



**MIB**

 **SBHIS**  
INSURANCE SERVICES

**P L A N  
B L U H**

**ENGLISH**

## ADA CODE

## PROCEDURE DESCRIPTION

## COPAYMENT

*Text that appears in italics below is specifically intended to clarify the delivery of benefits under the CDT-2018 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association. The American Dental Association may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.*

Listed referable procedures, that are not available in the contract facility or that require a Dentist to provide specialized services, may be provided by a contracted oral surgeon, endodontist, periodontist at 75 percent of the Contract Specialist's usual fees. Member may receive services by a contracted Western Dental oral surgeon, endodontist, periodontist at 50 percent of the Contracted Western Dental Specialist's usual fees. Specialist services are only available in areas where there is a Contract Specialist, and upon referral by the assigned Contract Dentist.

### Clinical Oral Evaluations

<b>D0171</b>	Re-evaluation - post operative office visit	\$0
<b>D0180</b>	Comprehensive periodontal evaluation - new or established patient	\$0
<b>D0190</b>	Screening of a patient	\$0
<b>D0191</b>	Assessment of a patient	\$0

### Radiographs/Diagnostic Imaging (including interpretation)

<b>D0277</b>	Vertical bitewings - 7 to 8 films	\$0
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### Oral Pathology Laboratory

<b>D1110</b>	D1110 and D1120 additional prophylaxis exceeding two in a 12 month period	\$0
<b>D1320</b>	Tobacco counseling for the control and prevention of oral disease	\$0
<b>D1575</b>	Distal shoe space maintainer - fixed unilateral	\$0
<b>D2712</b>	Crown - 3/4 resin-based composite (indirect)	\$100
<b>D2720</b>	Crown - resin with high noble metal	\$215
<b>D2721</b>	Crown - resin with predominantly base metal	\$215
<b>D2722</b>	Crown - resin with noble metal	\$290
<b>D2750</b>	Crown - porcelain fused to high noble metal	\$215
<b>D2751</b>	Crown - porcelain fused to predominantly base metal (posterior)	\$340
<b>D2752</b>	Crown - porcelain fused to noble metal	\$215
<b>D2780</b>	Crown - 3/4 cast high noble metal	\$215
<b>D2781</b>	Crown - 3/4 cast predominantly base metal	\$215
<b>D2782</b>	Crown - 3/4 cast noble metal	\$215
<b>D2783</b>	Crown - 3/4 porcelain/ceramic	\$240

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D2790	Crown - full cast high noble metal	\$215
D2792	Crown - full cast noble metal	\$215
	<b>Other Restorative Services</b>	
D2953	Each additional indirectly fabricated post - same tooth	\$100
D2962	Labial veneer - porcelain laminate (laboratory) Temporary	\$400
	<b>Apicoectomy / Periradicular Services</b>	
D3426	Apicoectomy (each additional root)	\$100
D3427	Periradicular Surgery without apicoectomy	\$0
	<b>Other Endodontic Procedures</b>	
D3910	Surgical procedure for isolation of tooth with rubber dam	\$0
D3920	Hemisection (including any root removal), not including root canal therapy	\$60
D3950	Canal preparation and fitting of preformed dowel or post	\$0
	<b>Surgical Services (including usual postoperative care)</b>	
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	\$75
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant	\$155
D4263	Bone replacement graft - first site in quadrant	\$140
D4264	Bone replacement graft – each additional site in quadrant	\$140
	<b>Non-Surgical Periodontal Services</b>	
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	\$100
	<b>Other Periodontal Services</b>	
D4921	Gingival Irrigation - Per Quadrant	\$20
D4999	Irrigation – per Quad	\$20
	<b>Partial Dentures (including routine - post delivery care)</b>	
D5211**	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$0
D5212**	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$0

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<b>D5213**</b>	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$0
<b>D5214**</b>	Mandibular partial denture - cast metal framework denture bases ( including any conventional clasps, rests and teeth)	\$0
<b>D5221</b>	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$300
<b>D5222</b>	Immediate mandibular partial denture- resin base (including any conventional clasps, rests and teeth)	\$300
<b>D5223</b>	Immediate maxillary partial denture - cast metal frame- work with resin denture bases (including any conventional clasps)	\$325
<b>D5224</b>	Immediate mandibular partial denture - cast metal frame- work with resin denture bases (including any conventional clasps)	\$325
<b>Repairs to Complete Dentures</b>		
<b>D5511</b>	Repair broken complete denture base, mandibular	\$0
<b>D5512</b>	Repair broken complete denture base, maxillary	\$0
<b>Repairs to Partial Dentures</b>		
<b>D5611</b>	Repair resin partial denture base, mandibular	\$0
<b>D5612</b>	Repair resin partial denture base, maxillary	\$0
<b>D5621</b>	Repair cast partial framework, mandibular	\$0
<b>D5622</b>	Repair cast partial framework, maxillary	\$0
<b>D5670</b>	Replace all teeth and acrylic on cast metal framework (maxillary)	\$100
<b>D5671</b>	Replace all teeth and acrylic on cast metal framework (mandibular)	\$100
<b>Denture Rebase Procedures</b>		
<b>D5710</b>	Rebase complete maxillary denture	\$60
<b>D5711</b>	Rebase complete mandibular denture	\$60
<b>D5720</b>	Rebase maxillary partial denture	\$50
<b>D5721</b>	Rebase mandibular partial denture	\$50
<b>Other Removable Prosthetic Services</b>		
<b>D5810</b>	Interim complete denture (maxillary)	\$200
<b>D5811</b>	Interim complete denture (mandibular)	\$200
<b>D5820</b>	Interim partial denture (maxillary)	\$150
<b>D5821</b>	Interim partial denture (mandibular)	\$150

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D6211	Pontic - cast predominantly base metal	\$215
D6212	Pontic - cast noble metal	\$215
D6241	Pontic - porcelain fused to predominantly base metal	\$200
D6242	Pontic - porcelain fused to noble metal	\$215
D6245	Pontic - porcelain/ceramic	\$300
D6251	Pontic - resin with predominantly base metal	\$215
<b>Fixed Partial Denture Retainers—Inlays/Onlays</b>		
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$175
<b>Fixed Partial Denture Retainers—Crowns</b>		
D6710	Crown - indirect resin based composite	\$105
D6721	Crown - resin with predominantly base metal	\$115
D6740	Crown - porcelain/ceramic	\$400
D6750	Crown - porcelain fused to high noble metal	\$215
D6751	Crown - porcelain fused to predominantly base metal	\$215
D6780	Crown - 3/4 cast high noble metal	\$215
D6781	Crown - 3/4 cast predominantly base metal	\$215
D6782	Crown - 3/4 cast noble metal	\$215
D6783	Crown - 3/4 cast porcelain/ceramic	\$300
D6791	Crown - full cast predominantly base metal	\$215
D6792	Crown - full cast noble metal	\$215
<b>Other Fixed Partial Denture Services</b>		
D6940	Stress breaker	\$100
<b>Professional Consultation</b>		
D9311	Consultation with medical health care professional	\$0
<b>Professional Visits</b>		
D9450	Case presentation, detailed and extensive treatment planning	\$0
<b>Miscellaneous Services</b>		
D9910	Application of desensitizing medicament	\$25
D9932	Cleaning and inspection of removable complete denture, maxillary	\$20
D9933	Cleaning and inspection of removable complete denture, mandibular	\$20
D9934	Cleaning and inspection of removable complete denture, maxillary	\$20

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<b>D9935</b>	Cleaning and inspection of removable partial denture, mandibular	\$20
<b>D9940</b>	Occlusal guard, by report	\$100
<b>D9972</b>	External bleaching - per arch - take home trays	\$100
<b>D9975</b>	External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$125
<b>Non-Clinical Procedures</b>		
<b>D9987</b>	Cancelled appointment (24 Hour Notice)	\$0
<b>D9995</b>	Teledentistry – synchronous; real time encounter	\$0
<b>D9996</b>	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	\$0

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Procedures not listed above are not covered, however, may be covered under the member's Denti-Cal Plan or available at the Contract Provider "filed fees". "Filed fees" means the Contract Provider's fees on file with MIB Benefit Plan. Questions regarding these fees or the member's Denti-Cal eligibility should be directed to Member Services Department at 800-687-9937.

Certain dental services, including cleanings, fillings, root canals and complete dentures, are available through the Medi-Cal Dental Program. Some Limitations and Exclusions may apply for these services.

\*\* Should these services be denied by the Medi-Cal Dental Program, member is responsible to pay the applicable copayment listed in the benefit schedule.





**NOTE: THIS IS ONLY A BRIEF SUMMARY OF THE PLAN**

The Group Dental Service Contract must be consulted to determine the exact terms and conditions of coverage. An Evidence of Coverage will be sent to you upon enrollment.

If you wish to review an Evidence of Coverage prior to enrollment, you may request a copy by calling the Member Services Department at (800) 687-9937



530 South Main Street  
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