

BlueDental Choice PPO 2024 Area I Schedule of Allowances



AREA I: Alachua, Baker, Bay, Bradford, Calhoun, Citrus, Columbia, DeSoto, Dixie, Escambia, Flagler, Franklin, Gadsden, Gilchrist, Glades, Gulf, Hamilton, Hardee, Hendry, Hernando, Highlands, Hillsborough, Holmes, Jackson, Jefferson, Lafayette, Lake, Leon, Levy, Liberty, Madison, Marion, Okaloosa, Okeechobee, Orange, Osceola, Pasco, Pinellas, Polk, Putnam, Santa Rosa, Seminole, Sumter, Suwannee, Taylor, Union, Volusia, Wakulla, Walton, Washington

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CODE	DESCRIPTION	AREA I
CLINICAL ORAL EVALUATIONS		
D0120	Periodic oral evaluation - established patient	\$30
D0140	Limited oral evaluation - problem-focused	\$49
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver	\$47
D0150	Comprehensive oral evaluation - new or established patient	\$52
D0160	Detailed and extensive oral evaluation - problem-focused, by report	\$102
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$43
D0180	Comprehensive periodontal evaluation - new or established patient	\$83
DIAGNOSTIC IMAGING		
D0210	Intraoral - comprehensive series of radiographic images	\$85
D0220	Intraoral - periapical first radiographic image	\$20
D0230	Intraoral - periapical each additional radiographic image	\$16
D0240	Intraoral - occlusal radiographic image	\$28
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	\$34
D0270	Bitewing - single radiographic image	\$19
D0272	Bitewings - two radiographic images	\$28
D0273	Bitewings - three radiographic images	\$33
D0274	Bitewings - four radiographic images	\$38
D0277	Vertical bitewings - seven to eight radiographic images	\$36
D0310	Sialography	\$194
D0321	Other temporomandibular joint radiographic images, by report	IC
D0330	Panoramic radiographic image	\$74
D0340	Cephalometric radiographic image	\$77
D0350	2D Oral /facial photographic image obtained intraorally or extraorally	\$35
D0372	Intraoral Tomosynthesis - Comprehensive Series of Radiographic Images	\$83
D0373	Intraoral Tomosynthesis - Bitewing Radiographic Image	\$17
D0374	Intraoral Tomosynthesis - Periapical Radiographic Image	\$19
D0391	Interpretation of Diagnostic Image	\$30
D0396	3D printing of a 3D dental surface scan	\$58

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CODE	DESCRIPTION	AREA I
TESTS AND EXAMINATIONS		
D0415	Collection of microorganisms for culture and sensitivity	\$23
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	\$30
D0460	Pulp vitality tests	\$34
D0470	Diagnostic casts	\$58
DENTAL PROPHYLAXIS		
D1110	Prophylaxis - adult	\$64
D1120	Prophylaxis - child	\$43
TOPICAL FLUORIDE TREATMENT (Office Procedure)		
D1206	Topical application of fluoride varnish	\$26
D1208	Topical application of fluoride	\$24
OTHER PREVENTIVE SERVICES		
D1310	Nutritional counseling for control of dental disease	\$46
D1351	Sealant - per tooth	\$34
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	\$38
D1354	Application of caries arresting medicament - per tooth	\$40
D1510	Space maintainer - fixed - unilateral	\$200
D1516	Space maintainer - fixed - bilateral, maxillary	\$265
D1517	Space maintainer - fixed - bilateral, mandibular	\$265
D1520	Space maintainer - removable - unilateral	\$210
D1526	Space maintainer - removable - bilateral, maxillary	\$322
D1527	Space maintainer - removable - bilateral, mandibular	\$322
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	\$46
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	\$46
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	\$46
D1556	Removal of fixed unilateral space maintainer – per quadrant	\$121
D1557	Removal of fixed bilateral space maintainer – maxillary	\$121
D1558	Removal of fixed bilateral space maintainer – mandibular	\$121
D1575	Distal shoe space maintainer - fixed - unilateral	\$185
RESTORATIVE SERVICES		
D2140	Amalgam - one surface, primary or permanent	\$80

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D2150	Amalgam - two surfaces, primary or permanent	\$100
D2160	Amalgam - three surfaces, primary or permanent	\$108
D2161	Amalgam - four or more surfaces, primary or permanent	\$141
D2330	Resin-based composite - one surface, anterior	\$95
D2331	Resin-based composite - two surfaces, anterior	\$115
D2332	Resin-based composite - three surfaces, anterior	\$131
D2335	Resin-based composite - four 4 or more surfaces or involving incisal angle (anterior)	\$152
D2390	Resin-based composite crown, anterior	\$187
D2391	Resin-based composite - one surface, posterior	\$103
D2392	Resin-based composite - two surfaces, posterior	\$144
D2393	Resin-based composite - three surfaces, posterior	\$172
D2394	Resin-based composite - four or more surfaces, posterior	\$194
D2510	Inlay - metallic - one surface	\$460
D2520	Inlay - metallic - two surfaces	\$522
D2530	Inlay - metallic - three or more surfaces	\$579
D2542	Onlay – metallic, 2 surfaces	\$568
D2543	Onlay – metallic, 3 surfaces	\$642
D2544	Onlay – metallic, 4 or more surfaces	\$667
D2610	Inlay - porcelain/ceramic - one surface	\$524
D2620	Inlay - porcelain/ceramic - two surfaces	\$556
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$601
D2642	Onlay - porcelain/ceramic - two surfaces	\$613
D2643	Onlay - porcelain/ceramic - three surfaces	\$650
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$673
D2650	Inlay - resin-based composite - one surface	\$408
D2651	Inlay - resin-based composite - two surfaces	\$521
D2652	Inlay - resin-based composite - three or more surfaces	\$582

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D2662	Onlay - resin-based composite - two surfaces	\$421
D2663	Onlay - resin based composite - three surfaces	\$495
D2664	Onlay - resin-based composite - four or more surfaces	\$531
D2710	Crown - resin-based composite (indirect)	\$286
D2712	Crown - ¾ resin-based composite (indirect)	\$286
D2720	Crown - resin with high noble metal	\$754
D2721	Crown - resin with predominantly base metal	\$707
D2722	Crown - resin with noble metal	\$722
D2740	Crown - porcelain/ceramic substrate	\$906
D2750	Crown - porcelain fused to high noble metal	\$807
D2751	Crown - porcelain fused to predominantly base metal	\$638
D2752	Crown - porcelain fused to noble metal	\$739
D2753	Crown - porcelain fused to titanium and titanium alloys	\$739
D2780	Crown - 3/4 cast high noble metal	\$732
D2781	Crown - 3/4 cast predominantly base metal	\$625
D2782	Crown - 3/4 cast noble metal	\$712
D2783	Crown - 3/4 porcelain/ceramic	\$753
D2790	Crown - full cast high noble metal	\$755
D2791	Crown - full-cast predominantly base metal	\$625
D2792	Crown - full-cast noble metal	\$657
D2794	Crown - titanium	\$754
D2910	Recement inlay, onlay, or partial coverage restoration	\$58
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$61
D2920	Recement crown	\$59
D2929	Prefabricated porcelain/ceramic crown - primary tooth	\$231
D2930	Prefabricated stainless steel crown - primary tooth	\$165
D2931	Prefabricated stainless steel crown - permanent tooth	\$190
D2932	Prefabricated resin crown	\$192
D2933	Prefabricated stainless steel crown with resin window	\$232

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CODE	DESCRIPTION	AREA I
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$172
D2940	Protective restoration	\$59
D2941	Interim therapeutic restoration - primary dentition	\$59
D2950	Core build-up, including any pins when required	\$163
D2951	Pin retention - per tooth, in addition to restoration	\$35
D2952	Post and core in addition to crown, indirectly fabricated	\$243
D2953	Each additional cast post – same tooth; indirectly fabricated	\$41
D2954	Prefabricated post and core in addition to crown	\$182
D2955	Post removal	\$156
D2957	Each additional prefabricated post - same tooth	\$56
D2960	Labial veneer (resin laminate) - direct	\$490
D2962	Labial veneer (porcelain laminate) - indirect	\$604
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	\$95
D2980	Crown repair necessitated by restorative material failure.	\$114
D2981	Inlay repair necessitated by restorative material failure	\$105
D2982	Onlay repair necessitated by restorative material failure	\$105
D2983	Veneer repair necessitated by restorative material failure	\$105
D2990	Resin infiltration of incipient smooth surface lesions	\$48
ENDODONTICS		
D3110	Pulp cap - direct (excluding final restoration)	\$61
D3120	Pulp cap - indirect (excluding final restoration)	\$49
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$105
D3221	Pulpal debridement, primary and permanent teeth	\$92
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$127
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$110
D3240	Pulpal therapy (resorbable filling) - posterior primary tooth (excluding final restoration)	\$132
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$477
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$538
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$704
D3331	Treatment of root canal obstruction; non-surgical access	\$146

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CODE	DESCRIPTION	AREA I
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$347
D3333	Internal root repair of perforation defects	\$144
D3346	Retreatment of previous root canal therapy - anterior	\$549
D3347	Retreatment of previous root canal therapy - bicuspid	\$655
D3348	Retreatment of previous root canal therapy - molar	\$780
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair or perforations, root resorption, etc.)	\$248
D3352	Apexification/recalcification - interim medication replacement	\$111
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$342
D3410	Apicoectomy - anterior	\$463
D3421	Apicoectomy - bicuspid (first root)	\$493
D3425	Apicoectomy - molar (first root)	\$550
D3426	Apicoectomy (each additional root)	\$200
D3430	Retrograde filling - per root	\$147
D3450	Root amputation - per root	\$283
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	\$543
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	\$543
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	\$543
D3920	Hemisection (including any root removal), not including root canal therapy	\$227
D3921	Decoronation or submergence of an erupted tooth	\$162
D3950	Canal preparation and fitting of preformed dowel or post	\$98
	PERIODONTICS	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth-bounded spaces per quadrant	\$349
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	\$146
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth.	\$118
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth-bound spaces per quadrant	\$415
D4241	Gingival flap procedure - one to three contiguous teeth or tooth bound spaces per quadrant	\$349
D4249	Clinical crown lengthening - hard tissue	\$488

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CODE	DESCRIPTION	AREA I
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth-bounded spaces per quadrant	\$724
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$695
D4263	Bone replacement graft - first site in quadrant	\$250
D4264	Bone replacement graft - each additional site in quadrant	\$320
D4266	Guided tissue regeneration, natural teeth - resorbable barrier, per site	\$436
D4267	Guided tissue regeneration, natural teeth - non-resorbable barrier, per site	\$328
D4270	Pedicle soft tissue graft procedure	\$491
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	\$664
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$341
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$522
D4276	Combined connective tissue and pedicle graft, per tooth	\$673
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft.	\$556
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$101
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site.	\$145
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant, or edentulous tooth position in same graft site	\$144
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$161
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$122
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	\$64
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis on a subsequent visit	\$94
D4910	Periodontal maintenance	\$90
PROSTHODONTICS, REMOVABLE		
D5110	Complete denture - maxillary	\$849
D5120	Complete denture - mandibular	\$844
D5130	Immediate denture - maxillary	\$894

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D5140	Immediate denture - mandibular	\$894
D5211	Maxillary partial denture - resin base (including retentive clasping materials, rests and teeth)	\$692
D5212	Mandibular partial denture - resin base (including retentive clasping materials, rests and teeth)	\$699
D5213	Maxillary partial denture - cast metal framework with resin denture bases (retentive/clasping materials)	\$874
D5214	Mandibular partial denture - cast metal framework with resin denture bases (retentive/clasping materials)	\$891
D5221	Immediate maxillary partial denture - resin base (retentive/clasping materials)	\$739
D5222	Immediate mandibular partial denture - resin base (retentive/clasping materials)	\$739
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (retentive/clasping materials)	\$874
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (retentive/clasping materials)	\$874
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests and teeth)	\$811
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests and teeth)	\$811
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$739
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$739
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary	\$585
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular	\$585
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant	\$585
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant	\$585
D5410	Adjust complete denture - maxillary	\$44
D5411	Adjust complete denture - mandibular	\$44
D5421	Adjust partial denture - maxillary	\$44
D5422	Adjust partial denture - mandibular	\$44
D5511	Repair broken complete denture base, mandibular	\$89
D5512	Repair broken complete denture base, maxillary	\$89
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$75

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D5611	Repair resin partial denture base, mandibular	\$96
D5612	Repair resin partial denture base, maxillary	\$96
D5621	Repair cast partial framework, mandibular	\$103
D5622	Repair cast partial framework, maxillary	\$103
D5630	Repair or replace broken retentive clasping materials - per tooth	\$125
D5640	Replace broken teeth - per tooth	\$83
D5650	Add tooth to existing partial denture	\$114
D5660	Add clasp to existing partial denture	\$132
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$452
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$452
D5710	Rebase complete maxillary denture	\$328
D5711	Rebase complete mandibular denture	\$312
D5720	Rebase maxillary partial denture	\$312
D5721	Rebase mandibular partial denture	\$312
D5725	Rebase hybrid prosthesis	\$312
D5730	Reline complete maxillary denture (direct)	\$184
D5731	Reline complete mandibular denture (direct)	\$184
D5740	Reline maxillary partial denture (direct)	\$169
D5741	Reline mandibular partial denture (direct)	\$169
D5750	Reline complete maxillary denture (indirect)	\$246
D5751	Reline complete mandibular denture (indirect)	\$246
D5760	Reline maxillary partial denture (indirect)	\$245
D5761	Reline mandibular partial denture (indirect)	\$242
D5765	Soft liner for complete or partial removable denture – indirect	\$184
D5820	Interim partial denture (including retentive/clasping materials, rests and teeth), maxillary	\$340
D5821	Interim partial denture (including retentive/clasping materials, rests and teeth), mandibular	\$360
D5850	Tissue conditioning, maxillary	\$77
D5851	Tissue conditioning, mandibular	\$77
IMPLANT SERVICES		
D6010	Surgical placement of implant body: endosteal implant	\$1,508
D6011	Surgical access to an implant body (second state implant surgery)	\$100

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CODE	DESCRIPTION	AREA I
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$1,368
D6013	Surgical placement of mini implant	\$1,000
D6040	Surgical placement: eposteal implant	\$4,982
D6050	Surgical placement: transosteal implant– one per 60 months	\$3,717
D6055	Connecting bar- implant supported or abutment supported	\$435
D6056	Prefabricated abutment - includes modification and placement	\$311
D6057	Custom fabricated abutment - includes placement	\$407
D6058	Abutment supported porcelain/ceramic crown	\$870
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$856
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$794
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$799
D6062	Abutment supported cast metal crown (high noble metal)	\$823
D6063	Abutment supported cast metal crown (predominantly base metal)	\$666
D6064	Abutment supported cast metal crown (noble metal)	\$691
D6065	Implant-supported porcelain/ceramic crown	\$854
D6066	Implant supported crown - porcelain fused to high noble alloys	\$832
D6067	Implant supported crown high noble alloys	\$807
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$869
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$856
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominately base metal)	\$811
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$827
D6072	Abutment-supported retainer for cast metal FPD (high noble metal)	\$835
D6073	Abutment supported retainer for cast metal FPD (predominately base metal)	\$764
D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$823
D6075	Implant supported retainer for ceramic FPD	\$854
D6076	Implant supported retainer for FPD porcelain fused to high noble alloys	\$832
D6077	Implant supported retainer for cast metal FPD high noble alloys	\$807
D6080	Implant maintenance procedures, when prostheses are removed and reinserted, including cleansing of prostheses and abutments	\$71
D6082	Implant supported crown – porcelain fused to predominantly base alloys	\$832
D6083	Implant supported crown – porcelain fused to noble alloys	\$832
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys	\$832

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CODE	DESCRIPTION	AREA I
D6086	Implant supported crown – predominantly base alloys	\$832
D6087	Implant supported crown – noble alloys	\$832
D6088	Implant supported crown – titanium and titanium alloys	\$832
D6089	Accessing and retorquing loose implant screw - per screw	\$67
D6090	Repair implant supported prosthesis, by report	\$206
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	\$344
D6092	Recement implant/abutment supported crown	\$67
D6093	Recement implant/abutment supported fixed partial denture	\$106
D6094	Abutment supported crown (titanium)	\$680
D6095	Repair implant abutment, by report	\$190
D6096	Remove broken implant retaining screw	\$190
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys	\$854
D6098	Implant supported retainer – porcelain fused to predominantly base alloys	\$832
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	\$832
D6100	Surgical removal of implant body	\$359
D6101	Debridement of a peri- implant defect and surface cleaning of exposed implant surfaces, including flap entry and closure	\$246
D6102	Debridement and osseous contouring of peri-implant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure	\$338
D6103	Bone graft for repair of peri-implant-implant defect - not including flap entry and closure or, when indicated, placement of a barrier membrane or biologic materials to aid in osseous regeneration	\$282
D6104	Bone graft at time of implant placement	\$282
D6105	Removal of Implant Body Not Requiring Bone Removal nor Flap Elevation	\$87
D6110	Implant/abutment supported removable denture for edentulous arch - maxillary	\$1,127
D6111	Implant/abutment supported removable denture for edentulous arch - mandibular	\$1,127
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary	\$1,127
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular	\$1,127
D6114	Implant/abutment supported fixed denture for edentulous arch - maxillary	\$1,172
D6115	Implant/abutment supported fixed denture for edentulous arch - mandibular	\$1,172
D6116	Implant/abutment supported fixed denture for partially edentulous arch - maxillary	\$1,172

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CODE	DESCRIPTION	AREA I
D6117	Implant/abutment supported fixed denture for partially edentulous arch - mandibular	\$1,172
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys	\$832
D6121	Implant supported retainer for metal FPD – predominantly base alloys	\$807
D6122	Implant supported retainer for metal FPD – noble alloys	\$807
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys	\$807
D6190	Radiographic/surgical implant index, by report	\$154
D6194	Abutment-supported retainer crown for FPD, (titanium)	\$704
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys	\$827
D6197	Implant Supported Prosthesis, per Implant	\$103
PROSTHODONTICS, FIXED		
D6205	Pontic - indirect resin based composite	\$469
D6210	Pontic - cast high noble metal	\$755
D6211	Pontic - cast predominantly base metal	\$603
D6212	Pontic - cast noble metal	\$699
D6214	Pontic - titanium	\$722
D6240	Pontic - porcelain fused to high noble metal	\$789
D6241	Pontic - porcelain fused to predominantly base metal	\$592
D6242	Pontic - porcelain fused to noble metal	\$739
D6243	Pontic – porcelain fused to titanium and titanium alloys	\$739
D6245	Pontic - porcelain/ceramic	\$617
D6250	Pontic - resin with high noble metal	\$699
D6251	Pontic - resin with predominantly base metal	\$645
D6252	Pontic - resin with noble metal	\$666
D6253	Interim pontic - further treatment or completion of diagnosis necessary prior to final impression	\$301
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$262
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$293
D6549	Resin retainer - for rescind bonded fixed prosthesis	\$262
D6600	Inlay - porcelain/ceramic, two surfaces	\$522
D6601	Inlay - porcelain/ceramic, three or more surfaces	\$579

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CODE	DESCRIPTION	AREA I
D6602	Inlay - cast high noble metal, two surfaces	\$564
D6603	Inlay - cast high noble metal, three or more surfaces	\$621
D6604	Inlay - cast predominantly base metal, two surfaces	\$553
D6605	Inlay - cast predominantly base metal, three or more surfaces	\$586
D6606	Inlay - cast noble metal, two surfaces	\$522
D6607	Inlay - cast noble metal, three or more surfaces	\$579
D6608	Onlay - porcelain/ceramic, two surfaces	\$609
D6609	Onlay - porcelain/ceramic, three or more surfaces	\$638
D6610	Onlay - cast high noble metal, two surfaces	\$609
D6611	Onlay - cast high noble metal, three or more surfaces	\$666
D6612	Onlay - cast predominantly base metal, two surfaces	\$605
D6613	Onlay - cast predominantly base metal, three or more surfaces	\$633
D6614	Onlay - cast noble metal, two surfaces	\$592
D6615	Onlay - cast noble metal, three or more surfaces	\$642
D6624	Inlay - titanium	\$564
D6634	Onlay - titanium	\$592
D6710	Crown - indirect resin based composite	\$605
D6720	Crown - resin with high noble metal	\$754
D6721	Crown - resin with predominantly base metal	\$707
D6722	Crown - resin with noble metal	\$722
D6740	Crown - porcelain/ceramic	\$906
D6750	Crown - porcelain fused to high noble metal	\$807
D6751	Crown - porcelain fused to predominantly base metal	\$638
D6752	Crown - porcelain fused to noble metal	\$739
D6753	Retainer crown – porcelain fused to titanium and titanium alloys	\$739
D6780	Crown - 3/4/ cast high noble metal	\$732
D6781	Crown - ¾ cast predominately base metal	\$625
D6782	Crown 3/4 cast noble metal	\$712
D6783	Crown - 3/4 porcelain/ceramic	\$753
D6790	Crown - full cast high noble metal	\$755
D6791	Crown - full cast predominantly base metal	\$625
D6792	Crown - full cast noble metal	\$657

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2024 Area I Schedule of Allowances



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CODE	DESCRIPTION	AREA I
D6793	Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	\$286
D6794	Crown - titanium	\$685
D6930	Re-cement fixed partial denture	\$75
D6980	Fixed partial denture repair necessitated by restorative material failure	IC
D6985	Pediatric partial denture, fixed	IC
ORAL AND MAXILLOFACIAL SURGERY		
D7111	Extraction, coronal remnants - deciduous tooth	\$71
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$87
D7210	Surgical removal of an erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$167
D7220	Removal of impacted tooth - soft tissue	\$194
D7230	Removal of impacted tooth - partially bony	\$271
D7240	Removal of impacted tooth - completely bony	\$296
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$338
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$164
D7251	Coronectomy - intentional partial tooth removal, impacted teeth only	\$288
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$304
D7280	Surgical access of an unerupted tooth	\$349
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$232
D7283	Placement of device to facilitate eruption of impacted tooth	\$93
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	\$567
D7286	Incisional biopsy of oral tissue - soft	\$243
D7287	Exfoliative cytological sample collection	\$97
D7288	Brush biopsy - transepithelial sample collection	\$97
D7290	Surgical repositioning of teeth	\$243
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$163
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$163
D7320	Alveoloplasty, not in conjunction with extractions – per quadrant	\$237
D7321	Alveoloplasty, not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$221

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CODE	DESCRIPTION	AREA I
D7410	Excision of benign lesion up to 1.25 cm	\$654
D7411	Excision of benign lesion greater than 1.25 cm	\$1,035
D7412	Excision of benign lesion, complicated	\$1,144
D7415	Excision of malignant lesion, complicated	\$1,280
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$654
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$893
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$654
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$893
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$354
D7471	Removal of lateral exostosis (maxilla or mandible)	\$809
D7472	Removal of torus palatinus	\$963
D7473	Removal of torus mandibularis	\$907
D7485	Surgical reduction of osseous tuberosity	\$809
D7509	Marsupialization of Odontogenic Cyst	\$893
D7510	Incision and drainage of abscess - intraoral soft tissue	\$122
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$354
D7520	Incision and drainage of abscess - extraoral soft tissue	\$1,115
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$1,225
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$402
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$278
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$2,206
D7810	Open reduction of dislocation	\$3,924
D7820	Closed reduction of dislocation	\$643
D7910	Suture of recent small wounds up to 5 cm	\$270
D7921	Collection and application of autologous blood concentrate product	\$184
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	\$0
D7953	Bone replacement graft for ridge preservation per site	\$235
D7961	Buccal / labial frenectomy (frenulectomy)	\$265
D7962	Lingual frenectomy (frenulectomy)	\$265

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CODE	DESCRIPTION	AREA I
D7963	Frenuloplasty	\$248
D7970	Excision of hyperplastic tissue - per arch	\$436
D7971	Excision of pericoronal gingiva	\$163
D7972	Surgical reduction of fibrous tuberosity	\$610
D7982	Sialodochoplasty	\$1,623
D7983	Closure of salivary fistula	\$1,558
D7990	Emergency tracheotomy	\$1,340
	ORTHODONTICS - Payment for the following orthodontic services is limited to the Orthodontic Lifetime Maximum specific to the Member's Benefit Plan.	
D8010	Limited orthodontic treatment of the primary dentition	\$2,600
D8020	Limited orthodontic treatment of the transitional dentition	\$3,000
D8030	Limited orthodontic treatment of the adolescent dentition	\$3,500
D8040	Limited orthodontic treatment of the adult dentition	\$3,800
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$5,500
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$5,700
D8090	Comprehensive orthodontic treatment of the adult dentition	\$5,700
D8210	Removable appliance therapy	\$1,000
D8220	Fixed appliance therapy	\$1,200
D8660	Pre-orthodontic treatment	\$500
D8670	Periodic orthodontic treatment visit	\$0
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$600
D8696	Repair of orthodontic appliance – maxillary	\$250
D8697	Repair of orthodontic appliance – mandibular	\$250
D8701	Repair of fixed retainer, includes reattachment - maxillary	\$400
D8702	Repair of fixed retainer, includes reattachment - mandibular	\$400
	ADJUNCTIVE GENERAL SERVICES	
D9110	Palliative treatment of dental pain - per visit	\$60
	ANESTHESIA	
D9222	Deep sedation/general anesthesia – first 15 minutes	\$122
D9223	Deep sedation/ general anesthesia - each 15 minute increment	\$122
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	\$108

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CODE	DESCRIPTION	AREA I
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment	\$108
PROFESSIONAL CONSULTATION		
D9310	Consultation - diagnostic service by dentist or physician other than requesting dentist or physician	\$74
PROFESSIONAL VISITS		
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$43
MISCELLANEOUS SERVICES		
D9610	Therapeutic parenteral drug, single administration	\$39
D9910	Application of desensitizing medicament	\$29
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$45
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	\$47
D9944	Occlusal guard - hard appliance, full arch	\$269
D9951	Occlusal adjustment - limited	\$79
D9952	Occlusal adjustment - complete	\$371

DISCLAIMER: Some codes may be listed that are not covered under a particular member's benefit plan. Verification of benefits is recommended to ensure coverage. You may bill your usual and customary charge for any service not covered by the member's plan; you will not be held to the scheduled allowance for those services. If a service is covered by the member's plan but is denied due to waiting periods, or when frequency or plan maximums have been met, you will be held to the scheduled allowance for that service.