

| Code | Description | Copayment |
|-------|---|-----------|
| D3346 | retreatment of previous root canal therapy - anterior | 600 |
| D3347 | retreatment of previous root canal therapy - bicuspid | 700 |
| D3348 | retreatment of previous root canal therapy - molar | 850 |
| D3353 | apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.) | 30 |
| D3355 | pulpal regeneration - initial visit | 30 |
| D3356 | pulpal regeneration - interim medication replacement | 30 |
| D3357 | pulpal regeneration - completion of treatment | 550 |
| D3421 | apicoectomy - bicuspid (first root) | 375 |
| D3425 | apicoectomy - molar (first root) | 425 |
| D3426 | apicoectomy (each additional root) | 140 |
| D3427 | periradicular surgery without apicoectomy | 330 |
| D3430 | retrograde filling - per root | 120 |
| D3450 | root amputation - per root | 200 |
| D3920 | hemisection (including any root removal), not including root canal therapy | 300 |
| D3950 | canal preparation and fitting of preformed dowel or post | 75 |

Periodontics

| | | |
|-------|---|-----|
| D4210 | gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant | 225 |
| D4211 | gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | 80 |
| D4212 | gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth | 80 |
| D4230 | anatomical crown exposure - four or more contiguous teeth per quadrant | 450 |
| D4231 | anatomical crown exposure - one to three teeth per quadrant | 350 |
| D4240 | gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant | 300 |
| D4241 | gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant | 200 |
| D4245 | apically positioned flap | 350 |
| D4249 | clinical crown lengthening – hard tissue | 350 |
| D4260 | osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant | 500 |
| D4261 | osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant | 350 |
| D4263 | bone replacement graft - first site in quadrant | 300 |
| D4264 | bone replacement graft - each additional site in quadrant | 350 |
| D4266 | guided tissue regeneration - resorbable barrier, per site | 300 |
| D4267 | guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal) | 350 |
| D4268 | surgical revision procedure, per tooth | 450 |
| D4270 | pedicle soft tissue graft procedure | 450 |

| Code | Description | Copayment |
|-------|---|-----------|
| D4274 | distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area) | 250 |
| D4277 | free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft | 445 |
| D4278 | free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site | 100 |
| D4341 | periodontal scaling and root planing - four or more teeth per quadrant | 85 |
| D4342 | periodontal scaling and root planing - one to three teeth per quadrant | 45 |
| D4355 | full mouth debridement to enable comprehensive evaluation and diagnosis | 55 |
| D4381 | localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth | 40 |
| D4910 | periodontal maintenance (limited to 1 per 6 months & additional at higher copayments) | 50 |
| D4910 | Periodontal maintenance (additional beyond 1 in 6 months) | 125 |
| D4921 | gingival irrigation – per quadrant | 25 |

Dentures

Full/partial dentures (upper and/or lower) - one per five year period. Replacement will be provided where casing is unsatisfactory and cannot be made satisfactory. Lost or stolen appliances are the responsibility of the patient. Unilateral partials (Nesbitt) are not a recommended treatment.

| | | |
|-------|---|-----|
| D5110 | complete denture - maxillary | 825 |
| D5120 | complete denture - mandibular | 825 |
| D5130 | immediate denture - maxillary | 900 |
| D5140 | immediate denture - mandibular | 900 |
| D5211 | maxillary partial denture - resin base (including any conventional clasps, rests and teeth) | 675 |
| D5212 | mandibular partial denture - resin base (including any conventional clasps, rests and teeth) | 675 |
| D5213 | maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | 875 |
| D5214 | mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | 875 |
| D5225 | maxillary partial denture - flexible base (including any clasps, rests and teeth) | 825 |
| D5226 | mandibular partial denture - flexible base (including any clasps, rests and teeth) | 825 |
| D5281 | removable unilateral partial denture - one piece cast metal (including clasps and teeth) | 425 |

Denture Adjustments & Repairs

| | | |
|-------|---|-----|
| D5410 | adjust complete denture - maxillary | 30 |
| D5411 | adjust complete denture - mandibular | 30 |
| D5421 | adjust partial denture - maxillary | 30 |
| D5422 | adjust partial denture - mandibular | 30 |
| D5510 | repair broken complete denture base | 130 |
| D5520 | replace missing or broken teeth - complete denture (each tooth) | 125 |
| D5610 | repair resin denture base | 135 |
| D5620 | repair cast framework | 135 |

| Code | Description | Copayment |
|-------|--|-----------|
| D5630 | repair or replace broken clasp | 130 |
| D5640 | replace broken teeth - per tooth | 130 |
| D5650 | add tooth to existing partial denture | 130 |
| D5660 | add clasp to existing partial denture | 135 |
| D5670 | replace all teeth and acrylic on cast metal framework (maxillary) | 500 |
| D5671 | replace all teeth and acrylic on cast metal framework (mandibular) | 500 |
| D5710 | rebase complete maxillary denture | 225 |
| D5711 | rebase complete mandibular denture | 225 |
| D5720 | rebase maxillary partial denture | 225 |
| D5721 | rebase mandibular partial denture | 225 |
| D5730 | reline complete maxillary denture (chairside) | 125 |
| D5731 | reline complete mandibular denture (chairside) | 125 |
| D5740 | reline maxillary partial denture (chairside) | 125 |
| D5741 | reline mandibular partial denture (chairside) | 125 |
| D5750 | reline complete maxillary denture (laboratory) | 200 |
| D5751 | reline complete mandibular denture (laboratory) | 200 |
| D5760 | reline maxillary partial denture (laboratory) | 200 |
| D5761 | reline mandibular partial denture (laboratory) | 200 |
| D5810 | interim complete denture (maxillary) | 325 |
| D5811 | interim complete denture (mandibular) | 325 |
| D5820 | interim partial denture (maxillary) | 325 |
| D5821 | interim partial denture (mandibular) | 325 |
| D5850 | tissue conditioning, maxillary | 30 |
| D5851 | tissue conditioning, mandibular | 30 |
| D5863 | overdenture – complete maxillary | 900 |
| D5864 | overdenture – partial maxillary | 900 |
| D5865 | overdenture – complete mandibular | 900 |
| D5866 | overdenture – partial mandibular | 900 |

Implants

*Implants are only available at specific participating dental offices. Check www.dentalhealthservices.com to locate participating dental offices which offer this service. *Additional charges of \$125 for noble metal, \$150 for high noble metal/titanium, \$175 for upgraded, specialized porcelain such as Lava, Captek, Cercon, etc. If standard porcelain is used, there is no charge to patient. **Standard x-rays include periapical, bitewing and occlusal films. There is an additional fee for panoramic, cephalometric, CT or other films. ***There is an additional fee for any replacement parts, screws, etc.*

| | | |
|-------|--|------|
| D6010 | surgical placement of implant body: endosteal implant | 1500 |
| D6056 | prefabricated abutment – includes modification and placement | 450 |
| D6057 | custom fabricated abutment – includes placement | 450 |
| D6058 | * abutment supported porcelain/ceramic crown | 1000 |
| D6059 | * abutment supported porcelain fused to metal crown (high noble metal) | 1000 |
| D6060 | abutment supported porcelain fused to metal crown (predominantly base metal) | 1000 |
| D6061 | * abutment supported porcelain fused to metal crown (noble metal) | 1000 |
| D6062 | * abutment supported cast metal crown (high noble metal) | 1000 |
| D6063 | abutment supported cast metal crown (predominantly base metal) | 1000 |
| D6064 | * abutment supported cast metal crown (noble metal) | 1000 |
| D6065 | * implant supported porcelain/ceramic crown | 1000 |

| Code | Description | Copayment |
|-------|---|-----------|
| D6066 | * implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal) | 1000 |
| D6067 | * implant supported metal crown (titanium, titanium alloy, high noble metal) | 1000 |
| D6068 | * abutment supported retainer for porcelain/ceramic FPD | 1000 |
| D6069 | * abutment supported retainer for porcelain fused to metal FPD (high noble metal) | 1000 |
| D6070 | abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) | 1000 |
| D6071 | * abutment supported retainer for porcelain fused to metal FPD (noble metal) | 1000 |
| D6072 | * abutment supported retainer for cast metal FPD (high noble metal) | 1000 |
| D6073 | abutment supported retainer for cast metal FPD (predominantly base metal) | 1000 |
| D6074 | * abutment supported retainer for cast metal FPD (noble metal) | 1000 |
| D6075 | implant supported retainer for ceramic FPD | 1000 |
| D6076 | * implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal) | 1000 |
| D6077 | * implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal) | 1000 |
| D6092 | re-cement or re-bond implant/abutment supported crown | 30 |
| D6093 | re-cement or re-bond implant/abutment supported fixed partial denture | 40 |
| D6094 | * abutment supported crown - (titanium) | 500 |
| D6110 | implant /abutment supported removable denture for edentulous arch – maxillary | 2300 |
| D6111 | implant /abutment supported removable denture for edentulous arch – mandibular | 2300 |
| D6112 | implant /abutment supported removable denture for partially edentulous arch – maxillary | 2300 |
| D6113 | implant /abutment supported removable denture for partially edentulous arch – mandibular | 2300 |
| D6194 | * abutment supported retainer crown for FPD (titanium) | 500 |

Bridges

**Additional charges of \$125 for noble metal, \$150 for high noble metal/titanium, \$175 for upgraded, specialized porcelain such as Lava, Captek, Cercon, etc. If standard porcelain is used, there is no charge to patient.*

| | | |
|-------|--|-----|
| D6205 | pontic - indirect resin based composite | 240 |
| D6210 | * pontic - cast high noble metal | 475 |
| D6211 | pontic - cast predominantly base metal | 475 |
| D6212 | * pontic - cast noble metal | 475 |
| D6214 | * pontic - titanium | 475 |
| D6240 | * pontic - porcelain fused to high noble metal | 475 |
| D6241 | pontic - porcelain fused to predominantly base metal | 475 |
| D6242 | * pontic - porcelain fused to noble metal | 475 |
| D6245 | * pontic - porcelain/ceramic | 475 |
| D6250 | * pontic - resin with high noble metal | 475 |
| D6251 | pontic - resin with predominantly base metal | 475 |
| D6252 | * pontic - resin with noble metal | 475 |

| Code | Description | Copayment |
|-------|---|-----------|
| D6253 | provisional pontic - further treatment or completion of diagnosis necessary prior to final impression | 200 |
| D6545 | retainer - cast metal for resin bonded fixed prosthesis | 310 |
| D6548 | retainer - porcelain/ceramic for resin bonded fixed prosthesis | 550 |
| D6549 | resin retainer – for resin bonded fixed prosthesis | 310 |
| D6600 | inlay - porcelain/ceramic, two surfaces | 435 |
| D6601 | inlay - porcelain/ceramic, three or more surfaces | 475 |
| D6602 | * inlay - cast high noble metal, two surfaces | 435 |
| D6603 | * inlay - cast high noble metal, three or more surfaces | 475 |
| D6604 | inlay - cast predominantly base metal, two surfaces | 435 |
| D6605 | inlay - cast predominantly base metal, three or more surfaces | 475 |
| D6606 | * inlay - cast noble metal, two surfaces | 435 |
| D6607 | * inlay - cast noble metal, three or more surfaces | 475 |
| D6608 | * onlay - porcelain/ceramic, two surfaces | 435 |
| D6609 | * onlay - porcelain/ceramic, three or more surfaces | 475 |
| D6610 | * onlay - cast high noble metal, two surfaces | 435 |
| D6611 | * onlay - cast high noble metal, three or more surfaces | 475 |
| D6612 | onlay - cast predominantly base metal, two surfaces | 435 |
| D6613 | onlay - cast predominantly base metal, three or more surfaces | 475 |
| D6614 | * onlay - cast noble metal, two surfaces | 435 |
| D6615 | * onlay - cast noble metal, three or more surfaces | 475 |
| D6624 | * inlay - titanium | 475 |
| D6634 | * onlay - titanium | 475 |
| D6710 | crown - indirect resin based composite | 475 |
| D6720 | * crown - resin with high noble metal | 475 |
| D6721 | crown - resin with predominantly base metal | 475 |
| D6722 | * crown - resin with noble metal | 475 |
| D6740 | * crown - porcelain/ceramic | 475 |
| D6750 | * crown - porcelain fused to high noble metal | 475 |
| D6751 | crown - porcelain fused to predominantly base metal | 475 |
| D6752 | * crown - porcelain fused to noble metal | 475 |
| D6780 | * crown - 3/4 cast high noble metal | 475 |
| D6781 | crown - 3/4 cast predominantly base metal | 475 |
| D6782 | * crown - 3/4 cast noble metal | 475 |
| D6783 | crown - 3/4 porcelain/ceramic | 475 |
| D6790 | * crown - full cast high noble metal | 475 |
| D6791 | crown - full cast predominantly base metal | 475 |
| D6792 | * crown - full cast noble metal | 475 |
| D6793 | provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression | 200 |
| D6794 | * crown - titanium | 475 |
| D6930 | re-cement or re-bond fixed partial denture | 30 |

Oral Surgery

| | | |
|-------|--|----|
| D7111 | extraction, coronal remnants - deciduous tooth | 65 |
|-------|--|----|

| Code | Description | Copayment |
|-------|---|-----------|
| D7140 | extraction, erupted tooth or exposed root (elevation and/or forceps removal) | 65 |
| D7210 | surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | 134 |
| D7220 | removal of impacted tooth - soft tissue | 155 |
| D7230 | removal of impacted tooth - partially bony | 195 |
| D7240 | removal of impacted tooth - completely bony | 235 |
| D7241 | removal of impacted tooth - completely bony, with unusual surgical complications | 275 |
| D7250 | surgical removal of residual tooth roots (cutting procedure) | 150 |
| D7251 | coronectomy – intentional partial tooth removal | 210 |
| D7270 | tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | 270 |
| D7280 | surgical access of an unerupted tooth | 151 |
| D7282 | mobilization of erupted or malpositioned tooth to aid eruption | 270 |
| D7285 | incisional biopsy of oral tissue-hard (bone, tooth) | 100 |
| D7286 | incisional biopsy of oral tissue-soft | 100 |
| D7288 | brush biopsy - transepithelial sample collection | 25 |
| D7310 | alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | 135 |
| D7311 | alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | 150 |
| D7320 | alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | 165 |
| D7321 | alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | 105 |
| D7510 | incision and drainage of abscess - intraoral soft tissue | 100 |
| D7511 | incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | 125 |
| D7960 | frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure | 150 |
| D7963 | frenuloplasty | 225 |
| D7970 | excision of hyperplastic tissue - per arch | 125 |
| D7971 | excision of pericoronal gingiva | 40 |

Other Services

General Anesthesia is covered solely for dependent children under the age of seven (7) or the physically or developmentally disabled, only when medically necessary and in conjunction with a covered dental procedure performed at a participating provider.

| | | |
|-------|---|-----|
| D9110 | palliative (emergency) treatment of dental pain - minor procedure | 30 |
| D9120 | fixed partial denture sectioning | 35 |
| D9210 | local anesthesia not in conjunction with operative or surgical procedures | 50 |
| D9211 | regional block anesthesia | 60 |
| D9212 | trigeminal division block anesthesia | 150 |
| D9215 | local anesthesia in conjunction with operative or surgical procedures | 0 |
| D9219 | evaluation for deep sedation or general anesthesia | 40 |

| Code | Description | Copayment |
|-------|---|-----------|
| D9220 | deep sedation/general anesthesia - first 30 minutes | 300 |
| D9221 | deep sedation/general anesthesia – each additional 15 minutes | 100 |
| D9230 | inhalation of nitrous oxide/analgesia, anxiolysis | 40 |
| D9241 | intravenous moderate (conscious) sedation/analgesia – first 30 minutes | 300 |
| D9242 | intravenous moderate (conscious) sedation/analgesia – each additional 15 minutes | 150 |
| D9248 | non-intravenous moderate (conscious) sedation | 250 |
| D9310 | consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | 20 |
| D9430 | office visit for observation (during regularly scheduled hours) - no other services performed | 25 |
| D9440 | office visit - after regularly scheduled hours | 40 |
| D9450 | case presentation, detailed and extensive treatment planning | 0 |
| D9610 | therapeutic parenteral drug, single administration | 15 |
| D9612 | therapeutic parenteral drugs, two or more administrations, different medications | 30 |
| D9630 | other drugs and/or medicaments, by report | 25 |
| D9910 | application of desensitizing medicament | 15 |
| D9911 | application of desensitizing resin for cervical and/or root surface, per tooth | 15 |
| D9931 | cleaning and inspection of a removable appliance | 15 |
| D9940 | occlusal guard, by report | 350 |
| D9941 | fabrication of athletic mouthguard | 350 |
| D9942 | repair and/or relin of occlusal guard | 75 |
| D9951 | occlusal adjustment - limited | 35 |
| D9952 | occlusal adjustment - complete | 75 |
| D9970 | enamel microabrasion | 175 |
| D9971 | odontoplasty 1 - 2 teeth; includes removal of enamel projections | 130 |
| D9972 | external bleaching - per arch - performed in office | 200 |
| D9973 | external bleaching - per tooth | 40 |
| D9974 | internal bleaching - per tooth | 75 |
| D9975 | external bleaching for home application, per arch; includes materials and fabrication of custom trays | 200 |

Orthodontics

When performed by a Dental Health Services participating orthodontist.

| | | |
|-------|---|-------------------|
| D8010 | limited orthodontic treatment of the primary dentition | D8070 prorated |
| D8020 | limited orthodontic treatment of the transitional dentition | D8070 prorated |
| D8030 | limited orthodontic treatment of the adolescent dentition | D8080 prorated |
| D8040 | limited orthodontic treatment of the adult dentition | D8090 prorated |
| D8050 | interceptive orthodontic treatment of the primary dentition | D8070 prorated |
| D8060 | interceptive orthodontic treatment of the transitional dentition | D8070 prorated |
| D8070 | comprehensive orthodontic treatment of the transitional dentition | 3395 |

| Code | Description | Copayment |
|-------|--|-----------|
| D8080 | comprehensive orthodontic treatment of the adolescent dentition | 3395 |
| D8090 | comprehensive orthodontic treatment of the adult dentition | 3495 |
| D8210 | removable appliance therapy | 250 |
| D8220 | fixed appliance therapy | 230 |
| D8660 | pre-orthodontic treatment examination to monitor growth and development | 40 |
| D8670 | periodic orthodontic treatment visit | 5 |
| D8680 | orthodontic retention (removal of appliances, construction and placement of retainer(s)) | 315 |
| D8690 | orthodontic treatment (alternative billing to a contract fee) | included |
| D8691 | repair of orthodontic appliance | 50 |
| D8693 | re-cement or re-bond fixed retainer | 45 |

Comprehensive orthodontic treatment copayment amounts (D8070, D8080, D8090) are based on a typical 24-month case. If case extends beyond 24 months, additional months are prorated according to the number of extra months of treatment.

Denturists

Covered Denturist Services and Copayments when services are received from a licensed Dental Health Services' Denturist. Only Plastic Teeth will be covered by Dental Health Services. Upgrades on dentures will be the member's responsibility (at a 20% discount).

| | | |
|-------|---|-----|
| D5110 | Complete denture - maxillary | 700 |
| D5120 | Complete denture - mandibular | 700 |
| D5130 | Immediate denture - maxillary | 725 |
| D5140 | Immediate denture - mandibular | 725 |
| D5211 | Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) | 750 |
| D5212 | Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) | 750 |
| D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | 750 |
| D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | 750 |
| D5225 | Maxillary partial denture - flexible base (including any clasps, rests and teeth) | 750 |
| D5226 | Mandibular partial denture - flexible base (including any clasps, rests and teeth) | 750 |
| D5281 | Removable unilateral partial denture - one piece cast metal (including clasps and teeth) | 300 |
| D5410 | Adjust complete denture - maxillary | 20 |
| D5411 | Adjust complete denture - mandibular | 20 |
| D5421 | Adjust partial denture - maxillary | 20 |
| D5422 | Adjust partial denture - mandibular | 20 |
| D5510 | Repair broken complete denture base | 100 |
| D5520 | Replace missing or broken teeth - complete denture (each tooth) | 100 |
| D5610 | Repair resin denture base | 110 |
| D5620 | Repair cast framework | 110 |
| D5630 | Repair or replace broken clasp | 100 |
| D5640 | Replace broken teeth - per tooth | 100 |
| D5650 | Add tooth to existing partial denture | 100 |
| D5660 | Add clasp to existing partial denture | 105 |
| D5670 | Replace all teeth and acrylic on cast metal framework (maxillary) | 375 |

| Code | Description | Copayment | Code | Description | Copayment |
|-------|--|-----------|------|-------------|-----------|
| D5671 | Replace all teeth and acrylic on cast metal framework (mandibular) | 375 | | | |
| D5710 | Rebase complete maxillary denture | 195 | | | |
| D5711 | Rebase complete mandibular denture | 195 | | | |
| D5720 | Rebase maxillary partial denture | 195 | | | |
| D5721 | Rebase mandibular partial denture | 195 | | | |
| D5730 | Reline complete maxillary denture (chairside) | 110 | | | |
| D5731 | Reline complete mandibular denture (chairside) | 110 | | | |
| D5740 | Reline maxillary partial denture (chairside) | 110 | | | |
| D5741 | Reline mandibular partial denture (chairside) | 110 | | | |
| D5750 | Reline complete maxillary denture (laboratory) | 170 | | | |
| D5751 | Reline complete mandibular denture (laboratory) | 170 | | | |
| D5760 | Reline maxillary partial denture (laboratory) | 170 | | | |
| D5761 | Reline mandibular partial denture (laboratory) | 170 | | | |
| D5810 | Interim complete denture (maxillary) | 300 | | | |
| D5811 | Interim complete denture (mandibular) | 300 | | | |
| D5820 | Interim partial denture (maxillary) | 300 | | | |
| D5821 | Interim partial denture (mandibular) | 300 | | | |
| D5850 | Tissue conditioning, maxillary | 25 | | | |
| D5851 | Tissue conditioning, mandibular | 25 | | | |
| D5863 | Overdenture – complete maxillary | 725 | | | |
| D5864 | Overdenture – partial maxillary | 725 | | | |
| D5865 | Overdenture – complete mandibular | 725 | | | |
| D5866 | Overdenture – partial mandibular | 725 | | | |
| | Denture Cleaning | 5 | | | |



Dental Limitations

The following are limitations on covered benefits.

- A. Authorized treatment is rendered only by your selected participating provider. Services provided by a dentist other than the enrollee's designated participating provider, except for emergency dental conditions, are not covered. (See item C. below)
- B. Limitation on the frequency and appropriateness of services:
 1. D0210 and D0330 – Intraoral complete series films and panoramic films – limited to once every three years.
 2. D1110 – Prophylaxis (removal of plaque, calculus and stains from the tooth structures in the permanent and transitional dentition) or D4910 – Periodontal Maintenance – limited to one per six month period, with any additional at additional copayment.
 3. D4341 or D4342 – Periodontal scaling and root planing – limited to four quadrants per six months; and two quadrants per day.
 4. D5110 through D5281 – Full/partial dentures (upper and/or lower) – limited to one per five year period. New dentures are covered only if the existing denture cannot be made satisfactory by either a reline or repair. Lost or stolen appliances are the responsibility of the patient.
 5. Fixed bridges are optional and not covered for patients under the age of 16.
- C. Emergency dental condition – is the emergent and acute onset of a symptom or symptoms, including severe pain that would lead a prudent layperson acting reasonably to believe that dental condition exists that requires immediate, palliative care by a licensed dentist for the relief of pain, swelling or bleeding. This does not include routine, extensive or postponable treatment. Emergency dental care is limited to palliative treatment.
- D. The additional cost to the enrollee for laboratory charges, unless specified in the "Schedule of Covered Services and Copayments," will be charged at the provider's actual cost.
- E. Optional services – all cases in which the enrollee selects a plan of treatment that is considered unnecessary by the provider – the enrollee is responsible for fee-for-service rates. This does not apply to standard covered restorative procedures which offer a choice of material.
- F. Upgraded services – cases in which the enrollee selects a plan of treatment that is considered an upgraded procedure – Dental Health Services' upgrade charges would apply.
- G. Cosmetic dentistry – services for appearance only – may be available at a discount off full fees. This includes such services as the replacement of clinically acceptable amalgam fillings, Veneers and Bonding.
- H. Crowns and Bridges – limited to 10 in a 12 month period. Additional Crowns and Bridges are subject to a \$200 copayment increase per procedure.
- I. Unsatisfactory patient-doctor relationship – Dental Health Services providers reserve the right to limit or deny services to an enrollee who fails to follow the prescribed course of treatment, repeatedly fails to keep appointments, fails to pay applicable copayments, is abusive to the participating provider or their staff, or obtains services by fraud or deception.
- J. Submit claims within 60 days. Dental Health Services shall not be liable to pay a claim for emergency care or for any Dental Health Services authorized treatment provided by a dentist other than a participating provider unless the enrollee submits the claim to Dental Health Services within 60 days after treatment.
- K. Denturist benefit subject to existence and availability of a licensed denturist within a 30 mile radius. Enrollees may elect to travel to the nearest participating denturist for services.
- L. Benefits are only available if work is completed in enrollee's participating provider's office.
- M. Not all participating dentists can perform all dental procedures. Please verify what services your selected provider can perform for you. Some complicated extractions, periodontal treatment, osseous

- surgery and root canal treatment may be referred to a specialist at the discretion of the general dentist.
- N. Coverage for services only available during period of enrollment.
- O. Implants – only available at specific participating dental offices. Check www.dentalhealthservices.com to locate participating provider offices which offer implant services.

Dental Exclusions

The following are not covered by your dental plan.

- A. Services not specifically listed in the "Schedule of Covered Services and Copayments."
- B. Treatment at a specialist is not covered, but may be available at a discount unless your specific plan contains specialty copayments.
- C. Work in progress – non-emergency/temporary procedures started but not finished prior to the date of eligibility – is not covered. This includes crown preps prepared and temporized but not cemented, root canals in mid treatment, prosthetic cases post final impression stage (sent to the lab), etc. This does not include teeth slated for root canal treatment and/or canals filled during an emergency visit.
- D. Temporomandibular joint (TMJ) disorders and related disease including myofunctional therapy. Procedures for training, treating or developing muscles in and around the jaw of the mouth (unless provided by a separate, supplemental Dental Health Services program.)
- E. Any dental procedure that cannot be performed in the dental office due to the general health and/or physical limitations of the enrollee.
- F. Services that are reimbursed by a third party such as the medical portion of a health insurance plan or any other third party indemnification. (The member may be responsible for the payment of usual and customary charges to his/her dentist for services that are reimbursed by a third party.)

Orthodontic Limitations

The following are limitations on covered benefits.

- A. Changes in treatment necessitated by accident of any kind.
- B. Services which are compensable under Worker's Compensation or employer liability laws.
- C. Malocclusions too severe or mutilated which are not amenable to ideal orthodontic therapy.

Orthodontic Exclusions

The following are not covered by your dental plan.

- A. Cephalometric x-rays, dental x-rays for orthodontic purposes.
- B. Tracings and photographs.
- C. Study Models.
- D. Replacement of lost or broken appliances.
- E. Retreatment of orthodontic cases.
- F. Treatment of a case in progress at inception of eligibility.
- G. Treatment and/or surgical procedures related to cleft palate, micrognathia or microdontia.
- H. Treatment related to temporomandibular joint disturbances and/or hormonal imbalances.
- I. Any dental procedures considered to be within the field of general dentistry, including but not limited to:
 1. Myofunctional therapy.
 2. General anesthetics including intravenous and inhalation sedation.
 3. Dental services of any nature performed in a hospital.
 4. Services which are compensable under Worker's Compensation or employer liability laws.
- J. Payment by Dental Health Services or any special discounted orthodontic copayment for treatment rendered or required after enrollee is no longer eligible for coverage (i.e. current premium unpaid). The cost of treatment in progress will be prorated and converted to the Orthodontist's actual fee-for-service amount.

Dental Health Services

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