



UNIVERSITY SYSTEM OF NEW HAMPSHIRE - Basic  
GROUP #1775

JANUARY 1, 2010

TABLE OF ALLOWANCES

PROCEDURE CODE	MAXIMUM ALLOWANCE
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**COVERAGE A**

DIAGNOSTIC

CLINICAL ORAL EVALUATIONS

D0120	periodic oral evaluation.....	\$26.00
D0140	limited oral evaluation - problem focused.....	\$37.50
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver...	\$34.50
D0150	comprehensive oral evaluation - new or established patient.....	\$33.50
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit).....	\$37.50
D0180	comprehensive periodontal evaluation - new or established patient.....	\$41.50

RADIOGRAPHS/DIAGNOSTIC IMAGING (INCLUDING INTERPRETATION)

D0210	intraoral - complete series (including bitewings).....	\$69.00
D0270	bitewing - single film.....	\$12.50
D0272	bitewings - two films.....	\$22.00
D0273	bitewings - three films.....	\$28.00
D0274	bitewings - four films.....	\$34.00
D0277	vertical bitewings - 7 to 8 films.....	\$69.00
D0330	panoramic film.....	\$62.00

TESTS AND EXAMINATIONS

D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures.....	\$29.00
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PREVENTIVE

DENTAL PROPHYLAXIS

D1110	prophylaxis - adult.....	\$47.50
D1120	prophylaxis - child.....	\$32.00

TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)

D1203	topical application of fluoride - child.....	\$17.50
D1204	topical application of fluoride - adult.....	\$17.50
D1206	topical fluoride varnish; therapeutic application for moderate to high caries risk patients.....	\$17.50

OTHER PREVENTIVE SERVICES

D1351	sealant - per tooth.....	\$26.00
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NON-SURGICAL PERIODONTAL SERVICE

D4355	full mouth debridement to enable comprehensive evaluation and diagnosis.....	\$66.50
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MINOR TREATMENT TO CONTROL HARMFUL HABITS

D8210	removable appliance therapy.....	\$243.50
D8220	fixed appliance therapy.....	\$223.00

TABLE OF ALLOWANCES

PROCEDURE  
CODE

MAXIMUM  
ALLOWANCE

COVERAGE A - Continued

ORAL AND MAXILLOFACIAL SURGERY

OTHER SURGICAL PROCEDURES

D7288 brush biopsy - transepithelial sample collection..... \$68.50

COVERAGE B

DIAGNOSTIC

RADIOGRAPHS/DIAGNOSTIC IMAGING (INCLUDING INTERPRETATION)

D0220 intraoral - periapical first film..... \$12.50  
D0230 intraoral - periapical each additional film..... \$10.50  
D0240 intraoral - occlusal film..... \$16.00  
D0250 extraoral - first film..... \$25.00  
D0260 extraoral - each additional film..... \$14.50

TESTS AND EXAMINATIONS

D0415 collection of microorganisms for culture and sensitivity bacteriologic studies for  
determination of pathologic agents..... \$53.00  
D0470 diagnostic casts..... \$56.00

ORAL PATHOLOGY LABORATORY

D0484 consultation on slides prepared elsewhere..... \$58.00

PREVENTIVE

SPACE MAINTENANCE (PASSIVE APPLIANCES)

D1510 space maintainer - fixed - unilateral..... \$163.50  
D1515 space maintainer - fixed - bilateral..... \$204.00  
D1520 space maintainer - removable - unilateral..... \$204.00  
D1525 space maintainer - removable - bilateral..... \$206.50  
D1550 re-cementation of space maintainer..... \$22.00  
D1555 removal of fixed space maintainer..... \$22.00

RESTORATIVE

AMALGAM RESTORATIONS (INCLUDING POLISHING)

D2140 amalgam - one surface, primary or permanent..... \$49.00  
D2150 amalgam - two surfaces, primary or permanent..... \$73.50  
D2160 amalgam - three surfaces, primary or permanent..... \$84.50  
D2161 amalgam - four or more surfaces, primary or permanent..... \$84.50

RESIN-BASED COMPOSITE RESTORATIONS - DIRECT

D2330 resin-based composite - one surface, anterior..... \$62.50  
D2331 resin-based composite - two surfaces, anterior..... \$85.50  
D2332 resin-based composite - three surfaces, anterior..... \$100.00  
D2335 resin-based composite - four or more surfaces or involving incisal angle (anterior)..... \$100.00  
D2390 resin-based composite crown, anterior..... \$352.50  
D2391 resin-based composite - one surface, posterior..... \$77.50

TABLE OF ALLOWANCES

PROCEDURE CODE	MAXIMUM ALLOWANCE
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**COVERAGE B - Continued**  
RESTORATIVE - Continued

RESIN-BASED COMPOSITE RESTORATIONS - DIRECT - Continued

D2392 resin-based composite - two surfaces, posterior.....	\$106.00
D2393 resin-based composite - three surfaces, posterior.....	\$138.50
D2394 resin-based composite - four or more surfaces, posterior.....	\$160.00

OTHER RESTORATIVE SERVICES

D2910 recement inlay, onlay, or partial coverage restoration.....	\$48.00
D2915 recement cast or prefabricated post and core.....	\$48.00
D2920 recement crown.....	\$48.00
D2930 prefabricated stainless steel crown - primary tooth.....	\$126.00
D2931 prefabricated stainless steel crown - permanent tooth.....	\$126.00
D2940 sedative filling.....	\$53.50
D2951 pin retention - per tooth, in addition to restoration.....	\$30.50
D2980 crown repair.....	\$65.00

ENDODONTICS

PULP CAPPING

D3110 pulp cap - direct (excluding final restoration).....	\$32.00
D3120 pulp cap - indirect (excluding final restoration).....	\$32.00

PULPOTOMY

D3220 therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament.....	\$50.50
D3221 pulpal debridement, primary and permanent teeth.....	\$50.50
D3222 partial pulpotomy for apexogenesis - permanent tooth with incomplete root development.....	\$50.50

ENDODONTIC THERAPY ON PRIMARY TEETH

D3240 pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration).....	\$50.50
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ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES AND FOLLOW-UP CARE)

D3310 endodontic therapy, anterior tooth (excluding final restoration).....	\$364.50
D3320 endodontic therapy, bicuspid tooth (excluding final restoration).....	\$507.50
D3330 endodontic therapy, molar (excluding final restoration).....	\$583.00
D3333 internal root repair of perforation defects.....	\$218.50

ENDODONTIC RETREATMENT

D3346 retreatment of previous root canal therapy - anterior.....	\$473.50
D3347 retreatment of previous root canal therapy - bicuspid.....	\$676.50
D3348 retreatment of previous root canal therapy - molar.....	\$694.00

APEXIFICATION/RECALCIFICATION PROCEDURES

D3351 apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.).....	\$110.00
D3352 apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.).....	\$110.00

TABLE OF ALLOWANCES

PROCEDURE CODE	MAXIMUM ALLOWANCE
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**COVERAGE B - Continued**  
ENDODONTICS - Continued

APEXIFICATION/RECALCIFICATION PROCEDURES - Continued

D353 apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.).....	\$110.00
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APICOECTOMY/PERIRADICULAR SERVICES

D3410 apicoectomy/periradicular surgery - anterior.....	\$218.50
D3421 apicoectomy/periradicular surgery - bicuspid (first root).....	\$218.50
D3425 apicoectomy/periradicular surgery - molar (first root).....	\$218.50
D3426 apicoectomy/periradicular surgery (each additional root).....	\$103.00
D3430 retrograde filling - per root.....	\$58.50
D3450 root amputation - per root.....	\$153.00

OTHER ENDODONTIC PROCEDURES

D3920 hemisection (including any root removal), not including root canal therapy.....	\$159.00
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PERIODONTICS

SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE)

D4210 gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant.....	\$351.50
D4211 gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant.....	\$141.50
D4240 gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	\$308.00
D4241 gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	\$230.50
D4245 apically positioned flap.....	\$369.00
D4249 clinical crown lengthening - hard tissue.....	\$368.00
D4260 osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant.....	\$599.50
D4261 osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant.....	\$449.50
D4263 bone replacement graft - first site in quadrant.....	\$210.00
D4264 bone replacement graft - each additional site in quadrant.....	\$150.50
D4270 pedicle soft tissue graft procedure.....	\$320.50
D4271 free soft tissue graft procedure (including donor site surgery).....	\$340.00
D4273 subepithelial connective tissue graft procedures, per tooth.....	\$373.50
D4274 distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area).....	\$301.00

NON-SURGICAL PERIODONTAL SERVICE

D4341 periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces per quadrant.....	\$116.00
D4342 periodontal scaling and root planing - one to three teeth per quadrant.....	\$87.00

OTHER PERIODONTAL SERVICES

D4910 periodontal maintenance.....	\$64.00
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TABLE OF ALLOWANCES

PROCEDURE CODE	MAXIMUM ALLOWANCE
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**COVERAGE B - Continued**  
PERIODONTICS - Continued

OTHER PERIODONTAL SERVICES - Continued

D4920 unscheduled dressing change (by someone other than treating dentist).....	\$43.00
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PROSTHODONTICS (REMOVABLE)

REPAIRS TO COMPLETE DENTURES

D5510 repair broken complete denture base.....	\$89.50
D5520 replace missing or broken teeth - complete denture (each tooth).....	\$79.00

REPAIRS TO PARTIAL DENTURES

D5610 repair resin denture base.....	\$85.50
D5620 repair cast framework.....	\$128.00
D5630 repair or replace broken clasp.....	\$119.00
D5640 replace broken teeth - per tooth.....	\$79.00
D5650 add tooth to existing partial denture.....	\$89.50
D5660 add clasp to existing partial denture.....	\$115.00
D5670 replace all teeth and acrylic on cast metal framework (maxillary).....	\$443.50
D5671 replace all teeth and acrylic on cast metal framework (mandibular).....	\$443.50

IMPLANT SERVICES

OTHER IMPLANT SERVICES

D6092 recement implant/abutment supported crown.....	\$48.00
D6093 recement implant/abutment supported fixed partial denture.....	\$56.00

PROSTHODONTICS, FIXED

OTHER FIXED PARTIAL DENTURE SERVICES

D6930 recement fixed partial denture.....	\$56.00
D6980 fixed partial denture repair.....	\$86.50

ORAL AND MAXILLOFACIAL SURGERY

EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED,  
 AND ROUTINE POSTOPERATIVE CARE)

D7111 extraction, coronal remnants - deciduous tooth.....	\$25.50
D7140 extraction, erupted tooth or exposed root (elevation and/or forceps removal).....	\$67.50

SURGICAL EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND  
 ROUTINE POSTOPERATIVE CARE)

D7210 surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth.....	\$83.00
D7220 removal of impacted tooth - soft tissue.....	\$135.00
D7230 removal of impacted tooth - partially bony.....	\$205.50
D7240 removal of impacted tooth - completely bony.....	\$259.50
D7241 removal of impacted tooth - completely bony, with unusual surgical complications.....	\$259.50
D7250 surgical removal of residual tooth roots (cutting procedure).....	\$89.50

TABLE OF ALLOWANCES

PROCEDURE CODE	MAXIMUM ALLOWANCE
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**COVERAGE B - Continued**

ORAL AND MAXILLOFACIAL SURGERY - Continued

OTHER SURGICAL PROCEDURES

D7260	oroantral fistula closure.....	\$231.50
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.....	\$185.50
D7280	surgical access of an unerupted tooth.....	\$153.00
D7282	mobilization of erupted or malpositioned tooth to aid eruption.....	\$136.50
D7285	biopsy of oral tissue - hard (bone, tooth).....	\$161.00
D7286	biopsy of oral tissue - soft (all others).....	\$100.00
D7291	transseptal fiberotomy/supra crestal fiberotomy.....	\$168.00

ALVEOLOPLASTY - SURGICAL PREPARATION OF RIDGE

D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.....	\$115.00
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.....	\$86.50
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.....	\$142.50
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.....	\$106.50

VESTIBULOPLASTY

D7340	vestibuloplasty - ridge extension (secondary epithelialization).....	\$359.00
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SURGICAL EXCISION OF SOFT TISSUE LESIONS

D7411	excision of benign lesion greater than 1.25 cm.....	\$162.50
D7413	excision of malignant lesion up to 1.25 cm.....	\$242.50

EXCISION OF BONE TISSUE

D7490	radical resection of maxilla or mandible with bone graft.....	\$1,445.50
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SURGICAL INCISION

D7510	incision and drainage of abscess - intraoral soft tissue.....	\$69.00
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces).....	\$86.50
D7520	incision and drainage of abscess - extraoral soft tissue.....	\$71.00
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces).....	\$88.00
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue.....	\$91.00
D7540	removal of reaction producing foreign bodies, musculoskeletal system.....	\$91.00
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone.....	\$101.00
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body.....	\$111.00

REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER  
 TEMPOROMANDIBULAR JOINT DYSFUNCTIONS.

D7840	condylectomy.....	\$708.50
D7854	synovectomy.....	\$1,445.50

TABLE OF ALLOWANCES

PROCEDURE CODE	MAXIMUM ALLOWANCE
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**COVERAGE B - Continued**

ORAL AND MAXILLOFACIAL SURGERY - Continued

REPAIR OF TRAUMATIC WOUNDS

D7910 suture of recent small wounds up to 5 cm.....	\$62.50
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OTHER REPAIR PROCEDURES

D7960 frenulectomy (frenectomy or frenotomy) - separate procedure.....	\$168.00
D7963 frenuloplasty.....	\$210.00
D7970 excision of hyperplastic tissue - per arch.....	\$122.50
D7971 excision of pericoronal gingiva.....	\$70.50
D7980 sialolithotomy.....	\$162.50
D7983 closure of salivary fistula.....	\$231.50

ADJUNCTIVE GENERAL SERVICES

UNCLASSIFIED TREATMENT

D9110 palliative (emergency) treatment of dental pain - minor procedure.....	\$50.50
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ANESTHESIA

D9220 deep sedation/general anesthesia - first 30 minutes.....	\$180.00
D9221 deep sedation/general anesthesia - each additional 15 minutes.....	\$53.50
D9241 intravenous conscious sedation/analgesia - first 30 minutes.....	\$170.50
D9242 intravenous conscious sedation/analgesia - each additional 15 minutes.....	\$50.50

PROFESSIONAL CONSULTATION

D9310 consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment).....	\$58.00
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PROFESSIONAL VISITS

D9440 office visit - after regularly scheduled hours.....	\$61.00
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MISCELLANEOUS SERVICES

D9910 application of desensitizing medicament.....	\$15.50
D9911 application of desensitizing resin for cervical and/or root surface, per tooth.....	\$15.50
D9930 treatment of complications (post-surgical) - unusual circumstances.....	\$38.00
D9940 occlusal guard.....	\$196.00
D9942 repair and/or reline of occlusal guard.....	\$66.00
D9951 occlusal adjustment - limited.....	\$42.00
D9952 occlusal adjustment - complete.....	\$238.00

**COVERAGE C**

RESTORATIVE

INLAY/ONLAY RESTORATIONS

D2510 inlay - metallic - one surface.....	\$186.00
D2520 inlay - metallic - two surfaces.....	\$308.00
D2530 inlay - metallic - three or more surfaces.....	\$370.50
D2542 onlay - metallic-two surfaces.....	\$402.50

TABLE OF ALLOWANCES

PROCEDURE CODE	MAXIMUM ALLOWANCE
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**COVERAGE C - Continued**  
RESTORATIVE - Continued

INLAY/ONLAY RESTORATIONS - Continued

D2543 onlay - metallic-three surfaces.....	\$446.50
D2544 onlay - metallic-four or more surfaces.....	\$491.00

PORCELAIN/CERAMIC INLAYS/ONLAYS INCLUDE ALL INDIRECT CERAMIC  
 AND PORCELAIN TYPE INLAYS/ONLAYS.

D2642 onlay - porcelain/ceramic - two surfaces.....	\$442.00
D2643 onlay - porcelain/ceramic - three surfaces.....	\$491.00
D2644 onlay - porcelain/ceramic - four or more surfaces.....	\$540.50

RESIN-BASED COMPOSITE INLAYS/ONLAYS MUST UTILIZE INDIRECT TECHNIQUE.

D2662 onlay - resin-based composite - two surfaces.....	\$482.50
D2663 onlay - resin-based composite - three surfaces.....	\$536.50
D2664 onlay - resin-based composite - four or more surfaces.....	\$589.00

CROWNS - SINGLE RESTORATIONS ONLY

D2710 crown - resin-based composite (indirect).....	\$185.50
D2712 crown - ¾ resin-based composite (indirect).....	\$185.50
D2740 crown - porcelain/ceramic substrate.....	\$340.00
D2750 crown - porcelain fused to high noble metal.....	\$536.50
D2751 crown - porcelain fused to predominantly base metal.....	\$370.50
D2752 crown - porcelain fused to noble metal.....	\$370.50
D2780 crown - ¾ cast high noble metal.....	\$527.50
D2781 crown - ¾ cast predominantly base metal .....	\$308.00
D2782 crown - ¾ cast noble metal.....	\$308.00
D2783 crown - ¾ porcelain/ceramic.....	\$340.00
D2790 crown - full cast high noble metal.....	\$527.50
D2791 crown - full cast predominantly base metal.....	\$308.00
D2792 crown - full cast noble metal.....	\$308.00
D2794 crown - titanium.....	\$527.50

OTHER RESTORATIVE SERVICES

D2932 prefabricated resin crown.....	\$122.50
D2950 core buildup, including any pins.....	\$95.50
D2952 cast post and core in addition to crown.....	\$147.50
D2954 prefabricated post and core in addition to crown.....	\$121.50
D2970 temporary crown (fractured tooth).....	\$88.50
D2971 additional procedures to construct new crown under existing partial denture framework.....	\$106.50

PROSTHODONTICS (REMOVABLE)

COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)

D5110 complete denture - maxillary.....	\$669.50
D5120 complete denture - mandibular.....	\$669.50
D5130 immediate denture - maxillary.....	\$536.50
D5140 immediate denture - mandibular.....	\$536.50

TABLE OF ALLOWANCES

PROCEDURE CODE	MAXIMUM ALLOWANCE
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**COVERAGE C - Continued**

PROSTHODONTICS (REMOVABLE) - Continued

PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)

D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth).....	\$390.50
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth).....	\$390.50
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth).....	\$506.00
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and	\$506.00
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth).....	\$380.00
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth).....	\$380.00
D5281	removable unilateral partial denture - one piece cast metal (including clasps and teeth).....	\$152.50

ADJUSTMENTS TO DENTURES

D5410	adjust complete denture - maxillary.....	\$22.50
D5411	adjust complete denture - mandibular.....	\$22.50
D5421	adjust partial denture - maxillary.....	\$22.50
D5422	adjust partial denture - mandibular.....	\$22.50

DENTURE REBASE PROCEDURES

D5710	rebase complete maxillary denture.....	\$201.00
D5711	rebase complete mandibular denture.....	\$201.00
D5720	rebase maxillary partial denture.....	\$188.00
D5721	rebase mandibular partial denture.....	\$188.00

DENTURE RELINE PROCEDURES

D5730	reline complete maxillary denture (chairside).....	\$119.00
D5731	reline complete mandibular denture (chairside).....	\$119.00
D5740	reline maxillary partial denture (chairside).....	\$115.50
D5741	reline mandibular partial denture (chairside).....	\$115.50
D5750	reline complete maxillary denture (laboratory).....	\$177.50
D5751	reline complete mandibular denture (laboratory).....	\$177.50
D5760	reline maxillary partial denture (laboratory).....	\$166.50
D5761	reline mandibular partial denture (laboratory).....	\$166.50

INTERIM PROSTHESIS

D5820	interim partial denture (maxillary).....	\$152.50
D5821	interim partial denture (mandibular).....	\$152.50

OTHER REMOVABLE PROSTHETIC SERVICES

D5850	tissue conditioning, maxillary.....	\$43.00
D5851	tissue conditioning, mandibular.....	\$43.00
D5875	modification of removable prosthesis following implant surgery.....	\$160.50

IMPLANT SERVICES

SURGICAL SERVICES

D6010	surgical placement of implant body: endosteal implant.....	\$869.00
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TABLE OF ALLOWANCES

PROCEDURE CODE	MAXIMUM ALLOWANCE
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**COVERAGE C - Continued**  
IMPLANT SERVICES - Continued

IMPLANT SUPPORTED PROSTHETICS

D6053	implant/abutment supported removable denture for completely edentulous arch.....	\$669.50
D6054	implant/abutment supported removable denture for partially edentulous arch.....	\$506.00
D6056	prefabricated abutment - includes placement.....	\$250.50
D6057	custom abutment - includes placement.....	\$304.50
D6058	abutment supported porcelain/ceramic crown.....	\$499.50
D6059	abutment supported porcelain fused to metal crown (high noble metal).....	\$696.50
D6060	abutment supported porcelain fused to metal crown (predominantly base metal).....	\$531.00
D6061	abutment supported porcelain fused to metal crown (noble metal).....	\$531.00
D6062	abutment supported cast metal crown (high noble metal).....	\$687.50
D6063	abutment supported cast metal crown (predominantly base metal).....	\$467.50
D6064	abutment supported cast metal crown (noble metal).....	\$467.50
D6065	implant supported porcelain/ceramic crown.....	\$499.50
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal).....	\$696.50
D6067	implant supported metal crown (titanium, titanium alloy, high noble metal).....	\$687.50
D6068	abutment supported retainer for porcelain/ceramic FPD.....	\$499.50
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal).....	\$696.50
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal).....	\$531.00
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal).....	\$521.50
D6072	abutment supported retainer for cast metal FPD (high noble metal).....	\$687.50
D6073	abutment supported retainer for cast metal FPD (predominantly base metal).....	\$467.50
D6074	abutment supported retainer for cast metal FPD (noble metal).....	\$687.50
D6075	implant supported retainer for ceramic FPD.....	\$499.50
D6076	implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal).....	\$696.50
D6077	implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal).....	\$687.50
D6078	implant/abutment supported fixed denture for completely edentulous arch.....	\$1,338.00
D6079	implant/abutment supported fixed denture for partially edentulous arch.....	\$1,011.50
D6094	abutment supported crown - (titanium).....	\$687.50
D6194	abutment supported retainer crown for FPD - (titanium).....	\$687.50

PROSTHODONTICS, FIXED

FIXED PARTIAL DENTURE PONTICS

D6205	pontic - indirect resin based composite.....	\$185.50
D6210	pontic - cast high noble metal.....	\$401.50
D6211	pontic - cast predominantly base metal.....	\$308.00
D6212	pontic - cast noble metal.....	\$401.50
D6214	pontic - titanium.....	\$401.50
D6240	pontic - porcelain fused to high noble metal.....	\$404.50
D6241	pontic - porcelain fused to predominantly base metal.....	\$370.50
D6242	pontic - porcelain fused to noble metal.....	\$370.50
D6245	pontic - porcelain/ceramic.....	\$340.00
D6250	pontic - resin with high noble metal.....	\$370.50
D6251	pontic - resin with predominantly base metal.....	\$315.00

TABLE OF ALLOWANCES

PROCEDURE CODE	MAXIMUM ALLOWANCE
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**COVERAGE C - Continued**  
PROSTHODONTICS, FIXED - Continued

FIXED PARTIAL DENTURE PONTICS - Continued

D6252 pontic - resin with noble metal.....	\$315.00
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FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS

D6545 retainer - cast metal for resin bonded fixed prosthesis.....	\$154.50
D6548 retainer - porcelain/ceramic for resin bonded fixed prosthesis.....	\$170.00
D6600 inlay - porcelain/ceramic, two surfaces.....	\$432.00
D6601 inlay - porcelain/ceramic, three or more surfaces.....	\$513.00
D6602 inlay - cast high noble metal, two surfaces.....	\$295.50
D6603 inlay - cast high noble metal, three or more surfaces.....	\$355.50
D6604 inlay - cast predominantly base metal, two surfaces.....	\$308.00
D6605 inlay - cast predominantly base metal, three or more surfaces.....	\$369.50
D6606 inlay - cast noble metal, two surfaces.....	\$317.00
D6607 inlay - cast noble metal, three or more surfaces.....	\$381.00
D6608 onlay -porcelain/ceramic, two surfaces.....	\$486.00
D6609 onlay - porcelain/ceramic, three or more surfaces.....	\$567.50
D6610 onlay - cast high noble metal, two surfaces.....	\$402.50
D6611 onlay - cast high noble metal, three or more surfaces.....	\$446.50
D6612 onlay - cast predominantly base metal, two surfaces.....	\$491.00
D6613 onlay - cast predominantly base metal, three or more surfaces.....	\$564.50
D6614 onlay - cast noble metal, two surfaces.....	\$361.50
D6615 onlay - cast noble metal, three or more surfaces.....	\$402.50
D6624 inlay - titanium.....	\$355.50
D6634 onlay - titanium.....	\$446.50

FIXED PARTIAL DENTURE RETAINERS - CROWNS

D6710 crown - indirect resin based composite.....	\$185.50
D6740 crown - porcelain/ceramic.....	\$340.00
D6750 crown - porcelain fused to high noble metal.....	\$536.50
D6751 crown - porcelain fused to predominantly base metal.....	\$370.50
D6752 crown - porcelain fused to noble metal.....	\$361.50
D6780 crown - ¾ cast high noble metal.....	\$370.50
D6781 crown - ¾ cast predominantly base metal.....	\$308.00
D6782 crown - ¾ cast noble metal.....	\$308.00
D6783 crown - ¾ porcelain/ceramic.....	\$340.00
D6790 crown - full cast high noble metal.....	\$527.50
D6791 crown - full cast predominantly base metal.....	\$308.00
D6792 crown - full cast noble metal.....	\$527.50
D6794 crown - titanium.....	\$527.50

OTHER FIXED PARTIAL DENTURE SERVICES

D6940 stress breaker.....	\$83.00
D6970 cast post and core in addition to fixed partial denture retainer.....	\$147.50
D6972 prefabricated post and core in addition to fixed partial denture retainer.....	\$121.50

TABLE OF ALLOWANCES

PROCEDURE CODE	MAXIMUM ALLOWANCE
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**COVERAGE D**

ORAL AND MAXILLOFACIAL SURGERY

OTHER SURGICAL PROCEDURES

D7283 placement of device to facilitate eruption of impacted tooth.....	\$17.00
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ORTHODONTICS

LIMITED ORTHODONTIC TREATMENT

D8010 limited orthodontic treatment of the primary dentition.....	50% *
D8020 limited orthodontic treatment of the transitional dentition.....	50% *
D8030 limited orthodontic treatment of the adolescent dentition.....	50% *
D8040 limited orthodontic treatment of the adult dentition.....	50% *

INTERCEPTIVE ORTHODONTIC TREATMENT

D8050 interceptive orthodontic treatment of the primary dentition.....	50% *
D8060 interceptive orthodontic treatment of the transitional dentition.....	50% *

COMPREHENSIVE ORTHODONTIC TREATMENT

D8070 comprehensive orthodontic treatment of the transitional dentition.....	50% *
D8080 comprehensive orthodontic treatment of the adolescent dentition.....	50% *
D8090 comprehensive orthodontic treatment of the adult dentition.....	50% *

OTHER ORTHODONTIC SERVICES

D8693 rebonding or recementing; and/or repair, as required, of fixed retainers.....	50% *
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\* Orthodontics @ 50% - Orthodontic percentage is of participating dentists' accepted fees or Northeast Delta Dental's allowance for non-participating dentists.

This program pays the least of the dentist's accepted fees, the fees actually charged, or the Maximum Allowances shown above. This Table of Allowances includes most dental procedures. If a dental procedure not listed in this Table of Allowances is performed on an eligible patient the Maximum Allowance for that procedure will be based upon the Maximum Allowances for similar procedures. (In no case will this program pay more than the Maximum Allowances shown above.)