

**State of Maryland
SCHEDULE A
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 Program. Please refer to *Schedule B* 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 Program 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.

<u>CODE</u>	<u>DESCRIPTION</u>	<u>ENROLLEE PAYS</u>
D0100-D0999 I. DIAGNOSTIC		
D0120	Periodic oral evaluation - established patient	\$0.00
D0140	Limited oral evaluation - problem focused	\$0.00
D0145	Oral evaluation for a patient under three years of age	\$0.00
D0150	Comprehensive oral evaluation - new or established patient	\$0.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit).....	\$0.00
D0171	Re-evaluation – post-operative office visit	\$0.00
D0180	Comprehensive periodontal evaluation - new or established patient	\$0.00
D0190	Screening of a patient	\$0.00
D0191	Assessment of a patient.....	\$0.00
D0210	Intra-oral complete series - <i>limited to 1 series per 3-year period</i>	\$0.00
D0220	Intraoral - periapical first radiographic image	\$0.00
D0230	Intraoral - periapical each additional radiographic image	\$0.00
D0240	Intraoral - occlusal radiographic image.....	\$0.00
D0270	Bitewing - single radiographic image	\$0.00
D0272	Bitewings - two radiographic images	\$0.00
D0273	Bitewings - three radiographic images	\$0.00
D0274	Bitewings - four radiographic images - <i>limited to 1 series per 6 consecutive months through age 13, and one series per 12 consecutive months for age 14 and older</i>	\$0.00
D0277	Vertical bitewings - 7 to 8 radiographic images.....	\$0.00
D0330	Panoramic radiographic image – <i>limited to 1 per 3-year period</i>	\$0.00
D0340	Cephalometric film.....	\$0.00
D0460	Pulp vitality tests.....	\$0.00
D0470	Diagnostic casts.....	\$0.00
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i>	\$0.00

D1000-D1999 II. PREVENTIVE

- *One additional Prophylaxis in a twelve consecutive month period for Members under the care of a medical professional for pregnancy. Member Copayments on the Schedule of Benefits shall apply.*
- *Space maintainers only eligible for Members through age 18 when used to maintain space as a result of prematurely lost deciduous first and second molars, or permanent first molars that have not, or will never develop.*

D1110	Prophylaxis cleaning - adult - 2 per plan year	\$0.00
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D1120	Prophylaxis <i>cleaning</i> - child - 2 per plan year.....	\$0.00
D1206	Topical fluoride varnish - 2 per plan year; through age 18.....	\$0.00
D1208	Topical application of fluoride – excluding varnish - 2 per plan year	\$0.00
D1330	Oral hygiene instructions	\$0.00
D1351	Sealant - <i>limited to permanent first and second molars through age 15; 1 per tooth per three years</i>	\$0.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - <i>limited to permanent molars through age 15</i>	\$0.00
D1353	Sealant repair – per tooth <i>limited to permanent first and second molars through age 15; 1 per tooth per two years</i>	\$0.00
D1510	Space maintainer - fixed – unilateral – <i>through age 18</i>	\$0.00
D1515	Space maintainer - fixed - bilateral - <i>through age 18</i>	\$0.00
D1520	Space maintainer - removable – unilateral - <i>through age 18</i>	\$0.00
D1555	Removal of fixed space maintainer.....	\$0.00

D2000-D2999 III. RESTORATIVE

- *Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures*
- *Replacement of crowns, inlays, onlays, buildups, post and cores requires the existing restoration to be 5+ years old.*

D2140	Amalgam - one surface, primary or permanent	\$0.00
D2150	Amalgam - two surfaces, primary or permanent.....	\$0.00
D2160	Amalgam - three surfaces, primary or permanent	\$0.00
D2161	Amalgam - four or more surfaces, primary or permanent	\$0.00
D2330	Resin-based composite - one surface, anterior	\$0.00
D2331	Resin-based composite - two surfaces, anterior.....	\$0.00
D2332	Resin-based composite - three surfaces, anterior	\$0.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$70.00
D2391	Resin-based composite - one surface, posterior	\$40.00
D2392	Resin-based composite - two surfaces, posterior.....	\$60.00
D2393	Resin-based composite - three surfaces, posterior	\$72.00
D2394	Resin-based composite - four or more surfaces, posterior	\$84.00
D2510	Inlay - metallic - one surface	\$60.00
D2520	Inlay - metallic - two surfaces	\$100.00
D2530	Inlay - metallic - three or more surfaces.....	\$120.00
D2542	Onlay - metallic - two surfaces.....	\$20.00
D2543	Onlay - metallic - three surfaces	\$30.00
D2544	Onlay - metallic - four or more surfaces	\$50.00
D2710	Crown - resin-based composite (indirect).....	\$77.00
D2712	Crown - ¾ resin-based composite (indirect)	\$86.00
D2740	Crown - porcelain/ceramic substrate	\$270.00
D2750	Crown - porcelain fused to high noble metal.....	\$276.00
D2751	Crown - porcelain fused to predominantly base metal	\$258.00
D2752	Crown - porcelain fused to noble metal	\$270.00
D2780	Crown - ¾ cast high noble metal.....	\$228.00
D2781	Crown - ¾ cast predominantly base metal	\$228.00
D2782	Crown - ¾ cast noble metal.....	\$228.00
D2783	Crown - ¾ porcelain/ceramic	\$228.00
D2790	Crown - full cast high noble metal	\$228.00
D2791	Crown - full cast predominantly base metal	\$258.00
D2792	Crown - full cast noble metal	\$264.00
D2794	Crown - titanium	\$290.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restorations	\$15.00

D2920	Re-cement or re-bond crown.....	\$15.00
D2921	Reattachment of tooth fragment, incisal edge or cusp (<i>anterior</i>).....	\$70.00
D2930	Prefabricated stainless steel crown - primary tooth - <i>anterior primary tooth</i>	\$48.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$56.00
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth.....	\$48.00
D2940	Protective restoration.....	\$0.00
D2941	Interim therapeutic restoration – primary dentition.....	\$0.00
D2949	Restorative foundation for an indirect restoration	\$100.00
D2950	Core buildup, including any pins when required	\$100.00
D2951	Pin retention - per tooth, in addition to restoration	\$10.00
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i>	\$108.00
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i>	\$45.00
D2954	Prefabricated post and core in addition to crown - <i>includes canal preparation</i>	\$108.00
D2957	Each additional prefabricated post - same tooth - <i>includes canal preparation</i>	\$45.00
D2970	Temporary crown (fractured tooth) - <i>palliative treatment only</i>	\$65.00
D2971	Additional procedures to construct new crown under existing partial denture framework	\$25.00

D3000-D3999 IV. ENDODONTICS

D3110	Pulp cap - direct (excluding final restoration).....	\$0.00
D3120	Pulp cap - indirect (excluding final restoration).....	\$0.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$25.00
D3221	Pulpal debridement, primary and permanent teeth	\$15.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development.....	\$25.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) - <i>through age five on primary anterior teeth and through age 11 on primary posterior teeth</i>	\$40.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) - <i>through age five on primary anterior teeth and through age 11 on primary posterior teeth</i>	\$55.00
D3310	<i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration) - <i>one per tooth per lifetime</i>	\$108.00
D3320	<i>Root canal</i> - endodontic therapy, bicuspid tooth (excluding final restoration) - <i>one per tooth per lifetime</i>	\$144.00
D3330	<i>Root canal</i> - endodontic therapy, molar (excluding final restoration) - <i>one per tooth per lifetime</i>	\$198.00
D3346	Retreatment of previous root canal therapy – anterior - <i>one per tooth per lifetime</i>	\$198.00
D3347	Retreatment of previous root canal therapy – bicuspid - <i>one per tooth per lifetime</i>	\$234.00
D3348	Retreatment of previous root canal therapy – molar - <i>one per tooth per lifetime</i>	\$288.00
D3410	Apicoectomy - anterior	\$107.00
D3421	Apicoectomy - bicuspid (first root)	\$107.00
D3425	Apicoectomy - molar (first root)	\$107.00
D3426	Apicoectomy (each additional root)	\$41.00
D3427	Periradicular surgery without apicoectomy.....	\$107.00
D3450	Root amputation, per root.....	\$50.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$41.00

D4000-D4999 V. PERIODONTICS

- *Surgical periodontal procedures – one per 24 consecutive month period per area of the mouth.*
- *Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$125.00
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	\$0.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$135.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$54.00
D4245	Apically positioned flap	\$110.00
D4249	Clinical crown lengthening - hard tissue - <i>one per tooth per lifetime</i>	\$105.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$210.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$110.00
D4263	Bone replacement graft - first site in quadrant	\$115.00
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area).....	\$45.00
D4275	Soft tissue allograft	\$100.00
D4276	Combined connective tissue and double pedicle graft, per tooth	\$100.00
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft.....	\$100.00
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site.....	\$100.00
D4320	Provisional splinting - intracoronal	\$40.00
D4321	Provisional splinting - extracoronal.....	\$40.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$60.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$16.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - <i>limited to 1 treatment in any 12 consecutive months</i>	\$50.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth.....	\$100.00
D4910	Periodontal maintenance - <i>limited to 2 treatments per plan year</i>	\$30.00
D4921	Gingival irrigation – per quadrant.....	\$0.00

D5000-D5899 VI. PROSTHODONTICS (removable)

- *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.*
 - *Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.*
 - *Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.*
- | | | |
|-------|---|----------|
| D5110 | Complete denture - maxillary | \$264.00 |
| D5120 | Complete denture - mandibular | \$264.00 |
| D5130 | Immediate denture - maxillary | \$288.00 |
| D5140 | Immediate denture - mandibular | \$288.00 |
| D5211 | Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) | \$174.00 |
| D5212 | Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) | \$174.00 |
| D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$270.00 |
| D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$270.00 |
| D5225 | Maxillary partial denture - flexible base (including any clasps, rests and teeth)..... | \$350.00 |
| D5226 | Mandibular partial denture - flexible base (including any clasps, rests and teeth)..... | \$350.00 |

D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$78.00
D5410	Adjust complete denture - maxillary	\$7.00
D5411	Adjust complete denture - mandibular.....	\$7.00
D5421	Adjust partial denture - maxillary	\$7.00
D5422	Adjust partial denture - mandibular	\$7.00
D5510	Repair broken complete denture base	\$21.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$28.00
D5610	Repair resin denture base	\$23.00
D5620	Repair cast framework.....	\$33.00
D5630	Repair or replace broken clasp	\$23.00
D5640	Replace broken teeth - per tooth	\$18.00
D5650	Add tooth to existing partial denture	\$23.00
D5660	Add clasp to existing partial denture	\$33.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	\$147.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular).....	\$147.00
D5710	Rebase complete maxillary denture	\$55.00
D5711	Rebase complete mandibular denture	\$55.00
D5720	Rebase maxillary partial denture	\$48.00
D5721	Rebase mandibular partial denture	\$48.00
D5730	Reline complete maxillary denture (chairside).....	\$40.00
D5731	Reline complete mandibular denture (chairside).....	\$40.00
D5740	Reline maxillary partial denture (chairside).....	\$40.00
D5741	Reline mandibular partial denture (chairside).....	\$40.00
D5750	Reline complete maxillary denture (laboratory).....	\$55.00
D5751	Reline complete mandibular denture (laboratory).....	\$55.00
D5760	Reline maxillary partial denture (laboratory)	\$55.00
D5761	Reline mandibular partial denture (laboratory).....	\$55.00
D5810	Interim complete denture (maxillary)	\$125.00
D5811	Interim complete denture (mandibular).....	\$125.00
D5820	Interim partial denture (maxillary) <i>limited to 1 in any 12 consecutive months</i>	\$105.00
D5821	Interim partial denture (mandibular) <i>limited to 1 in any 12 consecutive months</i>	\$105.00
D5850	Tissue conditioning, maxillary.....	\$25.00
D5851	Tissue conditioning, mandibular	\$25.00

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES

- Replacement of a crown, fixed denture or retainer requires the existing unit to be 5+ years old.

D6010	Surgical placement of implant body: endosteal implant	\$1,983.00
D6011	Second stage implant surgery.....	\$0.00
D6013	Surgical placement of mini implant	\$991.50
D6040	Surgical placement: eposteal implant.....	\$1,983.00
D6050	Surgical placement: transosteal implant	\$1,783.00
D6058	Abutment supported porcelain/ceramic crown	\$1,030.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$1,030.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$970.00
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$985.00
D6062	Abutment supported cast metal crown (high noble metal)	\$1,036.00
D6063	Abutment supported cast metal crown (predominantly base metal)	\$925.00
D6064	Abutment supported cast metal crown (noble metal)	\$985.00
D6065	Implant supported porcelain/ceramic crown	\$1,030.00

D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy or high noble metal)	\$1,030.00
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal).....	\$1,036.00
D6092	Re-cement or re-bond implant/abutment supported crown	\$66.00
D6094	Abutment supported crown - (titanium)	\$987.00
D6095	Repair implant abutment, by report.....	\$166.00
D6100	Implant removal, by report.....	\$172.00
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.....	\$54.00
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.....	\$110.00
D6103	Bone graft for repair of peri-implant defect – does not include flap entry and closure. Placement of a barrier membrane or biologic materials to aid in osseous regeneration are reported separately ...	\$115.00
D6104	Bone graft at time of implant placement	\$115.00

D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])

- *Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.*

D6205	Pontic - indirect resin based composite.....	\$290.00
D6210	Pontic - cast high noble metal.....	\$276.00
D6211	Pontic - cast predominantly base metal	\$258.00
D6212	Pontic - cast noble metal.....	\$264.00
D6214	Pontic - titanium.....	\$297.00
D6240	Pontic - porcelain fused to high noble metal.....	\$276.00
D6241	Pontic - porcelain fused to predominantly base metal.....	\$258.00
D6242	Pontic - porcelain fused to noble metal.....	\$264.00
D6245	Pontic - porcelain/ceramic.....	\$258.00
D6610	Onlay - cast high noble metal, two surfaces.....	\$150.00
D6612	Onlay - cast predominantly base metal, two surfaces.....	\$100.00
D6614	Onlay - cast noble metal, two surfaces.....	\$125.00
D6710	Crown - indirect resin based composite	\$290.00
D6740	Crown - porcelain/ceramic.....	\$258.00
D6750	Crown - porcelain fused to high noble metal.....	\$276.00
D6751	Crown - porcelain fused to predominantly base metal	\$258.00
D6752	Crown - porcelain fused to noble metal	\$264.00
D6790	Crown - full cast high noble metal	\$276.00
D6791	Crown - full cast predominantly base metal	\$258.00
D6792	Crown - full cast noble metal	\$264.00
D6794	Crown - titanium	\$290.00
D6930	Re-cement or re-bond fixed partial denture.....	\$17.00

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

- *Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*

- *Oral surgery services are limited to surgical exposure of teeth, removal of teeth, preparation of the mouth for dentures, removal of tooth generated cysts up to 1.25 cm., frenectomy and crown lengthening.*

D7111	Extraction, coronal remnants - deciduous tooth	\$8.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$20.00
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$27.00
D7220	Removal of impacted tooth - soft tissue.....	\$45.00
D7230	Removal of impacted tooth - partially bony	\$55.00
D7240	Removal of impacted tooth - completely bony	\$65.00

D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$80.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$35.00
D7251	Coronectomy – intentional partial tooth removal.....	\$65.00
D7280	Surgical access of an unerupted tooth.....	\$52.00
D7283	Placement of device to facilitate eruption of impacted tooth	\$13.00
D7285	Incisional biopsy of oral tissue - hard - <i>does not include pathology laboratory procedures</i>	\$35.00
D7286	Incisional biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i>	\$28.00
D7288	Brush biopsy - transepithelial sample collection	\$45.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$23.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.....	\$30.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.....	\$30.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$60.00
D7471	Removal of lateral exostosis (maxilla or mandible)	\$60.00
D7472	Removal of torus palatinus	\$60.00
D7473	Removal of torus mandibularis	\$60.00
D7485	Surgical reduction of osseous tuberosity.....	\$60.00
D7510	Incision and drainage of abscess – intraoral soft tissue	\$35.00
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$53.00
D7963	Frenuloplasty.....	\$27.00
D7972	Surgical reduction of fibrous tuberosity	\$60.00

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.*
- *Comprehensive orthodontic treatment plan – one per lifetime*

Pre and post orthodontic records include:

The benefit for pre-treatment records and diagnostic services includes: \$150.00

D0210	Intraoral - complete series of radiographic images	
D0322	Tomographic survey	
D0330	Panoramic radiographic image	
D0340	Cephalometric radiographic image	
D0350	2D oral/facial photographic image obtained intraorally or extra-orally	
D0351	3D photographic image	
D0470	Diagnostic casts	

The benefit for post-treatment records includes: \$100.00

D0210	Intraoral - complete series of radiographic images	
D0470	Diagnostic casts	

D8010	Limited orthodontic treatment of the primary dentition	\$380.00
D8020	Limited orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i>	\$405.00
D8030	Limited orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	\$430.00
D8040	Limited orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i>	\$455.00
D8050	Interceptive orthodontic treatment of the primary dentition	\$650.00
D8060	Interceptive orthodontic treatment of the transitional dentition.....	\$750.00

D8070	Comprehensive orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i>	\$1,800.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	\$1,950.00
D8090	Comprehensive orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i>	\$2,200.00
D8210	Removable appliance therapy	\$390.00
D8220	Fixed appliance therapy	\$370.00
D8660	Pre-orthodontic treatment examination to monitor growth and development.....	\$0.00
D8680	Orthodontic retention (removal of appliances, construction and placement of <i>removable</i> retainers).....	\$150.00
D8999	Unspecified orthodontic procedure, by report - <i>includes treatment planning session</i>	\$0.00

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$15.00
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$20.00
D9211	Regional block anesthesia	\$26.00
D9212	Trigeminal division block anesthesia	\$15.00
D9215	Local anesthesia in conjunction with operative or surgical procedures.....	\$18.00
D9219	Evaluation for deep sedation or general anesthesia	\$0.00
D9220	Deep sedation/general anesthesia - first 30 minutes.....	\$205.00
D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$103.00
D9241	Intravenous moderate (conscious) sedation/analgesia - first 30 minutes	\$205.00
D9242	Intravenous moderate (conscious) sedation/analgesia - each additional 15 minutes.....	\$100.00
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	\$0.00
D9440	Office visit - after regularly scheduled hours	\$30.00
D9630	Other drugs and/or medicaments, by report	\$20.00
D9931	Cleaning and inspection of a removable appliance	\$0.00
D9951	Occlusal adjustment, limited	\$20.00
D9952	Occlusal adjustment, complete.....	\$45.00

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 Specialist Services, and are referred by the assigned Contract Dentist, must be authorized by the Administrator. 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" mean the Contract Dentist's fees on file with the Administrator. Questions regarding these fees should be directed to the Customer Service department at 844-697-0578.