Code	Description	DeltaCare USA 11A	Flagship NJ5
D0100-D0999	I. DIAGNOSTIC		CDT-2018
D0999	Unspecified diagnostic procedure, by report *(Included Office Visit Copay)*	$0.00	$0.00
D0120	Periodic oral evaluation - established patient *Flagship only: 2 in a 12-month period; DeltaCare USA: no limitation*	$0.00	$0.00
D0120	Additional periodic oral evaluation - established patient *Flagship only: within 12-month period; DeltaCare USA: no limitation*	$0.00	Not Covered
D0140	Limited oral evaluation - problem focused	$0.00	$0.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	$0.00	$0.00
D0150	Comprehensive oral evaluation - new or established patient	$0.00	$0.00
D0160	Detailed and extensive oral evaluation - problem focused, by report	$0.00	$0.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	$0.00	$0.00
D0171	Re-evaluation – post-operative office visit	$5.00	Not Covered
D0180	Comprehensive periodontal evaluation - new or established patient	$0.00	$0.00
D0190	Screening of a patient	$0.00	Not Covered
D0191	Assessment of a patient	$0.00	Not Covered
D0210	Intraoral - comprehensive series of radiographic images	$0.00	$0.00
D0220	Intraoral - periapical first radiographic image	$0.00	$0.00
D0230	Intraoral - periapical each additional radiographic image	$0.00	$0.00
D0240	Intraoral - occlusal radiographic image	$0.00	$0.00
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	$0.00	Not Covered
D0251	Extra-oral posterior dental radiographic image	$0.00	Not Covered
D0270	Bitewing - single radiographic image	$0.00	$0.00
D0272	Bitewings - two radiographic images	$0.00	$0.00
D0273	Bitewings - three radiographic images	$0.00	$0.00
D0274	Bitewings - four radiographic images	$0.00	$0.00
D0277	Vertical bitewings - 7 to 8 radiographic images	$0.00	Not Covered
D0330	Panoramic radiographic image	$0.00	$0.00
D0415	Collection of microorganisms for culture and sensitivity	$0.00	$0.00
D0419	Assessment of salivary flow by measurement	$0.00	Not Covered
D0425	Caries susceptibility tests	$0.00	Not Covered
D0460	Pulp vitality tests	$0.00	$0.00
D0470	Diagnostic casts	$0.00	$0.00
D0472	Accession of tissue, gross examination, preparation and transmission of written report	$0.00	Not Covered
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	$0.00	Not Covered
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	Not Covered
D0601	Caries risk assessment and documentation, with a finding of low risk	$0.00	Not Covered
D0602	Caries risk assessment and documentation, with a finding of moderate risk	$0.00	Not Covered
D0603	Caries risk assessment and documentation, with a finding of high risk	$0.00	Not Covered
D0701	Panoramic radiographic image – image capture only	$0.00	Not Covered
D0702	2-D cephalometric radiographic image – image capture only	$0.00	Not Covered
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	$0.00	Not Covered
D0705	Extra-oral posterior dental radiographic image – image capture only	$0.00	Not Covered
D0706	Intraoral – occlusal radiographic image – image capture only	$0.00	Not Covered
D0707	Intraoral – periapical radiographic image – image capture only	$0.00	Not Covered
D0708	Intraoral – bitewing radiographic image – image capture only	$0.00	Not Covered

Code	Description	DeltaCare USA 11A	Flagship NJ5
D0709	Intraoral – comprehensive series of radiographic images – image capture only	$0.00	Not Covered
D1000-D1999	**II. PREVENTIVE**		
D1110	Prophylaxis *cleaning* - adult	$0.00	$0.00
D1110	*Additional prophylaxis - adult*	$45.00	Not Covered
D1120	Prophylaxis *cleaning* - child	$0.00	$0.00
D1120	*Additional prophylaxis - child*	$35.00	Not Covered
D1206	Topical application of fluoride varnish	$0.00	Not Covered
D1208	Topical application of fluoride – excluding varnish	$0.00	$0.00
D1310	Nutritional counseling for control of dental disease	$0.00	Not Covered
D1330	Oral hygiene instructions	$0.00	$0.00
D1351	Sealant - per tooth	$10.00	$20.00
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	$10.00	Not Covered
D1353	Application of caries arresting medicament - per tooth	$10.00	Not Covered
D1354	Interim caries arresting medicament application – per tooth	$0.00	Not Covered
D1510	Space maintainer - fixed, unilateral – per quadrant	$25.00	$0.00
D1516	Space maintainer – fixed – bilateral, maxillary	$25.00	$0.00
D1517	Space maintainer – fixed – bilateral, mandibular	$25.00	$0.00
D1520	Space maintainer - removable, unilateral - per quadrant	$25.00	$0.00
D1526	Space maintainer – removable – bilateral, maxillary	$25.00	$0.00
D1527	Space maintainer – removable – bilateral, mandibular	$25.00	$0.00
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	$0.00	$0.00
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	$0.00	$0.00
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	$0.00	$0.00
D1556	Removal of fixed unilateral space maintainer - per quadrant	$0.00	$0.00
D1557	Removal of fixed bilateral space maintainer - maxillary	$0.00	$0.00
D1558	Removal of fixed bilateral space maintainer - mandibular	$0.00	$0.00
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant	$25.00	$0.00
D2000-D2999	**III. RESTORATIVE** ***Flagship plans only: Member pays additional cost of noble and high noble metal (precious). Porcelain on molars is considered optional treatment.***	*No added fees*	*Member pays cost of gold*
D2140	Amalgam - one surface, primary or permanent	$0.00	$0.00
D2150	Amalgam - two surfaces, primary or permanent	$0.00	$0.00
D2160	Amalgam - three surfaces, primary or permanent	$0.00	$0.00
D2161	Amalgam - four or more surfaces, primary or permanent	$0.00	$0.00
D2330	Resin-based composite - one surface, anterior	$0.00	$0.00
D2331	Resin-based composite - two surfaces, anterior	$0.00	$0.00
D2332	Resin-based composite - three surfaces, anterior	$0.00	$0.00
D2335	Resin-based composite - four or more surfaces (anterior)	$0.00	$0.00
D2390	Resin-based composite crown, anterior	$35.00	$75.00
D2391	Resin-based composite - one surface, posterior	$55.00	$20.00
D2392	Resin-based composite - two surfaces, posterior	$65.00	$25.00
D2393	Resin-based composite - three surfaces, posterior	$75.00	$35.00
D2394	Resin-based composite - four or more surfaces, posterior	$85.00	$50.00
D2510	Inlay - metallic - one surface	$0.00	Not Covered
D2520	Inlay - metallic - two surfaces	$0.00	Not Covered
D2530	Inlay - metallic - three or more surfaces	$0.00	Not Covered

Code	Description	DeltaCare USA 11A	Flagship NJ5
D2542	Onlay - metallic - two surfaces	$0.00	$190.00
D2543	Onlay - metallic - three surfaces	$0.00	$190.00
D2544	Onlay - metallic - four or more surfaces	$0.00	$190.00
D2610	Inlay - porcelain/ceramic - one surface	$165.00	Not Covered
D2620	Inlay - porcelain/ceramic - two surfaces	$190.00	Not Covered
D2630	Inlay - porcelain/ceramic - three or more surfaces	$200.00	Not Covered
D2642	Onlay - porcelain/ceramic - two surfaces	$185.00	Not Covered
D2643	Onlay - porcelain/ceramic - three surfaces	$205.00	Not Covered
D2644	Onlay - porcelain/ceramic - four or more surfaces	$220.00	Not Covered
D2650	Inlay - resin-based composite - one surface	$105.00	Not Covered
D2651	Inlay - resin-based composite - two surfaces	$120.00	Not Covered
D2652	Inlay - resin-based composite - three or more surfaces	$145.00	Not Covered
D2662	Onlay - resin-based composite - two surfaces	$140.00	Not Covered
D2663	Onlay - resin-based composite - three surfaces	$155.00	Not Covered
D2664	Onlay - resin-based composite - four or more surfaces	$185.00	Not Covered
D2710	Crown - resin-based composite (indirect)	$50.00	$75.00
D2712	Crown - ¾ resin-based composite (indirect)	$50.00	$190.00
D2720	Crown - resin with high noble metal	$195.00	$200 + gold
D2721	Crown - resin with predominantly base metal	$95.00	$200.00
D2722	Crown - resin with noble metal	$135.00	$200 + gold
D2740	Crown - porcelain/ceramic *Flagship: non-molar / molar*	$240.00	$200 / optional
D2750	Crown - porcelain fused to high noble metal *Flagship: non-molar / molar*	$240.00	$200 + gold / optional
D2751	Crown - porcelain fused to predominantly base metal *Flagship: non-molar / molar*	$140.00	$200 / optional
D2752	Crown - porcelain fused to noble metal *Flagship: non-molar / molar*	$180.00	$200 + gold / optional
D2753	Crown - porcelain fused to titanium and titanium alloys	$240.00	Not Listed
D2780	Crown - 3/4 cast high noble metal	$210.00	$190 + gold
D2781	Crown - 3/4 cast predominantly base metal	$110.00	$190.00
D2782	Crown - 3/4 cast noble metal	$150.00	$190 + gold
D2783	Crown - 3/4 porcelain/ceramic *Flagship: non-molar / molar*	$240.00	$190 / optional
D2790	Crown - full cast high noble metal	$210.00	$200 + gold
D2791	Crown - full cast predominantly base metal	$110.00	$200.00
D2792	Crown - full cast noble metal	$150.00	$200 + gold
D2794	Crown - titanium and titanium alloys	$240.00	Optional
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	$0.00	$0.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	$0.00	$0.00
D2920	Re-cement or re-bond crown	$0.00	$0.00
D2921	Reattachment of tooth fragment, incisal edge or cusp	$0.00	$0.00
D2928	Prefabricated porcelain/ceramic crown – permanent tooth	$15.00	Not Covered
D2929	Prefabricated porcelain/ceramic crown – primary tooth	$20.00	$100.00
D2930	Prefabricated stainless steel crown - primary tooth	$15.00	$50.00
D2931	Prefabricated stainless steel crown - permanent tooth	$15.00	$50.00
D2932	Prefabricated resin crown	$25.00	$75.00
D2933	Prefabricated stainless steel crown with resin window	$20.00	Not Covered
D2940	Protective restoration	$5.00	$0.00
D2941	Interim therapeutic restoration – primary dentition	$5.00	Not Covered
D2949	Restorative foundation for an indirect restoration	$15.00	Not Covered
D2950	Core buildup, including any pins when required	$15.00	$0.00
D2951	Pin retention - per tooth, in addition to restoration	$10.00	$25.00

Code	Description	DeltaCare USA 11A	Flagship NJ5
D2952	Post and core in addition to crown, indirectly fabricated	$35.00	$175.00
D2953	Each additional indirectly fabricated post - same tooth	$25.00	$175.00
D2954	Prefabricated post and core in addition to crown	$20.00	$225.00
D2957	Each additional prefabricated post - same tooth	$15.00	$175.00
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework.	$28.00	Not Covered
D2976	Band stabilization – per tooth	$0.00	Not Covered
D2980	Crown repair necessitated by restorative material failure	$15.00	Not Covered
D2981	Inlay repair necessitated by restorative material failure	$15.00	Not Covered
D2982	Onlay repair necessitated by restorative material failure	$15.00	Not Covered
D2983	Veneer repair necessitated by restorative material failure	$15.00	Not Covered
D2989	Excavation of a tooth resulting in the determination of non-restorability	$0.00	Not Covered
D2990	Resin infiltration of incipient smooth surface lesions	$10.00	Not Covered
D2991	Application of hydroxyapatite regeneration medicament – per tooth	$10.00	Not Covered
D3000-D3999	IV. ENDODONTICS		
D3110	Pulp cap - direct (excluding final restoration)	$0.00	$0.00
D3120	Pulp cap - indirect (excluding final restoration)	$0.00	$0.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	$0.00	$0.00
D3221	Pulpal debridement, primary and permanent teeth	$10.00	$0.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	$0.00	Not Covered
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	$20.00	$0.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	$20.00	$0.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	$55.00	$0.00
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	$120.00	$0.00
D3330	Endodontic therapy, molar tooth (excluding final restoration)	$250.00	$0.00
D3331	Treatment of root canal obstruction; non-surgical access	$55.00	Not Covered
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	$55.00	Not Covered
D3333	Internal root repair of perforation defects	$55.00	Not Covered
D3346	Retreatment of previous root canal therapy - anterior	$85.00	$0.00
D3347	Retreatment of previous root canal therapy - premolar	$150.00	$0.00
D3348	Retreatment of previous root canal therapy - molar	$280.00	$0.00
D3351	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	$75.00	Not Covered
D3352	Apexification/recalcification – interim medication replacement	$50.00	Not Covered
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	$50.00	Not Covered
D3410	Apicoectomy - anterior	$60.00	$0.00
D3421	Apicoectomy - premolar (first root)	$70.00	$0.00
D3425	Apicoectomy - molar (first root)	$80.00	$0.00
D3426	Apicoectomy (each additional root)	$50.00	$0.00
D3430	Retrograde filling - per root	$60.00	$0.00
D3450	Root amputation - per root	$0.00	$0.00
D3471	Surgical repair of root resorption - anterior	$60.00	$0.00
D3472	Surgical repair of root resorption – premolar	$60.00	$0.00
D3473	Surgical repair of root resorption – molar	$60.00	$0.00
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	$60.00	$0.00

Code	Description	DeltaCare USA 11A	Flagship NJ5
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	$60.00	$0.00
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	$60.00	$0.00
D3911	Intraorifice barrier	$0.00	Not Listed
D3920	Hemisection (including any root removal), not including root canal therapy	$30.00	$0.00
D3921	Decoronation or submergence of an erupted tooth	$5.00	Not Listed
D4000-D4999	**V. PERIODONTICS**		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	$130.00	$0.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	$80.00	$0.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	$0.00	$0.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	$130.00	$0.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	$80.00	$0.00
D4245	Apically positioned flap	$125.00	Not Covered
D4249	Clinical crown lengthening – hard tissue	$125.00	$0.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	$280.00	$0.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	$225.00	$0.00
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	$205.00	$0.00
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	$70.00	$0.00
D4270	Pedicle soft tissue graft procedure	$205.00	$0.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	$45.00	Not Covered
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	$205.00	Not Covered
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	$205.00	Not Covered
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	$25.00	$0.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	$20.00	$0.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	$0.00	$0.00
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	$25.00	$0.00
D4910	Periodontal maintenance	$15.00	$0.00
D4910	*Additional periodontal maintenance (within the 6 month period)*	$55.00	Not Covered
D4921	Gingival irrigation with a medicinal agent – per quadrant	$0.00	Not Covered
D5000-D5899	**VI. PROSTHODONTICS (removable)**		
D5110	Complete denture - maxillary	$145.00	$200.00
D5120	Complete denture - mandibular	$145.00	$200.00
D5130	Immediate denture - maxillary	$165.00	Not Covered
D5140	Immediate denture - mandibular	$165.00	Not Covered
D5211	Maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	$120.00	$210.00

Code	Description	DeltaCare USA 11A	Flagship NJ5
D5212	Mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	$120.00	$210.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$160.00	$210.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$160.00	$220.00
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	$120.00	Not Covered
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	$120.00	Not Covered
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$160.00	Not Covered
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$160.00	Not Covered
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	$210.00	Not Covered
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	$210.00	Not Covered
D5227	Immediate maxillary partial denture – flexible base (including any clasps, rests and teeth)	$120.00	Not Covered
D5228	Immediate mandibular partial denture – flexible base (including any clasps, rests and teeth)	$120.00	Not Covered
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	Not Covered	$200.00
D5283	Removable unilateral partial denture – one piece cast metal (including rententive/clasping materias, rests, and teeth), mandibular	Not Covered	$200.00
D5410	Adjust complete denture - maxillary	$10.00	$0.00
D5411	Adjust complete denture - mandibular	$10.00	$0.00
D5421	Adjust partial denture - maxillary	$10.00	$0.00
D5422	Adjust partial denture - mandibular	$10.00	$0.00
D5511	Repair broken complete denture base, mandibular	$20.00	$50.00
D5512	Repair broken complete denture base, maxillary	$20.00	$50.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	$10.00	$50.00
D5611	Repair resin partial denture base, mandibular	$20.00	$50.00
D5612	Repair resin partial denture base, maxillary	$20.00	$50.00
D5621	Repair cast partial framework, mandibular	$20.00	$50.00
D5622	Repair cast partial framework, maxillary	$20.00	$50.00
D5630	Repair or replace broken retentive clasping materials – per tooth	$20.00	$50.00
D5640	Replace broken teeth - per tooth	$10.00	$50.00
D5650	Add tooth to existing partial denture	$10.00	$60.00
D5660	Add clasp to existing partial denture - per tooth	$10.00	$60.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	$135.00	$150.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	$135.00	$150.00
D5710	Rebase complete maxillary denture	$55.00	Not Covered
D5711	Rebase complete mandibular denture	$55.00	Not Covered
D5720	Rebase maxillary partial denture	$55.00	Not Covered
D5721	Rebase mandibular partial denture	$55.00	Not Covered
D5725	Rebase hybrid prosthesis	$55.00	Not Listed
D5730	Reline complete maxillary denture (chairside)	$20.00	$50.00
D5731	Reline complete mandibular denture (chairside)	$20.00	$50.00
D5740	Reline maxillary partial denture (chairside)	$20.00	$50.00
D5741	Reline mandibular partial denture (chairside)	$20.00	$50.00
D5750	Reline complete maxillary denture (laboratory)	$60.00	$70.00
D5751	Reline complete mandibular denture (laboratory)	$60.00	$70.00

Code	Description	DeltaCare USA 11A	Flagship NJ5
D5760	Reline maxillary partial denture (laboratory)	$60.00	$70.00
D5761	Reline mandibular partial denture (laboratory)	$60.00	$70.00
D5765	Soft liner for complete or partial removable denture – indirect	$60.00	Not Listed
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	$75.00	Not Covered
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	$75.00	Not Covered
D5850	Tissue conditioning, maxillary	$0.00	Not Covered
D5851	Tissue conditioning, mandibular	$0.00	Not Covered
D5900-D5999	**VII. MAXILLOFACIAL PROSTHETICS - Not Covered**		
D6000-D6199	**VIII. IMPLANT SERVICES - Not Covered**		
D6200-D6999	**IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture (bridge))** *Flagship plans only: Member pays additional cost of noble and high noble metal (precious). Porcelain on molars is considered optional treatment.*	*No added fees*	*Member pays cost of gold*
D6210	Pontic - cast high noble metal	$210.00	$200 + gold
D6211	Pontic - cast predominantly base metal	$110.00	$200.00
D6212	Pontic - cast noble metal	$150.00	$200 + gold
D6240	Pontic - porcelain fused to high noble metal *Flagship: non-molar / molar*	$240.00	$200 + gold / optional
D6241	Pontic - porcelain fused to predominantly base metal *Flagship: non-molar / molar*	$140.00	$200 / optional
D6242	Pontic - porcelain fused to noble metal *Flagship: non-molar / molar*	$180.00	$200 + gold / optional
D6243	Pontic - porcelain fused to titanium and titanium alloys	$180.00	Not Covered
D6245	Pontic - porcelain/ceramic *Flagship: non-molar / molar*	$240.00	$200 / optional
D6250	Pontic - resin with high noble metal	$195.00	$200 + gold
D6251	Pontic - resin with predominantly base metal	$95.00	$200.00
D6252	Pontic - resin with noble metal	$135.00	$200 + gold
D6545	Retainer - cast metal for resin bonded fixed prosthesis		$200.00
D6600	Retainer inlay - porcelain/ceramic, two surfaces	$190.00	Not Covered
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	$200.00	Not Covered
D6602	Retainer inlay - cast high noble metal, two surfaces	$100.00	Not Covered
D6603	Retainer inlay - cast high noble metal, three or more surfaces	$100.00	Not Covered
D6604	Retainer inlay - cast predominantly base metal, two surfaces	$0.00	Not Covered
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	$0.00	Not Covered
D6606	Retainer inlay - cast noble metal, two surfaces	$40.00	Not Covered
D6607	Retainer inlay - cast noble metal, three or more surfaces	$40.00	Not Covered
D6608	Retainer onlay - porcelain/ceramic, two surfaces	$185.00	Not Covered
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	$205.00	Not Covered
D6610	Retainer onlay - cast high noble metal, two surfaces	$100.00	$190 + gold
D6611	Retainer onlay - cast high noble metal, three or more surfaces	$100.00	$190 + gold
D6612	Retainer onlay - cast predominantly base metal, two surfaces	$0.00	$190.00
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	$0.00	$190.00
D6614	Retainer onlay - cast noble metal, two surfaces	$40.00	$190 + gold
D6615	Retainer onlay - cast noble metal, three or more surfaces	$40.00	$190 + gold
D6720	Retainer crown - resin with high noble metal	$195.00	$200 + gold
D6721	Retainer crown - resin with predominantly base metal	$95.00	$200.00

Code	Description	DeltaCare USA 11A	Flagship NJ5
D6722	Retainer crown - resin with noble metal	$135.00	$200 + gold
D6740	Retainer crown - porcelain/ceramic *Flagship: non-molar / molar*	$240.00	$200 / optional
D6750	Retainer crown - porcelain fused to high noble metal *Flagship: non-molar / molar*	$240.00	$200 + gold / optional
D6751	Retainer crown - porcelain fused to predominantly base metal *Flagship: non-molar / molar*	$140.00	$200 / optional
D6752	Retainer crown - porcelain fused to noble metal *Flagship: non-molar / molar*	$180.00	$200 + gold / optional
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	$240.00	Not Covered
D6780	Retainer crown - 3/4 cast high noble metal	$210.00	$190 + gold
D6781	Retainer crown - 3/4 cast predominantly base metal	$110.00	$190.00
D6782	Retainer crown - 3/4 cast noble metal	$150.00	$190 + gold
D6783	Retainer crown - 3/4 porcelain/ceramic	$240.00	Not Covered
D6784	Retainer crown ¾ - titanium and titanium alloys	$210.00	Not Covered
D6790	Retainer crown - full cast high noble metal	$210.00	$200 + gold
D6791	Retainer crown - full cast predominantly base metal	$110.00	$200.00
D6792	Retainer crown - full cast noble metal	$150.00	$200 + gold
D6930	Re-cement or re-bond fixed partial denture	$0.00	$0.00
D6940	Stress breaker	$0.00	Not Covered
D6980	Fixed partial denture repair necessitated by restorative material failure	$15.00	Not Covered
D7000-D7999	X. ORAL AND MAXILLOFACIAL SURGERY		
D7111	Extraction, coronal remnants – primary tooth	$0.00	$0.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$5.00	$0.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	$25.00	$0.00
D7220	Removal of impacted tooth - soft tissue	$50.00	$0.00
D7230	Removal of impacted tooth - partially bony	$70.00	$0.00
D7240	Removal of impacted tooth - completely bony	$90.00	$0.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	$110.00	$0.00
D7250	Removal of residual tooth roots (cutting procedure)	$0.00	$0.00
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	$110.00	Not Covered
D7260	Oroantral fistula closure	Not Covered	$0.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	$85.00	Not Covered
D7280	Exposure of an unerupted tooth	$90.00	$0.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	$90.00	Not Covered
D7283	Placement of device to facilitate eruption of impacted tooth	$0.00	$0.00
D7284	Excisional biopsy of minor salivary glands	$0.00	Not Covered
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	Not Covered	$0.00
D7286	Incisional biopsy of oral tissue-soft	$0.00	$0.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$50.00	$0.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	$50.00	$0.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$70.00	$0.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	$70.00	$0.00
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	Not Covered	$0.00

Code	Description	DeltaCare USA 11A	Flagship NJ5
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	Not Covered	$0.00
D7410	Excision of benign lesion up to 1.25 cm	Not Covered	$0.00
D7411	Excision of benign lesion greater than 1.25 cm	Not Covered	$0.00
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	Not Covered	$0.00
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	Not Covered	$0.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	$0.00	$0.00
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	$0.00	$0.00
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	Not Covered	$0.00
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	Not Covered	$0.00
D7465	Destruction of lesion(s) by physical or chemical method, by report	Not Covered	$0.00
D7471	Removal of lateral exostosis (maxilla or mandible)	$0.00	$0.00
D7472	Removal of torus palatinus	$0.00	$0.00
D7473	Removal of torus mandibularis	$0.00	$0.00
D7485	Reduction of osseous tuberosity	Not Covered	$0.00
D7509	Mobilization of erupted or malpositioned tooth to aid eruption	$0.00	Not Covered
D7510	Incision and drainage of abscess - intraoral soft tissue	$0.00	$0.00
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Not Covered	$0.00
D7520	Incision and drainage of abscess - extraoral soft tissue	Not Covered	$0.00
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Not Covered	$0.00
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	Not Covered	$0.00
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	Not Covered	$0.00
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	Not Covered	$0.00
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	$0.00	Not Covered
D7961	Buccal / labial frenectomy (frenulectomy)	$0.00	$0.00
D7962	Lingual frenectomy (frenulectomy)	$0.00	$0.00
D7963	Frenuloplasty	Not Covered	$0.00
D7970	Excision of hyperplastic tissue - per arch	$55.00	$0.00
D7971	Excision of pericoronal gingiva	$55.00	$0.00

D8000-D8999 XI. ORTHODONTICS

Pre and post orthodontic records include:

The benefit for pre-treatment records and diagnostic services includes:		$200.00	Not Listed
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		
D0396	3D photographic image – image capture only		
D0470	Diagnostic casts		
D0801	3D dental surface scan – direct		
D0802	3D dental surface scan – indirect		
D0803	3D facial surface scan – direct		
D0804	3D facial surface scan – indirect		

Code	Description	DeltaCare USA 11A	Flagship NJ5
The benefit for post-treatment records includes:		$70.00	Not Listed
D0210	Intraoral - complete series of radiographic images		
D0396	3D photographic image – image capture only		
D0470	Diagnostic casts		

D8010	Limited orthodontic treatment of the primary dentition	$950.00	Not Listed
D8020	Limited orthodontic treatment of the transitional dentition	$950.00	Not Listed
D8030	Limited orthodontic treatment of the adolescent dentition	$950.00	Not Listed
D8040	Limited orthodontic treatment of the adult dentition	$1,150.00	Not Listed
D8070	Comprehensive orthodontic treatment of the transitional dentition	$1,700.00	Not Listed
D8080	Comprehensive orthodontic treatment of the adolescent dentition	$1,700.00	Not Listed
D8090	Comprehensive orthodontic treatment of the adult dentition	$1,900.00	Not Listed
D8660	Pre-orthodontic treatment examination to monitor growth and development	$25.00	Not Listed
D8670	Periodic orthodontic treatment visit	Included	Not Listed
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	$275.00	Not Listed
D8681	Removable orthodontic retainer adjustment	$0.00	Not Listed
D8999	Unspecified orthodontic procedure, by report *(Includes treatment planning and report)*	$100.00	Not Listed

D9000-D9999	XII. ADJUNCTIVE GENERAL SERVICES		
D9110	Palliative treatment of dental pain – per visit	$5.00	$0.00
D9210	Local anesthesia not in conjunction with operative or surgical procedures		
D9211	Regional block anesthesia	$0.00	$0.00
D9212	Trigeminal division block anesthesia	$0.00	$0.00
D9215	Local anesthesia in conjunction with operative or surgical procedures	$0.00	$0.00
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	$0.00	Not Covered
D9222	Deep sedation/general anesthesia – first 15 minutes	$80.00	$0.00
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	$80.00	$0.00
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	$80.00	$0.00
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	$80.00	$0.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	$10.00	$0.00
D9311	Consultation with a medical health care professional	$0.00	Not Covered
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	$5.00	$0.00
D9440	Office visit - after regularly scheduled hours	$25.00	$0.00
D9450	Case presentation, subsequent to detailed and extensive treatment planning	$0.00	$0.00
D9912	Pre-visit patient screening	$0.00	Not Covered
D9932	Cleaning and inspection of removable complete denture, maxillary	$0.00	Not Covered
D9933	Cleaning and inspection of removable complete denture, mandibular	$0.00	Not Covered
D9934	Cleaning and inspection of removable partial denture, maxillary	$0.00	Not Covered
D9935	Cleaning and inspection of removable partial denture, mandibular	$0.00	Not Covered
D9943	Occlusal guard adjustment	$10.00	Not Covered
D9944	Occlusal guard – hard appliance, full arch	$100.00	Not Covered
D9945	Occlusal guard – soft appliance, full arch	$100.00	Not Covered
D9946	Occlusal guard – hard appliance, partial arch	$100.00	Not Covered
D9951	Occlusal adjustment - limited	$35.00	Not Covered
D9952	Occlusal adjustment - complete	$55.00	Not Covered
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	$125.00	Not Covered

Code	Description	DeltaCare USA 11A	Flagship NJ5
D9986	Missed appointment	$10.00	$10.00
D9987	Cancelled appointment	$10.00	$10.00
D9990	Certified translation or sign-language services – per visit	$0.00	Not Covered
D9991	Dental case management – addressing appointment compliance barriers	$0.00	Not Covered
D9992	Dental case management – care coordination	$0.00	Not Covered
D9995	Teledentistry – synchronous; real-time encounter	$0.00	Not Covered
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	$0.00	Not Covered
D9997	Dental case management - patients with special health care needs	$0.00	Not Covered

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.