Covered Dental Services and Patient Charges – U10ILI07



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First Commonwealth is an Illinois domiciled Limited Health Services Organization licensed in accordance with the statutes and applicable provisions of the Illinois Administrative Code.

The services covered by this Plan are named in this list. If a service, treatment or procedure is not on this list, it is not a covered service. All services must be provided by the assigned PCD.

The Member must pay the listed Patient Charge. The benefits We provide are subject to all of the terms of this Plan, including the Limitations and Conditions on Covered Dental Services and Exclusions as described in the Member's Plan booklet and the Manual (including the Quality Management retrospective review).

There is a limit on the total amount of Patient Charges a Member who is under age 19 must pay each calendar year for pediatric essential health benefits as determined by Illinois. The Maximum Out Of Pocket limit is $450.00 for each such Member. Once this limit is reached the plan waives Patient Charges for such benefits for the rest of the calendar year for such Member. But if two or more such Members meet the Maximum Out Of Pocket limit of $900.00 in a calendar year, the plan waives the Patient Charges for such benefits for all other such Members for the rest of the calendar year. The dental services identified with the asterisk symbol (*) reflect the pediatric essential health benefits.

There is no Maximum Out Of Pocket for Members age 19 and over. Members age 19 and over are responsible for the Patient Charge listed.

The Patient Charges listed this section are only valid for covered services that are: (1) started and completed under this Plan, and (2) rendered by Participating Dentists in the State of Illinois.

Annual Limitation on Cost Sharing

CDT Code	Covered Services and Patient Charges Current Dental Terminology (CDT) © American Dental Association (ADA)	Patient Charge
D0100-D0999	**I. DIAGNOSTIC**	
D0120	Periodic oral evaluation - established patient *	$0
D0140	Limited oral evaluation - problem focused *	$0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver *	$0
D0150	Comprehensive oral evaluation - new or established patient *	$0
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit) *	$0
D0180	Comprehensive periodontal evaluation - new or established patient *	$0
	Routine exams/evaluations – covered once every six months in a dental office setting and once every 12 months in a school setting.	
D0210	Intraoral - complete series of radiographic images *	$0
D0220	Intraoral - periapical first radiographic image *	$0
D0230	Intraoral - periapical each additional radiographic image *	$0
D0240	Intraoral - occlusal radiographic image *	$0
D0270	Bitewing - single radiographic image *	$0
D0272	Bitewings - two radiographic images *	$0
D0273	Bitewings - three radiographic images *	$0

D0274	Bitewings - four radiographic images *	$0
D0277	Vertical bitewings - 7 to 8 radiographic images *	$0
D0330	Panoramic radiographic image *	$0
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	$50
D0460	Pulp vitality tests	$0
D0470	Diagnostic casts *	$0
D0999	Office visit during regular hours, general dentist only *	$20
D1000-D1999	**II. PREVENTIVE**	
D1110	Prophylaxis - adult, for the first two services in any 12-month period *	$0
D1120	Prophylaxis - child, for the first two services in any 12-month period *	$0
D1999	Prophylaxis - adult or child, for each additional service in same 12-month period *	$60
	The Patient Charges for codes D1110, D1120, D1203, D1204, D1206, D1208, and D4910 are limited to the first two services in any 12-month period. For each additional service in the same 12-month period, see codes D1999, D2999, and D4999 for the applicable Patient Charge.	
	Routine prophylaxis or periodontal maintenance procedure - a total of four services in any 12-month period. One of the covered periodontal maintenance procedures may be performed by a participating periodontal Specialist if done within three to six months following completion of approved, active periodontal therapy (periodontal scaling and root planing or periodontal osseous surgery) by a participating periodontal Specialist. Active periodontal therapy includes periodontal scaling and root planing or periodontal osseous surgery.	
D1203	Topical application of fluoride (prophylaxis not included) - child, for the first two services in any 12-month period *	$0
D1204	Topical application of fluoride (prophylaxis not included) - adult, for the first two services in any 12-month period *	$0
D1206	Topical application of fluoride varnish, for the first two services in any 12-month period *	$12
D1208	Topical application of fluoride *	$0
D2999	Topical fluoride (adult or child), each additional service in the same 12-month period *	$20
	The Patient Charges for codes D1110, D1120, D1203, D1204, D1206, D1208, and D4910 are limited to the first two services in any 12-month period. For each additional service in the same 12-month period, see codes D1999, D2999, and D4999 for the applicable Patient Charge.	
	Fluoride Treatment – a total of four services in any 12-month period.	
D1310	Nutritional counseling for control of dental diseases	$0
D1330	Oral hygiene instructions	$0
D1351	Sealant - per tooth (molars) *	$14
D9999	Sealant - per tooth (non-molars) *	$35
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth *	$14
	Sealants are limited to permanent teeth up to the 19th birthday.	
D1510	Space maintainer - fixed – unilateral *	$75

D1515	Space maintainer - fixed – bilateral *	$110
D1520	Space maintainer - removable – unilateral *	$75
D1525	Space maintainer - removable – bilateral *	$110
D1550	Re-cementation of space maintainer *	$13
D1555	Removal of fixed space maintainer	$20

D2000-D2999 **III. RESTORATIVE**

The Patient Charge for these services is per unit.

D2140	Amalgam - one surface, primary or permanent *	$28
D2150	Amalgam - two surfaces, primary or permanent *	$39
D2160	Amalgam - three surfaces, primary or permanent *	$46
D2161	Amalgam - four or more surfaces, primary or permanent *	$57
D2330	Resin-based composite - one surface, anterior *	$36
D2331	Resin-based composite - two surfaces, anterior *	$44
D2332	Resin-based composite - three surfaces, anterior	$58
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior) *	$66
D2390	Resin-based composite crown, anterior *	$95
D2391	Resin-based composite - one surface, posterior *	$56
D2392	Resin-based composite - two surfaces, posterior *	$75
D2393	Resin-based composite - three surfaces, posterior *	$90
D2394	Resin-based composite - four or more surfaces, posterior *	$95
D2510	Inlay - metallic - one surface	$326
D2520	Inlay - metallic - two surfaces	$368
D2530	Inlay - metallic - three or more surfaces	$383
D2542	Onlay - metallic - two surfaces	$383
D2543	Onlay - metallic - three surfaces	$400
D2544	Onlay - metallic - four or more surfaces	$420

Metallic Inlay and Onlays - If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal.

D2610	Inlay - porcelain/ceramic - one surface	$326
D2620	Inlay - porcelain/ceramic - two surfaces	$368
D2630	Inlay - porcelain/ceramic - three or more surfaces	$383
D2642	Onlay - porcelain/ceramic - two surfaces	$383
D2643	Onlay - porcelain/ceramic - three surfaces	$400
D2644	Onlay - porcelain/ceramic - four or more surfaces	$420
D2740	Crown - porcelain/ceramic substrate *	$450
D2750	Crown - porcelain fused to high noble metal * - If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal.	$430
D2751	Crown - porcelain fused to predominately base metal *	$430
D2752	Crown - porcelain fused to noble metal *	$430
D2780	Crown - 3/4 cast high noble metal * - If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal.	$420
D2781	Crown - 3/4 cast predominately base metal *	$420
D2782	Crown - 3/4 cast noble metal *	$420
D2783	Crown - 3/4 porcelain/ceramic *	$420
D2790	Crown - full cast high noble metal * - If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal.	$430
D2791	Crown - full cast predominately base metal *	$430
D2792	Crown - full cast noble metal *	$430
D2794	Crown – titanium *	$430
D2910	Recement inlay, onlay, or partial coverage restoration *	$18

D2915	Recement cast or prefabricated post and core *	$18
D2920	Recement crown *	$18
D2929	Prefabricated porcelain/ceramic crown - primary tooth *	$135
D2930	Prefabricated stainless steel crown - primary tooth *	$110
D2931	Prefabricated stainless steel crown - permanent tooth *	$125
D2932	Prefabricated resin crown *	$135
D2933	Prefabricated stainless steel crown with resin window *	$135
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth *	$145
D2940	Sedative filling *	$30
D2950	Core buildup, including any pins *	$113
D2951	Pin retention - per tooth, in addition to restoration *	$24
D2952	Post and core, in addition to crown, indirectly fabricated *	$160
D2953	Each additional indirectly fabricated post - same tooth *	$50
D2954	Prefabricated post and core in addition to crown *	$130
D2957	Each additional prefabricated post - same tooth	$29
D2960	Labial veneer (resin laminate) - chairside	$250
D2970	Temporary crown (fractured tooth)	$100
D2971	Additional procedures to construct new crown under existing partial denture framework	$125
D2990	Resin infiltration of incipient smooth surface lesions	$5
D3000-D3999	**IV. ENDODONTICS**	
D3110	Pulp cap - direct (excluding final restoration)	$15
D3120	Pulp cap - indirect (excluding final restoration)	$15
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament *	$50
D3221	Pulpal debridement, primary and permanent teeth *	$50
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development *	$50
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) *	$88
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) *	$90
D3310	Endodontic therapy, anterior tooth (excluding final restoration) *	$260
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration) *	$300
D3330	Endodontic therapy, molar (excluding final restoration) *	$400
D3331	Treatment of root canal obstruction, non-surgical access	$0
D3332	Incomplete endodontic therapy, inoperable, unrestorable or fractured tooth	$150
D3333	Internal root repair of perforation defects	$120
D3346	Retreatment of previous root canal therapy – anterior *	$315
D3347	Retreatment of previous root canal therapy – bicuspid *	$370
D3348	Retreatment of previous root canal therapy – molar *	$445
D3351	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.) *	$78
D3352	Apexification/recalcification – interim medication replacement *	$52
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.) *	$182
D3410	Apicoectomy/periradicular surgery – anterior *	$265
D3421	Apicoectomy/periradicular surgery - bicuspid (first root) *	$300
D3425	Apicoectomy/periradicular surgery - molar (first root) *	$350
D3426	Apicoectomy/periradicular surgery - (each additional root) *	$110
D3430	Retrograde filling - per root *	$90
D3950	Canal preparation and fitting of preformed dowel or post	$20

D4000-D4999	V. PERIODONTICS	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant *	$188
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant *	$85
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth *	$60
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant *	$275
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant *	$165
D4249	Clinical crown lengthening - hard tissue	$285
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant *	$410
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant *	$350
D4263	Bone replacement graft – first site in quadrant *	$249
D4264	Bone replacement graft – each additional site in quadrant *	$191
D4268	Surgical revision procedure, per tooth	$0
D4270	Pedicle soft tissue graft procedure *	$295
D4271	Free soft tissue graft procedure (including donor site surgery) *	$298
D4273	Subepithelial connective tissue graft procedures, per tooth *	$328
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area) *	$191
D4277	Free soft tissue graft procedure (including donor site surgery) first tooth or edentulous tooth position in a graft *	$298
D4278	Free soft tissue graft procedure (including donor site surgery) each additional contiguous tooth or edentulous tooth position in a graft *	$179
D4320	Provisional splinting – intracoronal *	$275
D4321	Provisional splinting – extracoronal *	$275
D4341	Periodontal scaling and root planing, four or more teeth per quadrant *	$50
D4342	Periodontal scaling and root planing, one to three teeth per quadrant *	$30
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis *	$35
D4920	Unscheduled dressing change (by someone other than treating dentist)	$25
D4910	Periodontal maintenance, for the first two services in any 12-month period *	$32
D4999	Periodontal maintenance, each additional service in same 12-month period *	$60

The Patient Charges for codes D1110, D1120, D1203, D1204, D1206, D1208, and D4910 are limited to the first two services in any 12-month period. For each additional service in the same 12-month period, see codes D1999, D2999, and D4999 for the applicable Patient Charge.

Routine prophylaxis or periodontal maintenance procedure - a total of four services in any 12-month period. One of the covered periodontal maintenance procedures may be performed by a participating periodontal Specialist if done within three to six months following completion of approved, active periodontal therapy (periodontal scaling and root planing or periodontal osseous surgery) by a participating periodontal Specialist. Active periodontal therapy includes periodontal scaling and root planing or periodontal osseous surgery.

D5000-D5999	VI. PROSTHODONTICS (removable)	
D5110	Complete denture – maxillary *	$580
D5120	Complete denture – mandibular *	$580
D5130	Immediate denture – maxillary *	$620
D5140	Immediate denture – mandibular *	$620

D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) *	$580
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) *	$580
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) *	$620
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) *	$620
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth) *	$675
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth) *	$675
D5410	Adjust complete denture – maxillary *	$27
D5411	Adjust complete denture – mandibular *	$27
D5421	Adjust partial denture – maxillary *	$27
D5422	Adjust partial denture – mandibular *	$27
D5510	Repair broken complete denture base *	$69
D5520	Replace missing or broken teeth - complete denture (each tooth) *	$66
D5610	Repair resin denture base *	$80
D5620	Repair cast framework *	$80
D5630	Repair or replace broken clasp *	$96
D5640	Replace broken teeth - per tooth *	$62
D5650	Add tooth to existing partial denture *	$81
D5660	Add clasp to existing partial denture *	$102
D5670	Replace all teeth and acrylic on cast metal framework (maxillary) *	$223
D5671	Replace all teeth and acrylic on cast metal framework (mandibular) *	$223
D5710	Rebase complete maxillary denture	$230
D5711	Rebase complete mandibular denture	$230
D5720	Rebase maxillary partial denture	$230
D5721	Rebase mandibular partial denture	$230
D5730	Reline complete maxillary denture (chairside) *	$130
D5731	Reline complete mandibular denture (chairside) *	$130
D5740	Reline maxillary partial denture (chairside) *	$125
D5741	Reline mandibular partial denture (chairside) *	$125
D5750	Reline complete maxillary denture (laboratory) *	$186
D5751	Reline complete mandibular denture (laboratory) *	$186
D5760	Reline maxillary partial denture (laboratory) *	$186
D5761	Reline mandibular partial denture (laboratory) *	$186
D5820	Interim partial denture (maxillary) *	$190
D5821	Interim partial denture (mandibular) *	$190
D5850	Tissue conditioning, maxillary	$60
D5851	Tissue conditioning, mandibular	$60
D5900-D5999	**VII. MAXILLOFACIAL PROSTHETICS - Medical Necessity**	
D5911	Facial moulage (sectional) *	$213
D5912	Facial moulage (complete) *	$213
D5913	Nasal prosthesis *	$700
D5914	Auricular prosthesis *	$700
D5915	Orbital prosthesis *	$700
D5916	Ocular prosthesis *	$700
D5919	Facial prosthesis *	$52
D5922	Nasal septal prosthesis *	$700
D5923	Ocular prosthesis, interim *	$700
D5924	Cranial prosthesis *	$700
D5925	Facial Augmentation implant prosthesis *	$700
D5926	Nasal prosthesis, replacement *	$700
D5927	Auricular prosthesis, replacement *	$700
D5928	Orbital prosthesis, replacement *	$700
D5929	Facial prosthesis, replacement *	$700

D5931	Obturator prosthesis, surgical *	$2,415
D5932	Obturator prosthesis, definitive *	$1,687
D5933	Obturator prosthesis, modification *	$245
D5934	Mandibular resection prosthesis with guide flange *	$700
D5935	Mandibular resection prosthesis without guide flange *	$700
D5936	Obturator prosthesis, interim *	$4,023
D5937	Trismus appliance (not for TMD treatment) *	$700
D5951	Feeding aid *	$657
D5952	Speech aid prosthesis, pediatric *	$700
D5953	Speech aid prosthesis, adult *	$700
D5954	Palatal Augmentation prosthesis *	$515
D5955	Palatal lift prosthesis, definitive *	$700
D5958	Palatal lift prosthesis, interim *	$700
D5959	Palatal lift prosthesis, modification *	$100
D5960	Speech aid prosthesis, modification *	$700
D5982	Surgical stent *	$235
D5983	Radiation carrier *	$700
D5984	Radiation shield *	$700
D5985	Radiation cone locator *	$700
D5986	Fluoride gel carrier *	$130
D5987	Commissure splint *	$336
D5988	Surgical splint *	$330
D5999	Unspecified maxillofacial prosthesis, by report *	$0

D6000-D6199 **VIII. IMPLANT SERVICES - Not Covered**

D6200-D6999 **IX. PROSTHODONTICS (fixed - each retainer and each pontic constitutes a unit of fixed partial denture bridge)**

The Patient Charge for these services is per unit.

D6210	Pontic - cast high noble metal * - If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal.	$400
D6211	Pontic - cast predominately base metal *	$400
D6212	Pontic - cast noble metal *	$400
D6214	Pontic – titanium *	$400
D6240	Pontic - porcelain fused to high noble metal * - If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal.	$400
D6241	Pontic - porcelain fused to predominately base metal *	$400
D6242	Pontic - porcelain fused to noble metal *	$400
D6245	Pontic - porcelain/ceramic *	$410
D6251	Pontic - resin with base metal *	$400
D6600	Inlay - porcelain/ceramic - two surfaces	$368
D6601	Inlay - porcelain/ceramic - three or more surfaces	$383
D6602	Inlay - cast high noble metal, two surfaces - If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal.	$368
D6603	Inlay - cast high noble metal, three or more surfaces - If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal.	$383
D6604	Inlay - cast predominantly base metal, two surfaces	$368
D6605	Inlay - cast predominantly base metal, three or more surfaces	$383
D6606	Inlay - cast noble metal, two surfaces	$368
D6607	Inlay - cast noble metal, three or more surfaces	$383
D6608	Onlay - porcelain/ceramic - two surfaces	$383
D6609	Onlay - porcelain/ceramic - three or more surfaces	$400
D6610	Onlay - cast high noble metal, two surfaces - If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal.	$383

D6611	Onlay - cast high noble metal, three or more surfaces - If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal.	$400
D6612	Onlay - cast predominantly base metal, two surfaces	$383
D6613	Onlay - cast predominantly base metal, three or more surfaces	$400
D6614	Onlay - cast noble metal, two surfaces	$383
D6615	Inlay - cast noble metal, three or more surfaces	$400
D6624	Inlay - titanium	$368
D6634	Onlay - titanium	$383
D6721	Crown - resin with base metal *	$430
D6740	Crown - porcelain/ceramic *	$450
D6750	Crown - porcelain fused to high noble metal * - If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal.	$430
D6751	Crown - porcelain fused to predominately base metal *	$430
D6752	Crown - porcelain fused to noble metal *	$430
D6780	Crown - 3/4 cast high noble metal * - If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal.	$430
D6781	Crown - 3/4 cast predominately base metal *	$430
D6782	Crown - 3/4 cast noble metal *	$430
D6783	Crown - 3/4 porcelain/ceramic *	$430
D6790	Crown - full cast high noble metal * - If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal.	$430
D6791	Crown - full cast predominately base metal *	$430
D6792	Crown - full cast noble metal *	$430
D6794	Crown – titanium *	$430
D6930	Recement fixed partial denture *	$26
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	$160
D6972	Prefabricated post and core in addition to fixed partial denture retainer	$130
D6973	Core build up for retainer, including any pins	$113
D6976	Each additional cast post - same tooth	$50
D6977	Each additional prefabricated post - same tooth	$29
D6999	Multiple crown and bridge unit treatment plan - per unit, six or more units per treatment plan	$125
D7000-D7999	**X. ORAL AND MAXILLOFACIAL SURGERY**	
D7111	Extraction, coronal remnants - deciduous tooth *	$20
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) *	$35
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated *	$110
D7220	Removal of impacted tooth - soft tissue *	$145
D7230	Removal of impacted tooth - partially bony *	$180
D7240	Removal of impacted tooth - completely bony *	$215
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications *	$240
D7250	Surgical removal of residual tooth roots (cutting procedure) *	$110
D7261	Primary closure of a sinus perforation	$250
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	$145
D7280	Surgical access of an unerupted tooth *	$250
D7283	Placement of device to facilitate eruption of impacted tooth *	$35
D7285	Biopsy of oral tissue - hard (bone, tooth)	$125
D7286	Biopsy of oral tissue - soft	$85
D7288	Brush biopsy - transepithelial sample collection	$65
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant *	$53
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant *	$26

D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant *	$92
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant *	$65
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm *	$200
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25cm *	$260
D7460	Removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm *	$406
D7461	Removal of nonodontogenic cyst or tumor - lesion diameter greater than to 1.25cm *	$406
D7471	Removal of lateral exostosis (maxilla or mandible)	$215
D7472	Removal of torus palatinus	$215
D7473	Removal of torus mandibularis	$215
D7510	Incision and drainage of abscess - intraoral soft tissue *	$44
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) *	$48
D7610	Maxilla - open reduction (teeth immobilized, if present) *	$1,500
D7620	Maxilla - closed reduction (teeth immobilized, if present) *	$1,100
D7630	Mandible - open reduction (teeth immobilized, if present) *	$5,000
D7640	Mandible - closed reduction (teeth immobilized, if present) *	$2,200
D7710	Maxilla - open reduction *	$495
D7720	Maxilla - closed reduction *	$3,513
D7730	Mandible - open reduction *	$1,129
D7740	Mandible - closed reduction *	$1,020
D7810	Open reduction of dislocation *	$700
D7820	Closed reduction dislocation *	$700
D7960		
D7961	Buccal / labial frenectomy (frenulectomy) *	$100
D7962	Lingual frenectomy (frenulectomy) *	$100
D7963	Frenuloplasty *	$168
D8000-D8999	**XI. ORTHODONTICS**	
	Child orthodontics is limited to children meeting or exceeding a score of 42 from the Modified Salzmann Index or meeting criteria for medical necessity.	
D8070	Comprehensive orthodontic treatment of the transitional dentition *	$2,500
D8080	Comprehensive orthodontic treatment of the adolescent dentition *	$2,500
D8090	Comprehensive orthodontic treatment of the adult dentition *	$2,800
	Child orthodontics applies to a Member under age 19; adult orthodontics applies to a Member age 19 and above. A Member's age is determined on the date of banding.	
D8660	Pre-orthodontic treatment visit (includes treatment plan, records, evaluation and consultation *	$250
D8670	Periodic orthodontic treatment visit *	$0
D8680	Orthodontic retention (removal of appliances, construction and placement of removable retainers) *	$400
	Broken appointment	$25
D9000-D9999	**XII. ADJUNCTIVE GENERAL SERVICES**	
D9110	Palliative (emergency) treatment of dental pain - minor procedure *	$25
D9120	Fixed partial denture sectioning *	$30
D9215	Local anesthesia	$0
D9220	Deep sedation/general anesthesia - first 30 minutes *	$195

D9221	Deep sedation/general anesthesia - each additional 15 minutes *	$75
D9230	Inhalation of nitrous oxide/analgesia anxiolysis *	$185
D9241	Intravenous conscious sedation/analgesia - first 30 minutes *	$195
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes *	$75
D9248	Non-intravenous conscious sedation *	$125

Procedure codes D9220, D9221, D9230, D9241, D9242 and D9248 are limited to a participating oral surgery Specialist. Additionally, these services are only covered in conjunction with other surgical services.

D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician *	$34
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed *	$10
D9440	Office visit - after regularly scheduled hours *	$50
D9450	Case presentation, detailed and extensive treatment planning	$0
D9610	Therapeutic drug injection, by report *	$79
D9630	Other drugs and/or medicaments, by report *	$0
D9951	Occlusal adjustment - limited	$23
D9971	Odontoplasty - one to two teeth	$23
D9972	External bleaching - per arch – performed in office	$165
D9975	Bleaching for home application, per arch; includes material and fabrication of custom trays	$99
	Broken appointment	$25

The Plan Covers the Following for Orthodontic Services:

- Orthodontic services as listed under Covered Dental Services and Patient Charges, limited to one (1) course of treatment per Member. We must preauthorize treatment, and it must be performed by a Participating Orthodontic Specialist Dentist.
- Up to twenty-four (24) months of comprehensive treatment.
- Treatment plan and records, including initial records and any interim and final records.
- Comprehensive orthodontic treatment, including the fixed banding appliances and related visits only.
- Retention services following a course of comprehensive orthodontic treatment that was covered under this Plan.
- Orthodontic retention, including any and all necessary fixed and removable appliances and related visits.
- If a Member has orthodontic treatment associated with orthognathic surgery (a non-covered procedure involving the surgical moving of teeth), the Plan provides the standard orthodontic benefit. The Member will be responsible for additional charges related to the orthognathic surgery and the complexity of the orthodontic treatment. The additional charge will be based on the Participating Orthodontic Specialist Dentist's usual fee.

This Plan Does Not Cover the Following for Orthodontic Services:

- Any Procedure listed as an exclusion, in excess of Plan limitations, or as not covered under First Commonwealth.
- Orthodontic treatment performed by any dentist other than a Participating Orthodontic Specialty Dentist.
- Limited orthodontic treatment and Interceptive (Phase 1) treatment.
- Treatment beyond twenty-four (24) months. (The Member will be responsible for an additional charge for each additional month of treatment,

based upon the Participating Orthodontic Specialists Dentist's contracted fee.

- Except as described under treatment in progress - orthodontic treatment, orthodontic services are not covered if comprehensive treatment begins before the Member is eligible for benefits under the Plan. If a Member's coverage terminates after the fixed banding appliances are inserted, the Participating Orthodontist Specialty Care Dentist may prorate his or her usual fee over the remaining months of treatment.
- Orthodontic services after a Member's coverage terminates.
- Any incremental charges for non-standard orthodontic appliances or those made with clear, ceramic, white or other optional material or lingual brackets.
- Procedures, appliances or devices to (a) guide minor tooth movement or (b) to correct or control harmful habits.
- Re-treatment of orthodontic cases, or changes in orthodontic treatment necessitated by any kind of accident.
- Replacement or repair of orthodontic appliances damaged due to the neglect of the Member.
- Extractions performed solely to facilitate orthodontic treatment.
- Orthognathic surgery (moving of teeth by surgical means) and associated incremental charges.
- If a Member transfers to another Participating Orthodontic Specialty Care Dentist after authorized comprehensive orthodontic treatment has started under this Plan, the Member will be responsible for any additional costs associated with the change in Orthodontic Specialty Care Dentist and subsequent treatment.