



# Schedule of Covered Services and Copayments

## City of Seattle - Local 77

Code	Description	Copayment	Code	Description	Copayment
	Specialty Services - Annual Maximum	No Maximum			
D9543	Office Visit	0	D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	0
<p><i>General Dentist services are to be performed by your Selected Participating Dentist. Your Designated Participating Primary Dentist will coordinate your care to a participating specialist or other healthcare professional such as RN, ARNP operating within the scope of their license. The dental benefits provided under this plan for dependent children applies to the congenital anomalies of such dependents from the moment of birth.</i></p>			D0415	collection of microorganisms for culture and sensitivity	0
<b>Diagnostic</b>			D0425	caries susceptibility tests	0
D0120	periodic oral evaluation - established patient	0	D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	50
D0140	limited oral evaluation - problem focused	0	D0460	pulp vitality tests	0
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	0	D0470	diagnostic casts	0
D0150	comprehensive oral evaluation - new or established patient	0	D0601	caries risk assessment and documentation, with a finding of low risk	0
D0160	detailed and extensive oral evaluation - problem focused, by report	0	D0602	caries risk assessment and documentation, with a finding of moderate risk	0
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	D0603	caries risk assessment and documentation, with a finding of high risk	0
D0171	re-evaluation – post-operative office visit	0	D0701	panoramic radiographic image – image capture only	0
D0180	comprehensive periodontal evaluation - new or established patient	0	D0702	2-D cephalometric radiographic image – image capture only	0
D0210	intraoral - complete series of radiographic images	0	D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	0
D0220	intraoral - periapical first radiographic image	0	D0704	3-D photographic image – image capture only	0
D0230	intraoral - periapical each additional radiographic image	0	D0705	extra-oral posterior dental radiographic image – image capture only	0
D0240	intraoral - occlusal radiographic image	0	D0706	intraoral – occlusal radiographic image – image capture only	0
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	0	D0707	intraoral – periapical radiographic image – image capture only	0
D0270	bitewing - single radiographic image	0	D0708	intraoral – bitewing radiographic image – image capture only	0
D0272	bitewings - two radiographic images	0	D0709	intraoral – complete series of radiographic images – image capture only	0
D0273	bitewings - three radiographic images	0	<b>Preventive</b>		
D0274	bitewings - four radiographic images	0	D1110	prophylaxis - adult (limited to 1 per 6 months)	0
D0277	vertical bitewings - 7 to 8 radiographic images	0	D1120	prophylaxis - child (limited to 1 in 6 months)	0
D0330	panoramic radiographic image	0	D1206	topical application of fluoride varnish	0
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	0	D1208	topical application of fluoride – excluding varnish	0
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	D1310	nutritional counseling for control of dental disease	0

Code	Description	Copayment
D1320	tobacco counseling for the control and prevention of oral disease	0
D1321	counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	0
D1330	oral hygiene instructions	0
D1351	sealant - per tooth	0
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	0
D1353	sealant repair – per tooth	0
D1354	application of caries arresting medicament – per tooth	0
D1355	caries preventive medicament application – per tooth	0

### Space Maintainers

D1510	space maintainer - fixed, unilateral – per quadrant	0
D1516	space maintainer - fixed - bilateral, maxillary	0
D1517	space maintainer - fixed - bilateral, mandibular	0
D1520	space maintainer - removable, unilateral - per quadrant	0
D1526	space maintainer - removable - bilateral, maxillary	0
D1527	space maintainer - removable - bilateral, mandibular	0
D1551	re-cement or re-bond bilateral space maintainer - maxillary	0
D1552	re-cement or re-bond bilateral space maintainer - mandibular	0
D1553	re-cement or re-bond unilateral space maintainer - per quadrant	0
D1556	removal of fixed unilateral space maintainer - per quadrant	0
D1557	removal of fixed bilateral space maintainer - maxillary	0
D1558	removal of fixed bilateral space maintainer - mandibular	0
D1575	distal shoe space maintainer - fixed, unilateral - per quadrant	0

### Amalgam Restorations - Primary or Permanent

D2140	amalgam - one surface, primary or permanent	0
D2150	amalgam - two surfaces, primary or permanent	0
D2160	amalgam - three surfaces, primary or permanent	0
D2161	amalgam - four or more surfaces, primary or permanent	0

Code	Description	Copayment
<b>Resin-Based Composite Restorations</b>		
D2330	resin-based composite - one surface, anterior	0
D2331	resin-based composite - two surfaces, anterior	0
D2332	resin-based composite - three surfaces, anterior	0
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	0
D2390	resin-based composite crown, anterior	0
D2391	resin-based composite - one surface, posterior	0
D2392	resin-based composite - two surfaces, posterior	0
D2393	resin-based composite - three surfaces, posterior	0
D2394	resin-based composite - four or more surfaces, posterior	0

### Crowns - Single Restoration Only

*D27SP, D27HP, and D27NP are allowable upgrade charges for specialized porcelain such as Lava, Captek, Cercon, etc. It is charged in addition to the type of crown billed.*

D2510	inlay - metallic - one surface	100
D2520	inlay - metallic - two surfaces	100
D2530	inlay - metallic - three or more surfaces	100
D2542	onlay - metallic - two surfaces	100
D2543	onlay - metallic - three surfaces	100
D2544	onlay - metallic - four or more surfaces	100
D2610	inlay - porcelain/ceramic - one surface	0
D2620	inlay - porcelain/ceramic - two surfaces	0
D2630	inlay - porcelain/ceramic - three or more surfaces	0
D2642	onlay - porcelain/ceramic - two surfaces	0
D2643	onlay - porcelain/ceramic - three surfaces	0
D2644	onlay - porcelain/ceramic - four or more surfaces	0
D2650	inlay - resin-based composite - one surface	0
D2651	inlay - resin-based composite - two surfaces	0
D2652	inlay - resin-based composite - three or more surfaces	0
D2662	onlay - resin-based composite - two surfaces	0
D2663	onlay - resin-based composite - three surfaces	0
D2664	onlay - resin-based composite - four or more surfaces	0
D2710	crown - resin-based composite (indirect)	0
D2712	crown - ¾ resin-based composite (indirect)	0
D2720	crown - resin with high noble metal	100

Code	Description	Copayment
D2721	crown - resin with predominantly base metal	0
D2722	crown - resin with noble metal	70
D2740	crown - porcelain/ceramic	0
D2750	crown - porcelain fused to high noble metal	100
D2751	crown - porcelain fused to predominantly base metal	0
D2752	crown - porcelain fused to noble metal	70
D2753	crown - porcelain fused to titanium and titanium alloys	100
D2780	crown - 3/4 cast high noble metal	100
D2781	crown - 3/4 cast predominantly base metal	0
D2782	crown - 3/4 cast noble metal	70
D2783	crown - 3/4 porcelain/ceramic	0
D2790	crown - full cast high noble metal	100
D2791	crown - full cast predominantly base metal	0
D2792	crown - full cast noble metal	70
D2794	crown - titanium and titanium alloys	100
D2799	interim crown – further treatment or completion of diagnosis necessary prior to final impression	0
D27HP	specialized porcelain- high noble/titanium crown	25
D27NP	specialized porcelain- noble metal crown	55
D27SP	specialized porcelain-all porcelain crown	125

#### Other Restorative Services

D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	0
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	0
D2920	re-cement or re-bond crown	0
D2921	reattachment of tooth fragment, incisal edge or cusp	0
D2928	prefabricated porcelain/ceramic crown – permanent tooth	0
D2929	prefabricated porcelain/ceramic crown – primary tooth	0
D2930	prefabricated stainless steel crown - primary tooth	0
D2931	prefabricated stainless steel crown - permanent tooth	0
D2932	prefabricated resin crown	0
D2933	prefabricated stainless steel crown with resin window	0
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	0
D2940	protective restoration	0
D2941	interim therapeutic restoration – primary dentition	0
D2949	restorative foundation for an indirect restoration	0

Code	Description	Copayment
D2950	core buildup, including any pins when required	0
D2951	pin retention - per tooth, in addition to restoration	0
D2952	post and core in addition to crown, indirectly fabricated	0
D2953	each additional indirectly fabricated post - same tooth	0
D2954	prefabricated post and core in addition to crown	0
D2955	post removal	0
D2957	each additional prefabricated post - same tooth	0
D2971	additional procedures to customize a crown to fit under an existing partial denture framework	25
D2975	coping	200
D2980	crown repair necessitated by restorative material failure	0
D2990	resin infiltration of incipient smooth surface lesions	0

#### Endodontics (root canal therapy)

D3110	pulp cap - direct (excluding final restoration)	0
D3120	pulp cap - indirect (excluding final restoration)	0
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	0
D3221	pulpal debridement, primary and permanent teeth	0
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	55
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	0
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	0
D3310	endodontic therapy, anterior tooth (excluding final restoration)	0
D3320	endodontic therapy, premolar tooth (excluding final restoration)	0
D3330	endodontic therapy, molar tooth (excluding final restoration)	0
D3331	treatment of root canal obstruction; non-surgical access	0
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	0
D3333	internal root repair of perforation defects	0
D3346	retreatment of previous root canal therapy - anterior	0
D3347	retreatment of previous root canal therapy - premolar	0

Code	Description	Copayment	Code	Description	Copayment
D3348	retreatment of previous root canal therapy - molar	0	D4249	clinical crown lengthening – hard tissue	0
D3351	apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	0	D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	0
D3352	apexification/recalcification – interim medication replacement	0	D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	0
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	0	D4263	bone replacement graft – retained natural tooth – first site in quadrant	0
D3355	pulpal regeneration - initial visit	0	D4264	bone replacement graft – retained natural tooth – each additional site in quadrant	0
D3356	pulpal regeneration - interim medication replacement	0	D4266	guided tissue regeneration - resorbable barrier, per site	300
D3357	pulpal regeneration - completion of treatment	0	D4267	guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	350
D3410	apicoectomy - anterior	0	D4268	surgical revision procedure, per tooth	450
D3421	apicoectomy - premolar (first root)	0	D4270	pedicle soft tissue graft procedure	0
D3425	apicoectomy - molar (first root)	0	D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	0
D3426	apicoectomy (each additional root)	0	D4274	mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	0
D3430	retrograde filling - per root	0	D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	0
D3450	root amputation - per root	0	D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	0
D3471	surgical repair of root resorption - anterior	0	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	0
D3472	surgical repair of root resorption – premolar	0	D4283	autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	0
D3473	surgical repair of root resorption – molar	0	D4285	non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	0
D3911	intraorifice barrier	0	D4341	periodontal scaling and root planing - four or more teeth per quadrant	0
D3920	hemisection (including any root removal), not including root canal therapy	0	D4342	periodontal scaling and root planing - one to three teeth per quadrant	0
D3921	decoronation or submergence of an erupted tooth	200	D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	0
D3950	canal preparation and fitting of preformed dowel or post	0			
<b>Periodontics</b>					
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	0			
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	0			
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	0			
D4230	anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant	0			
D4231	anatomical crown exposure - one to three teeth or contiguous teeth or tooth bounded spaces per quadrant	0			
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	0			
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	0			
D4245	apically positioned flap	350			

Code	Description	Copayment
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	0
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	0
D4910	periodontal maintenance (1st and 2nd in year)	0
D4921	gingival irrigation – per quadrant	10
D49XC	periodontal maintenance (3rd and 4th in year)	25

## Dentures

*Full/partial dentures (upper and/or lower) - one per five year period. Replacement will be provided where casing is unsatisfactory and cannot be made satisfactory. Lost or stolen appliances are the responsibility of the patient. Unilateral partials (Nesbitt) are not recommended treatment. Copayment amount applies to both General Dentist and Denturists.*

D5110	complete denture - maxillary	0
D5120	complete denture - mandibular	0
D5130	immediate denture - maxillary	0
D5140	immediate denture - mandibular	0
D5211	maxillary partial denture - resin base (including any retentive/clasping materials, rests, and teeth)	0
D5212	mandibular partial denture- resin base (including retentive/clasping materials, rests, and teeth)	0
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	0
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	0
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	0
D5222	immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	0
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	0
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	0
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	0
D5226	mandibular partial denture - flexible base (including retentive/clasping materials, rests and teeth)	0

Code	Description	Copayment
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	0
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	0
D5282	removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	0
D5283	removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	0
D5284	removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests, and teeth) – per quadrant	0
D5286	removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests, and teeth) – per quadrant	0

## Denture Adjustments & Repairs

D5410	adjust complete denture - maxillary	0
D5411	adjust complete denture - mandibular	0
D5421	adjust partial denture - maxillary	0
D5422	adjust partial denture - mandibular	0
D5511	repair broken complete denture base, mandibular	0
D5512	repair broken complete denture base, maxillary	0
D5520	replace missing or broken teeth - complete denture (each tooth)	0
D5611	repair resin partial denture base, mandibular	0
D5612	repair resin partial denture base, maxillary	0
D5621	repair cast partial framework, mandibular	0
D5622	repair cast partial framework, maxillary	0
D5630	repair or replace broken retentive/clasping materials per tooth	0
D5640	replace broken teeth - per tooth	0
D5650	add tooth to existing partial denture	0
D5660	add clasp to existing partial denture - per tooth	0
D5710	rebase complete maxillary denture	0
D5711	rebase complete mandibular denture	0
D5720	rebase maxillary partial denture	0
D5721	rebase mandibular partial denture	0
D5730	reline complete maxillary denture (direct)	0
D5731	reline complete mandibular denture (direct)	0
D5740	reline maxillary partial denture (direct)	0
D5741	reline mandibular partial denture (direct)	0
D5750	reline complete maxillary denture (indirect)	0

Code	Description	Copayment	Code	Description	Copayment
D5751	reline complete mandibular denture (indirect)	0	D6068	abutment supported retainer for porcelain/ceramic FPD	1000
D5760	reline maxillary partial denture (indirect)	0	D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1000
D5761	reline mandibular partial denture (indirect)	0	D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	900
D5765	soft liner for complete or partial removable denture – indirect	0	D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	950
D5810	interim complete denture (maxillary)	0	D6072	abutment supported retainer for cast metal FPD (high noble metal)	1000
D5811	interim complete denture (mandibular)	0	D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	900
D5820	interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	0	D6074	abutment supported retainer for cast metal FPD (noble metal)	950
D5821	interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	0	D6075	implant supported retainer for ceramic FPD	1000
D5850	tissue conditioning, maxillary	0	D6076	implant supported retainer for FPD - porcelain fused to high noble alloys	1000
D5851	tissue conditioning, mandibular	0	D6077	implant supported retainer for metal FPD - high noble alloys	1000
D5863	overdenture – complete maxillary	0	D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	100
D5864	overdenture – partial maxillary	0	D6081	scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	0
D5865	overdenture – complete mandibular	0	D6082	implant supported crown - porcelain fused to predominantly base alloys	1000
D5866	overdenture – partial mandibular	0	D6083	implant supported crown - porcelain fused to noble alloys	1000
D5875	modification of removable prosthesis following implant surgery	125	D6084	implant supported crown - porcelain fused to titanium and titanium alloys	1000
D5986	fluoride gel carrier	0	D6085	interim implant crown	0

## Implants

*D60SP, D60HP, and D60NP are allowable upgrade charges for specialized porcelain such as Lava, Captek, Cercon, etc. It is charged in addition to the type of abutment retainer billed. There are additional fees for any replacement parts, screws, etc.*

D6010	surgical placement of implant body: endosteal implant	1300	D6086	implant supported crown - predominantly base alloys	1000
D6056	prefabricated abutment – includes modification and placement	300	D6087	implant supported crown - noble alloys	1000
D6057	custom fabricated abutment – includes placement	450	D6088	implant supported crown - titanium and titanium alloys	1000
D6058	abutment supported porcelain/ceramic crown	550	D6092	re-cement or re-bond implant/abutment supported crown	30
D6059	abutment supported porcelain fused to metal crown (high noble metal)	1100	D6093	re-cement or re-bond implant/abutment supported fixed partial denture	40
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	500	D6094	abutment supported crown - titanium and titanium alloys	600
D6061	abutment supported porcelain fused to metal crown (noble metal)	1020	D6097	abutment supported crown - porcelain fused to titanium and titanium alloys	1100
D6062	abutment supported cast metal crown (high noble metal)	600	D6098	implant supported retainer - porcelain fused to predominantly base alloys	1000
D6063	abutment supported cast metal crown (predominantly base metal)	900	D6099	implant supported retainer for FPD - porcelain fused to noble alloys	1000
D6064	abutment supported cast metal crown (noble metal)	1020	D60HP	specialized porcelain- high noble/titanium abutment retainer	25
D6065	implant supported porcelain/ceramic crown	1000			
D6066	implant supported crown - porcelain fused to high noble alloys	1000			
D6067	implant supported crown - high noble alloys	1000			

Code	Description	Copayment
D60NP	specialized porcelain- noble metal abutment retainer	55
D60SP	specialized porcelain- all porcelain abutment retainer	125
D6110	implant /abutment supported removable denture for edentulous arch – maxillary	2300
D6111	implant /abutment supported removable denture for edentulous arch – mandibular	2300
D6112	implant /abutment supported removable denture for partially edentulous arch – maxillary	2300
D6113	implant /abutment supported removable denture for partially edentulous arch – mandibular	2300
D6120	implant supported retainer – porcelain fused to titanium and titanium alloys	1000
D6121	implant supported retainer for metal FPD – predominantly base alloys	1000
D6122	implant supported retainer for metal FPD – noble alloys	1000
D6123	implant supported retainer for metal FPD – titanium and titanium alloys	1000
D6194	abutment supported retainer crown for FPD – titanium and titanium alloys	600
D6195	abutment supported retainer - porcelain fused to titanium and titanium alloys	1000
D6198	remove interim implant component	0

Services not listed are performed at the dentist's usual and customary fee.

## Bridges

D62SP, D62HP, D62NP, D67SP, D67HP, and D67NP are allowable upgrade charges for specialized porcelain such as Lava, Captek, Cercon, etc. It is charged in addition to the type of abutment or pontic billed.

D6205	pontic - indirect resin based composite	0
D6210	pontic - cast high noble metal	100
D6211	pontic - cast predominantly base metal	0
D6212	pontic - cast noble metal	70
D6214	pontic - titanium and titanium alloys	100
D6240	pontic - porcelain fused to high noble metal	100
D6241	pontic - porcelain fused to predominantly base metal	0
D6242	pontic - porcelain fused to noble metal	70
D6243	pontic - porcelain fused to titanium and titanium alloys	100
D6245	pontic - porcelain/ceramic	125
D6250	pontic - resin with high noble metal	100
D6251	pontic - resin with predominantly base metal	0
D6252	pontic - resin with noble metal	70
D6253	interim pontic - further treatment or completion of diagnosis necessary prior to final impression	0
D62HP	specialized porcelain- high noble/titanium pontic	25
D62NP	specialized porcelain- noble metal pontic	55

Code	Description	Copayment
D62SP	specialized porcelain- all porcelain pontic	125
D6545	retainer - cast metal for resin bonded fixed prosthesis	100
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	125
D6549	resin retainer – for resin bonded fixed prosthesis	0
D6600	inlay - porcelain/ceramic, two surfaces	0
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	0
D6602	retainer inlay - cast high noble metal, two surfaces	100
D6603	retainer inlay - cast high noble metal, three or more surfaces	100
D6604	retainer inlay - cast predominantly base metal, two surfaces	0
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	0
D6606	retainer inlay - cast noble metal, two surfaces	70
D6607	retainer inlay - cast noble metal, three or more surfaces	70
D6608	retainer onlay - porcelain/ceramic, two surfaces	125
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	125
D6610	retainer onlay - cast high noble metal, two surfaces	100
D6611	retainer onlay - cast high noble metal, three or more surfaces	100
D6612	retainer onlay - cast predominantly base metal, two surfaces	0
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	0
D6614	retainer onlay - cast noble metal, two surfaces	70
D6615	retainer onlay - cast noble metal, three or more surfaces	70
D6624	retainer inlay - titanium	100
D6634	retainer onlay - titanium	100
D6710	retainer crown - indirect resin based composite	0
D6720	retainer crown - resin with high noble metal	100
D6721	retainer crown - resin with predominantly base metal	0
D6722	retainer crown - resin with noble metal	70
D6740	retainer crown - porcelain/ceramic	0
D6750	retainer crown - porcelain fused to high noble metal	100
D6751	retainer crown - porcelain fused to predominantly base metal	0
D6752	retainer crown - porcelain fused to noble metal	70
D6753	retainer crown - porcelain fused to titanium and titanium alloys	100

Code	Description	Copayment
D6780	retainer crown - 3/4 cast high noble metal	100
D6781	retainer crown - 3/4 cast predominantly base metal	0
D6782	retainer crown - 3/4 cast noble metal	70
D6783	retainer crown - 3/4 porcelain/ceramic	0
D6784	retainer crown <sup>3</sup> / <sub>4</sub> - titanium and titanium alloys	100
D6790	retainer crown - full cast high noble metal	100
D6791	retainer crown - full cast predominantly base metal	0
D6792	retainer crown - full cast noble metal	70
D6793	interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	0
D6794	retainer crown - titanium and titanium alloys	100
D67HP	specialized porcelain- high noble/titanium abutment	25
D67NP	specialized porcelain- noble metal abutment	55
D67SP	specialized porcelain- all porcelain abutment	125
D6930	re-cement or re-bond fixed partial denture	0
D6980	fixed partial denture repair necessitated by restorative material failure	0

### Oral Surgery

D7111	extraction, coronal remnants - primary tooth	0
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	0
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	0
D7220	removal of impacted tooth - soft tissue	0
D7230	removal of impacted tooth - partially bony	0
D7240	removal of impacted tooth - completely bony	0
D7241	removal of impacted tooth - completely bony, with unusual surgical complications	0
D7250	removal of residual tooth roots (cutting procedure)	0
D7251	coronectomy – intentional partial tooth removal	200
D7260	oroantral fistula closure	0
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	0
D7280	exposure of an unerupted tooth	0
D7282	mobilization of erupted or malpositioned tooth to aid eruption	270
D7283	placement of device to facilitate eruption of impacted tooth	90
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	100
D7286	incisional biopsy of oral tissue-soft	100

Code	Description	Copayment
D7288	brush biopsy - transepithelial sample collection	85
D7291	transseptal fiberotomy/supra crestal fiberotomy, by report	0
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	0
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	0
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	0
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	0
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	0
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	0
D7471	removal of lateral exostosis (maxilla or mandible)	0
D7510	incision and drainage of abscess - intraoral soft tissue	0
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	0
D7520	incision and drainage of abscess - extraoral soft tissue	0
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	0
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	0
D7540	removal of reaction producing foreign bodies, musculoskeletal system	0
D7670	alveolus - closed reduction, may include stabilization of teeth	0
D7671	alveolus - open reduction, may include stabilization of teeth	0
D7910	suture of recent small wounds up to 5 cm	0
D7911	complicated suture - up to 5 cm	0
D7912	complicated suture - greater than 5 cm	0
D7922	placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	0
D7961	buccal / labial frenectomy (frenulectomy)	0
D7962	lingual frenectomy (frenulectomy)	0
D7963	frenuloplasty	0
D7970	excision of hyperplastic tissue - per arch	0
D7971	excision of pericoronal gingiva	0
D7979	non- surgical sialolithotomy	0



Code	Description	Copayment
D7980	surgical sialolithotomy	0

## Other Services

*General Anesthesia is covered solely for dependent children under the age of seven (7) or the physically or developmentally disabled, only when medically necessary and in conjunction with a covered dental procedure performed at a participating provider or when your required care is not available within the network.*

D9110	palliative (emergency) treatment of dental pain - minor procedure	0
D9120	fixed partial denture sectioning	35
D9210	local anesthesia not in conjunction with operative or surgical procedures	0
D9211	regional block anesthesia	0
D9212	trigeminal division block anesthesia	0
D9215	local anesthesia in conjunction with operative or surgical procedures	0
D9219	evaluation for moderate sedation, deep sedation or general anesthesia	40
D9222	deep sedation/general anesthesia – first 15 minutes	125
D9223	deep sedation/general anesthesia – each subsequent 15 minute increment	125
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	0
D9239	intravenous moderate (conscious) sedation/analgesia – first 15 minutes	125
D9243	intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	125
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	0
D9311	consultation with a medical health care professional	0
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	0
D9440	office visit - after regularly scheduled hours	25
D9450	case presentation, detailed and extensive treatment planning	0
D9610	therapeutic parenteral drug, single administration	0
D9612	therapeutic parenteral drugs, two or more administrations, different medications	10
D9613	infiltration of sustained release therapeutic drug, per quadrant	0
D9630	drugs or medicaments dispensed in the office for home use	10
D9910	application of desensitizing medicament	0
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	0
D9912	pre-visit patient screening	0
D9932	cleaning and inspection of removable complete denture, maxillary	15

Code	Description	Copayment
D9933	cleaning and inspection of removable complete denture, mandibular	15
D9934	cleaning and inspection of removable partial denture, maxillary	15
D9935	cleaning and inspection of removable partial denture, mandibular	15
D9941	fabrication of athletic mouthguard	250
D9942	repair and/or reline of occlusal guard	90
D9943	occlusal guard adjustment	15
D9944	occlusal guard- hard appliance, full arch	350
D9945	occlusal guard- soft appliance, full arch	350
D9951	occlusal adjustment - limited	0
D9952	occlusal adjustment - complete	0
D9961	duplicate/copy patient's records	0
D9970	enamel microabrasion	0
D9971	odontoplasty - per tooth	75
D9972	external bleaching - per arch - performed in office	200
D9973	external bleaching - per tooth	40
D9974	internal bleaching - per tooth	100
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	200
D9990	certified translation or sign-language services per visit	0
D9991	dental case management – addressing appointment compliance barriers	0
D9992	dental case management – care coordination	0
D9993	dental case management – motivational interviewing	0
D9994	dental case management – patient education to improve oral health literacy	0
D9995	teledentistry- synchronous; real-time encounter	0
D9996	teledentistry- asynchronous; information stored and forwarded to dentist for subsequent review	0

## Orthodontics

*When performed by a Dental Health Services participating orthodontist. Please call your Dental Health Services Member Services Specialist at 206-788-3444 or 877-495-4455 for assistance in locating a conveniently located participating orthodontist.*

	Retention appliance - after orthodontic treatment	0
	Case presentation	0
	Initial orthodontic exam	25
	Orthodontic treatment plan and records (pre/post x-rays, photos, study models)	125
D8010	Limited orthodontic treatment of the primary dentition	Prorated *
D8020	Limited orthodontic treatment of the transitional dentition	Prorated *

<b>Code</b>	<b>Description</b>	<b>Copayment</b>
<b>D8030</b>	Limited orthodontic treatment of the adolescent dentition	<b>Prorated*</b>
<b>D8040</b>	Limited orthodontic treatment of the adult dentition	<b>Prorated*</b>
<b>D8070</b>	Comprehensive orthodontic treatment of the transitional dentition	<b>400</b>
<b>D8080</b>	Comprehensive orthodontic treatment of the adolescent dentition	<b>400</b>
<b>D8090</b>	Comprehensive orthodontic treatment of the adult dentition	<b>400</b>
<b>D8681</b>	Removable orthodontic retainer adjustment	<b>0</b>

*Comprehensive orthodontic treatment copayment amounts (D8070, D8080, D8090) are based on a typical 24-month case. If case extends beyond 24 months, additional months are prorated according to the number of extra months of treatment. Copayments for limited and interceptive orthodontic services will be prorated based on the treatment rendered. \*The Prorated amount is calculated by taking the full copayment (D8090 for adults & D8040 for child) and dividing by 24 and multiplying by the number of months of expected service. Orthodontist models, x-rays, photographs and records are not covered. There may be additional copayments depending on treatment needs. There may be additional copayments depending on treatment needs.*

### **Prenatal Periodontal Benefit**

*In order to improve the overall health of our enrollees, your plan includes a prenatal health improvement program.*

*Numerous studies indicate that women who have periodontal disease while pregnant are at much greater risk for having other health issues. While you are pregnant, your benefit includes a program to reimburse your copayments for necessary periodontic services when provided by a Dental Health Services' General Dentist.*

*This includes additional cleanings, scalings and periodontal irrigation/antimicrobials treatment determined by your dentist to be necessary. You must submit an itemized receipt from the dental office that provided the services to Dental Health Services within 180 days of treatment.*

**Dental exclusions**

*The following are not covered by your dental plan.*

- A. Services not specifically listed in the “Schedule of Covered Services and Copayments.”
- B. Work in progress: non-emergency/ temporary procedures started but not finished prior to the date of eligibility is not covered. This includes crown preps prepared and temporized but not cemented, root canals in mid-treatment, prosthetic cases post final impression stage (sent to the lab), etc. This does not include teeth slated for root canal treatment and/or canals filled during an emergency visit.
- C. Services or treatments which are not Medically Necessary are excluded.
- D. Services that in the opinion of the attending dentist are not necessary for the patient’s health. Extractions of non-pathologic, asymptomatic (healthy or non-symptomatic) teeth including extractions for orthodontic reasons.
- E. Dispensing of drugs not normally supplied in a dental office.
- F. Any dental procedure or service rendered while a patient is hospitalized or not in the dental office.
- G. Treatment for malignancies or neoplasms (tumors).
- H. Procedures or charges for services prior to the date the member became eligible for benefits under this plan, or re-treatment of these procedures within one (1) year of completion or charges incurred following termination of benefits under this plan.
- I. Any dental procedure that cannot be performed in the dental office due to the general health of the member
- J. Procedures, appliances or restorations that are necessary for:
  - 1. full mouth rehabilitation,
  - 2. to increase arch vertical dimension
- K. Orthognathic treatment – surgical procedures and other treatment to correct the malposition of the maxilla and/or the mandible.
- L. Full mouth rehabilitation is not covered. Procedures requiring extensive restorative treatment involving more than 10 crowns in a one-year period and/or an increase or decrease of the horizontal or vertical dimension, gnathological recordings, full mouth equilibration, periodontal splinting, temporary processed functional crowns/appliances and realignment of teeth are not covered.
- M. Services and supplies incurred before your effective date under the plan or after your termination under the plan except as may be provided under the other continuation options administered through your employer.
- N. Any dental expense that is covered by a third party, such as automobile insurance, other liability insurance, etc.
- O. Services and supplies for treatment of illness or injury for which a third party is or may be responsible.
- P. Expenses for services and supplies incurred as a result of any work-related injury or illness, including any claims that are resolved related to a disputed claim settlement. The only exception is if an enrolled employee is exempt from state or federal workers’ compensation law.
- Q. Experimental or Investigational Services are not covered services under this Plan.

**Dental limitations**

*The following are limitations on covered benefits.*

- A. Limitation on the frequency and appropriateness of services:
  - 1. Prophylaxis (teeth cleaning, shallow scaling and polishing maximum one per six months, 2 per contract year.
  - 2. Periodontal scaling and periodontal maintenance – limited to four within calendar year.
  - 3. Periodontal surgery – limited to four quadrants in two years.
  - 4. Full/partial dentures (upper and/or lower) – one per five-year period. Replacement of appliances that are causing pain, bleeding, swelling or are required due to additional toothloss which cannot be restored by modification of the appliance are covered. New dentures are covered only if the existing dentures cannot be made satisfactory by either a reline or repair. Lost or stolen appliances are the responsibility of the patient.
  - 5. Fixed bridges, crowns, gold restorations or jackets are available once per five years. Replacements are available after five years.
  - 6. Denture relines – one per year, per arch
  - 7. Full-mouth x-rays – once every three years or as determined necessary by your dentist.
  - 8. Partial dentures are appropriate treatment when dental spaces are bilateral and can be satisfactorily restored with removable dentures. Unilateral partials (Nesbitt) are not a recommended treatment.
  - 9. Acid etched bridge (Maryland) is appropriate only on the anterior area.
  - 10. Fixed bridges are optional and restricted for patients under the age of 16 when periodontal tissue is not supportive or in the presence of bilateral spaces.
  - 11. Treatment by a pedodontist for baby bottle mouth syndrome is limited to a lifetime benefit of \$500 per member.
  - 12. General anesthesia is covered solely for dependent children under the age of seven (7) or the physically or developmentally disabled, only when medically necessary and in conjunction with a covered dental procedure performed at a participating dental office. General anesthesia may not be offered at all offices.
- B. Emergency dental condition – a dental condition manifesting itself by acute symptoms of sufficient severity, including severe infection such that a prudent layperson, who possesses an average knowledge of health and dentistry, could reasonably expect the absence of immediate dental attention to result in:
  - (i) Placing the health of the individual, or with respect to a pregnant woman the health of the woman or the unborn child, in serious jeopardy;
  - (ii) Serious impairment to bodily functions; or
  - (iii) Serious dysfunction of any bodily organ or part.

**Dental Health Services**  
*A Great Reason to Smile<sup>sm</sup>*

877-495-4455 | 100 W. Harrison Street, Suite S-440, South Tower; Seattle, WA 98119 | [www.dentalhealthservices.com/cityofseattle](http://www.dentalhealthservices.com/cityofseattle)

© 2022 Dental Health Services

- C. The additional charges of \$70 for noble metal, and \$100 for high noble metal/titanium, and \$125 for upgraded, specialized porcelain such as Lava, Captek, Cercon, etc. If standard porcelain is used there is no charge to patient.
- D. When a Member selects a non-covered service, a more extensive service or treatment that is an alternative to an adequate covered service according to your Designated Participating Primary Dentist, the Member is responsible for the fee for service.
- E. Cosmetic dentistry – services that are for aesthetic (appearance) only will be available at your dentist standard fees. This includes but is not limited to the replacement of clinically acceptable amalgam fillings, as well as bleaching of teeth and labial veneers.
- F. Unsatisfactory patient-doctor relationship: If a satisfactory relationship cannot be established between a Member and their Designated Participating Primary Dentist, Dental Health Services, the Member, or the Designated Participating Primary Dentist reserves the right to request the Member's affiliation with the dental office to be terminated. Dental Health Services will always put forth its best effort to place the Member with another Participating Dentist.
- G. Submit claims for reimbursement within 180 days. In some cases, you may need to receive your care outside of Dental Health Services' network of participating providers. This may be due to an emergency or, in some instances, when your required care for Covered Services is not available within the network. Dental Health Services may not pay for a claim for this care unless the enrollee submits the claim to Dental Health Services within 180 days after treatment.
- H. Implant services – implants are available at Dental Health Services designated locations. Services include evaluations and x-rays specific to implants, surgical implant placement, abutments, and implant crowns.
- I. Third molars (wisdom teeth) – complicated extractions of third molars are at the discretion of the general dentist and are often referred to oral surgeons (specialist).
- J. Your Designated Participating Primary Dentist will coordinate your care to a Participating Specialist or other healthcare professional such as RN, ARNP operating within the scope of their license. A 20% Specialty Copayment for all services performed at a Specialist (not including Orthodontics) will be collected.
- K. Not all participating dentists can perform all dental procedures, please verify what services your selected provider can perform for you. Some complicated extractions, periodontal treatment, osseous surgery and root canal treatment may be referred to a specialist at the discretion of the general dentist.
- L. Services which are compensable under Worker's Compensation or employer liability laws.

- M. Benefits for temporomandibular joint (TMJ) disorders treatment are limited to a maximum of \$1,000 per year, not to exceed a lifetime maximum of \$5,000. No benefits will be provided for the repair or replacement of lost, stolen, or broken TMJ appliances. All covered services must be provided or ordered by a participating dentist and be:
  1. Reasonable and appropriate for the treatment of a disorder of the temporomandibular joint;
  2. Effective for the control or elimination of one or more of the following, caused by a disorder of the temporomandibular joint: pain, infection, disease, difficulty in speaking, or difficulty in chewing and swallowing food;
  3. Recognized as effective, according to the professional standards of good dental practice;
  4. Not investigational;
  5. Not primarily for cosmetic purposes

### Orthodontic exclusions

*The following are not covered by your dental plan.*

- A. Replacement of lost or broken appliances.
- B. Retreatment of orthodontic cases.
- C. Treatment of a case in process at inception of eligibility
- D. Surgical procedures (including extraction of teeth) incidental to orthodontic treatment.
- E. Treatment and/or surgical procedures related to cleft palate, micrognathia, or microdontia.
- F. Treatment related to Temporomandibular joint disturbances and/or hormonal imbalances.
- G. Any dental procedures considered to be within the field of general dentistry, including but limited to:
  1. Myofunctional therapy.
  2. General anesthetics including intravenous and inhalation sedation.
  3. Dental services of any nature performed in a hospital.
  4. Services which are compensable under Worker's Compensation or employer liability laws.
- H. Payment by Dental Health Services for treatment rendered or required after enrollee is no longer eligible for coverage. The cost of treatment will be pro-rated and converted by a UCR (fee-for-service) amount.

### Orthodontic limitations

*The following are limitations on covered benefits and are subject to additional charges.*

- A. Changes in treatment necessitated by accident of any kind.
- B. Services which are compensable under Worker's Compensation or employer liability laws.
- C. Malocclusions too severe or mutilated which are not amenable to ideal orthodontic therapy.
- D. Orthodontic fees are based on treatment up to 24 months.

## Dental Health Services

*A Great Reason to Smile<sup>sm</sup>*

877-495-4455 | 100 W. Harrison Street, Suite S-440, South Tower; Seattle, WA 98119 | [www.dentalhealthservices.com/cityofseattle](http://www.dentalhealthservices.com/cityofseattle)

© 2022 Dental Health Services