

City of Atlanta – Effective 9/1/2015 DeltaCare® USA Plan 47N

Description of Benefits and Copayments *

The benefits shown below are performed as deemed appropriate by the attending contract dentist subject to the limitations and exclusions of the plan. Please refer to the *DeltaCare USA Limitations and Exclusions* section for further clarification of benefits. **Enrollees should discuss all treatment options with their contract dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of benefits under the DeltaCare® USA plan and is not to be interpreted as CDT-2015 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association. The American Dental Association may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

Code	Description – 47N	Enrollee Pays
D0100–D0999	I. DIAGNOSTIC	
D0120	Periodic oral evaluation - established patient	No Cost
D0140	Limited oral evaluation - problem focused	\$10.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Cost
D0150	Comprehensive oral evaluation - new or established patient	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No Cost
D0171	Re-evaluation –post-operative visit	\$10.00
D0180	Comprehensive periodontal evaluation - new or established patient	\$10.00
D0190	Screening of a patient	No Cost
D0191	Assessment of a patient	No Cost
D0210	Intraoral - complete series of radiographic images - <i>limited to one series every 24 months</i>	No Cost
D0220	Intraoral - periapical first radiographic image	No Cost
D0230	Intraoral - periapical each additional radiographic image	No Cost
D0240	Intraoral - occlusal radiographic image	No Cost
D0250	Extraoral - first radiographic image	No Cost
D0260	Extraoral - each additional radiographic image	No Cost
D0270	Bitewing - single radiographic image	No Cost
D0272	Bitewings - two radiographic images	No Cost
D0273	Bitewings - three radiographic images	No Cost
D0274	Bitewings - four radiographic images - <i>limited to one series every six months</i>	\$20.00
D0277	Vertical bitewings - 7 to 8 radiographic images	\$22.00
D0330	Panoramic radiographic image	\$25.00
D0415	Collection of microorganisms for culture and sensitivity	No Cost
D0425	Caries susceptibility tests	No Cost
D0460	Pulp vitality tests	\$8.00
D0470	Diagnostic casts	\$15.00
D0472	Accession of tissue, gross examination, preparation and transmission of written report - <i>available only when performed in conjunction with a covered biopsy</i>	No Cost

Code	Description – 47N	Enrollee Pays
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report - <i>available only when performed in conjunction with a covered biopsy</i>	No Cost
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report - <i>available only when performed in conjunction with a covered biopsy</i>	No Cost
D0601	Caries risk assessment and documentation, with a finding of low risk – <i>limited to children age 3 to 19, one every 3 years</i>	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk – <i>limited to children age 3 to 19, one every 3 years</i>	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk – <i>limited to children age 3 to 19, one every 3 years</i>	No Cost
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i>	\$5.00
D1000-D1999 II. PREVENTIVE		
D1110	Prophylaxis <i>cleaning</i> - adult - <i>one per six-month period</i>	No Cost
D1110	<i>Additional prophylaxis cleaning</i> - adult (<i>within the six-month period</i>)	\$45.00
D1120	Prophylaxis <i>cleaning</i> - child - <i>one per six-month period</i>	No Cost
D1120	<i>Additional prophylaxis cleaning</i> - child (<i>within the six-month period</i>)	\$35.00
D1206	Topical application of fluoride varnish – <i>child to age 19; (one D1206 or D1208 per six-month period)</i>	No Cost
D1208	Topical application of fluoride – excluding varnish - <i>child to age 19; (one D1206 or D1208 per six-month period)</i>	No Cost
D1310	Nutritional counseling for control of dental disease	No Cost
D1320	Tobacco counseling for the control and prevention of oral disease	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - <i>limited to permanent molars through age 15</i>	\$15.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - <i>limited to permanent molars through age 15</i>	\$15.00
D1353	Sealant repair – per tooth – <i>limited to permanent molars through age 15</i>	\$15.00
D1510	Space maintainer - fixed - unilateral	\$100.00
D1515	Space maintainer - fixed - bilateral	\$150.00
D1520	Space maintainer - removable - unilateral	\$140.00
D1525	Space maintainer - removable - bilateral	\$225.00
D1550	Re-cement or re-bond space maintainer	\$20.00
D1555	Removal of fixed space maintainer	\$20.00
D2000-D2999 III. RESTORATIVE		
<p>- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.</p> <p>- When there are more than six crowns in the same treatment plan, an enrollee may be charged an additional \$125.00 per crown, beyond the sixth unit.</p> <p>- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.</p> <p>‡ Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The contract dentist may charge an additional fee not to exceed \$325.00 in addition to the listed copayment. Refer to Limitation of Benefits #4 for additional information.</p>		
D2140	Amalgam - one surface, primary or permanent	\$44.00
D2150	Amalgam - two surfaces, primary or permanent	\$48.00
D2160	Amalgam - three surfaces, primary or permanent	\$54.00
D2161	Amalgam - four or more surfaces, primary or permanent	\$68.00
D2330	Resin-based composite - one surface, anterior	\$40.00
D2331	Resin-based composite - two surfaces, anterior	\$55.00
D2332	Resin-based composite - three surfaces, anterior	\$68.00

Code	Description – 47N	Enrollee Pays
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$80.00
D2390	Resin-based composite crown, anterior	\$95.00
D2391	Resin-based composite - one surface, posterior	\$70.00
D2392	Resin-based composite - two surfaces, posterior	\$80.00
D2393	Resin-based composite - three surfaces, posterior	\$95.00
D2394	Resin-based composite - four or more surfaces, posterior	\$120.00
D2510	Inlay - metallic - one surface	\$280.00
D2520	Inlay - metallic - two surfaces	\$300.00
D2530	Inlay - metallic - three or more surfaces	\$320.00
D2542	Onlay - metallic - two surfaces	\$305.00
D2543	Onlay - metallic - three surfaces	\$310.00
D2544	Onlay - metallic - four or more surfaces	\$335.00
D2610	Inlay - porcelain/ceramic - one surface †	\$305.00
D2620	Inlay - porcelain/ceramic - two surfaces †	\$330.00
D2630	Inlay - porcelain/ceramic - three or more surfaces †	\$355.00
D2642	Onlay - porcelain/ceramic - two surfaces †	\$375.00
D2643	Onlay - porcelain/ceramic - three surfaces †	\$395.00
D2644	Onlay - porcelain/ceramic - four or more surfaces †	\$425.00
D2650	Inlay - resin-based composite - one surface	\$175.00
D2651	Inlay - resin-based composite - two surfaces	\$230.00
D2652	Inlay - resin-based composite - three or more surfaces	\$255.00
D2662	Onlay - resin-based composite - two surfaces	\$230.00
D2663	Onlay - resin-based composite - three surfaces	\$255.00
D2664	Onlay - resin-based composite - four or more surfaces	\$270.00
D2710	Crown - resin-based composite (indirect)	\$160.00
D2712	Crown - ¾ resin-based composite (indirect)	\$160.00
D2720	Crown - resin with high noble metal	\$440.00
D2721	Crown - resin with predominantly base metal	\$390.00
D2722	Crown - resin with noble metal	\$410.00
D2740	Crown - porcelain/ceramic substrate †	\$510.00
D2750	Crown - porcelain fused to high noble metal †	\$485.00
D2751	Crown - porcelain fused to predominantly base metal	\$410.00
D2752	Crown - porcelain fused to noble metal	\$465.00
D2780	Crown - ¾ cast high noble metal	\$415.00
D2781	Crown - ¾ cast predominantly base metal	\$395.00
D2782	Crown - ¾ cast noble metal	\$405.00
D2783	Crown - ¾ porcelain/ceramic †	\$435.00
D2790	Crown - full cast high noble metal	\$485.00
D2791	Crown - full cast predominantly base metal	\$410.00
D2792	Crown - full cast noble metal	\$465.00
D2794	Crown - titanium	\$485.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$18.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$18.00
D2920	Re-cement or re-bond crown	\$22.00
D2921	Reattachment of tooth fragment, incisal edge or cusp (anterior)	\$80.00
D2929	Prefabricated porcelain/ceramic crown – anterior primary tooth	\$125.00
D2930	Prefabricated stainless steel crown - primary tooth	\$70.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$85.00
D2932	Prefabricated resin crown - anterior primary tooth	\$85.00
D2933	Prefabricated stainless steel crown with resin window - anterior primary tooth	\$125.00
D2940	Protective restoration	\$32.00

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D2941	Interim therapeutic restoration – primary dentition	\$32.00
D2949	Restorative foundation for an indirect restoration	\$75.00
D2950	Core buildup, including any pins when required	\$75.00
D2951	Pin retention - per tooth, in addition to restoration	\$14.00
D2952	Post and core in addition to crown, indirectly fabricated - <i>base metal post; includes canal preparation</i>	\$140.00
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i>	\$90.00
D2954	Prefabricated post and core in addition to crown - <i>includes canal preparation</i>	\$115.00
D2955	Post removal	\$35.00
D2957	Each additional prefabricated post - same tooth - <i>includes canal preparation</i>	\$30.00
D2960	Labial veneer (resin laminate) - chairside - <i>limited to replacement of significant tooth structure loss due to caries or fracture</i>	\$300.00
D2961	Labial veneer (resin laminate) - laboratory - <i>limited to replacement of significant tooth structure loss due to caries or fracture</i>	\$340.00
D2962	Labial veneer (porcelain laminate) - laboratory - <i>limited to replacement of significant tooth structure loss due to caries or fracture</i>	\$400.00
D2970	Temporary crown (fractured tooth) - <i>palliative treatment only</i>	\$10.00
D2971	Additional procedures to construct new crown under existing partial denture framework	\$97.00
D2980	Crown repair necessitated by restorative material failure	\$85.00
D2981	Inlay repair necessitated by restorative material failure	\$85.00
D2982	Onlay repair necessitated by restorative material failure	\$85.00
D2983	Veneer repair necessitated by restorative material failure	\$85.00
D2990	Resin infiltration of incipient smooth surface lesions – <i>limited to permanent molars through age 15</i>	\$15.00
D3000-D3999 IV. ENDODONTICS		
D3110	Pulp cap - direct (excluding final restoration)	\$22.00
D3120	Pulp cap - indirect (excluding final restoration)	\$22.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$60.00
D3221	Pulpal debridement, primary and permanent teeth	\$80.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development.	\$60.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$70.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$70.00
D3310	<i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration)	\$300.00
D3320	<i>Root canal</i> - endodontic therapy, bicuspid tooth (excluding final restoration)	\$365.00
D3330	<i>Root canal</i> - endodontic therapy, molar (excluding final restoration)	\$470.00
D3331	Treatment of root canal obstruction; non-surgical access	\$75.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$110.00
D3333	Internal root repair of perforation defects	\$120.00
D3346	Retreatment of previous root canal therapy - anterior	\$360.00
D3347	Retreatment of previous root canal therapy - bicuspid	\$395.00
D3348	Retreatment of previous root canal therapy - molar	\$535.00
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$145.00
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$100.00

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D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$100.00
D3410	Apicoectomy - anterior	\$250.00
D3421	Apicoectomy - bicuspid (first root)	\$300.00
D3425	Apicoectomy - molar (first root)	\$325.00
D3426	Apicoectomy (each additional root)	\$100.00
D3427	Periradicular surgery without apicoectomy	\$250.00
D3430	Retrograde filling - per root	\$70.00
D3450	Root amputation, per root	\$150.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$135.00
D4000-D4999 V. PERIODONTICS		
<i>- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.</i>		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$175.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$50.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$50.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$240.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$144.00
D4245	Apically positioned flap	\$135.00
D4249	Clinical crown lengthening - hard tissue	\$235.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$435.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$350.00
D4263	Bone replacement graft - first site in quadrant	\$190.00
D4264	Bone replacement graft - each additional site in quadrant	\$105.00
D4266	Guided tissue regeneration - resorbable barrier, per site	\$210.00
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	\$240.00
D4270	Pedicle soft tissue graft procedure	\$335.00
D4273	Subepithelial connective tissue graft procedures, per tooth	\$300.00
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$110.00
D4275	Soft tissue allograft	\$350.00
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	\$315.00
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	\$315.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$78.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$60.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - <i>limited to 1 treatment in any 12 consecutive months</i>	\$78.00
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth - <i>for each of the first two teeth treated within a quadrant following root planing or periodontal maintenance</i>	\$60.00

Code	Description – 47N	Enrollee Pays
D4381	<i>Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth - for an additional tooth treated in the same quadrant following root planing or periodontal maintenance</i>	No Cost
D4910	Periodontal maintenance - <i>limited to one treatment each six-month period</i>	\$55.00
D4910	<i>Additional periodontal maintenance – (within the six-month period)</i>	\$70.00
D4921	Gingival irrigation – per quadrant	No Cost
D5000-D5899 VI. PROSTHODONTICS (removable)		
<p>- For all listed dentures and partial dentures, copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The enrollee must continue to be eligible, and the service must be provided at the contract dentist's facility where the denture was originally delivered.</p> <p>- Rebases, relines and tissue conditioning are limited to one per denture during any 12 consecutive months.</p> <p>- Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.</p>		
D5110	Complete denture - maxillary	\$600.00
D5120	Complete denture - mandibular	\$600.00
D5130	Immediate denture - maxillary	\$665.00
D5140	Immediate denture - mandibular	\$665.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$440.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$440.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$630.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$630.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$680.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$680.00
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$400.00
D5410	Adjust complete denture - maxillary	\$18.00
D5411	Adjust complete denture - mandibular	\$18.00
D5421	Adjust partial denture - maxillary	\$18.00
D5422	Adjust partial denture - mandibular	\$18.00
D5510	Repair broken complete denture base	\$68.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$65.00
D5610	Repair resin denture base	\$45.00
D5620	Repair cast framework	\$50.00
D5630	Repair or replace broken clasp	\$50.00
D5640	Replace broken teeth - per tooth	\$40.00
D5650	Add tooth to existing partial denture	\$60.00
D5660	Add clasp to existing partial denture	\$70.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$295.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$295.00
D5710	Rebase complete maxillary denture	\$185.00
D5711	Rebase complete mandibular denture	\$185.00
D5720	Rebase maxillary partial denture	\$165.00
D5721	Rebase mandibular partial denture	\$165.00
D5730	Reline complete maxillary denture (chairside)	\$75.00
D5731	Reline complete mandibular denture (chairside)	\$75.00
D5740	Reline maxillary partial denture (chairside)	\$65.00
D5741	Reline mandibular partial denture (chairside)	\$65.00
D5750	Reline complete maxillary denture (laboratory)	\$145.00

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D5751	Reline complete mandibular denture (laboratory)	\$145.00
D5760	Reline maxillary partial denture (laboratory)	\$110.00
D5761	Reline mandibular partial denture (laboratory)	\$110.00
D5820	Interim partial denture (maxillary) - <i>limited to one in any 12 consecutive months</i>	\$235.00
D5821	Interim partial denture (mandibular) - <i>limited to one in any 12 consecutive months</i>	\$235.00
D5850	Tissue conditioning, maxillary	\$45.00
D5851	Tissue conditioning, mandibular	\$45.00
D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS – Not Covered		
D6000-D6199 VIII. IMPLANT SERVICES – Not Covered		
D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])		
<p>- When a crown and/or pontic exceeds six units in the same treatment plan, an enrollee may be charged an additional \$125.00 per unit, beyond the sixth unit.</p> <p>- Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.</p> <p>‡Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The contract dentist may charge an additional fee not to exceed \$325.00 in addition to the listed copayment. Refer to Limitation of Benefits #4 for additional information.</p>		
D6205	Pontic - indirect resin based composite	\$160.00
D6210	Pontic - cast high noble metal	\$485.00
D6211	Pontic - cast predominantly base metal	\$405.00
D6212	Pontic - cast noble metal	\$465.00
D6214	Pontic - titanium	\$485.00
D6240	Pontic - porcelain fused to high noble metal ‡	\$485.00
D6241	Pontic - porcelain fused to predominantly base metal	\$410.00
D6242	Pontic - porcelain fused to noble metal	\$455.00
D6245	Pontic - porcelain/ceramic ‡	\$485.00
D6250	Pontic - resin with high noble metal	\$440.00
D6251	Pontic - resin with predominantly base metal	\$390.00
D6252	Pontic - resin with noble metal	\$410.00
D6600	Inlay - porcelain/ceramic, two surfaces ‡	\$330.00
D6601	Inlay - porcelain/ceramic, three or more surfaces ‡	\$355.00
D6602	Inlay - cast high noble metal, two surfaces	\$350.00
D6603	Inlay - cast high noble metal, three or more surfaces	\$370.00
D6604	Inlay - cast predominantly base metal, two surfaces	\$300.00
D6605	Inlay - cast predominantly base metal, three or more surfaces	\$320.00
D6606	Inlay - cast noble metal, two surfaces	\$330.00
D6607	Inlay - cast noble metal, three or more surfaces	\$350.00
D6608	Onlay - porcelain/ceramic, two surfaces ‡	\$375.00
D6609	Onlay - porcelain/ceramic, three or more surfaces ‡	\$410.00
D6610	Onlay - cast high noble metal, two surfaces	\$355.00
D6611	Onlay - cast high noble metal, three or more surfaces	\$375.00
D6612	Onlay - cast predominantly base metal, two surfaces	\$305.00
D6613	Onlay - cast predominantly base metal, three or more surfaces	\$325.00
D6614	Onlay - cast noble metal, two surfaces	\$335.00
D6615	Onlay - cast noble metal, three or more surfaces	\$335.00
D6710	Crown - indirect resin based composite	\$160.00
D6720	Crown - resin with high noble metal	\$440.00
D6721	Crown - resin with predominantly base metal	\$390.00
D6722	Crown - resin with noble metal	\$410.00
D6740	Crown - porcelain/ceramic ‡	\$480.00

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D6750	Crown - porcelain fused to high noble metal ‡	\$485.00
D6751	Crown - porcelain fused to predominantly base metal	\$410.00
D6752	Crown - porcelain fused to noble metal	\$465.00
D6780	Crown - ¾ cast high noble metal	\$415.00
D6781	Crown - ¾ cast predominantly base metal	\$395.00
D6782	Crown - ¾ cast noble metal	\$405.00
D6783	Crown - ¾ porcelain/ceramic ‡	\$395.00
D6790	Crown - full cast high noble metal	\$485.00
D6791	Crown - full cast predominantly base metal	\$410.00
D6792	Crown - full cast noble metal	\$465.00
D6794	Crown - titanium	\$485.00
D6930	Re-cement or re-bond fixed partial denture	\$32.00
D6940	Stress breaker	\$110.00
D6980	Fixed partial denture repair necessitated by restorative material failure	\$95.00
D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY		
<i>- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.</i>		
D7111	Extraction, coronal remnants - deciduous tooth	\$45.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$70.00
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated	\$115.00
D7220	Removal of impacted tooth - soft tissue	\$120.00
D7230	Removal of impacted tooth - partially bony	\$140.00
D7240	Removal of impacted tooth - completely bony	\$160.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$175.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$85.00
D7251	Coronectomy - intentional partial tooth removal	\$175.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$55.00
D7280	Surgical access of an unerupted tooth	\$125.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$120.00
D7283	Placement of device to facilitate eruption of impacted tooth	No Cost
D7286	Incisional biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i>	\$80.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$85.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$85.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$125.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$125.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$60.00
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$80.00
D7471	Removal of lateral exostosis (maxilla or mandible)	\$75.00
D7472	Removal of torus palatinus	\$75.00
D7473	Removal of torus mandibularis	\$75.00
D7510	Incision and drainage of abscess - intraoral soft tissue	\$40.00
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$95.00

Code	Description – 47N	Enrollee Pays
D7970	Excision of hyperplastic tissue - per arch	\$125.00
D7971	Excision of pericoronal gingiva	\$125.00
D8000-D8999 XI. ORTHODONTICS		
- The listed copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed \$125.00, may apply.		
- The retention copayment includes adjustments and/or office visits up to 24 months.		
	<i>The benefit for pre-treatment records and diagnostic services includes:</i>	\$200.00
D0210	Intraoral - complete series of radiographic images	
D0322	Tomographic survey	
D0330	Panoramic radiographic image	
D0340	Cephalometric radiographic image	
D0350	2D oral/facial photographic images obtained intraorally or extraorally	
D0351	3D photographic image	
D0470	Diagnostic casts	
	<i>The benefit for post-treatment records includes:</i>	\$70.00
D0210	Intraoral - complete series of radiographic images	
D0470	Diagnostic casts	
D8010	Limited orthodontic treatment of the primary dentition	\$1,150.00
D8020	Limited orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i>	\$1,150.00
D8030	Limited orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	\$1,150.00
D8040	Limited orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i>	\$1,350.00
D8050	Interceptive orthodontic treatment of the primary dentition	\$1,150.00
D8060	Interceptive orthodontic treatment of the transitional dentition	\$1,150.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i>	\$2,100.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	\$2,100.00
D8090	Comprehensive orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i>	\$2,250.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$25.00
D8670	Periodic orthodontic treatment visit - <i>included in comprehensive case fee</i>	No Cost
D8680	Orthodontic retention (removal of appliances, construction and placement of <i>removable</i> retainers)	\$300.00
D8693	Rebonding or recementing of fixed retainers - <i>limited to two per six-month period</i>	No Cost
D8694	Repair of fixed retainers, includes attachments - <i>limited to two per six-month period</i>	No Cost
D8999	Unspecified orthodontic procedure, by report - <i>includes treatment planning session</i>	\$100.00
D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES		
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$10.00
D9211	Regional block anesthesia	No Cost
D9212	Trigeminal division block anesthesia	No Cost
D9215	Local anesthesia in conjunction with operative or surgical procedures	No Cost
D9219	Evaluation for deep sedation or general anesthesia	No Cost
D9220	Deep sedation/general anesthesia - first 30 minutes	\$125.00
D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$55.00

Code	Description – 47N	Enrollee Pays
D9241	Intravenous moderate (conscious) sedation/analgesia – first 30 minutes	\$125.00
D9242	Intravenous moderate (conscious) sedation/analgesia – each additional 15 minutes	\$55.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$20.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$10.00
D9440	Office visit - after regularly scheduled hours	\$45.00
D9450	Case presentation, detailed and extensive treatment planning	No Cost
D9931	Cleaning and inspection of a removable appliance	No Cost
D9940	Occlusal guard, by report - <i>limited to one in 3 years</i>	\$185.00
D9951	Occlusal adjustment, limited	\$35.00
D9952	Occlusal adjustment, complete	\$135.00
D9975	External bleaching – for home application, per arch; includes materials and fabrication of custom trays - <i>limited to one bleaching tray and gel for two weeks of self treatment</i>	\$125.00
D9986	Missed appointment – <i>without 24-hour notice – per 15 minutes of appointment time**</i>	\$10.00
D9987	Canceled appointment – <i>without 24-hour notice – per 15 minutes of appointment time**</i>	\$10.00

If services for a listed procedure are performed by the assigned contract dentist, the enrollee pays the specified copayment. Listed procedures which require a dentist to provide specialized services, and are referred by the assigned contract dentist, must be authorized by the Plan. The enrollee pays the copayment specified for such services.

Procedures not listed above are not covered, however, may be available at the contract dentist's "filed fees." "Filed fees" means the contract dentist's fees on file with the Plan. Questions regarding these fees should be directed to the Customer Service department at 800-422-4234.

** Benefits may vary slightly based on state requirements and/or regulations.*

Plan 47N is not available in New York