

# KPIC Dental Insurance Plan 2008 Table of Allowances

Code	Description	Allowance
<b>D0100-D0999 DIAGNOSTIC</b>		
<b>Clinical oral evaluations</b>		
D0120	Periodic oral evaluation	18.00
D0140	Limited oral evaluation — problem focused	25.20
D0150	Comprehensive oral evaluation — new or established patient	25.20
D0160	Detailed and extensive oral evaluation, problem focused	21.00
D0170	Reevaluation limited problem focused (established patient; not post operative visit)	21.00
D0180	Comprehensive periodontal evaluation — new or established patient	21.00
<b>Radiographs/diagnostic imaging (including interpretation)</b>		
D0210	Intraoral — complete series including bitewings	54.00
D0220	Intraoral periapical — first film	12.00
D0230	Intraoral periapical — each additional film	5.00
D0240	Intraoral — occlusal film	12.00
D0250	Extraoral — first film	19.00
D0260	Extraoral — each additional film	16.00
D0270	Bitewing — single film	11.00
D0272	Bitewings — two films	17.00
D0274	Bitewings — four films	24.00
D0277	Vertical bitewings — 7 to 8 films	45.00
D0290	Posterior — anterior or lateral skull and facial bone survey film	19.00
D0330	Panoramic film	37.00
D0340	Cephalometric film	33.00
<b>Oral pathology laboratory</b>		
D0472	Accession of tissue, gross exam, preparation and transmission of written report	59.00
D0473	Accession of tissue, gross & microscopic exam, preparation and transmission of written report	59.00
D0474	Accession of tissue, gross & micro exam, assessment of surgical margins for presence of disease, preparation and transmission of written report	59.00
<b>D1000-D1999 II. PREVENTIVE</b>		
<b>Dental prophylaxis</b>		
D1110	Prophylaxis — adult	43.20
D1120	Prophylaxis — child through age 13	33.60
<b>Topical fluoride treatment</b>		
D1201	Topical application of fluoride (including prophylaxis) — child through age 13	38.40
D1203	Topical application of fluoride (prophylaxis not included) — child through age 13	13.20
D1204	Topical application of fluoride (prophylaxis not included) — adult	10.80
D1205	Topical application of fluoride (including prophylaxis) — adult	45.60
<b>Other preventive services</b>		
D1351	Sealant — per tooth	20.00
<b>Space maintenance (passive appliances) (including all adjustments within six months following installation)</b>		
D1510	Space maintainer — fixed — unilateral	115.00
D1515	Space maintainer — fixed — bilateral	191.00
D1520	Space maintainer — removable — unilateral	143.00
D1525	Space maintainer — removable — bilateral	187.00
<b>D2000-D2999 III. RESTORATIVE – Procedures subject to 6 month waiting period</b>		
<b>Amalgam restorations (including polishing)</b>		
D2140	Amalgam — one surface, primary or permanent	35.00
D2150	Amalgam — two surfaces, primary or permanent	43.00
D2160	Amalgam — three surfaces, primary or permanent	52.00
D2161	Amalgam — four or more surfaces, primary or permanent	58.00
<b>Resin — based composite restorations — direct</b>		
D2330	Resin-based composite — one surface, anterior	46.00
D2331	Resin-based composite — two surfaces, anterior	46.00
D2332	Resin-based composite — three surfaces, anterior	46.00
D2335	Resin-based composite — four or more surfaces or involving incisal angle (anterior)	68.00
D2390	Resin-based composite crown, anterior	114.00
D2391	Resin-based composite — one surface, posterior	47.00
D2392	Resin-based composite — two surfaces, posterior	64.00
D2393	Resin-based composite — three surfaces, posterior	80.00
D2394	Resin-based composite — four or more surfaces, posterior	80.00
<b>Inlay/onlay restorations</b>		
D2510	Inlay — metallic — one surface	99.00
D2520	Inlay — metallic — two surfaces	133.00
D2530	Inlay — metallic — three or more surfaces	150.00
D2542	Onlay — metallic — two surfaces	191.00
D2543	Onlay — metallic — three surfaces	191.00
D2544	Onlay — metallic — four or more surfaces	191.00
D2650	Inlay — resin-based composite — one surface	34.00
D2651	Inlay — resin-based composite — two surfaces	50.00
D2652	Inlay — resin-based composite — three or more surfaces	63.00
<b>Crowns — single restoration only</b>		
D2710	Crown — resin (indirect)	80.00
D2712	Crown — 3/4 resin-based composite (indirect)	80.00
D2720	Crown — resin with high noble metal	182.00
D2721	Crown — resin with predominantly base metal	163.00
D2722	Crown — resin with noble metal	177.00
D2740	Crown — porcelain/ceramic substrate	192.00
D2750	Crown — porcelain fused to high noble metal	182.00
D2751	Crown — porcelain fused to predominantly base metal	163.00
D2752	Crown — porcelain fused to noble metal	177.00
D2780	Crown — 3/4 cast high noble metal	186.00
D2781	Crown — 3/4 cast predominantly base metal	186.00
D2782	Crown — 3/4 cast noble metal	186.00
D2790	Crown — full cast high noble metal	183.00
D2791	Crown — full cast predominantly base metal	170.00
D2792	Crown — full cast noble metal	178.00
D2794	Crown — titanium	183.00
<b>Other restorative services</b>		
D2910	Re-cement inlay, onlay, or partial coverage restoration	27.00
D2915	Re-cement cast or prefabricated post and core	27.00
D2920	Re-cement crown	27.00
D2930	Prefabricated stainless steel crown — primary tooth	65.00
D2931	Prefabricated stainless steel crown — permanent tooth	74.00
D2932	Prefabricated resin crown	80.00
D2933	Prefabricated stainless steel crown with resin window	90.00
D2934	Prefabricated esthetic coated stainless steel crown — primary tooth	90.00
D2950	Core buildup, including any pins	43.00
D2951	Pin retention — per tooth, in addition to restoration	20.00
D2952	Cast post and core in addition to crown	92.00
D2954	Prefabricated post and core in addition to crown	75.00
D2960	Labial veneer (resin laminate) — chairside	116.00

Code	Description	Allowance
D2961	Labial veneer (resin laminate) — laboratory	128.00
D2962	Labial veneer (porcelain laminate) — laboratory	161.00
D2980	Crown repair, by report	25.00
<b>D3000-D3999 ENDODONTICS – Procedures subject to 6 month waiting period</b>		
<b>Pulpotomy</b>		
D3220	Therapeutic pulpotomy (excluding final restoration) — removal of pulp coronal to the dentinocemental junction and application of medication	38.00
D3230	Pulpal therapy (resorbable filling) — anterior, primary tooth (excluding final restoration)	38.00
D3240	Pulpal therapy (resorbable filling) — posterior, primary tooth (excluding final restoration)	38.00
Procedures D3310 through D3450 include all test x-rays taken as part of the complete root canal procedure.		
<b>Endodontic therapy (including treatment plan, clinical procedures, and follow-up care)</b>		
D3310	Anterior (excluding final restoration)	193.00
D3320	Bicuspid (excluding final restoration)	227.00
D3330	Molar (excluding final restoration)	306.00
D3346	Retreatment of previous root canal therapy — anterior	193.00
D3347	Retreatment of previous root canal therapy — bicuspid	227.00
D3348	Retreatment of previous root canal therapy — molar	306.00
D3351	Apexification/recalcification — initial visit (apical closure/calciific repair of perforations, root resorption, etc.)	56.00
D3352	Apexification/recalcification — interim medication replacement (apical closure/calciific repair of perforations, root resorption, etc.)	56.00
D3353	Apexification/recalcification — final visit (includes completed root canal therapy — apical closure/calciific repair of perforations, root resorption, etc.)	56.00
<b>Apicoectomy/periradicular services</b>		
D3410	Apicoectomy/periradicular surgery — anterior	240.00
D3421	Apicoectomy/periradicular surgery — bicuspid (first root)	257.00
D3425	Apicoectomy/periradicular surgery — molar (first root)	294.00
D3426	Apicoectomy/periradicular surgery (each additional root)	50.00
D3430	Retrograde filling — per root	57.00
D3450	Root amputation — per root	166.00
<b>Other endodontic services</b>		
D3920	Hemisection (including any root removal), not including root canal therapy	121.00
<b>D4000-D4999 V. PERIODONTICS – Procedures subject to 6 month waiting period</b>		
<b>Surgical services (including usual postoperative services)</b>		
D4210	Gingivectomy or gingivoplasty — four or more contiguous teeth or bounded teeth spaces per quadrant	128.00
D4211	Gingivectomy or gingivoplasty — one to three contiguous teeth or bounded teeth spaces per quadrant	77.00
D4240	Gingival flap procedure, including root planing — four or more contiguous teeth or bounded teeth spaces per quadrant	159.00
D4241	Gingival flap procedure, including root planing — one to three contiguous teeth or bounded teeth spaces per quadrant	95.00
D4245	Apically positioned flap	159.00
D4249	Clinical crown lengthening — hard tissue	96.00
D4260	Osseous surgery (including flap entry and closure) — four or more contiguous teeth or bounded teeth spaces per quadrant	342.00
D4261	Osseous surgery (including flap entry and closure) — one to three contiguous teeth or bounded teeth spaces per quadrant	205.00
D4263	Bone replacement graft — first site in quadrant	62.00
D4264	Bone replacement graft — each additional site in quadrant	47.00
D4266	Guided tissue regeneration — resorbable barrier, per site	135.00
D4267	Guided tissue regeneration — non-resorbable barrier, per site (includes membrane removal)	135.00
D4270	Pedicle soft tissue graft procedure	192.00
D4271	Free soft tissue graft procedure (including donor site surgery)	208.00
D4273	Subepithelial connective tissue graft procedures, per tooth	233.00
<b>Non-surgical periodontal service</b>		
D4341	Periodontal scaling and root planing — four or more teeth per quadrant	59.00
D4342	Periodontal scaling and root planing — one to three teeth, per quadrant	35.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	36.00
<b>Other periodontal services</b>		
D4910	Periodontal maintenance (following active therapy)	41.00
D4920	Unscheduled dressing change (by someone other than treating dentist)	36.00
<b>D5000-D5999 IV. PROSTHODONTICS REMOVABLE – Procedures subject to 12 month waiting period</b>		
Procedures relating to dentures, partial dentures and relines include adjustments for a six month period following installation. Such procedures do not include specialized techniques involving precision dentures, personalization or characterizations.		
<b>Complete dentures (including routine post-delivery care)</b>		
D5110	Complete denture — maxillary	240.00
D5120	Complete denture — mandibular	241.00
D5130	Immediate denture — maxillary	240.00
D5140	Immediate denture — mandibular	241.00
<b>Partial dentures (including routine post-delivery care)</b>		
D5211	Maxillary partial denture — resin base (including conventional clasps, rests and teeth)	203.00
D5212	Mandibular partial denture — resin base (including any conventional clasps, rests and teeth)	212.00
D5213	Maxillary partial denture — cast metal framework with resin denture bases (including conventional clasps, rests and teeth)	287.00
D5214	Mandibular partial denture — cast metal framework with resin denture bases (including conventional clasps, rests and teeth)	287.00
D5225	Maxillary partial denture — flexible base (including any clasps, rests and teeth)	216.00
D5226	Mandibular partial denture — flexible base (including any clasps, rests and teeth)	216.00
D5281	Removable unilateral partial denture — one piece cast metal (including clasps and teeth)	120.00
<b>Adjustments to dentures</b>		
D5410	Adjust complete denture — maxillary	13.00
D5411	Adjust complete denture — mandibular	13.00
D5421	Adjust partial denture — maxillary	14.00
D5422	Adjust partial denture — mandibular	14.00
<b>Repairs to complete dentures</b>		
D5510	Repair broken complete denture base	31.00
D5520	Replace missing or broken teeth — complete denture (each tooth)	25.00
<b>Repairs to partial dentures</b>		
D5610	Repair resin denture base	30.00
D5620	Repair cast framework	25.00
D5630	Repair or replace broken clasp	36.00
D5640	Replace broken teeth — per tooth	27.00
D5650	Add tooth to existing partial denture	31.00
D5660	Add clasp to existing partial denture	37.00

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Code	Description	Allowance
<b>Denture rebase procedures</b>		
D5710	Rebase complete maxillary denture	94.00
D5711	Rebase complete mandibular denture	93.00
D5720	Rebase maxillary partial denture	89.00
D5721	Rebase mandibular partial denture	91.00
<b>Denture relining procedures</b>		
D5730	Reline complete maxillary denture (chairside)	46.00
D5731	Reline complete mandibular denture (chairside)	45.00
D5740	Reline maxillary partial denture (chairside)	45.00
D5741	Reline mandibular partial denture (chairside)	47.00
D5750	Reline complete maxillary denture (laboratory)	70.00
D5751	Reline complete mandibular denture (laboratory)	70.00
D5760	Reline maxillary partial denture (laboratory)	71.00
D5761	Reline mandibular partial denture (laboratory)	71.00
<b>Interim prosthesis</b>		
D5820	Interim partial denture (maxillary)	85.00
D5821	Interim partial denture (mandibular)	85.00
<b>Other removable prosthetic services</b>		
D5850	Tissue conditioning, maxillary	25.00
D5851	Tissue conditioning, mandibular	24.00
<b>D6200-D6999 IX. PROSTHODONTICS, FIXED – Procedures subject to 6 month waiting period</b>		
(Each abutment and each pontic constitutes a unit in a fixed partial denture.)		
<b>Partial denture pontics</b>		
D6210	Pontic — cast high noble metal	171.00
D6211	Pontic — cast predominantly base metal	138.00
D6212	Pontic — cast noble metal	168.00
D6214	Pontic — titanium	171.00
D6240	Pontic — porcelain fused to high noble metal	176.00
D6241	Pontic — porcelain fused to predominantly base metal	155.00
D6242	Pontic — porcelain fused to noble metal	170.00
D6250	Pontic — resin with high noble metal	176.00
D6251	Pontic — resin with predominantly base metal	155.00
D6252	Pontic — resin with noble metal	170.00
<b>Fixed partial denture retainers — inlays/onlays</b>		
D6545	Retainer — cast metal for resin bonded fixed prosthesis	88.00
D6602	Inlay — cast high noble metal, two surfaces	121.00
D6603	Inlay — cast high noble metal, three or more surfaces	135.00
D6604	Inlay — cast predominantly base metal, two surfaces	121.00
D6605	Inlay — cast predominantly base metal, three or more surfaces	135.00
D6606	Inlay — cast noble metal, two surfaces	121.00
D6607	Inlay — cast noble metal, three or more surfaces	135.00
D6610	Onlay — cast high noble metal, two surfaces	288.00
D6611	Onlay — cast high noble metal, three or more surfaces	288.00
D6612	Onlay — cast predominantly base metal, two surfaces	288.00
D6613	Onlay — cast predominantly base metal, three or more surfaces	288.00
D6614	Onlay — cast noble metal, two surfaces	288.00
D6615	Onlay — cast noble metal, three or more surfaces	288.00
D6624	Inlay — titanium	135.00
D6634	Onlay — titanium	288.00
<b>Fixed partial denture retainers — crowns</b>		
D6720	Crown — resin with high noble metal	181.00
D6721	Crown — resin with predominantly base metal	161.00
D6722	Crown — resin with noble metal	175.00
D6750	Crown — porcelain fused to high noble metal	181.00
D6751	Crown — porcelain fused to predominantly base metal	161.00
D6752	Crown — porcelain fused to noble metal	175.00
D6780	Crown — 3/4 cast high noble metal	181.00
D6781	Crown — 3/4 cast predominantly base metal	181.00
D6782	Crown — 3/4 cast noble metal	181.00
D6790	Crown — full cast high noble metal	180.00
D6791	Crown — full cast predominantly base metal	159.00
D6792	Crown — full cast noble metal	175.00
D6794	Crown — titanium	180.00
<b>Other fixed partial denture services</b>		
D6930	Replacement fixed partial denture	33.00
D6940	Stress breaker	38.00
D6970	Cast post and core in addition to fixed partial denture retainer	56.00
D6971	Cast post as part of fixed partial denture retainer	56.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer	44.00
D6973	Core buildup for retainer, including any pins	35.00
D6980	Fixed partial denture repair, by report	50.00
<b>D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY – Procedures subject to 6 month waiting period</b>		
Extractions (includes local anesthesia, suturing, if needed, and routine postoperative care)		
D7111	Extraction, coronal remnants — deciduous tooth	20.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	39.00
<b>Surgical extractions (includes local anesthesia, suturing, if needed, and routine postoperative care)</b>		
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	74.00
D7220	Removal of impacted tooth — soft tissue	90.00
D7230	Removal of impacted tooth — partially bony	117.00
D7240	Removal of impacted tooth — completely bony, with unusual surgical complications	134.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	78.00
<b>Other surgical procedures</b>		
D7260	Oroantral fistula closure	225.00
D7261	Primary closure of a sinus perforation	225.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	132.00
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	98.00
D7285	Biopsy of oral tissue — hard (bone, tooth)	136.00
D7286	Biopsy of oral tissue — soft	108.00
<b>Alveoplasty — surgical preparation of ridge for dentures</b>		
D7310	Alveoplasty in conjunction with extractions — per quadrant	59.00
D7311	Alveoplasty in conjunction with extractions — one to three teeth or tooth spaces, per quadrant	36.00
D7320	Alveoplasty not in conjunction with extractions — per quadrant	96.00
D7321	Alveoplasty not in conjunction with extractions — one to three teeth or tooth spaces, per quadrant	58.00

Code	Description	Allowance
<b>Vestibuloplasty</b>		
D7340	Vestibuloplasty — ridge extension (secondary epithelialization)	82.00
D7350	Vestibuloplasty — ridge extension (including soft tissue graft, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	218.00
<b>Surgical excision of soft tissue lesions</b>		
D7411	Excision of benign lesion greater than 1.25 cm	240.00
D7465	Destruction of lesion(s) by physical or chemical method, by report	100.00
<b>Surgical excision of intra-osseous lesions</b>		
D7440	Excision of malignant tumor — lesion diameter up to 1.25 cm	110.00
D7441	Excision of malignant tumor — lesion diameter greater than 1.25 cm	160.00
D7450	Removal of benign odontogenic cyst or tumor — lesion diameter up to 1.25 cm	131.00
D7451	Removal of benign odontogenic cyst or tumor — lesion diameter greater than 1.25 cm	273.00
D7460	Removal of benign nonodontogenic cyst or tumor — lesion diameter up to 1.25 cm	128.00
D7461	Removal of benign nonodontogenic cyst or tumor — lesion diameter greater than 1.25 cm	220.00
<b>Excision of bone tissue</b>		
D7471	Removal of lateral exostosis (maxilla or mandible)	162.00
D7472	Removal of torus palatinus	162.00
D7473	Removal of torus mandibularis	162.00
D7485	Surgical reduction of osseous tuberosity	162.00
D7490	Radical resection of maxilla or mandible	1,000.00
<b>Surgical incision</b>		
D7510	Incision and drainage of abscess — intraoral soft tissue	48.00
D7520	Incision and drainage of abscess — extraoral soft tissue	70.00
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	59.00
D7540	Removal of reaction-producing foreign bodies, musculoskeletal system	60.00
D7550	Partial osteotomy/sequestrectomy for removal of non-vital bone	85.00
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	237.00
<b>Treatment of fractures — simple</b>		
D7610	Maxilla — open reduction (teeth immobilized, if present)	470.00
D7620	Maxilla — closed reduction (teeth immobilized, if present)	377.00
D7630	Mandible — open reduction (teeth immobilized, if present)	929.00
D7640	Mandible — closed reduction (teeth immobilized, if present)	890.00
D7650	Malar and/or zygomatic arch — open reduction	600.00
D7660	Malar and/or zygomatic arch — closed reduction	200.00
D7670	Alveolus — closed reduction, may include stabilization of teeth	190.00
D7680	Facial bones — complicated reduction with fixation and multiple surgical approaches	1,000.00
<b>Treatment of fractures — compound</b>		
D7710	Maxilla — open reduction	38.00
D7720	Maxilla — closed reduction	23.00
D7730	Mandible — open reduction	1,000.00
D7740	Mandible — closed reduction	748.00
D7750	Malar and/or zygomatic arch — open reduction	800.00
D7760	Malar and/or zygomatic arch — closed reduction	200.00
D7770	Alveolus — open reduction stabilization of teeth	300.00
D7780	Facial bones — complicated reduction with fixation and multiple surgical approaches	1,000.00
<b>Reduction of dislocation and management of other temporomandibular joint dysfunctions</b>		
D7810	Open reduction of dislocation	800.00
D7820	Closed reduction of dislocation	61.00
D7830	Manipulation under anesthesia	172.00
<b>Repair of traumatic wounds</b>		
D7910	Suture of recent small wounds up to 5 cm	200.00
<b>Complicated suturing (reconstruction requiring delicate handling of tissues and wide undermining for meticulous closure)</b>		
D7911	Complicated suture — up to 5 cm	400.00
D7912	Complicated suture — greater than 5 cm	600.00
<b>Other repair procedures</b>		
D7960	Frenulectomy (frenectomy or frenotomy) — separate procedure	115.00
D7970	Excision of hyperplastic tissue — per arch	88.00
D7971	Excision of pericoronal gingival	43.00
D7972	Surgical reduction of fibrous tuberosity	43.00
D7980	Sialolithotomy	233.00
D7981	Excision of salivary gland, by report	1,000.00
D7982	Sialodochoplasty	50.00
D7983	Closure of salivary fistula	20.00

### D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

<b>Unclassified treatment</b>		
D9110	Palliative (emergency) treatment of dental pain — minor procedure	41.00
<b>Anesthesia</b>		
D9220	Deep sedation/general anesthesia — first 30 minutes	100.00
D9221	Deep sedation/general anesthesia — each additional 15 minutes	36.00
<b>Professional visits</b>		
D9430	Office visit for observation (during regularly scheduled hours) — no other services performed	24.00
D9440	Office visit — after regularly scheduled hours	49.00
<b>Drugs</b>		
D9610	Therapeutic drug injection, by report	6.00
<b>Miscellaneous services</b>		
D9930	Treatment of complications (postsurgical) — unusual circumstances, by report	19.00
D9951	Occlusal adjustment — limited	32.00

**Note:** This Appendix represents codes and nomenclature excerpted from the version of Current Dental Terminology (CDT) in effect at the date of this Contract or amendment was issued. CDT coding and nomenclature are the copyright of the American Dental Association, and have been accepted as the standard for data transmission purposes under federal Administrative Simplification regulations. For the purposes of this Appendix, Delta's administration of Benefits, Limitations and Exclusions under this Contract will at all times be based on the then current version of CDT whether or not a revised Appendix B is provided. Notes in italic type have been added by Delta Dental for clarification.