

Dental Program 7000x

Description of Services & Member Fees

ADA CODE	SERVICE	MEMBER FEE (\$)
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ADA CODE	SERVICE	MEMBER FEE (\$)
DIAGNOSTIC/PREVENTIVE		
D9439	Office visit	15
D0120	Periodic oral eval - established patient	0
D0140	Limited oral eval - problem focused	0
D0145	Oral eval for a patient under 3 years of age	0
D0150	Comprehensive oral eval - new or established patient	0
D0160	Detailed and extensive oral eval - problem focused	67
D0170	Re-evaluation - limited, problem focused	0
D0210	Intraoral - complete series (including bitewings).....	66
D0220	Intraoral - periapical first film	14
D0230	Intraoral - periapical each add. film	12
D0240	Intraoral - occlusal film	0
D0250/60	Extraoral - first film and each add. Film	0
D0270	Bitewing - single film	14
D0272	Bitewings - two films	22
D0273	Bitewings - three films	27
D0274	Bitewings - four films	31
D0277	Vertical bitewings - 7 to 8 films	48
D0330	Panoramic film	59
D0340	Cephalometric Film	0
D0350	Oral/facial photographic images	0
D0460	Pulp vitality tests	30
D0470	Diagnostic casts	0
D1110	Prophylaxis (cleaning) - adult	0
D1110*	Additional cleaning (expecting mothers or Diabetics)	40
D1120	Prophylaxis (cleaning) - child	0
D1203	Topical application of fluoride - child	0
D1204	Topical application of fluoride - adult	0
D1206	Topical fluoride varnish for mod/high risk caries patients ..	0
D1310	Nutritional counseling for control of dental disease	0
D1320/30	Oral hygiene instructions	0
D1351	Sealant - per tooth	28
D1352	Prev resin rest. mod/high caries risk - perm. tooth	28

ADA CODE	SERVICE	MEMBER FEE (\$)
SPACE MAINTAINERS		
D1510/20	Space maintainer - fixed/removable - unilateral	176
D1515/25	Space maintainer - fixed/removable - bilateral	250
D1550	Re-cementation of space maintainer	44

ADA CODE	SERVICE	MEMBER FEE (\$)
RESTORATIVE DENTISTRY (FILLINGS)		
AMALGAM RESTORATIONS (SILVER)		
D2140	Amalgam - one surface, prim. or perm.	70
D2150	Amalgam - two surfaces, prim. or perm.	90
D2160	Amalgam - three surfaces, prim. or perm.	107
D2161	Amalgam - >=4 surfaces, prim. or perm.	128

ADA CODE	SERVICE	MEMBER FEE (\$)
RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)		
D2330	Resin-based composite - one surface, anterior	80
D2331	Resin-based composite - two surfaces, anterior	101
D2332	Resin-based composite - three surfaces, anterior	124
D2335	Resin-based composite - >=4 surfaces, anterior	157
D2391	Resin-based composite - one surface, posterior	90
D2392	Resin-based composite - two surfaces, posterior	118
D2393	Resin-based composite - three surfaces, posterior	149
D2394	Resin-based composite - >=4 surfaces, posterior	174

ADA CODE	SERVICE	MEMBER FEE (\$)
D2940	Sedative filling	60
D2951	Pin retention - per tooth, in addition to restoration	36
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	47

ADA CODE	SERVICE	MEMBER FEE (\$)
CROWN & BRIDGE*		
D2390	Resin-based composite crown, anterior	245
D2510	Inlay - metallic - one surface	472
D2520	Inlay - metallic - two surfaces	502
D2530	Inlay - metallic - three or more surfaces	518
D2542	Onlay - metallic-two surfaces	541
D2543	Onlay - metallic-three surfaces	575
D2544	Onlay - metallic-four or more surfaces	575
D2610	Inlay - porcelain/ceramic - one surface	492
D2620	Inlay - porcelain/ceramic - two surfaces	522
D2630	Inlay - porcelain/ceramic - >=3 surfaces	551
D2642	Onlay - porcelain/ceramic - two surfaces	565
D2643	Onlay - porcelain/ceramic - three surfaces	593
D2644	Onlay - porcelain/ceramic - >=4 surfaces	593
D2650	Inlay - resin-based composite - one surface	427
D2651	Inlay - resin-based composite - two surfaces	479
D2652	Inlay - resin-based composite - >=3 surfaces	528
D2662	Onlay - resin-based composite - two surfaces	555
D2663	Onlay - resin-based composite - three surfaces	577
D2664	Onlay - resin-based composite - >=4 surfaces	577

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ADA CODE	SERVICE	MEMBER FEE (\$)
D2710	Crown - resin based composite (indirect)	375
D2712	Crown - 3/4 resin-based composite (indirect)	589
D2720/21/22	Crown - resin with metal	619
D2740	Crown - porcelain/ceramic substrate	714
D2750/51/52	Crown - porcelain fused metal	677
D2780/81/82	Crown - 3/4 cast with metal	539
D2783	Crown - 3/4 porcelain/ceramic	614
D2790/91/92	Crown - full cast metal	611
D2910/20	Recement inlay, onlay/crown or partial coverage rest.	61
D2930	Prefab. stainless steel crown - prim. tooth	159
D2931	Prefab. stainless steel crown - perm. tooth	168
D2932	Prefabricated resin crown	185
D2950	Core buildup, including any pins	167
D2952	Cast post and core in addition to crown	233
D2954	Prefab. post and core in addition to crown	183
D2955	Post removal (not in conj. with endo. therapy)	149
D2970	Temporary crown (fractured tooth)	0
D2980	Crown repair, by report	127

ADA CODE	SERVICE	MEMBER FEE (\$)
PROSTHETICS (DENTURES)		
D5110/20	Complete denture - maxillary/mandibular	895
D5130/40	Immediate denture - maxillary/mandibular	963
D5211/12	Maxillary/mandibular partial denture - resin base	692
D5213/14	Maxillary/mandibular partial denture - cast metal	960
D5225/25	Maxillary/mandibular partial denture - flexible base	960
D5281	Rem. unilateral partial denture - one piece cast metal	540
D5410/11	Adjust complete denture - maxillary/mandibular	51
D5421/22	Adjust partial denture - maxillary/mandibular	51
D5510/5610	Repair broken denture base (complete/resin)	113
D5520	Replace missing or broken teeth - complete denture	99
D5620	Repair cast framework	164
D5630	Repair or replace broken clasp	149
D5640	Replace broken teeth - per tooth	101
D5650	Add tooth to existing partial denture	127
D5660	Add clasp to existing partial denture	158
D5670/71	Replace all teeth and acrylic on cast metal framework	358
D5710/11	Rebase complete maxillary/mandibular denture	334
D5720/21	Rebase maxillary/mandibular partial denture	328
D5730/31	Reline complete maxillary/mandibular denture (chairside)	212
D5740/41	Reline maxillary/mandibular partial denture (chairside)	212
D5750/51	Reline complete maxillary/mandibular denture (lab)	275
D5760/61	Reline maxillary/mandibular partial denture (lab)	271
D5810/11	Interim complete denture - maxillary/mandibular	449
D5820/21	Interim partial denture - maxillary/mandibular	383
D5850/51	Tissue conditioning - maxillary/mandibular	107

ADA CODE	SERVICE	MEMBER FEE (\$)
BRIDGE/PONTICS*		
D6000-D6199 ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)		
D6210/11/12	Pontic - metal	611
D6240/41/42	Pontic - porcelain fused metal	677
D6245	Pontic - porc./ceramic	714
D6250/51/52	Pontic - resin with metal	619
D6545	Retainer - cast metal for resin bonded fixed prosthesis	304
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	477
D6600	Inlay - porc./ceramic, two surfaces	522
D6601	Inlay - porc./ceramic, >=3 surfaces	551
D6602	Inlay - cast high noble metal, two surfaces	502
D6603	Inlay - cast high noble metal, >=3 surfaces	518
D6604	Inlay - cast predominantly base metal, two surfaces	502
D6605	Inlay - cast predominantly base metal, >=3 surfaces	518
D6606	Inlay - cast noble metal, two surfaces	502
D6607	Inlay - cast noble metal, >=3 surfaces	518
D6608	Onlay -porc./ceramic, two surfaces	565
D6609	Onlay - porc./ceramic, three or more surfaces	593
D6610	Onlay - cast high noble metal, two surfaces	541
D6611	Onlay - cast high noble metal, >=3 surfaces	575
D6612	Onlay - cast predominantly base metal, two surfaces	541
D6613	Onlay - cast predominantly base metal, >=3 surfaces	575
D6614	Onlay - cast noble metal, two surfaces	541
D6615	Onlay - cast noble metal, >=3 surfaces	575
D6720/21/22	Crown - resin with metal	619
D6740	Crown - porc./ceramic	714
D6750/51/52	Crown - porcelain fused metal	677
D6780	Crown - 3/4 cast high noble metal	539
D6781	Crown - 3/4 cast predominantly base metal	539
D6782	Crown - 3/4 cast noble metal	539
D6783	Crown - 3/4 porc./ceramic	614
D6790/91/92	Crown - full cast metal	611

*All fees exclude the cost of noble and precious metals. An additional fee will be charged if these materials are used.

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D6930	Recement fixed partial denture	86
D6970	Post and core in addition to fixed part. dent. ret.	238
D6972	Prefab post and core in addition to fixed part. dent. ret.	203
D6973	Core build up for retainer, including any pins	151
D6975	Coping - metal	389
D6976	Each add. indirectly fabricated post - same tooth	155
D6977	Each add. prefab post - same tooth	72
D6980	Fixed partial denture repair, by report	206

ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain	64
D9210/15	Local anesthesia	0
D9211	Regional block anesthesia	0
D9212	Trigeminal division block anesthesia	0
D9220	Deep sedation/general anesthesia - first 30 min.	205
D9221	Deep sedation/general anesthesia - each add. 15 min. ...	103
D9241	Intravenous conscious sedation/analgesia - first 30 min.	205
D9242	IV conscious sedation/analgesia - each add. 15 min.	103
D9230	Analgesia, anxietyolysis, inhalation of nitrous oxide	35
D9310	Consultation (diagnostic service by nontreating dentist)	63
D9910	Application of desensitizing medicament	31
D9930	Treatment of complications (post-surgical)	48
D9990	Broken office appointment	50

ENDODONTICS¹

D3220	Therapeutic pulpotomy (excl. final restor.)	112
D3221	Pulpal debridement, prim. and perm. teeth	112
D3310	Endodontic therapy, anterior tooth	413
D3320	Endodontic therapy, bicuspid tooth	494
D3330	Endodontic therapy, molar	606
D3333	Internal root repair of perforation defects	126
D3346	Retreat of prev. root canal therapy, anterior	453
D3347	Retreat of prev. root canal therapy, bicuspid	538
D3348	Retreat of prev. root canal therapy, molar	653
D3410	Apicoectomy/periradicular surgery, anterior	377
D3421	Apicoectomy/periradicular surgery, bicuspid (first root)	424
D3425	Apicoectomy/periradicular surgery, molar (first root)	498
D3426	Apicoectomy/periradicular surgery (each add. root)	189
D3430	Retrograde filling - per root	143
D3450	Root amputation - per root	270
D3920	Hemisection, not inc. root canal therapy	256
D3950	Canal prep/fitting of preformed dowel or post	143

PERIODONTICS¹

D0180	Comp. periodontal eval - new or established patient	36
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	369
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	124
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad.	438
D4241	Gingival flap proc., inc. root planing - <=3 cont. teeth, per quad.	131
D4260	Osseous surgery - >3 cont. teeth, per quad	616
D4261	Osseous surgery - <=3 cont. teeth, per quad	491
D4268	Surgical revision proc., per tooth	448
D4274	Distal or proximal wedge procedure	393
D4341	Perio scaling and root planing - >3 cont teeth, per quad.	138
D4342	Perio scaling and root planing - <= 3 teeth, per quad	78
D4355	Full mouth debridement	106
D4381	Localized delivery of chemotherapeutic agents	123
D4910	Periodontal maintenance	83
D9940	Occlusal guard, by report	328
D9950	Occlusion analysis - mounted case	169
D9951	Occlusal adjustment - limited	86
D9952	Occlusal adjustment - complete	361

ORAL SURGERY¹

D7111	Extraction, coronal remnants - deciduous tooth	82
D7140	Extraction, erupted tooth or exposed root	85
D7210	Surgical rem. of erupted tooth req. bone cut	167
D7220	Removal of impacted tooth - soft tissue	196
D7230	Removal of impacted tooth - partially bony	255
D7240	Removal of impacted tooth - completely bony	311
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	364
D7250	Surgical removal of residual tooth roots	181
D7270	Tooth reimplant/stabiliz. of acc. evulsed/displaced tooth	315
D7280	Surgical access of an unerupted tooth	285
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.	159
D7310	Alveoloplasty, in conj. with ext. - 4 or more teeth, per quad.	175
D7320	Alveoloplasty not in conj. with extractions - 4 or more teeth, per quad	258
D7510	Incision and drainage of abscess - intraoral soft tissue ...	137
D7960	Frenulectomy (frenectomy or frenotomy) - separate proc.	269

¹As performed by a participating General Dentist. See Plan Exclusion # 13.

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ORTHODONTICS²

D8660	Pre-orthodontic treatment visit	413
D8070	Comp. ortho. treatment - transitional dentition	3304
D8080	Comp. ortho. treatment - adolescent dentition	3422
D8090	Comp. ortho. treatment - adult dentition	3658
D8670	Periodic ortho. treatment visit (as part of contract)	118
D8680	Orthodontic retention (rem. of appl. and placement of retainer(s))	413

² Phase I Treatment (D8010 - D8050) is provided at a 15% reduction from the orthodontist's UCR fees. See exclusion #15 for additional coverage exclusions.

Program Exclusions

- Services which are covered under Medicare, worker's compensation, employer's liability laws, or the Pennsylvania Motor Vehicle Financial Responsibility Law (Pennsylvania policyholders only).
- Services which, in the opinion of the attending dentist, are not necessary for the patient's dental health.
- Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth.
- Oral surgery requiring the setting of fractures or dislocations.
- Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, anodontic, mandibular prognathism or development malformations where, in the opinion of the Participating Dentist, such services should not be performed in a dental office.
- Dispensing of drugs.
- Hospitalization for any dental procedure.
- 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.
- Replacement due to loss or theft of prosthetic appliance.
- Procedures not listed as covered benefits under this Program.
- Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or Dominion Dental Services USA, Inc. (with the exception of out-of-area emergency dental services).
- Services related to the treatment of TMD (Temporomandibular Disorder).
- Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating General Dentist. Above copayments do not apply when performed by a Participating Specialist (with the exception of orthodontics). Participating Specialists, if available, have entered into an agreement with Dominion Dental Services to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. In Delaware, Participating Specialists will provide a reduction from their UCR that will vary between specialists.
- Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth.
- The Invisalign system and similar specialized braces are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.

Program Limitations

- Two (2) evaluations are covered per calendar year including a maximum of one (1) comprehensive evaluation.
- One (1) problem focused exam is covered per calendar year.
- One (1) teeth cleaning (prophylaxis) is covered per calendar year.
- One (1) topical fluoride or fluoride varnish is covered per calendar year.
- Two (2) bitewing x-rays are covered per calendar year.
- One (1) set of full mouth x-rays or panoramic film is covered every three (3) years.
- One (1) sealant or preventative resin restoration per tooth is covered per lifetime, up to age 16 (limited to permanent 1st and 2nd molars).
- Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
- Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
- Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment program. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
- Relining and rebasing of dentures is covered once every 24 months.
- Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
- Root planing or scaling is covered once every 24 months per quadrant.
- Full mouth debridement is covered once per lifetime.
- 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.
- Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site.
- Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy.

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