

Code	Description	DeltaCare USA 10A
D0100- D0999	I. DIAGNOSTIC	
D0999	Unspecified diagnostic procedure, by report (<i>Included Office Visit Copay</i>)	\$0.00
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 and counseling with primary caregiver	\$0.00
D0150	Comprehensive oral evaluation - new or established patient	\$0.00
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$0.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$0.00
D0171	Re-evaluation – post-operative office visit	\$5.00
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	Intraoral - complete series of radiographic images	\$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
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	\$0.00
D0251	Extra-oral posterior dental 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	\$0.00
D0277	Vertical bitewings - 7 to 8 radiographic images	\$0.00
D0330	Panoramic radiographic image	\$0.00
D0415	Collection of microorganisms for culture and sensitivity	\$0.00
D0425	Caries susceptibility tests	\$0.00
D0460	Pulp vitality tests	\$0.00
D0470	Diagnostic casts	\$0.00
D0472	Accession of tissue, gross examination, preparation and transmission of written	\$0.00
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$0.00
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$0.00
D0601	Caries risk assessment and documentation, with a finding of low risk	\$0.00
D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$0.00
D0603	Caries risk assessment and documentation, with a finding of high risk	\$0.00

D1000-
D1999 II. PREVENTIVE

D1110	Prophylaxis <i>cleaning</i> - adult	\$0.00
D1110	<i>Additional prophylaxis</i> - adult	\$45.00
D1120	Prophylaxis <i>cleaning</i> - child	\$0.00
D1120	<i>Additional prophylaxis</i> - child	\$35.00
D1206	Topical application of fluoride varnish	\$0.00
D1206	Additional topical application of fluoride varnish	\$0.00
D1208	Topical application of fluoride – excluding varnish	\$0.00
D1208	<i>Additional topical application of fluoride</i>	\$0.00
D1310	Nutritional counseling for control of dental disease	\$0.00
D1330	Oral hygiene instructions	\$0.00
Code	Description	DeltaCare USA 10A
D1351	Sealant - per tooth	\$5.00
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	\$5.00

D1353	Sealant repair – per tooth	\$5.00
D1354	Interim caries arresting medicament application – per tooth	\$0.00
D1510	Space maintainer - fixed - unilateral	\$10.00
D1516	Space maintainer – fixed – bilateral, maxillary	\$10.00
D1517	Space maintainer – fixed – bilateral, mandibular	\$10.00
D1520	Space maintainer - removable - unilateral	\$10.00
D1526	Space maintainer – removable – bilateral, maxillary	\$10.00
D1527	Space maintainer – removable – bilateral, mandibular	\$10.00
D1550	Re-cement or re-bond space maintainer	\$0.00
D1555	Removal of fixed space maintainer	\$0.00
D1575	Distal shoe space maintainer – fixed – unilateral	\$10.00

D2000- III. RESTORATIVE
D2999

No added fee for
high noble metal

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)	\$0.00
D2390	Resin-based composite crown, anterior	\$0.00
D2391	Resin-based composite - one surface, posterior	\$45.00
D2392	Resin-based composite - two surfaces, posterior	\$55.00
D2393	Resin-based composite - three surfaces, posterior	\$65.00
D2394	Resin-based composite - four or more surfaces, posterior	\$75.00
D2510	Inlay - metallic - one surface	\$0.00
D2520	Inlay - metallic - two surfaces	\$0.00
D2530	Inlay - metallic - three or more surfaces	\$0.00
D2542	Onlay - metallic - two surfaces	\$0.00
D2543	Onlay - metallic - three surfaces	\$0.00
D2544	Onlay - metallic - four or more surfaces	\$0.00
D2610	Inlay - porcelain/ceramic - one surface	\$135.00
D2620	Inlay - porcelain/ceramic - two surfaces	\$150.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$160.00
D2642	Onlay - porcelain/ceramic - two surfaces	\$150.00
D2643	Onlay - porcelain/ceramic - three surfaces	\$165.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$175.00
D2650	Inlay - resin-based composite - one surface	\$85.00
D2651	Inlay - resin-based composite - two surfaces	\$95.00
D2652	Inlay - resin-based composite - three or more surfaces	\$115.00
D2662	Onlay - resin-based composite - two surfaces	\$110.00
D2663	Onlay - resin-based composite - three surfaces	\$120.00
D2664	Onlay - resin-based composite - four or more surfaces	\$145.00
D2710	Crown - resin-based composite (indirect) (*non-molar/molar tooth)	\$35.00
D2712	Crown - ¾ resin-based composite (indirect) (*non-molar/molar tooth)	\$35.00
D2720	Crown - resin with high noble metal (*non-molar/molar tooth)	\$155.00
D2721	Crown - resin with predominantly base metal (*non-molar/molar tooth)	\$55.00
Code	Description	DeltaCare USA 10A
D2722	Crown - resin with noble metal (*non-molar/molar tooth)	\$95.00
D2740	Crown - porcelain/ceramic (*non-molar/molar tooth)	\$195.00
D2750	Crown - porcelain fused to high noble metal (*non-molar/molar tooth)	\$195.00
D2751	Crown - porcelain fused to predominantly base metal (*non-molar/molar tooth)	\$95.00
D2752	Crown - porcelain fused to noble metal (*non-molar/molar tooth)	\$135.00
D2780	Crown - ¾ cast high noble metal	\$170.00
D2781	Crown - ¾ cast predominantly base metal	\$70.00
D2782	Crown - ¾ cast noble metal	\$110.00
D2783	Crown - ¾ porcelain/ceramic	\$195.00

D2790	Crown - full cast high noble metal	\$170.00
D2791	Crown - full cast predominantly base metal	\$70.00
D2792	Crown - full cast noble metal	\$110.00
D2794	Crown - titanium	\$195.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$0.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$0.00
D2920	Re-cement or re-bond crown	\$0.00
D2921	Reattachment of tooth fragment, incisal edge or cusp	\$0.00
D2929	Prefabricated porcelain/ceramic crown – primary tooth	\$10.00
D2930	Prefabricated stainless steel crown - primary tooth	\$0.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$0.00
D2932	Prefabricated resin crown	\$15.00
D2933	Prefabricated stainless steel crown with resin window	\$10.00
D2940	Protective restoration	\$0.00
D2941	Interim therapeutic restoration – primary dentition	\$0.00
D2949	Restorative foundation for an indirect restoration	\$0.00
D2950	Core buildup, including any pins when required	\$0.00
D2951	Pin retention - per tooth, in addition to restoration	\$0.00
D2952	Post and core in addition to crown, indirectly fabricated	\$0.00
D2953	Each additional indirectly fabricated post - same tooth	\$0.00
D2954	Prefabricated post and core in addition to crown	\$0.00
D2957	Each additional prefabricated post - same tooth	\$0.00
D2971	Additional procedures to construct new crown under existing partial denture framework	\$19.00
D2980	Crown repair necessitated by restorative material failure	\$10.00
D2981	Inlay repair necessitated by restorative material failure	\$10.00
D2982	Onlay repair necessitated by restorative material failure	\$10.00
D2983	Veneer repair necessitated by restorative material failure	\$10.00
D2990	Resin infiltration of incipient smooth surface lesions	\$5.00

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	\$0.00
D3221	Pulpal debridement, primary and permanent teeth	\$5.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$0.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$5.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$5.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$45.00
Code	Description	DeltaCare USA 10A
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$90.00
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$205.00
D3331	Treatment of root canal obstruction; non-surgical access	\$45.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$45.00
D3333	Internal root repair of perforation defects	\$45.00
D3346	Retreatment of previous root canal therapy - anterior	\$60.00
D3347	Retreatment of previous root canal therapy - premolar	\$105.00
D3348	Retreatment of previous root canal therapy - molar	\$220.00
D3351	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	\$70.00
D3352	Apexification/recalcification – interim medication replacement	\$45.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$45.00
D3410	Apicoectomy - anterior	\$0.00
D3421	Apicoectomy - premolar (first root)	\$0.00

D3425	Apicoectomy - molar (first root)	\$0.00
D3426	Apicoectomy (each additional root)	\$0.00
D3427	Periradicular surgery without apicoectomy	\$0.00
D3430	Retrograde filling - per root	\$0.00
D3450	Root amputation - per root	\$0.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$0.00

D4000-
D4999 V. PERIODONTICS

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$80.00
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	\$80.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$50.00
D4245	Apically positioned flap	\$75.00
D4249	Clinical crown lengthening – hard tissue	\$75.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$175.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$140.00
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	\$195.00
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	\$60.00
D4270	Pedicle soft tissue graft procedure	\$195.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$45.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	\$195.00
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	\$195.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$0.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$0.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	\$0.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	\$0.00
D4910	Periodontal maintenance	\$0.00
Code	Description	DeltaCare USA 10A
D4910	<i>Additional periodontal maintenance (within the 6 month period)</i>	\$55.00
D4921	Gingival irrigation – per quadrant	\$0.00

D5000-
D5899 VI. PROSTHODONTICS (removable)

D5110	Complete denture - maxillary	\$100.00
D5120	Complete denture - mandibular	\$100.00
D5130	Immediate denture - maxillary	\$120.00
D5140	Immediate denture - mandibular	\$120.00
D5211	Maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	\$80.00
D5212	Mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	\$80.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$120.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$120.00
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$80.00

D5222	Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	\$80.00
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$120.00
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$120.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$170.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$170.00
D5410	Adjust complete denture - maxillary	\$0.00
D5411	Adjust complete denture - mandibular	\$0.00
D5421	Adjust partial denture - maxillary	\$0.00
D5422	Adjust partial denture - mandibular	\$0.00
D5511	Repair broken complete denture base, mandibular	\$15.00
D5512	Repair broken complete denture base, maxillary	\$15.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$5.00
D5611	Repair resin partial denture base, mandibular	\$15.00
D5612	Repair resin partial denture base, maxillary	\$15.00
D5621	Repair cast partial framework, mandibular	\$15.00
D5622	Repair cast partial framework, maxillary	\$15.00
D5630	Repair or replace broken retentive clasping materials – per tooth	\$15.00
D5640	Replace broken teeth - per tooth	\$5.00
D5650	Add tooth to existing partial denture	\$5.00
D5660	Add clasp to existing partial denture - per tooth	\$5.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$75.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$75.00
D5710	Rebase complete maxillary denture	\$35.00
D5711	Rebase complete mandibular denture	\$35.00
D5720	Rebase maxillary partial denture	\$35.00
D5721	Rebase mandibular partial denture	\$35.00
D5730	Reline complete maxillary denture (chairside)	\$0.00
D5731	Reline complete mandibular denture (chairside)	\$0.00
D5740	Reline maxillary partial denture (chairside)	\$0.00
D5741	Reline mandibular partial denture (chairside)	\$0.00
D5750	Reline complete maxillary denture (laboratory)	\$35.00
D5751	Reline complete mandibular denture (laboratory)	\$35.00
Code	Description	DeltaCare USA 10A
D5760	Reline maxillary partial denture (laboratory)	\$35.00
D5761	Reline mandibular partial denture (laboratory)	\$35.00
D5820	Interim partial denture (maxillary)	\$45.00
D5821	Interim partial denture (mandibular)	\$45.00
D5850	Tissue conditioning, maxillary	\$0.00
D5851	issue conditioning, mandibular	\$0.00

D5900- VII. MAXILLOFACIAL PROSTHETICS - Not Covered
D5999

D6000- VIII. IMPLANT SERVICES - Not Covered
D6199

D6200- IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture (bridge)) D6999		No added fee for high noble metal
D6210	Pontic - cast high noble metal	\$170.00
D6211	Pontic - cast predominantly base metal	\$70.00
D6212	Pontic - cast noble metal	\$110.00
D6240	Pontic - porcelain fused to high noble metal <i>(*non-molar/molar tooth)</i>	\$195.00
D6241	Pontic - porcelain fused to predominantly base metal <i>(*non-molar/molar tooth)</i>	\$95.00
D6242	Pontic - porcelain fused to noble metal <i>(*non-molar/molar tooth)</i>	\$135.00
D6245	Pontic - porcelain/ceramic	\$195.00
D6250	Pontic - resin with high noble metal <i>(*non-molar/molar tooth)</i>	\$155.00

D6251	Pontic - resin with predominantly base metal <i>(*non-molar/molar tooth)</i>	\$55.00
D6252	Pontic - resin with noble metal <i>(*non-molar/molar tooth)</i>	\$95.00
D6600	Retainer inlay - porcelain/ceramic, two surfaces	\$150.00
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	\$160.00
D6602	Retainer inlay - cast high noble metal, two surfaces	\$100.00
D6603	Retainer inlay - cast high noble metal, three or more surfaces	\$100.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces	\$0.00
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	\$0.00
D6606	Retainer inlay - cast noble metal, two surfaces	\$40.00
D6607	Retainer inlay - cast noble metal, three or more surfaces	\$40.00
D6608	Retainer onlay - porcelain/ceramic, two surfaces	\$150.00
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	\$165.00
D6610	Retainer onlay - cast high noble metal, two surfaces	\$100.00
D6611	Retainer onlay - cast high noble metal, three or more surfaces	\$100.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces	\$0.00
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	\$0.00
D6614	Retainer onlay - cast noble metal, two surfaces	\$40.00
D6615	Retainer onlay - cast noble metal, three or more surfaces	\$40.00
D6720	Retainer crown - resin with high noble metal <i>(*non-molar/molar tooth)</i>	\$155.00
D6721	Retainer crown - resin with predominantly base metal <i>(*non-molar/molar tooth)</i>	\$55.00
D6722	Retainer crown - resin with noble metal <i>(*non-molar/molar tooth)</i>	\$95.00
D6740	Retainer crown - porcelain/ceramic	\$195.00
D6750	Retainer crown - porcelain fused to high noble metal <i>(*non-molar/molar tooth)</i>	\$195.00
D6751	Retainer crown - porcelain fused to predominantly base metal <i>(*non-molar/molar tooth)</i>	\$95.00
D6752	Retainer crown - porcelain fused to noble metal <i>(*non-molar/molar tooth)</i>	\$135.00
D6780	Retainer crown - 3/4 cast high noble metal	\$170.00
D6781	Retainer crown - 3/4 cast predominantly base metal	\$70.00
Code	Description	DeltaCare USA 10A
D6782	Retainer crown - 3/4 cast noble metal	\$110.00
D6783	Retainer crown - 3/4 porcelain/ceramic	\$195.00
D6790	Retainer crown - full cast high noble metal	\$170.00
D6791	Retainer crown - full cast predominantly base metal	\$70.00
D6792	Retainer crown - full cast noble metal	\$110.00
D6930	Re-cement or re-bond fixed partial denture	\$0.00
D6940	Stress breaker	\$0.00
D6980	Fixed partial denture repair necessitated by restorative material failure	\$10.00

D7000-
D7999 X. ORAL AND MAXILLOFACIAL SURGERY

D7111	Extraction, coronal remnants – primary tooth	\$0.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$0.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$15.00
D7220	Removal of impacted tooth - soft tissue	\$25.00
D7230	Removal of impacted tooth - partially bony	\$50.00
D7240	Removal of impacted tooth - completely bony	\$70.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$90.00
D7250	Removal of residual tooth roots (cutting procedure)	\$0.00
D7251	Coronectomy – intentional partial tooth removal	\$90.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$50.00
D7280	Exposure of an unerupted tooth	\$85.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$85.00
D7283	Placement of device to facilitate eruption of impacted tooth	\$0.00
D7286	Incisional biopsy of oral tissue-soft	\$0.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$0.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$0.00

D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$0.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$0.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$0.00
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$0.00
D7471	Removal of lateral exostosis (maxilla or mandible)	\$0.00
D7472	Removal of torus palatinus	\$0.00
D7473	Removal of torus mandibularis	\$0.00
D7510	Incision and drainage of abscess - intraoral soft tissue	\$0.00
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$0.00
D7970	Excision of hyperplastic tissue - per arch	\$50.00
D7971	Excision of pericoronal gingiva	\$50.00
Code	Description	DeltaCare USA 10A

D8000- XI. ORTHODONTICS
D8999

Pre and post orthodontic records include:

<u>The benefit for pre-treatment records and diagnostic services includes:</u>		\$200.00
D0210	Intraoral - complete series of radiographic images	
D0322	Tomographic survey	
D0330	Panoramic radiographic image	
D0340	2D cephalometric radiographic image	
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	
D0351	3D photographic image	
D0470	Diagnostic casts	
<u>The benefit for post-treatment records includes:</u>		\$70.00
D0210	Intraoral - complete series of radiographic images	
D0470	Diagnostic casts	

D8010	Limited orthodontic treatment of the primary dentition	\$950.00
D8020	Limited orthodontic treatment of the transitional dentition	\$950.00
D8030	Limited orthodontic treatment of the adolescent dentition	\$950.00
D8040	Limited orthodontic treatment of the adult dentition	\$1,150.00
D8050	Interceptive orthodontic treatment of the primary dentition	\$950.00
D8060	Interceptive orthodontic treatment of the transitional dentition	\$950.00
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$1,700.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$1,700.00
D8090	Comprehensive orthodontic treatment of the adult dentition	\$1,900.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$25.00
D8670	Periodic orthodontic treatment visit	Included
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$275.00
D8681	Removable orthodontic retainer adjustment	\$0.00
D8999	Unspecified orthodontic procedure, by report (<i>Includes treatment planning and report</i>)	\$100.00

D9000- XII. ADJUNCTIVE GENERAL SERVICES
D9999

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$5.00
D9211	Regional block anesthesia	\$0.00
D9212	Trigeminal division block anesthesia	\$0.00
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0.00
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	\$0.00
D9222	Deep sedation/general anesthesia – first 15 minutes	\$80.00
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	\$80.00
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	\$80.00
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	\$80.00

D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$0.00
D9311	Consultation with a medical health care professional	\$0.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$5.00
D9440	Office visit - after regularly scheduled hours	\$20.00
D9450	Case presentation, detailed and extensive treatment planning	\$0.00
D9932	Cleaning and inspection of removable complete denture, maxillary	\$0.00
D9933	Cleaning and inspection of removable complete denture, mandibular	\$0.00
Code	Description	DeltaCare USA 10A
D9934	Cleaning and inspection of removable partial denture, maxillary	\$0.00
D9935	Cleaning and inspection of removable partial denture, mandibular	\$0.00
D9943	Occlusal guard adjustment	\$10.00
D9944	Occlusal guard – hard appliance, full arch	\$95.00
D9945	Occlusal guard – soft appliance, full arch	\$95.00
D9946	Occlusal guard – hard appliance, partial arch	\$95.00
D9951	Occlusal adjustment - limited	\$20.00
D9952	Occlusal adjustment - complete	\$40.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$125.00
D9986	Missed appointment	\$10.00
D9987	Cancelled appointment	\$10.00
D9990	Certified translation or sign-language services – per visit	\$0.00
D9991	Dental case management – addressing appointment compliance barriers	\$0.00
D9992	Dental case management – care coordination	\$0.00
D9995	Teledentistry – synchronous; real-time encounter	\$0.00
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	\$0.00

The above information is intended as a benefit summary only. It does not include all of the benefit provisions, limitations and qualifications. If this information conflicts, in any way, with the contract, the contract will prevail.