

Keep smiling

Delta Dental PPO™ Table of allowance plan



Save with PPO

Visit a dentist in the PPO¹ network to maximize your savings.² These dentists have agreed to reduced fees, which leaves more money in your pocket.³ Find a PPO dentist at deltadentalins.com.

Under a table of allowance plan, each procedure has an “allowance,” or set amount that Delta Dental will pay (if no deductibles or maximums apply). If your dentist charges over the allowance, you will be responsible for the remaining amount.

Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at deltadentalins.com.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family

members are covered under your plan, they'll need your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim — we'll handle the rest.

Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.⁴ Log in to your online account to find this date.

Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care⁵, you can receive significant savings on LASIK procedures and hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429**.

Save with a PPO dentist



PPO



NON-PPO

¹ In Texas, Delta Dental Insurance Company offers a dental provider organization (DPO) plan.

² You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

³ You are responsible for any amounts above the table allowances, as well as applicable deductibles, amounts over annual or lifetime maximums and charges for non-covered services.

⁴ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

⁵ Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

Plan Benefit Highlights for: San Joaquin County Employees Retirement Association

Group No: 07314 - 00083

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).		
Deductibles	\$50 per person / \$150 per family each calendar year		
Deductibles waived for Diagnostic & Preventive (D & P)?	Yes		
Maximums	\$1,000 per person each calendar year		
D & P counts toward maximum?	Yes		
Waiting Period(s)	Basic Services None	Major Services None	Prosthodontics None

The **Delta Dental PPOSM Table of Allowance plan** provides you great dental benefits at a reasonable cost. With a table of allowance plan, you know in advance exactly how much the plan covers for each dental service. Delta Dental will pay the share specified on your table of allowance; you are responsible for the share of the dentist's fee not covered by the allowance.

Sample Benefits and Covered Services*	Table Allowance** (Amount Delta Dental Will Pay)
Diagnostic & Preventive Services (D & P)	D0120 Periodic oral exam – established patient: \$26.00 D0272 Bitewings (two diagnostic images): \$25.00 D1110 Prophylaxis (cleaning): \$48.00
Basic Services	D2150 Amalgam fillings, two surfaces – primary or permanent: \$101.00 D2160 Amalgam fillings, three surfaces – primary or permanent: \$119.00
Endodontics	D3310 Root canal, (anterior – excluding final restoration): \$331.00
Periodontics	D4341 Periodontal scaling and root planing - four or more teeth per quadrant: \$114.00
Oral Surgery	D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal): \$75.00
Major Services	D2750 Crown; porcelain fused to high noble metal: \$507.00 D5110 Complete denture – maxillary: \$706.00

* Limitations or waiting periods may apply for some benefits; some services may be excluded.

** Allowances specified above represent only a few examples from your plan's table. Please refer to your Benefit Booklet for a full schedule of allowances and for any limitations and exclusions on these benefits.

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This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

San Joaquin County Employees Retiree Association (SJCERA)

Group 07314-00083

Table of Allowances - 2024

Procedure Code	Description	Fee
D0120	Periodic oral evaluation – established patient	\$26.00
D0140	Limited oral evaluation – problem focused	\$34.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$30.00
D0150	Comprehensive oral evaluation – new or established patient	\$38.00
D0160	Detailed and extensive oral evaluation – problem focused, by report	\$46.00
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	\$32.00
D0180	Comprehensive periodontal evaluation – new or established patient	\$42.00
D0190	Screening of a patient	\$15.00
D0191	Assessment of a patient	\$15.00
D0210	Intraoral – comprehensive series of radiographic images	\$64.00
D0220	Intraoral – periapical first radiographic image	\$15.00
D0230	Intraoral – periapical each additional radiographic image	\$10.00
D0240	Intraoral – occlusal radiographic image	\$21.00
D0270	Bitewing – single radiographic image	\$16.00
D0272	Bitewings – two radiographic images	\$25.00
D0273	Bitewings – three radiographic images	\$29.00
D0274	Bitewings – four radiographic images	\$34.00
D0277	Vertical bitewings – 7 to 8 radiographic images	\$58.00
D0330	Panoramic radiographic image	\$52.00
D0472	Accession of tissue, gross examination, preparation and transmission of written report	\$62.00
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$100.00
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$150.00
D1110	Prophylaxis – adult	\$48.00
D1120	Prophylaxis – child	\$39.00
D1206	Topical application of fluoride varnish	\$18.00
D1208	Topical application of fluoride – excluding varnish	\$16.00
D1351	Sealant – per tooth	\$31.00
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	\$43.00
D1354	Application of caries arresting medicament - per tooth	\$25.00
D1510	Space maintainer – fixed, unilateral – per quadrant	\$160.00
D1516	Space maintainer – fixed – bilateral, maxillary	\$252.00
D1517	Space maintainer – fixed – bilateral, mandibular	\$252.00
D1520	Space maintainer – removable, unilateral – per quadrant	\$173.00
D1526	Space maintainer – removable – bilateral, maxillary	\$306.00
D1527	Space maintainer – removable – bilateral, mandibular	\$306.00
D1556	Removal of fixed unilateral space maintainer – per quadrant	\$32.00
D1557	Removal of fixed bilateral space maintainer – maxillary	\$32.00
D1558	Removal of fixed bilateral space maintainer – mandibular	\$32.00
D1575	Distal shoe space maintainer - fixed, unilateral – per quadrant	\$160.00
D2140	Amalgam – one surface, primary or permanent	\$81.00

Procedure Code	Description	Fee
D2150	Amalgam – two surfaces, primary or permanent	\$101.00
D2160	Amalgam – three surfaces, primary or permanent	\$119.00
D2161	Amalgam – four or more surfaces, primary or permanent	\$131.00
D2330	Resin-based composite – one surface, anterior	\$84.00
D2331	Resin-based composite – two surfaces, anterior	\$96.00
D2332	Resin-based composite – three surfaces, anterior	\$106.00
D2335	Resin-based composite - four or more surfaces (anterior)	\$133.00
D2390	Resin-based composite crown, anterior	\$185.00
D2391	Resin-based composite – one surface, posterior	\$88.00
D2392	Resin-based composite – two surfaces, posterior	\$112.00
D2393	Resin-based composite – three surfaces, posterior	\$135.00
D2394	Resin-based composite – four or more surfaces, posterior	\$150.00
D2510	Inlay – metallic – one surface	\$309.00
D2520	Inlay – metallic – two surfaces	\$361.00
D2530	Inlay – metallic – three or more surfaces	\$398.00
D2542	Onlay – metallic – two surfaces	\$510.00
D2543	Onlay – metallic – three surfaces	\$510.00
D2544	Onlay – metallic – four or more surfaces	\$523.00
D2650	Inlay – resin-based composite – one surface	\$110.00
D2651	Inlay – resin-based composite – two surfaces	\$397.00
D2652	Inlay – resin-based composite – three or more surfaces	\$355.00
D2710	Crown – resin-based composite (indirect)	\$236.00
D2712	Crown – ¾ resin-based composite (indirect)	\$398.00
D2720	Crown – resin with high noble metal	\$394.00
D2721	Crown – resin with predominantly base metal	\$446.00
D2722	Crown – resin with noble metal	\$373.00
D2740	Crown – porcelain/ceramic substrate	\$523.00
D2750	Crown – porcelain fused to high noble metal	\$507.00
D2751	Crown – porcelain fused to predominantly base metal	\$424.00
D2752	Crown – porcelain fused to noble metal	\$470.00
D2753	Crown – porcelain fused to titanium and titanium alloys	\$507.00
D2780	Crown – ¾ cast high noble metal	\$505.00
D2781	Crown – ¾ cast predominantly base metal	\$529.00
D2782	Crown – ¾ cast noble metal	\$509.00
D2790	Crown – full cast high noble metal	\$512.00
D2791	Crown – full cast predominantly base metal	\$458.00
D2792	Crown – full cast noble metal	\$472.00
D2794	Crown – titanium and titanium alloys	\$493.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$48.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$45.00
D2920	Re-cement or re-bond crown	\$50.00
D2921	Reattachment of tooth fragment, incisal edge or cusp	\$78.00
D2928	Prefabricated porcelain/ceramic crown – permanent tooth	\$187.00
D2929	Prefabricated porcelain/ceramic crown – primary tooth	\$147.00
D2930	Prefabricated stainless steel crown – primary tooth	\$126.00
D2931	Prefabricated stainless steel crown – permanent tooth	\$187.00
D2932	Prefabricated resin crown	\$152.00
D2933	Prefabricated stainless steel crown with resin window	\$166.00
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	\$156.00
D2950	Core buildup, including any pins when required	\$114.00

Procedure Code	Description	Fee
D2951	Pin retention – per tooth, in addition to restoration	\$36.00
D2952	Post and core in addition to crown, indirectly fabricated	\$161.00
D2954	Prefabricated post and core in addition to crown	\$137.00
D2976	Band stabilization – per tooth	\$119.00
D2980	Crown repair necessitated by restorative material failure	\$120.00
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	\$82.00
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	\$85.00
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	\$86.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$331.00
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$392.00
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$511.00
D3346	Retreatment of previous root canal therapy – anterior	\$420.00
D3347	Retreatment of previous root canal therapy – premolar	\$484.00
D3348	Retreatment of previous root canal therapy – molar	\$592.00
D3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$117.00
D3352	Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$113.00
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	\$293.00
D3410	Apicoectomy – anterior	\$427.00
D3421	Apicoectomy – premolar (first root)	\$455.00
D3425	Apicoectomy – molar (first root)	\$521.00
D3426	Apicoectomy (each additional root)	\$146.00
D3430	Retrograde filling – per root	\$110.00
D3450	Root amputation – per root	\$261.00
D3471	Surgical repair of root resorption - anterior	\$107.00
D3472	Surgical repair of root resorption – premolar	\$107.00
D3473	Surgical repair of root resorption – molar	\$107.00
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	\$107.00
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption –premolar	\$107.00
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption –molar	\$107.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$166.00
D3921	Decoronation or submergence of an erupted tooth	\$75.00
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	\$247.00
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	\$127.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$107.00
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	\$282.00
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	\$197.00
D4245	Apically positioned flap	\$271.00
D4249	Clinical crown lengthening – hard tissue	\$310.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$644.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$444.00

Procedure Code	Description	Fee
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	\$209.00
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	\$215.00
D4266	Guided tissue regeneration, natural teeth – resorbable barrier, per site	\$309.00
D4267	Guided tissue regeneration, natural teeth – non-resorbable barrier, per site	\$305.00
D4270	Pedicle soft tissue graft procedure	\$414.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	\$539.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$467.00
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	\$304.00
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	\$323.00
D4286	Removal of non-resorbable barrier	\$61.00
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	\$114.00
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	\$73.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	\$48.00
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	\$48.00
D4910	Periodontal maintenance	\$69.00
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	\$48.00
D5110	Complete denture – maxillary	\$706.00
D5120	Complete denture – mandibular	\$700.00
D5130	Immediate denture – maxillary	\$699.00
D5140	Immediate denture – mandibular	\$711.00
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	\$532.00
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	\$548.00
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$810.00
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$789.00
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	\$638.00
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	\$658.00
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$972.00
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$947.00
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	\$628.00
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	\$633.00
D5227	Immediate maxillary partial denture – flexible base (including any clasps, rests and teeth)	\$753.00
D5228	Immediate mandibular partial denture – flexible base (including any clasps, rests and teeth)	\$760.00
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	\$361.00

Procedure Code	Description	Fee
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	\$361.00
D5284	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests, and teeth) – per quadrant	\$325.00
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests, and teeth) – per quadrant	\$325.00
D5410	Adjust complete denture – maxillary	\$41.00
D5411	Adjust complete denture – mandibular	\$41.00
D5421	Adjust partial denture – maxillary	\$41.00
D5422	Adjust partial denture – mandibular	\$41.00
D5511	Repair broken complete denture base, mandibular	\$92.00
D5512	Repair broken complete denture base, maxillary	\$92.00
D5520	Replace missing or broken teeth – complete denture (each tooth)	\$77.00
D5611	Repair resin partial denture base, mandibular	\$90.00
D5612	Repair resin partial denture base, maxillary	\$90.00
D5621	Repair cast partial framework, mandibular	\$118.00
D5622	Repair cast partial framework, maxillary	\$118.00
D5630	Repair or replace broken retentive clasping materials – per tooth	\$103.00
D5640	Replace broken teeth – per tooth	\$80.00
D5650	Add tooth to existing partial denture	\$91.00
D5660	Add clasp to existing partial denture – per tooth	\$109.00
D5710	Rebase complete maxillary denture	\$238.00
D5711	Rebase complete mandibular denture	\$244.00
D5720	Rebase maxillary partial denture	\$225.00
D5721	Rebase mandibular partial denture	\$232.00
D5725	Rebase hybrid prosthesis	\$225.00
D5730	Reline complete maxillary denture (chairside)	\$137.00
D5731	Reline complete mandibular denture (chairside)	\$140.00
D5740	Reline maxillary partial denture (chairside)	\$130.00
D5741	Reline mandibular partial denture (chairside)	\$133.00
D5750	Reline complete maxillary denture (laboratory)	\$201.00
D5751	Reline complete mandibular denture (laboratory)	\$198.00
D5760	Reline maxillary partial denture (laboratory)	\$186.00
D5761	Reline mandibular partial denture (laboratory)	\$189.00
D5765	Soft liner for complete or partial removable denture – indirect	\$186.00
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	\$244.00
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	\$240.00
D5850	Tissue conditioning, maxillary	\$71.00
D5851	Tissue conditioning, mandibular	\$73.00
D5863	Overdenture – complete maxillary	\$633.00
D5864	Overdenture – partial maxillary	\$810.00
D5865	Overdenture – complete mandibular	\$640.00
D5866	Overdenture – partial mandibular	\$789.00
D6010	Surgical placement of implant body: endosteal implant	\$994.00
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$994.00
D6013	Surgical placement of mini implant	\$497.00
D6040	Surgical placement: eosteal implant	\$1,079.00
D6050	Surgical placement: transosteal implant	\$1,116.00
D6055	Connecting bar – implant supported or abutment supported	\$914.00
D6056	Prefabricated abutment – includes modification and placement	\$273.00

Procedure Code	Description	Fee
D6057	Custom fabricated abutment – includes placement	\$353.00
D6058	Abutment supported porcelain/ceramic crown	\$641.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$701.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$595.00
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$640.00
D6062	Abutment supported cast metal crown (high noble metal)	\$655.00
D6063	Abutment supported cast metal crown (predominantly base metal)	\$565.00
D6064	Abutment supported cast metal crown (noble metal)	\$640.00
D6065	Implant supported porcelain/ceramic crown	\$697.00
D6066	Implant supported crown – porcelain fused to high noble alloys	\$746.00
D6067	Implant supported crown – high noble alloys	\$730.00
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$660.00
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$672.00
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$797.00
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$681.00
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$666.00
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$274.00
D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$746.00
D6075	Implant supported retainer for ceramic FPD	\$652.00
D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys	\$730.00
D6077	Implant supported retainer for metal FPD – high noble alloys	\$663.00
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	\$106.00
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	\$73.00
D6082	Implant supported crown – porcelain fused to predominantly base alloys	\$595.00
D6083	Implant supported crown – porcelain fused to noble alloys	\$640.00
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys	\$637.00
D6086	Implant supported crown – predominantly base alloys	\$565.00
D6087	Implant supported crown – noble alloys	\$640.00
D6088	Implant supported crown – titanium and titanium alloys	\$637.00
D6090	Repair implant supported prosthesis, by report	\$168.00
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	\$98.00
D6092	Re-cement or re-bond implant/abutment supported crown	\$57.00
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$83.00
D6094	Abutment supported crown – titanium and titanium alloys	\$637.00
D6095	Repair implant abutment, by report	\$171.00
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys	\$637.00
D6098	Implant supported retainer – porcelain fused to predominantly base alloys	\$797.00
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	\$681.00
D6100	Surgical removal of implant body	\$227.00
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	\$179.00
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	\$389.00
D6103	Bone graft for repair of peri-implant defect – does not include flap entry and closure	\$298.00
D6104	Bone graft at time of implant placement	\$169.00
D6105	Removal of implant body not requiring bone removal or flap elevation	\$75.00

Procedure Code	Description	Fee
D6110	Implant/abutment supported removable denture for edentulous arch – maxillary	\$880.00
D6111	Implant/abutment supported removable denture for edentulous arch – mandibular	\$880.00
D6112	Implant/abutment supported removable denture for partially edentulous arch – maxillary	\$628.00
D6113	Implant/abutment supported removable denture for partially edentulous arch – mandibular	\$628.00
D6114	Implant/abutment supported fixed denture for edentulous arch – maxillary	\$1,000.00
D6115	Implant/abutment supported fixed denture for edentulous arch – mandibular	\$1,000.00
D6116	Implant/abutment supported fixed denture for partially edentulous arch – maxillary	\$1,000.00
D6117	Implant/abutment supported fixed denture for partially edentulous arch – mandibular	\$1,000.00
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys	\$274.00
D6121	Implant supported retainer for metal FPD – predominantly base alloys	\$274.00
D6122	Implant supported retainer for metal FPD – noble alloys	\$746.00
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys	\$453.00
D6194	Abutment supported retainer crown for FPD – titanium and titanium alloys	\$453.00
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys	\$730.00
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	\$84.00
D6210	Pontic – cast high noble metal	\$464.00
D6211	Pontic – cast predominantly base metal	\$433.00
D6212	Pontic – cast noble metal	\$443.00
D6214	Pontic – titanium and titanium alloys	\$486.00
D6240	Pontic – porcelain fused to high noble metal	\$533.00
D6241	Pontic – porcelain fused to predominantly base metal	\$407.00
D6242	Pontic – porcelain fused to noble metal	\$450.00
D6243	Pontic – porcelain fused to titanium and titanium alloys	\$450.00
D6245	Pontic – porcelain/ceramic	\$604.00
D6250	Pontic – resin with high noble metal	\$451.00
D6251	Pontic – resin with predominantly base metal	\$385.00
D6252	Pontic – resin with noble metal	\$424.00
D6545	Retainer – cast metal for resin bonded fixed prosthesis	\$252.00
D6549	Retainer – for resin bonded fixed prosthesis	\$222.00
D6602	Retainer inlay – cast high noble metal, two surfaces	\$315.00
D6603	Retainer inlay – cast high noble metal, three or more surfaces	\$415.00
D6604	Retainer inlay – cast predominantly base metal, two surfaces	\$304.00
D6605	Retainer inlay – cast predominantly base metal, three or more surfaces	\$388.00
D6606	Retainer inlay – cast noble metal, two surfaces	\$365.00
D6607	Retainer inlay – cast noble metal, three or more surfaces	\$421.00
D6610	Retainer onlay – cast high noble metal, two surfaces	\$601.00
D6611	Retainer onlay – cast high noble metal, three or more surfaces	\$601.00
D6612	Retainer onlay – cast predominantly base metal, two surfaces	\$601.00
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces	\$601.00
D6614	Retainer onlay – cast noble metal, two surfaces	\$601.00
D6615	Retainer onlay – cast noble metal, three or more surfaces	\$601.00
D6624	Retainer inlay – titanium	\$157.00
D6634	Retainer onlay – titanium	\$391.00
D6720	Retainer crown – resin with high noble metal	\$436.00
D6721	Retainer crown – resin with predominantly base metal	\$349.00
D6722	Retainer crown – resin with noble metal	\$414.00
D6740	Retainer crown – porcelain/ceramic	\$604.00
D6750	Retainer crown – porcelain fused to high noble metal	\$487.00
D6751	Retainer crown – porcelain fused to predominantly base metal	\$414.00

Procedure Code	Description	Fee
D6752	Retainer crown – porcelain fused to noble metal	\$460.00
D6753	Retainer crown – porcelain fused to titanium and titanium alloys	\$487.00
D6780	Retainer crown – ¾ cast high noble metal	\$478.00
D6781	Retainer crown – ¾ cast predominantly base metal	\$476.00
D6782	Retainer crown – ¾ cast noble metal	\$466.00
D6784	Retainer crown ¾ – titanium and titanium alloys	\$483.00
D6790	Retainer crown – full cast high noble metal	\$483.00
D6791	Retainer crown – full cast predominantly base metal	\$420.00
D6792	Retainer crown – full cast noble metal	\$456.00
D6794	Retainer crown – titanium and titanium alloys	\$431.00
D6930	Re-cement or re-bond fixed partial denture	\$69.00
D6940	Stress breaker	\$94.00
D6980	Fixed partial denture repair necessitated by restorative material failure	\$167.00
D7111	Extraction, coronal remnants – primary tooth	\$40.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$75.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$129.00
D7220	Removal of impacted tooth – soft tissue	\$147.00
D7230	Removal of impacted tooth – partially bony	\$191.00
D7240	Removal of impacted tooth – completely bony	\$222.00
D7250	Removal of residual tooth roots (cutting procedure)	\$141.00
D7260	Oroantral fistula closure	\$462.00
D7261	Primary closure of a sinus perforation	\$314.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$220.00
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	\$162.00
D7284	Excisional biopsy of minor salivary glands	\$156.00
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)	\$224.00
D7286	Incisional biopsy of oral tissue – soft	\$156.00
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$123.00
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$78.00
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$181.00
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$171.00
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	\$447.00
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$480.00
D7411	Excision of benign lesion greater than 1.25 cm	\$348.00
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm	\$174.00
D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm	\$252.00
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	\$219.00
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	\$530.00
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	\$202.00
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	\$347.00
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$131.00
D7471	Removal of lateral exostosis (maxilla or mandible)	\$320.00
D7472	Removal of torus palatinus	\$312.00

Procedure Code	Description	Fee
D7473	Removal of torus mandibularis	\$337.00
D7485	Reduction of osseous tuberosity	\$256.00
D7490	Radical resection of maxilla or mandible	\$1,000.00
D7509	Marsupialization of odontogenic cyst	\$530.00
D7510	Incision and drainage of abscess – intraoral soft tissue	\$91.00
D7520	Incision and drainage of abscess – extraoral soft tissue	\$123.00
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$94.00
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$157.00
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$164.00
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$357.00
D7610	Maxilla – open reduction (teeth immobilized, if present)	\$617.00
D7620	Maxilla – closed reduction (teeth immobilized, if present)	\$713.00
D7630	Mandible – open reduction (teeth immobilized, if present)	\$1,000.00
D7640	Mandible – closed reduction (teeth immobilized, if present)	\$1,000.00
D7650	Malar and/or zygomatic arch – open reduction	\$630.00
D7660	Malar and/or zygomatic arch – closed reduction	\$210.00
D7670	Alveolus – closed reduction, may include stabilization of teeth	\$299.00
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches	\$1,000.00
D7710	Maxilla – open reduction	\$40.00
D7720	Maxilla – closed reduction	\$37.00
D7730	Mandible – open reduction	\$1,000.00
D7740	Mandible – closed reduction	\$1,000.00
D7750	Malar and/or zygomatic arch – open reduction	\$840.00
D7760	Malar and/or zygomatic arch – closed reduction	\$210.00
D7770	Alveolus – open reduction stabilization of teeth	\$315.00
D7780	Facial bones – complicated reduction with fixation and multiple approaches	\$1,000.00
D7810	Open reduction of dislocation	\$840.00
D7820	Closed reduction of dislocation	\$155.00
D7830	Manipulation under anesthesia	\$226.00
D7910	Suture of recent small wounds up to 5 cm	\$263.00
D7911	Complicated suture – up to 5 cm	\$525.00
D7912	Complicated suture – greater than 5 cm	\$788.00
D7961	Buccal/labial frenectomy (frenulectomy)	\$189.00
D7962	Lingual frenectomy (frenulectomy)	\$189.00
D7970	Excision of hyperplastic tissue – per arch	\$154.00
D7971	Excision of pericoronal gingiva	\$96.00
D7972	Surgical reduction of fibrous tuberosity	\$118.00
D7979	Non – surgical sialolithotomy	\$354.00
D7980	Surgical sialolithotomy	\$354.00
D7981	Excision of salivary gland, by report	\$1,000.00
D7982	Sialodochoplasty	\$233.00
D7983	Closure of salivary fistula	\$37.00
D9110	Palliative treatment of dental pain – per visit	\$67.00
D9222	Deep sedation/general anesthesia – first 15 minutes	\$87.00
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	\$87.00
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	\$83.00
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	\$83.00
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$67.00
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	\$36.00

Procedure Code	Description	Fee
D9440	Office visit – after regularly scheduled hours	\$72.00
D9610	Therapeutic parenteral drug, single administration	\$20.00
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	\$49.00
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	\$42.00
D9951	Occlusal adjustment – limited	\$62.00