



**NY State Dental Plan's Out-of-Network Reimbursement Schedule**

<b>CODE</b>	<b>PROCEDURE DESCRIPTION</b>	<b>MAXIMUM REIMBURSEMENT</b>
D0120	Periodic oral evaluation – established patient	\$20.00
D0140	Limited oral evaluation – problem focused	\$20.00
D0150	Comprehensive oral evaluation – new or established patient	\$22.00
D0210	Intraoral – complete series of radiographic images	\$65.00
D0220	Intraoral – periapical first radiographic image	\$6.00
D0230	Intraoral – periapical each additional radiographic image	\$5.00
D0270	Bitewing – single radiographic image	\$7.00
D0272	Bitewings – two radiographic images	\$14.00
D0274	Bitewings – four radiographic images	\$28.00
D0330	Panoramic radiographic image	\$35.00
D1110	Prophylaxis – adult	\$40.00
D1120	Prophylaxis – child	\$27.00
D1208	Topical application of fluoride -excluding varnish	\$16.00
D1351	Sealant – per tooth	\$23.00
D1510	Space maintainer – fixed, unilateral	\$120.00
D1520	Space maintainer – removable –unilateral	\$120.00
D2140	Amalgam – one surface, primary or permanent	\$40.00
D2150	Amalgam – two surfaces, primary or permanent	\$50.00
D2160	Amalgam – three surfaces, primary or permanent	\$58.00
D2161	Amalgam – four or more surfaces, primary or permanent	\$58.00
D2330	Resin-based composite – one surface, anterior	\$48.00
D2331	Resin-based composite – two surfaces, anterior	\$57.00
D2332	Resin-based composite – three surfaces, anterior	\$62.00
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$62.00
D2391	Resin-based composite – one surface, posterior	\$50.00
D2392	Resin-based composite – two surfaces, posterior	\$59.00
D2393	Resin-based composite – three surfaces, posterior	\$64.00
D2751	Crown – porcelain fused to predominantly base metal	\$400.00
D2791	Crown – full cast predominantly base metal	\$325.00
D2920	Re–cement or re–bond crown	\$30.00
D2952	Post and core in addition to crown, indirectly fabricated	\$110.00
D2954	Prefabricated post and core in addition to crown	\$110.00
D2960	Labial veneer (resin laminate) – chairside	\$140.00
D2961	Labial veneer (resin laminate) – laboratory	\$340.00
D2962	Labial veneer (porcelain laminate) – laboratory	\$340.00
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	\$70.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$315.00
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$390.00
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$470.00
D3410	Apicoectomy – anterior	\$210.00
D3426	Apicoectomy (each additional root)	\$105.00

D3920	Hemisection (including any root removal), not including root canal therapy	\$70.00
D4210	Gingivectomy or gingivoplasty -four or more contiguous teeth or tooth bounded spaces per quadrant	\$225.00
D4211	Gingivectomy or gingivoplasty –one to three contiguous teeth or tooth bounded spaces per quadrant	\$45.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$400.00
D4266	Guided tissue regeneration – resorbable barrier, per site	\$125.00
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	\$50.00
D4910	Periodontal maintenance	\$55.00
D5110	Complete denture – maxillary	\$580.00
D5120	Complete denture – mandibular	\$580.00
D5211	Maxillary partial denture – resin base (including retentive/ clasping materials, rests, and teeth)	\$350.00
D5212	Mandibular partial denture – resin base (including retentive/ clasping materials, rests, and teeth)	\$350.00
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$620.00
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$620.00
D5520	Replace missing or broken teeth – complete denture (each tooth)	\$50.00
D5630	Repair or replace broken retentive/clasping materials – per tooth	\$100.00
D5650	Add tooth to existing partial denture	\$75.00
D5710	Rebase complete maxillary denture	\$220.00
D5711	Rebase complete mandibular denture	\$220.00
D5720	Rebase maxillary partial denture	\$160.00
D5721	Rebase mandibular partial denture	\$160.00
D5730	Reline complete maxillary denture (chairside)	\$100.00
D5731	Reline complete mandibular denture (chairside)	\$100.00
D5740	Reline maxillary partial denture (chairside)	\$85.00
D5741	Reline mandibular partial denture (chairside)	\$85.00
D6010	Surgical placement of implant body: endosteal implant	\$600.00
D6211	Pontic – cast predominantly base metal	\$275.00
D6241	Pontic – porcelain fused to predominantly base metal	\$300.00
D6604	Retainer Inlay – cast predominantly base metal, two surfaces	\$200.00
D6605	Retainer Inlay – cast predominantly base metal, three or more surfaces	\$325.00
D6721	Retainer Crown – resin with predominantly base metal	\$350.00
D6751	Retainer Crown – porcelain fused to predominantly base metal	\$400.00
D6930	Re–cement or re–bond fixed partial denture	\$30.00
D7111	Extraction, coronal remnants –primary tooth	\$35.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$42.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$65.00
D7220	Removal of impacted tooth – soft tissue	\$105.00
D7230	Removal of impacted tooth – partially bony	\$130.00
D7240	Removal of impacted tooth – completely bony	\$155.00
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)	\$38.00
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	\$75.00
D7510	Incision and drainage of abscess – intraoral soft tissue	\$35.00

	Initial orthodontic appliance insertion	a one-time benefit of \$550
D8670	Periodic orthodontic treatment visit Up to 20 months of active treatment	\$117.10
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	a one-time benefit of \$108
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$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/anesthesia – first 15 minutes	\$132.50
D9243	Intravenous moderate (conscious) sedation/anesthesia – each subsequent 15 minute increment	\$80.00
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$40.00
D9941	Fabrication of athletic mouthguard	\$70.00

\* Please refer to your Dental Certificate of Insurance and Attachment for additional details on your covered benefits, frequencies, and limitations.