc./ceramic, two surfaces .....	400	D7261	Primary closure of a sinus perforation .....	400
D6601	Retainer inlay - porc./ceramic, >=3 surfaces .....	400	D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	226
D6602	Retainer inlay - cast high noble metal, two surfaces .....	400	D7272	Tooth transplantation.....	400
D6603	Retainer inlay - cast high noble metal, >=3 surfaces .....	400	D7280	Exposure of an unerupted tooth .....	153
D6604	Retainer inlay - cast predominantly base metal, two surfaces .....	400	D7282	Mobil. of erupted/malpositioned tooth to aid eruption.....	231
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces .....	400	D7283	Place. of device to facilitate erupt. of impacted tooth .....	144
D6606	Retainer inlay - cast noble metal, two surfaces.....	400	D7285	Biopsy of oral tissue - hard (bone, tooth).....	375
D6607	Retainer inlay - cast noble metal, >=3 surfaces .....	400	D7286	Biopsy of oral tissue - soft (all others) .....	295
D6608	Retainer onlay - porc./ceramic, two surfaces.....	400	D7287	Exfoliative cytological sample collection .....	28
D6609	Retainer onlay - porc./ceramic, three or more surfaces .....	400	D7288	Brush biopsy - transepithelial sample collect.....	93
D6610	Retainer onlay - cast high noble metal, two surfaces..	400	D7290	Surgical repositioning of teeth .....	400
D6611	Retainer onlay - cast high noble metal, >=3 surfaces..	400	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report .....	60
D6612	Retainer onlay - cast predominantly base metal, two surfaces .....	400	D7292	Placement of temporary anchorage device (screw retained plate) requiring flap .....	400
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces .....	400	D7293	Placement of temporary anchorage device requiring flap .....	400
D6614	Retainer onlay - cast noble metal, two surfaces.....	400	D7294	Placement of temporary anchorage device without flap .....	131
D6615	Retainer onlay - cast noble metal, >=3 surfaces.....	400	D7295	Bone harvesting-autogenous grafting procedure.....	173
D6710	Retainer crown - indirect resin based composite.....	400	D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad. ..	141
			D7311	Alveoloplasty in conj. w/ extractions, 1-3 per quad. ...	141
			D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad. ....	141
			D7321	Alveoloplasty not in conj. w/ extractions, 1-3 per quad. ....	141
			D7340	Vestibuloplasty - ridge ext. sec. epithel.....	400

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D7350	Vestibuloplasty - ridge ext. inc. grafts, etc.....	400	D7876	Arthroscopy - surgical: discectomy.....	400
D7410	Excision of benign lesion up to 1.25 cm .....	278	D7877	Arthroscopy - surgical: debridement.....	400
D7411	Excision of benign lesion > 1.25 cm.....	225	D7880	Occlusal orthotic device, by report .....	272
D7412	Excision of benign lesion, complicated.....	313	D7910	Suture of recent small wounds up to 5 cm.....	59
D7413	Excision of malignant lesion up to 1.25 cm .....	400	D7911	Complicated suture, <= 5 cm.....	69
D7414	Excision of malignant lesion > 1.25 cm.....	400	D7912	Complicated suture, > 5 cm.....	79
D7415	Excision of malignant lesion, complicated.....	400	D7920	Skin graft - identify defect .....	400
D7440	Exc. of malignant tumor- lesion diam. <=1.25cm .....	400	D7921	Collection application of blood concentrate .....	40
D7441	Exc. of malignant tumor- lesion diam. >1.25cm .....	400	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site .....	20
D7450	Removal of benign odon cyst/tumor - diam <=1.25cm .....	354	D7940	Osteoplasty - for orthognathic deformities .....	400
D7451	Removal of benign odon cyst/tumor - diam >1.25cm. ....	400	D7941	Osteotomy - mandibular rami .....	400
D7460	Removal of benign nonodon cyst/tumor-diam <=1.25cm .....	400	D7943	Osteotomy - mandibular rami with bone graft.....	400
D7461	Removal of benign nonodon cyst/tumor-diam >1.25cm.....	400	D7944	Osteotomy- segmented/ subapical-per sext/quad.....	400
D7465	Destruct. of lesion(s) by phys or chem method.....	300	D7945	Osteotomy - body of mandible.....	400
D7471	Removal of lateral exostosis .....	351	D7946	LeFort I (maxillary - total) .....	400
D7472	Removal of torus palatinus.....	400	D7947	LeFort I (maxillary - segmented).....	400
D7473	Removal of torus mandibularis .....	400	D7948	LeFort II or LeFort III .....	400
D7485	Surgical reduction of osseous tuberosity .....	400	D7949	LeFort II or LeFort III - with bone graft .....	400
D7490	Radical resection of maxilla or mandible .....	400	D7950	Osseous, osteoperiosteal, or cartilage graft .....	313
D7509	Marsupialization of odontogenic cyst .....	400	D7951	Sinus Augmentation via lateral approach.....	400
D7510	Incision and drainage of abscess - intraoral soft tissue .....	96	D7952	Sinus augmentation via vertical approach.....	319
D7511	Incision/drainage of abscess - intra. soft tissue, comp. ....	112	D7955	Repair of maxillofacial soft and hard tissue.....	321
D7520	Incision/drainage of abscess - extra. soft tissue .....	116	D7961	Buccal/labial frenectomy (frenulectomy).....	263
D7521	Incision/drainage of abscess - extra. soft tissue, comp.....	120	D7962	Lingual frenectomy (frenulectomy).....	263
D7530	Foreign body rem from muc./skin/subcut tissue .....	87	D7963	Frenuloplasty.....	293
D7540	Reaction producing foreign bodies removal.....	400	D7970	Excision of hyperplastic tissue - per arch.....	233
D7550	Partial ostect/sequestrect non-vital bone rem.....	336	D7971	Excision of pericoronal gingiva .....	131
D7560	Max. sinusotomy for tooth fragment removal .....	400	D7972	Surgical reduction of fibrous tuberosity .....	400
D7610	Maxillary - open reduction (teeth immobilized).....	400	D7979	Non-surgical sialolithotomy.....	43
D7620	Maxillary - closed reduction (teeth immobilized).....	400	D7980	Surgical sialolithotomy .....	228
D7630	Mandible - open reduction (teeth immobilized) .....	400	D7981	Excision of salivary gland, by report .....	400
D7640	Mandible - closed reduction (teeth immobilize) .....	400	D7982	Sialodochoplasty .....	400
D7650	Malar and/or zygomatic arch - open reduction.....	400	D7983	Closure of salivary fi stula.....	400
D7660	Malar and/or zygomatic arch- closed reduction.....	400	D7990	Emergency tracheotomy .....	400
D7670	Alveolus - closed reduction .....	400	D7991	Coronoidectomy.....	400
D7671	Alveolus- open reduction(incl. teeth stabil.) .....	400	D7995	Synthetic graft - mandible or facial bones.....	270
D7680	Facial bones - complicated reduction.....	400	D7996	Implant-mandible for augmentation purposes .....	400
D7710	Maxillary - open reduction .....	400	D7997	Appliance removal (not by original dentist) .....	269
D7720	Maxillary - closed reduction .....	400	<b>Orthodontics<sup>2</sup></b>		
D7730	Mandible - open reduction.....	400	D8010	Limited ortho. treatment of the primary dentition ....	400
D7740	Mandible - closed reduction.....	400	D8020	Limited ortho. treatment of the transitional dentition .....	400
D7750	Malar and/or zygomatic arch - open reduction.....	400	D8030	Limited ortho treatment - adolescent dentition .....	400
D7760	Malar and/or zygomatic arch- closed reduction.....	400	D8040	Limited ortho treatment - adult dentition.....	400
D7770	Alveolus - open reduction stabiliz. of teeth.....	400	D8070	Comp. ortho. treatment - transitional dentition .....	400
D7771	Alveolus, closed reduction stabiliz. of teeth.....	208	D8080	Comp. ortho. treatment - adolescent dentition .....	400
D7780	Facial bones - complicated reduction.....	400	D8090	Comp. ortho. treatment - adult dentition .....	400
D7810	Open reduction of dislocation .....	400	D8660	Pre-orthodontic treatment visit .....	400
D7820	Closed reduction of dislocation .....	342	D8670	Periodic ortho. treatment visit (as part of contract) ...	118
D7830	Manipulation under anesthesia .....	283	D8680	Orthodontic retainer (rem. of appl./placement of retainer(s)).....	400
D7840	Condylectomy.....	400	D8681	Removable orthodontic retainer adjustment.....	31
D7850	Surgical discectomy, with/without implant .....	400	D8696	Repair of orthodontic appliance – maxillary .....	100
D7854	Synovectomy .....	400	D8697	Repair of orthodontic appliance – mandibular .....	174
D7858	Joint reconstruction.....	400	D8698	Re-cement or re-bond fixed retainer – maxillary .....	174
D7860	Arthrotomy.....	400	D8699	Re-cement or re-bond fixed retainer – mandibular ...	174
D7865	Arthroplasty.....	400	D8701	Repair of fixed retainer, includes reattachment – maxillary .....	174
D7870	Arthrocentesis .....	158	D8702	Repair of fixed retainer, includes reattachment – mandibular .....	174
D7871	Non-arthroscopic lysis and lavage .....	400	D8703	Replacement of lost or broken retainer – maxillary ....	179
D7872	Arthroscopy - diagnosis, w/ or w/out biopsy .....	400	D8704	Replacement of lost or broken retainer – mandibular .....	179
D7873	Arthroscopy-surgical-lavage/lysis of adhesion .....	400	<b>Adjunctive General Services</b>		
D7874	Arthroscopy - surgical: disc reposit/stabiliz.....	400	D9110	Palliative treatment of dental pain – per visit .....	43
D7875	Arthroscopy - surgical: synovectomy.....	400	D9210	Local anesthesia not in conj. w/ operative/surg. procedures .....	0
			D9211	Regional block anesthesia .....	0
			D9212	Trigeminal division block anesthesia .....	0

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D9215	Local anesthesia in conj. w/ operative/surg. procedures .....	0
D9219	Evaluation for deep sedation or general anesthesia ...	0
D9222	Deep sedation/general anesthesia - first 15 minutes..	103
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment.....	103
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	37
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes.....	103
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.....	103
D9248	Non-intravenous conscious sedation .....	145
D9310	Consultation (diagnostic service by nontreating dentist) .....	43
D9410	House/extended care facility call .....	200
D9420	Hospital call .....	375
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed .....	0
D9440	Office visit after regularly scheduled hours.....	90
D9450	Case presentation, subsequent to detailed and extensive treatment planning .....	43
D9610	Therapeutic parenteral drug, single admin. ....	26
D9612	Therapeutic parenteral drug, 2 or more admin., diff. med. ....	70
D9613	Infiltration of sustained release therapeutic drug, per quadrant.....	190
D9630	Drugs or medicaments dispensed in the office for home use.....	42
D9910	Application of desensitizing medicament .....	31
D9911	Appl. of desen. resin for cervical/root surf.....	38
D9920	Behavior management, by report .....	68
D9930	Treatment of complications (post-surgical) .....	43
D9941	Fabrication of athletic mouthguard.....	102
D9942	Repair and/or reline of occlusal guard .....	105
D9943	Occlusal guard adjustment.....	46
D9944	Occlusal guard – hard appliance, full arch.....	272
D9945	Occlusal guard – soft appliance, full arch.....	272
D9946	Occlusal guard – hard appliance, partial arch .....	272
D9950	Occlusion analysis - mounted case.....	104
D9951	Occlusal adjustment - limited.....	66
D9952	Occlusal adjustment - complete .....	266
D9953	Reline custom sleep apnea appliance (indirect).....	175
D9971	Odontoplasty 1 - 2 teeth .....	48
D9974	Internal bleaching - per tooth .....	163
D9986	Missed appointment .....	50
D9995	Teledentistry - synchronous; real-time encounter (when available) .....	0
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review (when available) .....	0
D9997	Dental case management – patients with special health care needs.....	50

1. Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Plan Specialist.
2. See limitation #12 for additional coverage information.

Current Dental Terminology © American Dental Association. Only current ADA CDT codes are considered valid by Dominion. For a full description of each code, please consult the ADA's CDT guidelines.

#### Plan Exclusions

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not Necessary and Appropriate Dental Services for the patient's dental health as determined by the Plan.
3. Cosmetic, elective or aesthetic dentistry except as required due

to accidental bodily injury to sound natural teeth as determined by the Plan.

4. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, such services should not be performed in a dental office, with the exception of the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities.
5. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
6. Procedures not listed as covered services under this Plan.
7. Services obtained outside of the dental office in which enrolled and that are not pre-authorized by such office or the Plan (with the exception of out-of-area emergency dental services).

#### Plan Limitations

1. One (1) evaluation (D0120, D0145, D0150 or D0160) per six (6) months, per patient.
2. One (1) teeth cleaning (D1110 or D1120) per six (6) months, per patient.
3. One fluoride treatment per six (6) months, per patient.
4. Extraoral panoramic film/view and bitewings may be substituted for the full mouth series with the same frequency limit.
5. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years.
6. Sealants, limited to one time application to all occlusal surfaces that are unfilled and caries free, in premolars and permanent molars. Replacement of sealants can be considered with pre-authorization.
7. Space maintainers to maintain space for eruption of permanent tooth/teeth, includes placement and removal.
8. Denture rebase following 12 months post denture insertion and subject to pre-authorization, denture rebase is covered and includes adjustments for first 6 months following service. Denture relines following 12 months post denture insertion denture relines are covered once a year without pre-authorization and includes adjustments for first 6 months following service.
9. One root scaling and planing (D4341, D4342 or D4346) per quadrant of mouth per six (6) months, subject to pre-authorization.
10. Periodontal maintenance following surgery, subject to pre-authorization.
11. Anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 2 hours of services is allowed for general anesthesia and intravenous conscious sedation. There is no maximum for non-intravenous conscious sedation. General anesthesia is not covered with procedure codes D9230, D9239 or D9243. Intravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Non-intravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Analgesia (nitrous oxide) is not covered with procedure code D9222, D9223, D9239 or D9243.
12. Orthodontic treatment requires pre-authorization and is not considered for cosmetic purposes. Orthodontic consultation can be provided once annually as needed by the same provider. Pre-orthodontic treatment visit for completion of the HLD (NJ-Mod2) assessment form and diagnostic photographs and panoramic radiograph/views is required for consideration of services. Orthodontic cases that require extraction of permanent teeth must be approved for orthodontic treatment prior to extractions being provided. The orthodontic approval should be submitted with referral to oral surgeon or Participating Dentist providing the extractions and extractions should not be provided without proof of approval for orthodontic service. Initiation of treatment should take into consideration time needed to treat the case to ensure treatment is completed prior to 19th birthday. Periodic oral evaluation, preventive services and needed dental treatment must be provided prior to initiation of orthodontic treatment. The placement of the appliance represents the treatment start date. Reimbursement includes placement and removal of appliance. Removal can be requested by report as separate service for provider that did not start case and requires pre-authorization. Completion of treatment must be documented to include diagnostic photographs and panoramic radiograph/view of completed case and submitted when active treatment has ended and bands are removed. Date of service used is date of band removal.
13. Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.

The dental plan is underwritten by Dominion Dental Services, Inc. (hereinafter referred to as “Dominion”).



**Select Plan Basic Kids 702xs (PA)**  
**Description of Services, Member Copayments, Exclusions**  
**and Limitations for Pediatric Services**

- Coverage continues through end of the year in which the Member turns 19 -

**Plan Highlights**

- This plan has fixed copayments.
- There is no out-of-network coverage (with the exception of out-of-area emergency dental services and/or for services provided when a Member is referred to an out-of-network specialist). See exclusion 11.
- Annual Out-of-Pocket Maximum: \$400 per child per calendar year for medically necessary treatment (maximum of \$800 for policy covering two or more children).
- There are no annual maximum dollar limits, no waiting periods and no deductibles.
- If course of treatment is to exceed \$300, pre-authorization is required.

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
<b>Diagnostic/Preventive</b>			D0603	Caries risk assessment and documentation, with a finding of high risk.....	0
	Office visit.....	10	D0701	Panoramic radiographic image – image capture only .	0
D0120	Periodic oral eval - established patient .....	0	D0702	2-D cephalometric radiographic image – image capture only .....	0
D0140	Limited oral eval - problem focused .....	0	D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only.....	0
D0145	Oral eval for a patient under 3 years of age .....	0	D0705	Extra-oral posterior dental radiographic image – image capture only.....	0
D0150	Comprehensive oral eval - new or established patient	0	D0706	Intraoral – occlusal radiographic image – image capture only .....	0
D0160	Detailed and extensive oral eval - problem focused....	0	D0707	Intraoral – periapical radiographic image – image capture only .....	0
D0170	Re-evaluation - limited, problem focused .....	0	D0708	Intraoral – bitewing radiographic image – image capture only .....	0
D0180	Comp. periodontal eval - new or established patient .	0	D0709	Intraoral – comprehensive series of radiographic images – image capture only.....	0
D0210	Intraoral – comprehensive series of radiographic images .....	26	D1110	Prophylaxis (cleaning) - adult .....	0
D0220	Intraoral - periapical first radiographic image .....	0	D1120	Prophylaxis (cleaning) - child .....	0
D0230	Intraoral - periapical each add. radiographic image ....	0	D1206	Topical application of fluoride varnish.....	0
D0240	Intraoral - occlusal radiographic image .....	0	D1208	Topical application of fluoride - excluding varnish .....	0
D0250	Extra-oral - 2D projection radiographic image .....	0	D1310	Nutritional counseling for control of dental disease ...	0
D0270	Bitewing - single radiographic image.....	0	D1320	Tobacco counseling for control of prev. oral disease...	0
D0272	Bitewings - two radiographic images.....	0	D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use .....	0
D0273	Bitewings - three radiographic images .....	0	D1330	Oral hygiene instructions.....	0
D0274	Bitewings - four radiographic images .....	0	D1351	Sealant - per tooth .....	21
D0277	Vertical bitewings - 7 to 8 radiographic images.....	0	D1352	Prev resin rest. mod/high caries risk – perm. tooth ....	21
D0330	Panoramic radiographic image .....	30	D1354	Application of caries arresting medicament - per tooth.....	0
D0340	2D cephalometric radiographic image .....	0	D1355	Caries preventive medicament application – per tooth.....	21
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally .....	0	D1510	Space maintainer - fixed, unilateral - per quadrant.....	143
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images .....	26	D1516	Space maintainer - fixed - bilateral, maxillary .....	198
D0373	Intraoral tomosynthesis – bitewing radiographic image.....	0	D1517	Space maintainer - fixed - bilateral, mandibular .....	198
D0374	Intraoral tomosynthesis – periapical radiographic image.....	0	D1520	Space maintainer - removable, unilateral - per quadrant .....	143
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0	D1526	Space maintainer - removable - bilateral, maxillary ....	198
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only .....	0	D1527	Space maintainer - removable - bilateral, mandibular	198
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only .....	0	D1551	Re-cement or re-bond bilateral space maintainer – maxillary .....	34
D0391	Interpretation of diagnostic image only .....	0	D1552	Re-cement or re-bond bilateral space maintainer – mandibular .....	34
D0460	Pulp vitality tests .....	0	D1553	Re-cement or re-bond unilateral space maintainer – per quadrant.....	34
D0470	Diagnostic casts.....	0	D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant.....	143
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum .....	0			
D0601	Caries risk assessment and documentation, with a finding of low risk.....	0			
D0602	Caries risk assessment and documentation, with a finding of moderate risk.....	0			

Dominion National; P.O. Box 21522; Eagan, MN 55121-0522

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DMNPA24DBLINPED



ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
<b>Restorative (Fillings)</b>					
D2140	Amalgam - one surface, prim. or perm. ....	41	D2980	Crown repair necessitated by restorative material failure .....	102
D2150	Amalgam - two surfaces, prim. or perm. ....	51	D2981	Inlay repair necessitated by restorative material failure .....	102
D2160	Amalgam - three surfaces, prim. or perm. ....	64	D2982	Onlay repair necessitated by restorative material failure .....	102
D2161	Amalgam - >=4 surfaces, prim. or perm. ....	78	D2983	Veneer repair necessitated by restorative material failure .....	102
D2330	Resin-based composite - one surface, anterior .....	69	D2990	Resin infiltration lesion.....	41
D2331	Resin-based composite - two surfaces, anterior .....	83	<b>Endodontics<sup>1</sup></b>		
D2332	Resin-based composite - three surfaces, anterior.....	99	D3110	Pulp cap - direct (excl. final restoration).....	32
D2335	Resin-based composite - >=4 surfaces, anterior.....	119	D3120	Pulp cap - indirect (excl. final restoration).....	32
D2390	Resin-based composite crown, anterior.....	192	D3220	Therapeutic pulpotomy (excl. final restor.).....	81
D2391	Resin-based composite - one surface, posterior .....	73	D3221	Pulpal debridement, prim. and perm. teeth .....	94
D2392	Resin-based composite - two surfaces, posterior.....	87	D3222	Partial pulpotomy for apexogenesis .....	160
D2393	Resin-based composite - three surfaces, posterior .....	102	D3230	Pulpal therapy - resorbable filling, anterior, primary tooth.....	160
D2394	Resin-based composite - >=4 surfaces, posterior.....	123	D3240	Pulpal therapy - resorbable filling, posterior, primary tooth.....	164
<b>Crown &amp; Bridge</b>			D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	341
D2510	Inlay- metallic - one surface .....	407	D3320	Endodontic therapy, premolar tooth (excluding final restoration).....	418
D2520	Inlay- metallic - two surfaces.....	407	D3330	Endodontic therapy, molar tooth (excluding final restoration).....	512
D2530	Inlay - metallic - three or more surfaces.....	425	D3333	Internal root repair of perforation defects .....	105
D2542	Onlay - metallic-two surfaces.....	458	D3346	Retreat of prev. root canal therapy, anterior.....	387
D2543	Onlay - metallic - three surfaces.....	524	D3347	Retreat of prev. root canal therapy - premolar.....	465
D2544	Onlay - metallic - four or more surfaces .....	524	D3348	Retreat of prev. root canal therapy, molar .....	558
D2610	Inlay - porcelain/ceramic - one surface .....	427	D3351	Apexification/recalcification - initial visit.....	202
D2620	Inlay - porcelain/ceramic - two surfaces.....	427	D3352	Apexification/recalcification - interim med. repl.....	589
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	445	D3353	Apexification/recalcification - final visit .....	449
D2642	Onlay - porcelain/ceramic - two surfaces.....	479	D3355	Pulpal regeneration - initial visit.....	202
D2643	Onlay - porcelain/ceramic - three surfaces.....	499	D3356	Pulpal regeneration - interim medication replacement .....	589
D2644	Onlay - porcelain/ceramic - >=4 surfaces.....	499	D3357	Pulpal regeneration - completion of treatment .....	449
D2650	Inlay - resin-based composite - one surface.....	440	D3410	Apicoectomy - anterior.....	323
D2651	Inlay - resin-based composite - two surfaces .....	440	D3421	Apicoectomy - premolar (first root) .....	364
D2652	Inlay - resin-based composite - >=3 surfaces.....	440	D3425	Apicoectomy - molar (first root) .....	418
D2662	Onlay - resin-based composite - two surfaces.....	444	D3426	Apicoectomy (each add. root).....	152
D2663	Onlay - resin-based composite - three surfaces .....	444	D3430	Retrograde filling - per root.....	119
D2664	Onlay - resin-based composite - >=4 surfaces .....	444	D3450	Root amputation - per root .....	234
D2710	Crown - resin based composite (indirect).....	272	D3471	Surgical repair of root resorption - anterior .....	323
D2712	Crown - 3/4 resin-based composite (indirect).....	485	D3472	Surgical repair of root resorption - premolar .....	364
D2720	Crown - resin with high noble metal .....	495	D3473	Surgical repair of root resorption - molar.....	418
D2721	Crown - resin with predominantly base metal .....	495	D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior... ..	323
D2722	Crown - resin with noble metal .....	495	D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar ..	364
D2740	Crown - porcelain/ceramic .....	560	D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar .....	418
D2750	Crown - porcelain fused to high noble metal .....	523	D3920	Hemisection, not inc. root canal therapy .....	234
D2751	Crown - porcelain fused to predominantly base metal .....	523	D3921	Decoronation or submergence of an erupted tooth ..	107
D2752	Crown - porcelain fused to noble metal.....	523	D3950	Canal prep/fitting of preformed dowel or post .....	136
D2753	Crown - porcelain fused to titanium and titanium alloys .....	523	<b>Periodontics<sup>1</sup></b>		
D2780	Crown - 3/4 cast high noble metal .....	478	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad. ....	279
D2781	Crown - 3/4 cast predominantly base metal .....	478	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad..	100
D2782	Crown - 3/4 cast noble metal .....	478	D4212	Gingivectomy or gingivoplasty, rest., per tooth.....	40
D2783	Crown - 3/4 porcelain/ceramic.....	511	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	345
D2790	Crown - full cast high noble metal.....	495	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	106
D2791	Crown - full cast predominately base metal.....	495	D4249	Clinical crown lengthening - hard tissue.....	576
D2792	Crown - full cast noble metal.....	495	D4260	Osseous surgery - >3 cont. teeth, per quad .....	499
D2794	Crown - titanium and titanium alloys.....	495	D4261	Osseous surgery - <=3 cont. teeth, per quad .....	392
D2910	Recement inlay .....	43	D4268	Surgical revision proc., per tooth .....	358
D2920	Recement crown .....	43			
D2928	Prefab. porcelain/ceramic crown - permanent tooth.	560			
D2929	Prefab. porcelain/ceramic crown - prim. tooth .....	560			
D2930	Prefab. stainless steel crown - prim. tooth.....	110			
D2931	Prefab. stainless steel crown - perm. tooth.....	121			
D2932	Prefabricated resin crown .....	140			
D2940	Protective restoration .....	39			
D2941	Interim therapeutic restoration, primary dentition.....	31			
D2949	Restorative foundation for an indirect restoration.....	0			
D2950	Core buildup, including any pins .....	125			
D2951	Pin retention - per tooth, in addition to restoration ..	22			
D2952	Post and core in addition to crown .....	186			
D2954	Prefab. post and core in addition to crown .....	154			
D2955	Post removal (not in conj. with endo. therapy).....	105			
D2970	Temporary crown (fractured tooth) .....	0			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D4270	Pedicle soft tissue graft procedure .....	643	D5725	Rebase hybrid prosthesis.....	260
D4273	Autogenous connective tissue graft proc. ....	800	D5730	Reline complete maxillary denture (direct).....	159
D4274	Mesial/distal wedge procedure, single tooth.....	308	D5731	Reline complete mandibular denture (direct).....	159
D4277	Free soft tissue graft, per tooth.....	654	D5740	Reline maxillary partial denture (direct).....	155
D4278	Free soft tissue graft, each add. tooth.....	100	D5741	Reline mandibular partial denture (direct).....	155
D4286	Removal of non-resorbable barrier .....	100	D5750	Reline complete maxillary denture (indirect).....	224
D4341	Perio scaling and root planing - >3 cont teeth, per quad. ....	109	D5751	Reline complete mandibular denture (indirect).....	224
D4342	Perio scaling and root planing - <= 3 teeth, per quad .	63	D5760	Reline maxillary partial denture (indirect).....	224
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	45	D5761	Reline mandibular partial denture (indirect).....	224
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit .....	89	D5765	Soft liner for complete or partial removable denture – indirect .....	53
D4381	Localized delivery of antimicrobial agents.....	98	D5810	Interim complete denture - maxillary.....	362
D4910	Periodontal maintenance .....	74	D5811	Interim complete denture - mandibular.....	362
D4921	Gingival irrigation with a medicinal agent – per quadrant.....	0	D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary .....	362
<b>Prosthetics (Dentures)</b>			<b>Implant Services</b>		
D5110	Complete denture - maxillary.....	697	D6010	Surgical placement of implant body, endosteal .....	1716
D5120	Complete denture - mandibular.....	697	D6011	Second stage implant surgery .....	200
D5130	Immediate denture - maxillary .....	722	D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant .....	1782
D5140	Immediate denture - mandibular .....	722	D6013	Surgical placement of mini implant.....	572
D5211	Maxillary partial denture - resin base.....	649	D6040	Surgical placement, eposteal implant .....	3564
D5212	Mandibular partial denture - resin base.....	649	D6050	Surgical placement, transosteal implant .....	4455
D5213	Maxillary partial denture - cast metal .....	750	D6055	Dental implant supported connecting bar .....	1611
D5214	Mandibular partial denture - cast metal .....	750	D6056	Prefabricated abutment .....	456
D5221	Immediate maxillary partial denture - resin base .....	649	D6058	Abutment supported porcelain/ceramic crown .....	560
D5222	Immediate mandibular partial denture - resin base....	649	D6059	Abutment supported porcelain fused to metal crown - high noble metal .....	523
D5223	Immediate maxillary partial denture - cast metal .....	750	D6060	Abutment supported porcelain fused to metal crown - predominantly based metal .....	523
D5224	Immediate mandibular partial denture - cast metal ...	750	D6061	Abutment supported porcelain fused to metal crown - noble metal .....	523
D5225	Maxillary partial denture - flexible base.....	750	D6062	Abutment supported cast metal crown - high noble metal .....	495
D5226	Mandibular partial denture - flexible base.....	750	D6063	Abutment supported cast metal crown - predominantly based metal .....	495
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth) .....	750	D6064	Abutment supported cast metal crown - noble metal .....	495
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) .....	750	D6065	Implant supported porcelain/ceramic crown.....	560
D5282	Rem. unilateral partial denture - one piece cast metal, maxillary.....	419	D6066	Implant supported crown – porcelain fused to high noble metal alloys .....	523
D5283	Rem. unilateral partial denture - one piece cast metal, mandibular .....	419	D6067	Implant supported crown – high noble metal alloys... ..	523
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant .....	419	D6068	Abutment supp. retainer for porc/ceramic FPD .....	788
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....	419	D6069	Abutment supp. retainer for porc/high noble FPD.....	843
D5410	Adjust complete denture - maxillary .....	38	D6070	Abutment supp. retainer for porc/pred. base FPD.....	695
D5411	Adjust complete denture - mandibular .....	38	D6071	Abutment supp. retainer for porc/noble FPD .....	704
D5421	Adjust partial denture - maxillary.....	38	D6072	Abutment supp. retainer for cast high noble FPD .....	788
D5422	Adjust partial denture - mandibular.....	38	D6073	Abutment supp. retainer for cast high noble FPD .....	749
D5511	Repair broken complete denture base, mandibular....	87	D6074	Abutment supp. retainer for cast noble metal FPD.....	758
D5512	Repair broken complete denture base, maxillary.....	87	D6075	Implant supported retainer for ceramic FPD.....	874
D5520	Replace missing or broken teeth - complete denture .	87	D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys .....	823
D5611	Repair resin partial denture base, mandibular.....	87	D6077	Implant supported retainer for metal FPD – high noble metal alloys .....	872
D5612	Repair resin partial denture base, maxillary.....	87	D6080	Implant maintenance procedures .....	61
D5621	Repair cast partial framework, mandibular.....	87	D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.....	63
D5622	Repair cast partial framework, maxillary.....	87	D6082	Implant supported crown – porcelain fused to predominantly base alloys .....	523
D5630	Repair or replace broken retentive/clasping material - per tooth .....	115	D6083	Implant supported crown – porcelain fused to noble alloys .....	523
D5640	Replace broken teeth - per tooth .....	87	D6086	Implant supported crown – predominantly base alloys .....	495
D5650	Add tooth to existing partial denture .....	87	D6087	Implant supported crown – noble alloys.....	495
D5660	Add clasp to existing partial denture - per tooth.....	115	D6090	Repair implant supported prosthesis .....	362
D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	287			
D5671	Replace all teeth and acrylic on cast metal framework (mandibular).....	287			
D5710	Rebase complete maxillary denture.....	260			
D5711	Rebase complete mandibular denture .....	260			
D5720	Rebase maxillary partial denture.....	260			
D5721	Rebase mandibular partial denture.....	260			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment .....	34	D6783	Retainer crown - 3/4 porc./ceramic .....	511
D6095	Repair implant abutment, by report .....	391	D6790	Retainer crown - full cast high noble metal.....	495
D6098	Implant supported retainer – porcelain fused to predominantly base alloys .....	695	D6791	Retainer crown - full cast predominately base metal..	495
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys .....	843	D6792	Retainer crown - full cast noble metal.....	495
D6100	Surgical removal of implant body .....	241	D6930	Recement or rebond fixed partial denture .....	69
D6101	Debridement periimplant defect.....	90	D6980	Fixed partial denture repair, by report .....	172
D6102	Deridement and osseous contouring periimplant defect .....	180	<b>Oral Surgery<sup>1</sup></b>		
D6103	Bone graft repair perrimplant defect .....	600	D7111	Extraction, coronal remnants - primary tooth.....	56
D6104	Bone graft at time of implant placement .....	600	D7140	Extraction, erupted tooth or exposed root .....	69
D6105	Removal of implant body not requiring bone removal or flap elevation .....	121	D7210	Extraction, erupted tooth req. bone cut .....	133
D6190	Radiographic surgical implant index, by report.....	0	D7220	Removal of impacted tooth - soft tissue .....	151
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant .....	69	D7230	Removal of impacted tooth - partially bony.....	196
<b>Bridge &amp; Pontics</b>			D7240	Removal of impacted tooth - completely bony .....	241
D6210	Pontic - cast high noble metal .....	495	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications .....	217
D6211	Pontic - cast predominately base metal .....	495	D7250	Removal of residual tooth roots.....	141
D6212	Pontic - cast noble metal .....	495	D7251	Coronectomy – intentional partial tooth removal, impacted teeth only .....	217
D6214	Pontic - titanium and titanium alloys .....	495	D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	226
D6240	Pontic - porcelain fused to high noble metal.....	523	D7280	Exposure of an unerupted tooth .....	153
D6241	Pontic - porcelain fused to predominately base metal	523	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report .....	60
D6242	Pontic - porcelain fused to noble metal .....	523	D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad. ..	141
D6243	Pontic – porcelain fused to titanium and titanium alloys .....	495	D7311	Alveoloplasty in conj. w/ extractions, 1-3 per quad. ...	141
D6245	Pontic - porcelain/ceramic.....	560	D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad. ....	141
D6250	Pontic - resin with high noble metal.....	495	D7321	Alveoloplasty not in conj. w/ extractions, 1-3 per quad. ....	141
D6251	Pontic - resin with predominately base metal.....	495	D7471	Removal of lateral exostosis .....	351
D6252	Pontic - resin with noble metal.....	495	D7509	Marsupialization of odontogenic cyst .....	400
D6545	Ret. - cast metal for resin bonded fixed prosthesis ....	251	D7510	Incision and drainage of abscess - intraoral soft tissue	96
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	393	D7910	Suture of recent small wounds up to 5 cm.....	59
D6549	Resin retainer - for resin bonded fixed prosthesis.....	251	D7921	Collection application of blood concentrate .....	40
D6600	Retainer inlay - porc./ceramic, two surfaces .....	427	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site .....	25
D6601	Retainer inlay - porc./ceramic, >=3 surfaces .....	445	D7961	Buccal/labial frenectomy (frenulectomy).....	263
D6602	Retainer inlay - cast high noble metal, two surfaces ...	407	D7962	Lingual frenectomy (frenulectomy) .....	263
D6603	Retainer inlay - cast high noble metal, >=3 surfaces ...	425	D7971	Excision of pericoronal gingiva .....	131
D6604	Retainer inlay - cast predominantly base metal, two surfaces .....	407	D7979	Non-surgical sialolithotomy.....	43
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces .....	425	<b>Orthodontics<sup>2</sup></b>		
D6606	Retainer inlay - cast noble metal, two surfaces.....	407	D8010	Limited ortho. treatment of the primary dentition ....	3304
D6607	Retainer inlay - cast noble metal, >=3 surfaces .....	425	D8020	Limited ortho. treatment of the transitional dentition	3304
D6608	Retainer onlay - porc./ceramic, two surfaces.....	479	D8030	Limited ortho treatment - adolescent dentition .....	3422
D6609	Retainer onlay - porc./ceramic, three or more surfaces .....	499	D8070	Comp. ortho. treatment - transitional dentition .....	3304
D6610	Retainer onlay - cast high noble metal, two surfaces..	458	D8080	Comp. ortho. treatment - adolescent dentition .....	3422
D6611	Retainer onlay - cast high noble metal, >=3 surfaces ..	524	D8090	Comp. ortho. treatment - adult dentition .....	3658
D6612	Retainer onlay - cast predominantly base metal, two surfaces .....	458	D8210	Removable appliance therapy .....	770
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces .....	524	D8220	Fixed appliance therapy .....	783
D6614	Retainer onlay - cast noble metal, two surfaces.....	458	D8660	Pre-orthodontic treatment visit .....	413
D6615	Retainer onlay - cast noble metal, >=3 surfaces.....	524	D8670	Periodic ortho. treatment visit (as part of contract) ...	118
D6720	Retainer crown - resin with high noble metal .....	495	D8680	Orthodontic ret. (rem. of appl./placement of retainer(s)).....	413
D6721	Retainer crown - resin with predominantly base metal .....	495	<b>Adjunctive General Services</b>		
D6722	Retainer crown - resin with noble metal .....	495	D9110	Palliative treatment of dental pain – per visit .....	43
D6740	Retainer crown - porcelain/ceramic.....	560	D9210	Local anesthesia not in conj. w/ operative/surg. procedures .....	0
D6750	Retainer crown - porcelain fused to high noble metal	523	D9211	Regional block anesthesia .....	0
D6751	Retainer crown - porcelain fused to predominately base metal .....	523	D9212	Trigeminal division block anesthesia .....	0
D6752	Retainer crown - porcelain fused to noble metal.....	523	D9215	Local anesthesia in conj. w/ operative/surg. procedures .....	0
D6780	Retainer crown - 3/4 cast high noble metal .....	470	D9219	Evaluation for deep sedation or general anesthesia ...	0
D6781	Retainer crown - 3/4 cast predominantly base metal .	470	D9222	Deep sedation/general anesthesia - first 15 minutes..	103
D6782	Retainer crown - 3/4 cast noble metal .....	470	D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment.....	103
			D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	37
			D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes.....	103

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
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D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.....	103
D9310	Consultation (diagnostic service by nontreating dentist) .....	43
D9610	Therapeutic parenteral drug, single admin. ....	26
D9613	Infiltration of sustained release therapeutic drug, per quadrant.....	190
D9910	Application of desensitizing medicament .....	31
D9930	Treatment of complications (post-surgical) .....	43
D9944	Occlusal guard – hard appliance, full arch.....	272
D9945	Occlusal guard – soft appliance, full arch.....	272
D9946	Occlusal guard – hard appliance, partial arch .....	272
D9950	Occlusion analysis - mounted case.....	104
D9951	Occlusal adjustment - limited.....	66
D9952	Occlusal adjustment - complete.....	266
D9953	Reline custom sleep apnea appliance (indirect).....	175
D9986	Missed appointment .....	50
D9995	Teledentistry - synchronous; real-time encounter .....	0
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review.....	0
D9997	Dental case management – patients with special health care needs.....	50

1. Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist.
2. See exclusion #15 and limitation #24 for additional coverage information.

Current Dental Terminology © American Dental Association. Only current ADA CDT codes are considered valid by Dominion. For a full description of each code, please consult the ADA's CDT guidelines.

**Plan Exclusions**

- Please refer to the section in your Certificate of Coverage titled "State-Specific Exclusions" for additional exclusions, if applicable.
1. Services which are covered under worker's compensation or employer's liability laws.
  2. Services which are not necessary for the patient's dental health as determined by the Plan.
  3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
  4. Oral surgery requiring the setting of fractures or dislocations.
  5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, such services should not be performed in a dental office.
  6. Dispensing of drugs.
  7. Hospitalization for any dental procedure.
  8. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
  9. Replacement due to loss or theft of prosthetic appliance.
  10. Procedures not listed as covered benefits under this Plan.
  11. Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services).
  12. Services related to the treatment of TMD (Temporomandibular Disorder) except if TMD is caused by severe, dysfunctional, handicapping malocclusion that requires medically necessary orthodontia services.
  13. Services performed by a Participating Specialist without a referral from a Participating General Dentist (with the exception of Orthodontics). Participating dentists should refer to Specialty Care Referral Guidelines.
  14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan. The prophylactic removal of these teeth for medically necessary orthodontia services may be covered subject to review.
  15. Non-medically necessary orthodontia is not a covered benefit under this policy. A discount is provided to members through the Plan's agreements with its participating orthodontists. The provider agreements create no liability for payment by the Plan, and payments by the member for these services do not

contribute to the Out-of-Pocket Maximum. The Invisalign system and similar specialized braces are not a covered benefit. See limitation #24 concerning medically necessary orthodontia.

**Plan Limitations**

1. One (1) evaluation (D0120, D0140, D0145, D0150, D0180) is covered per six (6) months, per patient.
2. One (1) teeth cleaning (D1110 or D1120) per six (6) months, per patient.
3. One (1) fluoride application every six (6) months, per patient.
4. One (1) set of bitewing x-rays are covered per six (6) months.
5. One (1) set of full mouth x-rays or panoramic film is covered every five (5) years. Panoramic x-rays are limited to ages six (6) and above. No more than one (1) set of x-rays are covered per visit.
6. One (1) sealant per tooth is covered per 36 months, per patient (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).
7. One (1) application of caries arresting medicament per primary tooth is covered per lifetime.
8. Replacement of a primary stainless steel crown (under age 15), crown, denture or other prosthodontic appliance is covered if it is more than five (5) years from the date of original placement.
9. Crown and bridge fees apply to treatment involving five (5) or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary and Reasonable (UCR) fee, minus 25%.
10. One (1) relining and rebasing of dentures is covered per 24 months, per patient.
11. Periodontal scaling and root planing (D4341 or D4342), limited to one (1) per 24 months, per patient, per quadrant.
12. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110/D1120, limited to once per two years.
13. Osseous surgery (D4260 or D4261), gingival flap procedure (D4240) and gingivectomy or gingivoplasty (D4210 - D4212) are limited to one (1) per 36 months.
14. One (1) full mouth debridement is covered per lifetime, per patient.
15. Procedure Code D4381 is limited to one (1) benefit per tooth for three (3) teeth per quadrant; or a total of 12 teeth for all four (4) quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.
16. One (1) periodontal surgery of any type, including any associated material, is covered every 24 months, per quadrant or surgical site.
17. Periodontal maintenance is covered four (4) times per calendar year in addition to adult prophylaxis, within 24 months after definitive periodontal therapy.
18. One (1) scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, per two (2) years.
19. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
20. General anesthesia and analgesic (only when provided in connection with a covered procedure(s) when determined to be medically or dentally necessary for documented handicapped or uncontrollable patients or justifiable medical or dental conditions), including intravenous and non-intravenous sedation with a maximum of 60 minutes of services allowed (general anesthesia is not covered with procedure codes D9230, D9239 or D9243; intravenous conscious sedation is not covered with procedure code D9222, D9223 or D9230; non-intravenous conscious sedation is not covered with procedure code D9222, D9223 or D9230; requires a narrative of medical necessity be maintained in patient records).
21. Occlusal guards are covered by report for patients 13 years of age or older when the purpose of the occlusal guard is for the treatment of bruxism or diagnoses other than temporomandibular dysfunction (TMD). Occlusal guards are limited to one (1) per 12 consecutive month period.
22. Fixed partial dentures, buildups, and posts and cores for members under 16 years of age are only covered if deemed necessary by the Plan.
23. Onlays, crowns, and posts and cores for members 12 years of age or younger are only covered if deemed necessary by the Plan. Cast posts and cores (D2952) are processed as an alternate benefit of a prefabricated post and core. Posts are eligible only when provided as part of a crown buildup or implant and are considered integral to the buildup or implant.
24. Orthodontics is only covered if medically necessary as determined by the Plan. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.
25. Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.



**Select Plan Basic Kids 702xs (VA)**  
**Description of Services, Member Copayments,**  
**Exclusions and Limitations for Pediatric Services**

- Coverage continues through end of year in which the Member turns 19 -

**Plan Highlights**

- This plan has fixed copayments.
- There is no out-of-network coverage (with the exception of out-of-area emergency dental services and/or for services provided when a Member is referred to an out-of-network specialist). See exclusion 11.
- Annual Out-of-Pocket Maximum: \$400 per child per calendar year for medically necessary treatment (maximum of \$800 for policy covering two or more children). The member shall only be responsible for the copayment listed in Member Copayment

column. Any procedure listed that has a Member Copayment above the annual out-of-pocket maximum may apply as these procedures are not considered medically necessary and are included as additional benefits. The Plan is responsible for the difference between the Actual Copayment and the Member Copayment for all medically necessary treatment.

- There are no annual maximum dollar limits, no waiting periods and no deductibles.
- If course of treatment is to exceed \$300, prior review is recommended.

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
<b>Diagnostic/Preventive</b>			
	Office visit .....	10.....	10
D0120	Periodic oral eval - established patient .....	0.....	0
D0140	Limited oral eval - problem focused .....	0.....	0
D0145	Oral eval for a patient under 3 years of age .....	0.....	0
D0150	Comprehensive oral eval - new or established patient .....	0.....	0
D0160	Detailed and extensive oral eval - problem focused.....	0.....	0
D0170	Re-evaluation - limited, problem focused .....	0.....	0
D0210	Intraoral – comprehensive series of radiographic images.....	26.....	26
D0220/30	Intraoral - periapical first film and each additional .....	0.....	0
D0240	Intraoral - occlusal film.....	0.....	0
D0250	Extraoral - first film .....	0.....	0
D0270-74	Bitewing x-rays - 1-4 films.....	0.....	0
D0277	Vertical bitewings - 7 to 8 films .....	0.....	0
D0330	Panoramic film .....	30.....	30
D0340	Cephalometric film .....	0.....	0
D0350	Oral/facial photographic images .....	0.....	0
D0351	3D photographic image .....	0.....	0
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images .....	26.....	26
D0373	Intraoral tomosynthesis – bitewing radiographic image .....	0.....	0
D0374	Intraoral tomosynthesis – periapical radiographic image .....	0.....	0
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0.....	0
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only.....	0.....	0
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only .....	0.....	0
D0460	Pulp vitality tests .....	0.....	0
D0470	Diagnostic casts .....	0.....	0
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum .....	0.....	0
D0601/02/03	Caries risk assessment & documentation, with a finding of low/moderate/high risk.....	0.....	0
D0701-09	Image capture only procedures.....	0.....	0
D1110	Prophylaxis (cleaning) - adult .....	0.....	0
D1120	Prophylaxis (cleaning) - child.....	0.....	0
D1206	Topical application of fluoride varnish.....	0.....	0
D1208	Topical application of fluoride - excluding varnish .....	0.....	0
D1310/20/21/30	Oral hygiene instructions.....	0.....	0
D1351	Sealant - per tooth .....	21.....	21
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth.....	21.....	21
D1354	Application of caries arresting medicament - per tooth.....	0.....	0
D1355	Caries preventive medicament application – per tooth .....	21.....	21
D1510/20	Space maintainer - fixed/removable, unilateral - per quadrant .....	143.....	143
D1516/17	Space maintainer - fixed - bilateral, maxillary/mandibular.....	198.....	198
D1526/27	Space maintainer - removable - bilateral, maxillary/mandibular .....	198.....	198

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DMNVA24DBLINPED

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D1551/52/53	Re-cement/re-bond bilateral/unilateral space maintainer – maxillary/mandibular .....	34.....	34
D1556/57/58	Removal of fixed bilateral/unilateral space maintainer – maxillary/mandibular .....	44.....	44
D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant .....	143.....	143
<b>Restorative (Fillings)</b>			
D2140	Amalgam - one surface, prim. or perm. ....	41.....	41
D2150	Amalgam - two surfaces, prim. or perm.....	51.....	51
D2160	Amalgam - three surfaces, prim. or perm. ....	64.....	64
D2161	Amalgam - >=4 surfaces, prim. or perm. ....	78.....	78
D2330	Resin-based composite - one surface, anterior .....	69.....	69
D2331	Resin-based composite - two surfaces, anterior .....	83.....	83
D2332	Resin-based composite - three surfaces, anterior .....	99.....	99
D2335	Resin-based composite - >=4 surfaces, anterior.....	119.....	119
D2390	Resin-based composite crown, anterior.....	192.....	192
D2391	Resin-based composite - one surface, posterior .....	73.....	73
D2392	Resin-based composite - two surfaces, posterior.....	87.....	87
D2393	Resin-based composite - three surfaces, posterior .....	102.....	102
D2394	Resin-based composite - >=4 surfaces, posterior.....	123.....	123
<b>Crown &amp; Bridge</b>			
D2510/20	Inlay- metallic - one to two surfaces.....	400.....	407
D2530	Inlay - metallic - three or more surfaces.....	400.....	425
D2542	Onlay - metallic - two surfaces .....	400.....	458
D2543/44	Onlay - metallic - three or more surfaces .....	400.....	524
D2610/20	Inlay - porcelain/ceramic - one to two surfaces .....	400.....	427
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	400.....	445
D2642	Onlay - porcelain/ceramic - two surfaces.....	400.....	479
D2643/44	Onlay - porcelain/ceramic - >=3 surfaces .....	400.....	499
D2650/51/52	Inlay - resin-based composite - >=1 surface(s) .....	400.....	440
D2662/63/64	Onlay - resin-based composite - >=2 surfaces.....	400.....	444
D2710	Crown - resin based composite (indirect).....	272.....	272
D2712	Crown - 3/4 resin-based composite (indirect).....	400.....	485
D2720/21/22	Crown - resin with metal .....	400.....	495
D2740	Crown - porcelain/ceramic .....	400.....	560
D2750/51/52/53	Crown - porcelain fused to metal .....	400.....	523
D2780/81/82	Crown - 3/4 cast with metal .....	400.....	478
D2783	Crown - 3/4 porcelain/ceramic.....	400.....	511
D2790-94	Crown - full cast metal.....	400.....	495
D2910/20	Recement inlay, onlay/crown or partial coverage rest .....	43.....	43
D2915	Recement cast or prefab. post and core.....	82.....	82
D2928/29	Prefab. porcelain/ceramic crown - prim. or perm. tooth .....	400.....	560
D2930	Prefab. stainless steel crown - prim. tooth .....	110.....	110
D2931	Prefab. stainless steel crown - perm. tooth.....	121.....	121
D2932	Prefabricated resin crown .....	140.....	140
D2933	Prefab. stainless steel crown w/ resin window .....	271.....	271
D2934	Prefab. esthetic coated primary tooth .....	296.....	296
D2940	Protective restoration .....	39.....	39
D2941	Interim therapeutic restoration, primary dentition.....	31.....	31
D2950	Core buildup, including any pins .....	125.....	125
D2951	Pin retention - per tooth, in addition to restoration .....	22.....	22
D2952	Post and core in addition to crown .....	186.....	186
D2954	Prefab. post and core in addition to crown .....	154.....	154
D2955	Post removal (not in conj. with endo. therapy).....	105.....	105
D2962	Labial veneer (porcelain laminate) - laboratory .....	400.....	449
D2970	Temporary crown (fractured tooth) .....	0.....	0
D2980/81/82/83	Crown, inlay, onlay or veneer repair.....	102.....	102
<b>Endodontics'</b>			
D3110/20	Pulp cap - direct/indirect (excl. final restoration).....	32.....	32
D3220	Therapeutic pulpotomy (excl. final restor.).....	81.....	81
D3221	Pulpal debridement, prim. and perm. teeth .....	94.....	94
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth.....	160.....	160
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth.....	164.....	164
D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	341.....	341
D3320	Endodontic therapy, premolar tooth (excluding final restoration).....	400.....	418
D3330	Endodontic therapy, molar tooth (excluding final restoration) .....	400.....	512
D3333	Internal root repair of perforation defects .....	105.....	105
D3346	Retreat of prev. root canal therapy, anterior.....	387.....	387
D3347	Retreat of prev root canal therapy - premolar .....	400.....	465

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D3348	Retreat of prev. root canal therapy, molar .....	400.....	558
D3351	Apexification/recalcification - initial visit.....	202.....	202
D3352	Apexification/recalcification - interim med. repl.....	400.....	589
D3353	Apexification/recalcification - final visit .....	400.....	449
D3355	Pulpal regeneration - initial visit.....	202.....	202
D3356	Pulpal regeneration - interim medication replacement .....	400.....	589
D3357	Pulpal regeneration - completion of treatment .....	400.....	449
D3410	Apicoectomy - anterior .....	323.....	323
D3421	Apicoectomy - premolar (first root).....	364.....	364
D3425	Apicoectomy - molar (first root) .....	400.....	418
D3426	Apicoectomy - (each add. root).....	152.....	152
D3428	Bone graft in conj. w/ periradicular surg., per tooth, single site .....	400.....	743
D3429	Bone graft in conj. w/ periradicular surg., add. contiguous tooth, same site.....	400.....	582
D3430	Retrograde filling - per root.....	119.....	119
D3450	Root amputation - per root .....	234.....	234
D3471	Surgical repair of root resorption - anterior .....	323.....	323
D3472	Surgical repair of root resorption – premolar .....	364.....	364
D3473	Surgical repair of root resorption – molar .....	400.....	418
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior .....	323.....	323
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar .....	364.....	364
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar.....	400.....	418
D3920	Hemisection, not inc. root canal therapy .....	234.....	234
D3921	Decoronation or submergence of an erupted tooth .....	107.....	107
D3950	Canal prep/fitting of preformed dowel or post.....	136.....	136
<b>Periodontics<sup>1</sup></b>			
D0180	Comp. periodontal eval - new or established patient .....	0.....	0
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	279.....	279
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.....	100.....	100
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant .....	345.....	345
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant .....	106.....	106
D4249	Clinical crown lengthening - hard tissue.....	400.....	576
D4260	Osseous surgery - >3 cont. teeth, per quad .....	400.....	499
D4261	Osseous surgery - <=3 cont. teeth, per quad .....	392.....	392
D4263	Bone replacement graft, first site in quad. ....	400.....	743
D4264	Bone replacement graft, each add. site in quad.....	400.....	582
D4268	Surgical revision proc., per tooth .....	358.....	358
D4270	Pedicle soft tissue graft procedure.....	400.....	643
D4273	Autogenous connective tissue graft proc. ....	400.....	800
D4274	Mesial/distal wedge procedure, single tooth.....	308.....	308
D4277	Free soft tissue graft, per tooth.....	400.....	654
D4278	Free soft tissue graft, each add. tooth.....	100.....	100
D4286	Removal of non-resorbable barrier.....	100.....	100
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns .....	400.....	427
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns .....	377.....	377
D4341	Perio scaling and root planing - >3 cont teeth, per quad. ....	109.....	109
D4342	Perio scaling and root planing - <= 3 teeth, per quad .....	63.....	63
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation. ....	45.....	45
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit .....	89.....	89
D4381	Localized delivery of antimicrobial agents.....	98.....	98
D4910	Periodontal maintenance .....	74.....	74
<b>Prosthetics (Dentures)</b>			
D5110/20	Complete denture - maxillary/mandibular.....	400.....	697
D5130/40	Immediate denture - maxillary/mandibular.....	400.....	722
D5211/12	Maxillary/mandibular partial denture - resin base.....	400.....	649
D5213/14	Maxillary/mandibular partial denture - cast metal framework .....	400.....	750
D5221/22	Immediate maxillary/mandibular partial denture.....	400.....	649
D5223/24	Immediate maxillary/mandibular partial denture.....	400.....	750
D5225/26	Maxillary/mandibular partial denture - flexible base.....	400.....	750
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth).....	400.....	750
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth).....	400.....	750

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular .....	400.....	419
D5284/86	Rem. unilateral partial denture – one piece flexible/resin base.....	400.....	419
D5410/11	Adjust complete denture - maxillary/mandibular .....	38.....	38
D5421/22	Adjust partial denture - maxillary/mandibular .....	38.....	38
D5511/12	Repair broken complete denture base, maxillary/mandibular.....	87.....	87
D5520	Replace missing or broken teeth - complete denture .....	87.....	87
D5611/12	Repair resin partial denture base, maxillary/mandibular.....	87.....	87
D5621/22	Repair cast partial framework, maxillary/mandibular.....	87.....	87
D5630/60	Clasp repaired, replaced or added .....	115.....	115
D5640/50	Replace broken tooth/add tooth to existing partial denture .....	87.....	87
D5670/71	Replace all teeth and acrylic on cast metal framework (maxillary/mandibular).....	287.....	287
D5710/11	Rebase complete maxillary/mandibular denture.....	260.....	260
D5720/21	Rebase maxillary/mandibular partial denture.....	260.....	260
D5725	Rebase hybrid prosthesis.....	260.....	260
D5730/31	Reline complete maxillary/mandibular denture (direct).....	159.....	159
D5740/41	Reline maxillary/mandibular partial denture (direct).....	155.....	155
D5750/51	Reline complete maxillary/mandibular denture (indirect).....	224.....	224
D5760/61	Reline maxillary/mandibular partial denture (indirect).....	224.....	224
D5765	Soft liner for complete or partial removable denture – indirect .....	53.....	53
D5810/11	Interim complete denture - maxillary/mandibular.....	362.....	362
D5820/21	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary/mandibular .....	362.....	362
D5850/51	Tissue conditioning - maxillary/mandibular .....	79.....	79
D5951	Feeding aid .....	400.....	1395
<b>Bridge &amp; Pontics</b>			
D6205	Pontic - indirect resin based composite .....	400.....	445
D6210-14	Pontic - metal .....	400.....	495
D6240/41/42	Pontic - porcelain fused to metal .....	400.....	523
D6243	Pontic – porcelain fused to titanium and titanium alloys.....	400.....	495
D6245	Pontic - porcelain/ceramic.....	400.....	560
D6250/51/52	Pontic - resin with metal.....	400.....	495
D6545	Ret. - cast metal for resin bonded fixed prosthesis .....	251.....	251
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis.....	393.....	393
D6549	Resin retainer - for resin bonded fixed prosthesis.....	251.....	251
D6600	Retainer inlay - porc./ceramic, two surfaces .....	400.....	427
D6601	Retainer inlay - porc./ceramic, >=3 surfaces .....	400.....	445
D6602	Retainer inlay - cast high noble metal, two surfaces .....	400.....	407
D6603	Retainer inlay - cast high noble metal, >=3 surfaces .....	400.....	425
D6604	Retainer inlay - cast predominantly base metal, two surfaces .....	400.....	407
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces .....	400.....	425
D6606	Retainer inlay - cast noble metal, two surfaces.....	400.....	407
D6607	Retainer inlay - cast noble metal, >=3 surfaces .....	400.....	425
D6608	Retainer onlay - porc./ceramic, two surfaces .....	400.....	479
D6609	Retainer onlay - porc./ceramic, three or more surfaces.....	400.....	499
D6610	Retainer onlay - cast high noble metal, two surfaces.....	400.....	458
D6611	Retainer onlay - cast high noble metal, >=3 surfaces .....	400.....	524
D6612	Retainer onlay - cast predominantly base metal, two surfaces.....	400.....	458
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces .....	400.....	524
D6614	Retainer onlay - cast noble metal, two surfaces.....	400.....	458
D6615	Retainer onlay - cast noble metal, >=3 surfaces.....	400.....	524
D6710	Retainer crown - indirect resin based composite .....	400.....	445
D6720/21/22	Retainer crown - resin with metal .....	400.....	495
D6740	Retainer crown - porcelain/ceramic .....	400.....	560
D6750/51/52	Retainer crown - porcelain fused to metal .....	400.....	523
D6753	Retainer crown – porcelain fused to titanium and titanium alloys .....	400.....	495
D6780/81/82	Retainer crown - 3/4 cast metal .....	400.....	470
D6783	Retainer crown - 3/4 porc./ceramic .....	400.....	511
D6784	Retainer crown – 3/4 titanium and titanium alloys.....	400.....	495
D6790-94	Retainer crown - full cast metal.....	400.....	495
D6930	Recement or rebond fixed partial denture.....	69.....	69
D6980	Fixed partial denture repair, by report .....	172.....	172
<b>Oral Surgery'</b>			
D7111	Extraction, coronal remnants - primary tooth .....	56.....	56
D7140	Extraction, erupted tooth or exposed root .....	69.....	69
D7210	Extraction, erupted tooth req. bone cut .....	133.....	133
D7220	Removal of impacted tooth - soft tissue .....	151.....	151



ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D7230	Removal of impacted tooth - partially bony.....	196.....	196
D7240	Removal of impacted tooth - completely bony .....	241.....	241
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications .....	217.....	217
D7250	Removal of residual tooth roots .....	141.....	141
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only.....	217.....	217
D7260	Oroantral fistula closure.....	400.....	578
D7261	Primary closure of a sinus perforation .....	400.....	465
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth .....	226.....	226
D7280	Exposure of an unerupted tooth .....	153.....	153
D7282	Mobil. of erupted/malpositioned tooth to aid eruption .....	231.....	231
D7283	Place. of device to facilitate erupt. of impacted tooth.....	144.....	144
D7285	Biopsy of oral tissue - hard (bone, tooth).....	387.....	387
D7286	Biopsy of oral tissue - soft (all others) .....	295.....	295
D7288	Brush biopsy - transepithelial sample collect.....	93.....	93
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	60.....	60
D7310/20	Alveoplasty, per quadrant .....	141.....	141
D7311/21	Alveoplasty in conj. with/out extractions.....	141.....	141
D7450	Removal of benign odon cyst/tumor - diam <=1.25cm .....	354.....	354
D7451	Removal of benign odon cyst/tumor - diam >1.25cm.....	400.....	543
D7471	Removal of lateral exostosis .....	351.....	351
D7472/73	Removal of torus palatinus/mandibularis .....	400.....	480
D7485	Surgical reduction of osseous tuberosity .....	400.....	568
D7509	Marsupialization of odontogenic cyst .....	400.....	400
D7510	Incision and drainage of abscess - intraoral soft tissue .....	96.....	96
D7511	Incision/drainage of abscess - intra. soft tissue, comp.....	112.....	112
D7880	Occlusal orthotic device for TMJ, by report .....	272.....	272
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site .....	25.....	25
D7961/62	Buccal/labial or lingual frenectomy (frenulectomy) .....	263.....	263
D7963	Frenuloplasty.....	293.....	293
D7970	Excision of hyperplastic tissue - per arch.....	233.....	233
D7971	Excision of pericoronal gingiva .....	131.....	131
D7972	Surgical reduction of fibrous tuberosity .....	400.....	521
D7979	Non-surgical sialolithotomy.....	43.....	43
<b>Orthodontics<sup>2</sup></b>			
D8020	Limited ortho. treatment of the transitional dentition .....	400.....	3304
D8030	Limited ortho treatment - adolescent dentition .....	400.....	3422
D8040	Limited ortho treatment - adult dentition.....	400.....	3658
D8070	Comp. ortho. treatment - transitional dentition .....	400.....	3304
D8080	Comp. ortho. treatment - adolescent dentition.....	400.....	3422
D8090	Comp. ortho. treatment - adult dentition .....	400.....	3658
D8210	Removable appliance therapy (including appliances for thumb sucking and tongue thrusting).....	400.....	770
D8220	Fixed appliance therapy (including appliances for thumb sucking and tongue thrusting).....	400.....	783
D8660	Pre-orthodontic treatment visit .....	400.....	413
D8670	Periodic ortho. treatment visit (as part of contract) .....	118.....	118
D8680	Orthodontic ret. (rem. of appl./placement of retainer(s)) .....	400.....	413
D8701/02	Repair of fixed retainer, includes reattachment – maxillary/mandibular .....	174.....	174
D8703/04	Replacement of lost or broken retainer – maxillary/mandibular .....	179.....	179
D8999	Unspecified orthodontic procedure, by report .....	0.....	0
<b>Adjunctive General Services</b>			
D9110	Palliative treatment of dental pain – per visit .....	43.....	43
D9210/15	Local anesthesia .....	0.....	0
D9211/12	Regional block anesthesia .....	0.....	0
D9219	Evaluation for deep sedation or general anesthesia .....	0.....	0
D9222/23	Deep sedation/general anesthesia - each 15 minute increment.....	103.....	103
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	37.....	37
D9239/43	Intravenous moderate sedation/analgesia – each 15 minute increment .....	103.....	103
D9248	Non-intravenous conscious sedation .....	145.....	145
D9310	Consultation (diagnostic service by nontreating dentist).....	43.....	43
D9420	Hospital call .....	350.....	350
D9440	Office visit after regularly scheduled hours.....	90.....	90
D9610	Therapeutic parenteral drug, single admin. ....	26.....	26
D9612	Therapeutic parenteral drug, 2 or more admin., diff. med.....	70.....	70

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D9613	Infiltration of sustained release therapeutic drug, per quadrant.....	190.....	190
D9630	Drugs or medicaments dispensed in the office for home use.....	42.....	42
D9910	Application of desensitizing medicament .....	31.....	31
D9920	Behavior management, by report .....	68.....	68
D9930	Treatment of complications (post-surgical) .....	43.....	43
D9944/45/46	Occlusal guard – hard/soft appliance, full/partial arch .....	272.....	272
D9950	Occlusion analysis - mounted case.....	104.....	104
D9951	Occlusal adjustment - limited.....	66.....	66
D9952	Occlusal adjustment - complete.....	266.....	266
D9953	Reline custom sleep apnea appliance (indirect).....	175.....	175
D9986	Missed appointment .....	50.....	50
D9995/96	Teledentistry - synchronous/asynchronous.....	0.....	0
D9997	Dental case management – patients with special health care needs...	50.....	50

- 1 Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist. See Plan Exclusion #13.
- 2 See limitation# 23 for additional coverage information.

**Plan Exclusions**

Please refer to the section in your Individual Dental Policy titled “State-Specific Exclusions or Exceptions” for additional exclusions and/or exceptions to the following exclusions, if applicable.

1. Services which are covered under worker’s compensation or employer’s liability laws.
2. Services which are not medically necessary for the patient’s dental health.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, neoplasms, hereditary, congenital, mandibular prognathism or development malformations where such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
9. Replacement due to loss or theft of prosthetic appliance.
10. Procedures not listed as covered benefits under this Plan.
11. Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services).
12. Services related to the treatment of TMD (Temporomandibular Disorder) except if TMD is caused by severe, dysfunctional, handicapping malocclusion that requires medically necessary orthodontia services or an occlusal orthotic device, by report, for temporomandibular pain, dysfunction or associated musculature.
13. Services performed by a Participating Specialist without a referral from a Participating General Dentist (with the exception of Orthodontics and palliative emergency pain treatment). Participating dentists should refer to Specialty Care Referral Guidelines.
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth. The prophylactic removal of these teeth for medically necessary orthodontia services may be covered subject to review.
15. Non-medically necessary orthodontia are not covered benefits under this policy. The Invisalign system and similar specialized braces are not a covered benefit. See limitation #23 concerning medically necessary orthodontia.

**Plan Limitations**

1. One (1) evaluation (D0120, D0145 or D0150) per six (6) months, per patient.
2. One (1) teeth cleaning (D1110 or D1120) per six (6) months, per patient.
3. One (1) fluoride treatment is covered per six (6) months, per patient.
4. One (1) sealant per tooth, per lifetime, per patient (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).

5. One (1) application of caries arresting medicament per primary tooth is covered per lifetime.
6. One (1) space maintainer (D1510, D1516, D1517, D1520, D1526 or D1527) is covered per 12 months, per quadrant (unilateral) or per arch (bilateral), per patient; one (1) distal shoe space maintainer (D1575), fixed, unilateral per 24 months.
7. Replacement of a filling is covered if it is more than 12 months from the date of original placement.
8. Replacement of a onlay (porcelain/ceramic, four or more surfaces), crown, denture or labial veneer is covered if it is more than five (5) years from the date of original placement.
9. Replacement of a primary stainless steel crown is covered if it is more than three (3) years from the date of original placement, per tooth, per patient.
10. Relining and rebasing of dentures is covered once per tooth per 24 months, per patient, only after six (6) months of initial placement.
11. Root canal treatment is covered once per tooth, per lifetime, per patient. Retreatment of previous root canal therapy is covered once per tooth, per lifetime, per patient.
12. Periodontal scaling and root planing (D4341 or D4342), osseous surgery (D4260 or D4261) and gingivectomy or gingivoplasty (D4210 or D4211) are limited to one (1) per 24 months, per quadrant, per patient.
13. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110/D1120, limited to once per two years.
14. Full mouth debridement is covered once per 12 months, per patient.
15. Procedure Code D4381 is limited to one (1) benefit per tooth for three (3) teeth per quadrant; or a total of 12 teeth for all four (4) quadrants per twelve (12) months, per patient. Must have pocket depths of five (5) millimeters or greater.
16. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site, per patient.
17. Periodontal maintenance after active therapy is covered four (4) times per 12 months, per patient.
18. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
19. All dental services that are to be rendered in a hospital setting require coordination and approval from both the dental insurer and the medical insurer before services can be rendered. Services delivered to the patient on the date of service are documented separately using applicable procedure codes.
20. General anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 150 minutes or 10 units of services are allowed for general anesthesia and intravenous or non-intravenous conscious sedation. The routine administration of inhalation analgesia or oral sedation is generally considered part of the treatment procedure, unless its use is documented in the patient record as necessary to complete treatment.
21. Occlusal guard, by report (for grinding and clenching of teeth)
22. Apexification, apicoectomy and clinical crown lengthening are each covered once per tooth, per provider, per lifetime.
23. Orthodontics is only covered if medically necessary and is limited to once per lifetime. Patient copayments will apply to the routine orthodontic appliance portion of services only, including pre-orthodontic visit, radiographs, treatment plan, records, diagnostic models, initial banding, debanding, one set of retainers and 12 months of retainer adjustments. Additional costs incurred will become the patient’s responsibility.
24. Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.