

**Amended ATTACHMENT 34 Out-of-Network Reimbursement Schedule**  
**Removed Asterisks from Prior Version**



**Out-of-Network  
 Reimbursement Schedule  
 RFP entitled:  
 “Dental Plan Services”**

**Dental Plan’s Out-of-Network Reimbursement Schedule**

<b>Code</b>	<b>Description</b>	<b>Maximum Reimbursement</b>
D0120	Periodic examination	\$20.00
D0140	Limited oral evaluation, problem focused	\$20.00
D0150	Comprehensive oral evaluation	\$22.00
D0210	Intraoral complete series (includes bitewings)	\$51.00
D0220	Intra-oral periapical (standard x-ray films): Initial periapical x-ray	\$6.00
D0230	Each additional film	\$5.00
D0270	Initial Bitewing	\$7.00
D0272	Bitewings-two films	\$14.00
D0274	Bitewings-four films	\$28.00
D0330	Panoramic (panography)	\$35.00
D1110	Adult	\$40.00
D1120	Children under 12 years of age	\$27.00
D1208	Topical Application of Fluoride	\$16.00
D1351	Sealant per tooth	\$23.00
D1510	Fixed, unilateral band type	\$120.00
D1515	Fixed, lingual or palatal arch band type	\$150.00
D1520	Space maintainer, removable, acrylic	\$120.00
D2140	Amalgam—One surface, permanent	\$40.00
D2150	Amalgam—Two surfaces, permanent	\$50.00
D2160	Amalgam—Three surfaces, permanent	\$58.00
D2161	Amalgam—Four or more surfaces, permanent	\$58.00
D2330	Resin—one surface, anterior	\$48.00
D2331	Resin—two surfaces, anterior	\$57.00
D2332	Resin—three surfaces, anterior	\$62.00
D2335	Resin—four or more surfaces, anterior	\$62.00
D2391	Resin-based composite-1 surf posterior	\$50.00
D2392	Resin-based composite-2 surf posterior	\$59.00
D2393	Resin-based composite-3 surf posterior	\$64.00
D2751	Crown—Porcelain fused to predominately base metal	\$400.00
D2791	Crown—Full cast, predominately base metal	\$325.00
D2920	Recement crown	\$30.00
D2952	Cast post and core in addition to crown	\$110.00
D2954	Prefabricated post and core in addition to crown	\$110.00
D2960	Labial veneer (lamine, chairside)	\$140.00

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D2962	Labial veneer (porcelain laminate, lab processed)	\$340.00
D3220	Therapeutic pulpotomy	\$70.00
D3310	Root canal therapy—anterior	\$315.00
D3320	Root canal therapy—bicuspid	\$390.00
D3330	Root canal therapy—molar	\$470.00
D3410	Apicoectomy, single procedure	\$210.00
D3426	Apicoectomy, each additional root	\$105.00
D3920	Hemisection	\$70.00
D4210	Gingivectomy or gingivoplasty 4 or more contiguous teeth or tooth-bounded spaces per quadrant	\$225.00
D4211	Gingivectomy or gingivoplasty 1-3 contiguous teeth or toothbounded spaces per quadrant	\$45.00
D4260	Osseous surgery (per quadrant); at least 5 teeth per quadrant	\$400.00
D4266	Guided tissue regeneration	\$125.00
D4341	Periodontal scaling and root planning (per quadrant); at least 5 teeth per quadrant	\$50.00
D4910	Periodontal Prophy, max 2 treatments each per calendar year (starting 1/1/15) Periodontal prophy counted toward the 5 treatments per calendar year	\$55.00
D5110	Complete dentures: Full permanent, upper jaw	\$580.00
D5120	Complete dentures: Full permanent, lower jaw	\$580.00
D5211	Upper partial denture—resin base (including any conventional clasps, rests and teeth)	\$350.00
D5212	Lower partial denture—resin base (including any conventional clasps, rests and teeth)	\$350.00
D5213	Upper partial denture—cast metal framework with resin denture bases	\$620.00
D5214	Lower partial denture—cast metal framework with resin denture bases	\$620.00
D5281	Removable unilateral partial denture with one piece cast metal	\$245.00
D5520	Replacing missing or broken teeth, complete denture, each tooth	\$50.00
D5630	Replacing broken clasp	\$100.00
D5650	Adding teeth to partial denture to replace natural teeth	\$75.00
D5711	Rebase full, lower jaw (lab processed)	\$220.00
D5730	Reline complete upper denture (chairside)	\$100.00
D5731	Reline complete lower denture (chairside)	\$100.00

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<b>Code</b>	<b>Description</b>	<b>Maximum Reimbursement</b>
D5740	Reline upper partial denture (chairside)	\$85.00
D6010	Surgical placement of implant body: endosteal implant	\$600.00
D6241	Pontic—porcelain fused to predominately base metal	\$300.00
D6604	Inlay—cast predominantly base metal, 2 surfaces	\$200.00
D6751	Crown—porcelain fused to predominantly base metal	\$400.00
D6930	Recementing fixed bridge	\$30.00
D7111	Routine removal of tooth or retained root	\$35.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$42.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap & removal of bone and/or section of tooth	\$65.00
D7230	Partial bony impaction	\$130.00
D7240	Removal of impacted tooth completely covered by bone	\$155.00
D7285	Biopsy and examination of oral tissue	\$38.00
D7450	Cyst removal	\$75.00
D7510	Incision and drainage of periodontal abscess	\$35.00
D8670	Active orthodontic treatment up to 20 months each treatment	\$117.10
D8680	Passive treatment up to a lifetime maximum of	\$108.00
D9110	Palliative (Emergency)	\$23.00
D9222	Deep Sedation/General Anesthesia- First 15 Minutes	\$132.50
D9223	Deep Sedation/General Anesthesia -Each Subsequent 15-Minute Increment	\$80.00
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia – First 15 Minutes	\$132.50
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia – Each Subsequent 15-Minute Increment	\$80.00
D9310	Consultation with dental specialist	\$40.00
D9941	An athletic mouth guard	\$70.00