



Southern California Drug Benefit Fund

2024 Indemnity Dental Schedule of Allowances for Dental Procedures Benefits, Limitations and Exclusions, including Miscellaneous Codes As Revised January 1, 2024

Platinum Plus Plan

The Trustees establish a Schedule of Allowances that sets the maximum covered charge for each procedure. The Schedule is updated each year, and is attached to this notice.

The Fund continues to contract with Delta Dental of California to bring you an expansive network of dentists. Under the Indemnity Dental Plan, you continue to have the following three choices of dentists, but you will generally have lower out-of-pocket expenses if you choose a dentist in the Delta Dental PPO Network:

Delta Dental PPO Dentists. For Delta PPO dentists, the Plan pays the lesser of the Delta PPO Contracted Rates or the amount listed in the Fund's Schedule of Allowances.

Delta Dental Premier Dentists. For Delta Premier dentists, the Plan pays the lesser of the Delta Premier filed fee(s) or the amount listed in the Fund's Schedule of Allowances.

All Other Dentists. For non-Delta Dental dentists, the Plan pays the lesser of the amount billed by the dentist or the amount listed in the Fund's Schedule of Allowances.

As in the past, you are still responsible for:

- Your annual deductible, currently \$50 per person; \$150 per family,
- Amounts in excess of the Covered Charges.
- **IMPORTANT NOTE:** Predetermination for treatment plans in excess of \$500 is required and will be allowed only when patient need can be demonstrated. X-rays are required on all claims over \$500 and claims under \$500 when extractions, crowns, periodontal treatment, root canal therapy, or 3 or more restorations are involved. Please review the complete benefits, limitations, and exclusions, including miscellaneous codes included in the attached Schedule.

To find a dentist in the Delta Dental network, go to www.deltadentalins.com or call 800.765.6003.

All dental claims are to be sent directly to Delta Dental, P.O. Box 997330, Sacramento, CA 95899-7330. Delta dentists will file the claims for you, so you will have less paperwork.

**Southern California Drug Benefit Fund
Dental Schedule 2024**

| Code | Description | 2024 Allowances |
|--|---|--------------------|
| D0100 – D0999 DIAGNOSTIC | | |
| Clinical oral evaluations | | |
| D0120 | Periodic oral evaluation - established patient | \$ 56.00 |
| D0140 | Limited oral evaluation - problem focused | \$ 73.00 |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary caregiver | \$ 71.00 |
| D0150 | Comprehensive oral evaluation - new or established patient | \$ 83.00 |
| D0160 | Detailed and extensive oral evaluation - problem focused, by report | \$ 135.00 |
| D0170 | Re-evaluation - limited, problem focused (established patient; not post-operative visit) | \$ 56.00 |
| D0180 | Comprehensive periodontal evaluation - new or established patient | \$ 92.00 |
| Diagnostic Imaging | | |
| D0210 | Intraoral - complete series of radiographic images | \$ 150.00 |
| D0220 | Intraoral - periapical first radiographic image | \$ 30.00 |
| D0230 | Intraoral - periapical each additional radiographic image | \$ 25.00 |
| D0240 | Intraoral - occlusal radiographic image | \$ 44.00 |
| D0250 | Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector | \$ 52.00 |
| D0251 | Extra-oral posterior dental radiographic image | \$ 56.00 |
| D0270 | Bitewing - single radiographic image | \$ 30.00 |
| D0272 | Bitewings - two radiographic images | \$ 41.00 |
| D0273 | Bitewings - three radiographic images | \$ 49.00 |
| D0274 | Bitewings - four radiographic images | \$ 61.00 |
| D0277 | Vertical bitewings - 7 to 8 radiographic images | \$ 96.00 |
| D0330 | Panoramic radiographic image | \$ 107.00 |
| D0340 | 2D cephalometric radiographic image – acquisition, measurement and analysis | |
| D0350 | 2D oral/facial photographic images obtained intraorally or extraorally | \$ 64.00 |
| Tests and examinations | | |
| D0412 | Blood glucose level test: in office using a glucose meter | |
| D0415 | Collection of microorganisms for culture and sensitivity | \$ 84.00 |
| D0416 | Viral culture | \$ 84.00 |
| D0422 | Collection and preparation of genetic sample material for laboratory analysis and report | \$ 84.00 |
| D0423 | Genetic test for susceptibility to diseases - specimen analysis | \$ 84.00 |
| D0431 | Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures | \$ 55.00 |
| D0460 | Pulp vitality tests | |
| D0470 | Diagnostic casts | \$ 123.00 |
| Oral pathology laboratory | | |
| D0472 | Accession of tissue, gross examination, preparation and transmission of written report | \$ 185.00 |
| D0473 | Accession of tissue, gross and microscopic examination, preparation and transmission of written report | \$ 185.00 |
| D0474 | Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report | \$ 185.00 |
| D0475 | Decalcification procedure | |
| D0476 | Special stains for microorganisms | |
| D0477 | Special stains, not for microorganisms | |
| D0478 | Immunohistochemical stains | |
| D0479 | Tissue in-situ hybridization, including interpretation | |
| D0480 | Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report | \$ 171.00 |
| D0481 | Electron microscopy | |
| D0482 | Direct immunofluorescence | |
| D0483 | Indirect immunofluorescence | |
| D0484 | Consultation on slides prepared elsewhere | |
| D0485 | Consultation, including preparation of slides from biopsy material supplied by referring source | |
| D0486 | Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report | |
| D0502 | Other oral pathology procedures, by report | |
| D0600 | Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum | |
| D0999 | Unspecified diagnostic procedure, by report | |
| D1000 – D1999 PREVENTIVE | | |
| Dental prophylaxis | | |
| D1110 | Prophylaxis - adult | \$ 90.00 |
| D1120 | Prophylaxis - child | \$ 73.00 |
| Topical fluoride treatment (office procedure) | | |
| D1208 | Topical application of fluoride - excluding varnish (program age limitations will apply) | \$ 41.00 |
| Other preventive services | | |
| D1351 | Sealant - per tooth | |

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| Code | Description | 2024 Allowances |
|---|---|--------------------|
| Space maintenance (passive appliances) | | |
| D1510 | Space maintainer - fixed, unilateral – per quadrant | \$ 285.00 |
| D1516 | Space maintainer - fixed - bilateral, maxillary | \$ 388.00 |
| D1517 | Space maintainer - fixed - bilateral, mandibular | \$ 384.00 |
| D1520 | Space maintainer - removable, unilateral - per quadrant | \$ 277.00 |
| D1526 | Space maintainer – removable – bilateral, maxillary | \$ 340.00 |
| D1527 | Space maintainer – removable – bilateral, mandibular | \$ 340.00 |
| D1551 | Re-cement or re-bond bilateral space maintainer - maxillary | \$ 80.00 |
| D1552 | Re-cement or re-bond bilateral space maintainer - mandibular | \$ 80.00 |
| D1553 | Re-cement or re-bond unilateral space maintainer - per quadrant | \$ 80.00 |
| D1575 | Distal shoe space maintainer - fixed, unilateral - per quadrant | \$ 285.00 |
| D2000 – D2999 RESTORATIVE | | |
| Amalgam restorations (including polishing) | | |
| D2140 | Amalgam - one surface, primary or permanent | \$ 128.00 |
| D2150 | Amalgam - two surfaces, primary or permanent | \$ 152.00 |
| D2160 | Amalgam - three surfaces, primary or permanent | \$ 177.00 |
| D2161 | Amalgam - four or more surfaces, primary or permanent | \$ 209.00 |
| Resin-based composite restorations-direct | | |
| D2330 | Resin-based composite - one surface, anterior | \$ 157.00 |
| D2331 | Resin-based composite - two surfaces, anterior | \$ 166.00 |
| D2332 | Resin-based composite - three surfaces, anterior | \$ 213.00 |
| D2335 | Resin-based composite - four or more surfaces or involving incisal angle (anterior) | \$ 244.00 |
| D2390 | Resin-based composite crown, anterior | \$ 379.00 |
| D2391 | Resin-based composite - one surface, posterior | \$ 162.00 |
| D2392 | Resin-based composite - two surfaces, posterior | \$ 199.00 |
| D2393 | Resin-based composite - three surfaces, posterior | \$ 229.00 |
| D2394 | Resin-based composite - four or more surfaces, posterior | \$ 283.00 |
| Gold foil restorations | | |
| D2410 | Gold foil - one surface | |
| D2420 | Gold foil - two surfaces | |
| D2430 | Gold foil - three surfaces | |
| Inlay/onlay restorations | | |
| D2510 | Inlay - metallic - one surface | \$ 665.00 |
| D2520 | Inlay - metallic - two surfaces | \$ 753.00 |
| D2530 | Inlay - metallic - three or more surfaces | \$ 805.00 |
| D2542 | Onlay - metallic-two surfaces | \$ 765.00 |
| D2543 | Onlay - metallic-three surfaces | \$ 863.00 |
| D2544 | Onlay - metallic-four or more surfaces | \$ 912.00 |
| D2610 | Inlay - porcelain/ceramic - one surface | \$ 665.00 |
| D2620 | Inlay - porcelain/ceramic - two surfaces | \$ 753.00 |
| D2630 | Inlay - porcelain/ceramic - three or more surfaces | \$ 805.00 |
| D2642 | Onlay - porcelain/ceramic - two surfaces | \$ 765.00 |
| D2643 | Onlay - porcelain/ceramic - three surfaces | \$ 863.00 |
| D2644 | Onlay - porcelain/ceramic - four or more surfaces | \$ 912.00 |
| D2650 | Inlay - resin-based composite - one surface | \$ 665.00 |
| D2651 | Inlay - resin-based composite - two surfaces | \$ 753.00 |
| D2652 | Inlay - resin-based composite - three or more surfaces | \$ 805.00 |
| D2662 | Onlay - resin-based composite - two surfaces | \$ 765.00 |
| D2663 | Onlay - resin-based composite - three surfaces | \$ 863.00 |
| D2664 | Onlay - resin-based composite - four or more surfaces | \$ 912.00 |
| Crowns — single restorations only | | |
| D2710 | Crown - resin-based composite (indirect) | \$ 703.00 |
| D2712 | Crown - 3/4 resin-based composite (indirect) | \$ 703.00 |
| D2720 | Crown - resin with high noble metal | \$ 938.00 |
| D2721 | Crown - resin with predominantly base metal | \$ 938.00 |
| D2722 | Crown - resin with noble metal | \$ 938.00 |
| D2740 | Crown - porcelain/ceramic | \$ 938.00 |
| D2750 | Crown - porcelain fused to high noble metal | \$ 938.00 |
| D2751 | Crown - porcelain fused to predominantly base metal | \$ 938.00 |
| D2752 | Crown - porcelain fused to noble metal | \$ 938.00 |
| D2753 | Crown - porcelain fused to titanium and titanium alloys | \$ 938.00 |
| D2780 | Crown - 3/4 cast high noble metal | \$ 938.00 |
| D2781 | Crown - 3/4 cast predominantly base metal | \$ 938.00 |
| D2782 | Crown - 3/4 cast noble metal | \$ 938.00 |
| D2783 | Crown - 3/4 porcelain/ceramic | \$ 938.00 |

**Southern California Drug Benefit Fund
Dental Schedule 2024**

| Code | Description | 2024 Allowances |
|--|---|-----------------|
| D2790 | Crown - full cast high noble metal | \$ 938.00 |
| D2791 | Crown - full cast predominantly base metal | \$ 938.00 |
| D2792 | Crown - full cast noble metal | \$ 938.00 |
| D2794 | Crown - titanium | \$ 938.00 |
| D2799 | Interim crown - further treatment of completion of diagnosis necessary prior to final impression | |
| Other restorative services | | |
| D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restorations | \$ 102.00 |
| D2915 | Re-cement or re-bond indirectly fabricated or prefabricated post and core | \$ 102.00 |
| D2920 | Re-cement or re-bond crown | \$ 102.00 |
| D2921 | Reattachment of tooth fragment, incisal edge or cusp | \$ 204.00 |
| D2928 | Prefabricated porcelain/ceramic crown – permanent tooth | \$ 303.00 |
| D2929 | Prefabricated porcelain/ceramic crown - primary tooth | \$ 323.00 |
| D2930 | Prefabricated stainless steel crown - primary tooth | \$ 240.00 |
| D2931 | Prefabricated stainless steel crown - permanent tooth | \$ 303.00 |
| D2932 | Prefabricated resin crown | \$ 294.00 |
| D2933 | Prefabricated stainless steel crown with resin window | \$ 310.00 |
| D2934 | Prefabricated esthetic coated stainless steel crown - primary tooth | \$ 310.00 |
| D2940 | Sedative filling | |
| D2941 | Interim therapeutic restoration – primary dentition | |
| D2950 | Core buildup, including any pins when required | |
| D2951 | Pin retention - per tooth, in addition to restoration | |
| D2952 | Post and core in addition to crown, indirectly fabricated | \$ 294.00 |
| D2954 | Prefabricated post and core in addition to crown | \$ 260.00 |
| D2955 | Post removal | |
| D2957 | Each additional prefabricated post - same tooth | |
| D2960 | Labial veneer (resin laminate) - direct | |
| D2961 | Labial veneer (resin laminate) - indirect | |
| D2962 | Labial veneer (porcelain laminate) - indirect | |
| D2971 | Additional procedures to customize a crown to fit under an existing partial denture framework | |
| D2975 | Coping | |
| D2976 | Band stabilization – per tooth | |
| D2980 | Crown repair necessitated by restorative material failure | \$ 241.00 |
| D2981 | Inlay repair necessitated by restorative material failure | \$ 209.00 |
| D2982 | Onlay repair necessitated by restorative material failure | \$ 209.00 |
| D2983 | Veneer repair necessitated by restorative material failure | |
| D2999 | Unspecified restorative procedure, by report | |
| D3000 – D3999 ENDODONTICS | | |
| Pulp capping | | |
| D3110 | Pulp cap - direct (excluding final restoration) | |
| D3120 | Pulp cap - indirect (excluding final restoration) | |
| Pulpotomy | | |
| D3220 | Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | \$ 174.00 |
| D3221 | Pulpal debridement, primary and permanent teeth | \$ 168.00 |
| Endodontic therapy on primary teeth | | |
| D3230 | Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) | \$ 223.00 |
| D3240 | Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) | \$ 228.00 |
| Endodontic therapy (including treatment plan, clinical procedures and follow-up care) | | |
| D3310 | Endodontic therapy, anterior tooth (excluding final restoration) | \$ 661.00 |
| D3320 | Endodontic therapy, premolar tooth (excluding final restoration) | \$ 740.00 |
| D3330 | Endodontic therapy, molar tooth (excluding final restoration) | \$ 910.00 |
| D3331 | Treatment of root canal obstruction; non-surgical access | |
| D3332 | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | |
| D3333 | Internal root repair of perforation defects | |
| Endodontic retreatment | | |
| D3346 | Retreatment of previous root canal therapy - anterior | \$ 793.00 |
| D3347 | Retreatment of previous root canal therapy - premolar | \$ 888.00 |
| D3348 | Retreatment of previous root canal therapy - molar | \$ 1,092.00 |
| Apexification/recalcification procedures | | |
| D3351 | Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.) | \$ 292.00 |
| D3352 | Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.) | \$ 292.00 |
| D3353 | Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.) | \$ 381.00 |

**Southern California Drug Benefit Fund
Dental Schedule 2024**

| Code | Description | 2024 Allowances |
|--|---|--------------------|
| Apicoectomy/periradicular services | | |
| D3410 | Apicoectomy – anterior | \$ 679.00 |
| D3421 | Apicoectomy – premolar (first root) | \$ 743.00 |
| D3425 | Apicoectomy – molar (first root) | \$ 868.00 |
| D3426 | Apicoectomy surgery (each additional root) | \$ 336.00 |
| D3430 | Retrograde filling - per root | \$ 257.00 |
| D3450 | Root amputation - per root | \$ 419.00 |
| D3471 | Surgical repair of root resorption - anterior | \$ 257.00 |
| D3472 | Surgical repair of root resorption – premolar | \$ 257.00 |
| D3473 | Surgical repair of root resorption – molar | \$ 257.00 |
| D3501 | Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior | \$ 257.00 |
| D3502 | Surgical exposure of root surface without apicoectomy or repair of root resorption –pre-molar | \$ 257.00 |
| D3503 | Surgical exposure of root surface without apicoectomy or repair of root resorption –molar | \$ 257.00 |
| Other endodontic procedures | | |
| D3910 | Surgical procedure for isolation of tooth with rubber dam | |
| D3920 | Hemisection (including any root removal), not including root canal therapy | \$ 362.00 |
| D3921 | Decoronation or submergence of an erupted tooth | \$ 154.00 |
| D3950 | Canal preparation and fitting of preformed dowel or post | |
| D3999 | Unspecified endodontic procedure, by report | |
| D4000 – D4999 PERIODONTICS | | |
| Surgical services (including usual post-operative care) | | |
| D4210 | Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant | \$ 543.00 |
| D4211 | Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | \$ 393.00 |
| D4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth | |
| D4230 | Anatomical crown exposure – four or more contiguous teeth or tooth bounded spaces per quadrant | |
| D4231 | Anatomical crown exposure – one to three teeth or tooth bounded spaces per quadrant | |
| D4240 | Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant | |
| D4241 | Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant | |
| D4245 | Apically positioned flap | |
| D4249 | Clinical crown lengthening - hard tissue | \$ 658.00 |
| D4260 | Osseous surgery (including elevation of a full thickness flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant | \$ 1,152.00 |
| D4261 | Osseous surgery (including elevation of a full thickness flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant | \$ 857.00 |
| D4263 | Bone replacement graft – retained natural tooth – first site in quadrant | |
| D4264 | Bone replacement graft – retained natural tooth – each additional site in quadrant | |
| D4265 | Biologic materials to aid in soft and osseous tissue regeneration, per site | |
| D4266 | Guided tissue regeneration, natural teeth - resorbable barrier, per site | |
| D4267 | Guided tissue regeneration, natural teeth - nonresorbable barrier, per site (includes membrane removal) | |
| D4268 | Surgical revision procedure, per tooth | |
| D4270 | Pedicle soft tissue graft procedure | \$ 842.00 |
| D4273 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft | \$ 947.00 |
| D4274 | Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) | \$ 577.00 |
| D4275 | Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft | \$ 920.00 |
| D4276 | Combined connective tissue and pedicle graft, per tooth | \$ 916.00 |
| D4277 | Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft | \$ 984.00 |
| 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 | \$ 728.00 |
| 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 | \$ 616.00 |
| 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 | \$ 598.00 |
| Non-surgical periodontal service | | |
| D4341 | Periodontal scaling and root planing - four or more teeth per quadrant | \$ 214.00 |
| D4342 | Periodontal scaling and root planing - one to three teeth per quadrant | \$ 159.00 |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation | \$ 90.00 |
| D4355 | Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit | |

**Southern California Drug Benefit Fund
Dental Schedule 2024**

| Code | Description | 2024 Allowances |
|---|---|--------------------|
| Other periodontal services | | |
| D4910 | Periodontal maintenance | \$ 137.00 |
| D4920 | Unscheduled dressing change (by someone other than treating dentist or their staff) | |
| D4999 | Unspecified periodontal procedure, by report | |
| D5000 – D5899 PROSTHODONTICS (removable) | | |
| Complete dentures (including routine post-delivery care) | | |
| D5110 | Complete denture - maxillary | \$ 1,518.00 |
| D5120 | Complete denture - mandibular | \$ 1,518.00 |
| D5130 | Immediate denture - maxillary | \$ 1,518.00 |
| D5140 | Immediate denture - mandibular | \$ 1,518.00 |
| Partial dentures (including routine post-delivery care) | | |
| D5211 | Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth) | \$ 1,100.00 |
| D5212 | Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) | \$ 1,100.00 |
| D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$ 1,422.00 |
| D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$ 1,422.00 |
| D5221 | Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth) | \$ 1,320.00 |
| D5222 | Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth) | \$ 1,320.00 |
| D5223 | Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$ 1,706.00 |
| D5224 | Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$ 1,706.00 |
| D5225 | Maxillary partial denture - flexible base (including retentive/clasping materials, rests and teeth) | \$ 1,285.00 |
| D5226 | Mandibular partial denture - flexible base (including any retentive/clasping materials, rests and teeth) | \$ 1,285.00 |
| D5227 | Immediate maxillary partial denture – flexible base (including any clasps, rests and teeth) | \$ 1,542.00 |
| D5228 | immediate mandibular partial denture – flexible base (including any clasps, rests and teeth) | \$ 1,542.00 |
| D5282 | Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary | \$ 735.00 |
| D5283 | Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular | \$ 735.00 |
| D5284 | Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests, and teeth) – per quadrant | \$ 735.00 |
| D5286 | Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests, and teeth) – per quadrant | \$ 735.00 |
| Adjustments to dentures | | |
| D5410 | Adjust complete denture - maxillary | \$ 90.00 |
| D5411 | Adjust complete denture - mandibular | \$ 90.00 |
| D5421 | Adjust partial denture - maxillary | \$ 90.00 |
| D5422 | Adjust partial denture - mandibular | \$ 90.00 |
| Repairs to complete dentures | | |
| D5511 | Repair broken complete denture base, mandibular | \$ 180.00 |
| D5512 | Repair broken complete denture base, maxillary | \$ 180.00 |
| D5520 | Replace missing or broken teeth - complete denture (each tooth) | \$ 180.00 |
| Repairs to partial dentures | | |
| D5611 | Repair resin partial denture base, mandibular | \$ 199.00 |
| D5612 | Repair resin partial denture base, maxillary | \$ 207.00 |
| D5621 | Repair cast partial framework, mandibular | \$ 217.00 |
| D5622 | Repair cast partial framework, maxillary | \$ 209.00 |
| D5630 | Repair or replace broken retentive/clasping materials – per tooth | \$ 212.00 |
| D5640 | Replace broken teeth - per tooth | \$ 179.00 |
| D5650 | Add tooth to existing partial denture | \$ 168.00 |
| D5660 | Add clasp to existing partial denture - per tooth | \$ 204.00 |
| D5670 | Replace all teeth and acrylic on cast metal framework (maxillary) | \$ 990.00 |
| D5671 | Replace all teeth and acrylic on cast metal framework (mandibular) | \$ 990.00 |
| Denture rebase procedures | | |
| D5710 | Rebase complete maxillary denture | \$ 525.00 |
| D5711 | Rebase complete mandibular denture | \$ 525.00 |
| D5720 | Rebase maxillary partial denture | \$ 525.00 |
| D5721 | Rebase mandibular partial denture | \$ 525.00 |
| D5725 | Rebase hybrid prosthesis | \$ 525.00 |
| Denture reline procedures | | |
| D5730 | Reline complete maxillary denture (chairside) | \$ 271.00 |
| D5731 | Reline complete mandibular denture (chairside) | \$ 271.00 |
| D5740 | Reline maxillary partial denture (chairside) | \$ 271.00 |

**Southern California Drug Benefit Fund
Dental Schedule 2024**

| Code | Description | 2024 Allowances |
|--|--|--------------------|
| D5741 | Reline mandibular partial denture (chairside) | \$ 271.00 |
| D5750 | Reline complete maxillary denture (laboratory) | \$ 372.00 |
| D5751 | Reline complete mandibular denture (laboratory) | \$ 372.00 |
| D5760 | Reline maxillary partial denture (laboratory) | \$ 372.00 |
| D5761 | Reline mandibular partial denture (laboratory) | \$ 372.00 |
| D5765 | Soft liner for complete or partial removable denture – indirect | \$ 372.00 |
| Interim prosthesis | | |
| D5820 | Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary | \$ 582.00 |
| D5821 | Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular | \$ 582.00 |
| Other removable prosthetic services | | |
| D5850 | Tissue conditioning, maxillary | \$ 188.00 |
| D5851 | Tissue conditioning, mandibular | \$ 188.00 |
| D5863 | Overdenture – complete maxillary | \$ 1,518.00 |
| D5864 | Overdenture – partial maxillary | \$ 1,422.00 |
| D5865 | Overdenture – complete mandibular | \$ 1,518.00 |
| D5866 | Overdenture – partial mandibular | \$ 1,422.00 |
| D5876 | Add metal substructure to acrylic full denture (per arch) | |
| D5899 | Unspecified removable prosthodontic procedure, by report | |
| D6000 – D6199 IMPLANT SERVICES | | |
| D6010 | Surgical placement of implant body: endosteal implant | |
| D6011 | surgical access to an implant body (second stage implant surgery) | |
| D6013 | Surgical placement of mini implant | |
| D6040 | Surgical placement: eposteal implant | |
| D6050 | Surgical placement: transosteal implant | |
| D6052 | Semi-precision attachment abutment | |
| Implant supported prosthetics | | |
| D6055 | Dental implant supported connecting bar | |
| D6056 | Prefabricated abutment - includes modification and placement | |
| D6057 | Custom fabricated abutment - includes placement | |
| D6058 | Abutment supported porcelain fused to metal crown (high noble metal) | \$ 938.00 |
| D6059 | Abutment supported porcelain fused to metal crown (predominantly base metal) | \$ 938.00 |
| D6060 | Abutment supported porcelain fused to metal crown (predominantly base metal) | \$ 938.00 |
| D6061 | Abutment supported porcelain fused to metal crown (noble metal) | \$ 938.00 |
| D6062 | Abutment supported cast metal crown (high noble metal) | \$ 938.00 |
| D6063 | Abutment supported cast metal crown (predominantly base metal) | \$ 938.00 |
| D6064 | Abutment supported cast metal crown (noble metal) | \$ 938.00 |
| D6065 | Implant supported porcelain/ceramic crown | \$ 938.00 |
| D6066 | Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal) | \$ 938.00 |
| D6067 | Implant supported metal crown (titanium, titanium alloy, high noble metal) | \$ 938.00 |
| D6068 | Abutment supported retainer for porcelain/ceramic FPD | |
| D6069 | Abutment supported retainer for porcelain fused to metal FPD (high noble metal) | |
| D6070 | Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) | |
| D6071 | Abutment supported retainer for porcelain fused to metal FPD (noble metal) | |
| D6072 | Abutment supported retainer for cast metal FPD (high noble metal) | |
| D6073 | Abutment supported retainer for cast metal FPD (predominantly base metal) | |
| D6074 | Abutment supported retainer for cast metal FPD (noble metal) | |
| D6075 | Implant supported retainer for ceramic FPD | |
| D6076 | Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal) | |
| D6077 | Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal) | |
| Other implant services | | |
| D6080 | Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments | |
| 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 | |
| D6082 | Implant supported crown - porcelain fused to predominantly base alloys | \$ 938.00 |
| D6083 | Implant supported crown - porcelain fused to noble alloys | \$ 938.00 |
| D6084 | Implant supported crown - porcelain fused to titanium and titanium alloys | \$ 938.00 |
| D6085 | Interim implant crown | |
| D6086 | Implant supported crown - predominantly base alloys | \$ 938.00 |
| D6087 | Implant supported crown - noble alloys | \$ 938.00 |
| D6088 | Implant supported crown - titanium and titanium alloys | \$ 938.00 |
| D6090 | Repair implant supported prosthesis, by report | |
| D6092 | Recent implant/abutment supported crown | |
| D6094 | Abutment supported crown - (titanium) | \$ 938.00 |
| D6095 | Repair implant abutment, by report | |

**Southern California Drug Benefit Fund
Dental Schedule 2024**

| Code | Description | 2024 Allowances |
|--|---|--------------------|
| D6097 | Abutment supported crown - porcelain fused to titanium and titanium alloys | \$ 938.00 |
| D6194 | Abutment supported retainer crown for FPD - (titanium) | |
| D6197 | Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant | \$ 157.00 |
| D6199 | Unspecified implant procedure, by report | |
| D6200 – D6999 PROSTHODONTICS, FIXED | | |
| (Each retainer and each pontic constitutes a unit in a fixed partial denture) | | |
| Fixed partial denture pontics | | |
| D6205 | Pontic - indirect resin based composite | \$ 938.00 |
| D6210 | Pontic - cast high noble metal | \$ 938.00 |
| D6211 | Pontic - cast predominantly base metal | \$ 938.00 |
| D6212 | Pontic - cast noble metal | \$ 938.00 |
| D6214 | Pontic - titanium | \$ 938.00 |
| D6240 | Pontic - porcelain fused to high noble metal | \$ 938.00 |
| D6241 | Pontic - porcelain fused to predominantly base metal | \$ 938.00 |
| D6242 | Pontic - porcelain fused to noble metal | \$ 938.00 |
| D6243 | Pontic - porcelain fused to titanium and titanium alloys | \$ 938.00 |
| D6245 | Pontic - porcelain/ceramic | \$ 938.00 |
| D6250 | Pontic - resin with high noble metal | \$ 938.00 |
| D6251 | Pontic - resin with predominantly base metal | \$ 938.00 |
| D6252 | Pontic - resin with noble metal | \$ 938.00 |
| D6253 | Interim pontic - further treatment of completion of diagnosis necessary prior to final impression | |
| Fixed partial denture retainers — inlays/ onlays | | |
| D6545 | Retainer - cast metal for resin bonded fixed prosthesis | \$ 626.00 |
| D6548 | Retainer - porcelain/ceramic for resin bonded fixed prosthesis | \$ 626.00 |
| D6549 | Resin retainer –for resin bonded fixed prosthesis | \$ 626.00 |
| D6600 | Retainer inlay - porcelain/ceramic, two surfaces | \$ 753.00 |
| D6601 | Retainer inlay - porcelain/ceramic, three or more surfaces | \$ 805.00 |
| D6602 | Retainer inlay - cast high noble metal, two surfaces | \$ 753.00 |
| D6603 | Retainer inlay - cast high noble metal, three or more surfaces | \$ 805.00 |
| D6604 | Retainer inlay - cast predominantly base metal, two surfaces | \$ 753.00 |
| D6605 | Retainer inlay - cast predominantly base metal, three or more surfaces | \$ 805.00 |
| D6606 | Retainer inlay - cast noble metal, two surfaces | \$ 753.00 |
| D6607 | Retainer inlay - cast noble metal, three or more surfaces | \$ 805.00 |
| D6608 | Retainer onlay - porcelain/ceramic, two surfaces | \$ 765.00 |
| D6609 | Retainer onlay - porcelain/ceramic, three or more surfaces | \$ 863.00 |
| D6610 | Retainer onlay - cast high noble metal, two surfaces | \$ 765.00 |
| D6611 | Retainer onlay - cast high noble metal, three or more surfaces | \$ 863.00 |
| D6612 | Retainer onlay - cast predominantly base metal, two surfaces | \$ 765.00 |
| D6613 | Retainer onlay - cast predominantly base metal, three or more surfaces | \$ 863.00 |
| D6614 | Retainer onlay - cast noble metal, two surfaces | \$ 765.00 |
| D6615 | Retainer onlay - cast noble metal, three or more surfaces | \$ 863.00 |
| D6624 | Retainer inlay - titanium | \$ 805.00 |
| D6634 | Retainer onlay - titanium | \$ 863.00 |
| Fixed partial denture retainers — crowns | | |
| D6710 | Retainer crown - indirect resin based composite | |
| D6720 | Retainer crown - resin with high noble metal | \$ 938.00 |
| D6721 | Retainer crown - resin with predominantly base metal | \$ 938.00 |
| D6722 | Retainer crown - resin with noble metal | \$ 938.00 |
| D6740 | Retainer crown - porcelain/ceramic | \$ 938.00 |
| D6750 | Retainer crown - porcelain fused to high noble metal | \$ 938.00 |
| D6751 | Retainer crown - porcelain fused to predominantly base metal | \$ 938.00 |
| D6752 | Retainer crown - porcelain fused to noble metal | \$ 938.00 |
| D6753 | Retainer crown - porcelain fused to titanium and titanium alloys | \$ 938.00 |
| D6780 | Retainer crown - 3/4 cast high noble metal | \$ 938.00 |
| D6781 | Retainer crown - 3/4 cast predominantly base metal | \$ 938.00 |
| D6782 | Retainer crown - 3/4 cast noble metal | \$ 938.00 |
| D6783 | Retainer crown - 3/4 porcelain/ceramic | \$ 938.00 |
| D6784 | Retainer crown ¼ - titanium and titanium alloys | \$ 938.00 |
| D6790 | Retainer crown - full cast high noble metal | \$ 938.00 |
| D6791 | Retainer crown - full cast predominantly base metal | \$ 938.00 |
| D6792 | Retainer crown - full cast noble metal | \$ 938.00 |
| D6793 | Interim retainer crown - further treatment of completion of diagnosis necessary prior to final impression | |
| D6794 | Retainer crown - titanium | \$ 938.00 |

**Southern California Drug Benefit Fund
Dental Schedule 2024**

| Code | Description | 2024 Allowances |
|--|---|--------------------|
| Other fixed partial denture services | | |
| D6930 | Re-cement or rebond fixed partial denture | \$ 154.00 |
| D6940 | Stress breaker | |
| D6977 | Each additional prefabricated post - same tooth | |
| D6980 | Fixed partial denture repair necessitated by restorative material failure | \$ 323.00 |
| D6999 | Unspecified fixed prosthodontic procedure, by report | |
| D7000 – D7999 ORAL AND MAXILLOFACIAL SURGERY | | |
| Extractions (includes local anesthesia, suturing, if needed, and routine postoperative care) | | |
| D7111 | Extraction, coronal remnants - primary tooth | \$ 114.00 |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | \$ 154.00 |
| Surgical extractions (includes local anesthesia, suturing, if needed, and routine postoperative care) | | |
| D7210 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | \$ 253.00 |
| D7220 | Removal of impacted tooth - soft tissue | \$ 298.00 |
| D7230 | Removal of impacted tooth - partially bony | \$ 367.00 |
| D7240 | Removal of impacted tooth - completely bony | \$ 429.00 |
| D7241 | Removal of impacted tooth - completely bony, with unusual surgical complications | \$ 554.00 |
| D7250 | Removal of residual tooth roots (cutting procedure) | \$ 274.00 |
| Other surgical procedures | | |
| D7260 | Oroantral fistula closure | |
| D7261 | Primary closure of a sinus perforation | |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | |
| D7280 | Exposure of an unerupted tooth | \$ 458.00 |
| D7282 | Mobilization of erupted or malpositioned tooth to aid eruption | |
| D7283 | Placement of device to facilitate eruption of impacted tooth | \$ 467.00 |
| D7284 | Excisional biopsy of minor salivary glands | |
| D7285 | Incisional biopsy of oral tissue - hard (bone, tooth) | \$ 444.00 |
| D7286 | Incisional biopsy of oral tissue - soft | \$ 321.00 |
| D7287 | Exfoliative cytological sample collection | \$ 140.00 |
| D7288 | Brush biopsy - transepithelial sample collection | \$ 140.00 |
| D7290 | Surgical repositioning of teeth | |
| D7291 | Transseptal fiberotomy/supra crestal fiberotomy, by report | |
| Alveoloplasty — surgical preparation of ridge for dentures | | |
| D7310 | Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | |
| D7311 | Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | |
| D7320 | Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | \$ 329.00 |
| D7321 | Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | \$ 318.00 |
| Vestibuloplasty | | |
| D7340 | Vestibuloplasty - ridge extension (secondary epithelialization) | |
| D7350 | Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) | |
| Surgical excision of soft tissue lesions | | |
| D7410 | Excision of benign lesion up to 1.25 cm | |
| D7411 | Excision of benign lesion greater than 1.25 cm | |
| D7412 | Excision of benign lesion, complicated | |
| D7413 | Excision of malignant lesion up to 1.25 cm | |
| D7414 | Excision of malignant lesion greater than 1.25 cm | |
| D7415 | Excision of malignant lesion, complicated | |
| Surgical excision of intra-osseous lesions | | |
| D7440 | Excision of malignant tumor - lesion diameter up to 1.25 cm | |
| D7441 | Excision of malignant tumor - lesion diameter greater than 1.25 cm | |
| D7450 | Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm | \$ 653.00 |
| D7451 | Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm | \$ 653.00 |
| D7460 | Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm | |
| D7461 | Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm | |
| D7465 | Destruction of lesion(s) by physical or chemical method, by report | |
| Excision of bone tissue | | |
| D7471 | Removal of lateral exostosis (maxilla or mandible) | \$ 653.00 |
| D7472 | Removal of torus palatinus | \$ 653.00 |
| D7473 | Removal of torus mandibularis | \$ 653.00 |
| D7485 | Reduction of osseous tuberosity | |
| D7490 | Radical resection of maxilla or mandible | |
| Surgical incision | | |
| D7509 | Marsupialization of odontogenic cyst | \$ 653.00 |
| D7510 | Incision and drainage of abscess - intraoral soft tissue | \$ 222.00 |

**Southern California Drug Benefit Fund
Dental Schedule 2024**

| Code | Description | 2024 Allowances |
|---|---|--------------------|
| D7511 | Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | \$ 254.00 |
| D7520 | Incision and drainage of abscess - extraoral soft tissue | \$ 359.00 |
| D7521 | Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | \$ 457.00 |
| D7530 | Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue | |
| D7540 | Removal of reaction producing foreign bodies, musculoskeletal system | |
| D7550 | Partial ostectomy/sequestrectomy for removal of non-vital bone | |
| D7560 | Maxillary sinusotomy for removal of tooth fragment or foreign body | |
| Treatment of fractures — simple | | |
| D7610 | Maxilla - open reduction (teeth immobilized, if present) | |
| D7620 | Maxilla - closed reduction (teeth immobilized, if present) | |
| D7630 | Mandible - open reduction (teeth immobilized, if present) | |
| D7640 | Mandible - closed reduction (teeth immobilized, if present) | |
| D7650 | Malar and/or zygomatic arch - open reduction | |
| D7660 | Malar and/or zygomatic arch - closed reduction | |
| D7670 | Alveolus closed reduction may include stabilization of teeth | |
| D7671 | Alveolus, open reduction may include stabilization of teeth | |
| D7680 | Facial bones - complicated reduction with fixation and multiple surgical approaches | |
| Treatment of fractures — compound | | |
| D7710 | Maxilla open reduction | |
| D7720 | Maxilla - closed reduction | |
| D7730 | Mandible - open reduction | |
| D7740 | Mandible - closed reduction | |
| D7750 | Malar and/or zygomatic arch - open reduction | |
| D7760 | Malar and/or zygomatic arch - closed reduction | |
| D7770 | Alveolus - open reduction stabilization of teeth | |
| D7771 | Alveolus, closed reduction stabilization of teeth | |
| D7780 | Facial bones - complicated reduction with fixation and multiple surgical approaches | |
| Repair of traumatic wounds | | |
| D7910 | Suture of recent small wounds up to 5 cm | |
| Complicated suturing (reconstruction requiring delicate handling of tissues and wide undermining for meticulous closure) | | |
| D7911 | Complicated suture - up to 5 cm | |
| D7912 | Complicated suture - greater than 5 cm | |
| Other repair procedures | | |
| D7920 | Skin graft (identify defect covered, location and type of graft) | |
| D7940 | Osteoplasty - for orthognathic deformities | |
| D7941 | Osteotomy - mandibular rami | |
| D7943 | Osteotomy - mandibular rami with bone graft; includes obtaining the graft | |
| D7944 | Osteotomy - segmented or subapical | |
| D7945 | Osteotomy - body of mandible | |
| D7946 | Lefort i (maxilla - total) | |
| D7947 | Lefort i (maxilla - segmented) | |
| D7948 | Lefort ii or lefort iii (osteoplasty of facial bones for midface hypoplasia or retrusion)-without bone graft | |
| D7949 | Lefort ii or lefort iii - with bone graft | |
| D7950 | Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report | |
| D7953 | Bone replacement graft for ridge preservation - per site | |
| D7955 | Repair of maxillofacial soft and/or hard tissue defect | |
| D7961 | Buccal/labial frenectomy (frenulectomy) | \$ 426.00 |
| D7962 | Lingual frenectomy (frenulectomy) | \$ 426.00 |
| D7963 | Frenuloplasty | |
| D7970 | Excision of hyperplastic tissue - per arch | \$ 339.00 |
| D7971 | Excision of pericoronal gingiva | |
| D7972 | Surgical reduction of fibrous tuberosity | |
| D7980 | Sialolithotomy | |
| D7981 | Excision of salivary gland, by report | |
| D7982 | Sialodochoplasty | |
| D7983 | Closure of salivary fistula | |
| D7990 | Emergency tracheotomy | |
| D7991 | Coronoidectomy | |
| D7998 | Intraoral placement of a fixation device not in conjunction with a fracture | |
| D7999 | Unspecified oral surgery procedure, by report | |
| D9000 – D9999 ADJUNCTIVE GENERAL SERVICES | | |
| Unclassified treatment | | |
| D9110 | Palliative treatment of dental pain – per visit | \$ 131.00 |
| D9120 | Fixed partial denture sectioning | |
| D9130 | Temporomandibular joint dysfunction – non-invasive physical therapies | |

**Southern California Drug Benefit Fund
Dental Schedule 2024**

| Code | Description | 2024 Allowances |
|----------------------------------|---|--------------------|
| Anesthesia | | |
| D9210 | Local anesthesia not in conjunction with operative or surgical procedures | |
| D9211 | Regional block anesthesia | |
| D9212 | Trigeminal division block anesthesia | |
| D9215 | Local anesthesia | |
| D9219 | Evaluation for moderate sedation, deep sedation or general anesthesia | |
| D9222 | Deep sedation/general anesthesia – first 15 minutes | \$ 183.00 |
| D9223 | Deep sedation/general anesthesia – each subsequent 15 minute increment | \$ 183.00 |
| D9230 | Analgesia, anxiolysis, inhalation of nitrous oxide | \$ 80.00 |
| D9239 | Intravenous moderate (conscious) sedation/analgesia- first 15 minutes | \$ 152.00 |
| D9243 | Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment | \$ 129.00 |
| D9248 | Non-intravenous conscious sedation | |
| Professional consultation | | |
| D9310 | Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | \$ 125.00 |
| D9311 | Consultation with medical health care professional | |
| Professional visits | | |
| D9430 | Office visit for observation (during regularly scheduled hours) - no other services performed | |
| D9440 | Office visit - after regularly scheduled hours | |
| D9450 | Case presentation, subsequent to detailed and extensive treatment planning | |
| Drugs | | |
| D9610 | Therapeutic parenteral drug, single administration | \$ 69.00 |
| D9613 | Infiltration of sustained release therapeutic drug – single or multiple sites | |
| Miscellaneous services | | |
| D9930 | Treatment of complications (post-surgical) - unusual circumstances, by report | |
| D9942 | Repair and/or reline of occlusal guard | |
| D9943 | Occlusal guard adjustment | \$ 90.00 |
| D9944 | Occlusal guard – hard appliance, full arch | \$ 466.00 |
| D9945 | Occlusal guard – soft appliance, full arch | \$ 117.00 |
| D9946 | Occlusal guard – hard appliance, partial arch | \$ 233.00 |
| D9947 | Custom sleep apnea appliance fabrication and placement | \$ 466.00 |
| D9948 | Adjustment of custom sleep apnea appliance | \$ 90.00 |
| D9951 | Occlusal adjustment - limited | |
| D9953 | Reline custom sleep apnea appliance (indirect) | \$ 244.00 |
| D9954 | Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device | |
| D9955 | Oral appliance therapy (OAT) titration visit | |
| D9956 | Administration of home sleep apnea test | |
| D9957 | Screening for sleep related breathing disorders | |
| D9961 | Duplicate/copy patient's records | |
| D9985 | Sales tax | |
| D9990 | Certified translation or sign-language services- per visit | |
| D9991 | Dental case management – addressing appointment compliance barriers | |
| D9992 | Dental case management – care coordination | |
| D9993 | Dental case management – motivational interviewing | |
| D9994 | Dental case management – patient education to improve oral health literacy | |
| D9997 | Dental case management - patients with special health care needs | |
| D9999 | Unspecified adjunctive procedure, by report | |

Platinum Plus Plan

Benefits, Limitations and Exclusions, including Miscellaneous Codes as Revised January 1, 2024

DEDUCTIBLE:

The first \$50 of expenses per person under this schedule will be deducted for services per calendar year up to a maximum of \$150 per family. This deductible will not apply to routine preventive and diagnostic care such as oral examinations, teeth cleanings and x-rays.

I GENERAL INFORMATION

201. Covered dental benefits are those listed procedures necessary to prevent and eliminate oral disease and for services required to maintain and restore function. The Indemnity Schedule of Allowances for Dental Procedures indicates the dollar amount the Fund will contribute toward the dentist's fee for each listed procedure, but in no event will the Fund's allowance exceed the fee charged.
202. Covered benefits are subject to review by the dental consultants for the Fund. Preauthorization for claims in excess of \$500 is required and will be allowed only when patient need can be demonstrated. X-rays are required on all claims over \$500 and for claims under \$500 when extractions, crowns, periodontal treatment, root canal therapy, or three or more restorations are involved.
203. Eligibility for dental benefits is subject to meeting the eligibility requirements of the Southern California Drug Benefit Fund. Contact the Trust Fund Office to determine eligibility for dental benefits.
204. Claims must be submitted within twelve months after completion of compensable dental procedures and must show procedure codes (adapted from the ADA recommended Current Dental Terminology CDT) and actual fee charged to the patient.
205. The Benefit Fund will not process requests for partial payment
206. Coordination of Benefit Provision will be applied in the payment of all claims. This Plan will coordinate with all other group plans.
207. Charge for completion of forms is not a covered benefit.
208. Payment will not be made for x-rays that are not diagnostically acceptable.
209. Orthodontics and related services are excluded. They are covered under a separate program.
210. Coverage is not provided for Cosmetic Services, including but not limited to bleaching/whitening of teeth, veneers, facings enamel hypoplasia (lack of development), and fluorosis (tooth discoloration).

211. Full mouth reconstruction or treatment for congenital malformations is not a covered benefit.
212. Hospitalized dental treatment is not a covered benefit.
213. Dental Plan benefits are treated as a standalone (or excepted) benefit under HIPAA and the PPACA.
214. Coverage is not provided for Occupational Illness, Injury or conditions subject to Workers' Compensation. This includes all expenses incurred by you or any of your covered Dependents arising out of or in the course of employment (including self-employment) if the injury, illness or condition is subject to coverage, in whole or in part, under any workers' compensation or occupational disease or similar law. This applies even if you or your covered Dependent were not covered by workers' compensation insurance, or if the Covered Individual's rights under workers' compensation or occupational disease or similar law has been waived or qualified.
215. Charges made by (a) immediate relatives of the participant or dependent or (b) members of the participant's or dependent's households are not covered, except for covered charges, which constitute out-of-pocket expenses to such providers.
216. Coverage is not provided for Education Services and Home Use Supplies, such as for plaque control, oral hygiene or diet or home use supplies, including, but not limited to, toothpaste, toothbrush, water-pick type device, fluoride, mouthwash, dental floss, etc.

II DIAGNOSTIC

217. Examinations or oral evaluations are a covered benefit twice in a calendar year, except in emergency situations.
218. X-rays must be dated, properly mounted, and diagnostically acceptable.
219. Occlusal or panoramic x-rays are required for edentulous patients.
220. Full mouth or panoramic x-rays are covered benefits only once in a five-year period.
221. A panoramic x-ray when accompanied by two or more bitewing and/or periapical anterior films is considered the same as a full mouth x-ray series and is paid as such.
222. Study models or intra-oral photographs are not a covered benefit.
223. Bitewing and recall periapical x-rays are a covered benefit once in a calendar year for adults and twice in a calendar year for children.

III PREVENTIVE

225. Dental prophylaxis is a covered benefit twice in a calendar year.
226. Prophylaxis and subgingival scaling are not payable on same day/visit.

- 227. Fluoride treatment is a covered benefit twice in a calendar year.
- 228. Dietary planning for the control of dental caries is not covered.
- 229. Oral hygiene instructions, plaque control, sealants or preventive programs are not covered.
- 230. Where a fixed space maintainer can be placed, removable spacers are not a covered benefit, unless authorized by report.
- 231. Where bilateral space maintenance is required in the same arch, a bilateral space maintainer with molar bands connected by an arch wire is the covered benefit.
- 232. Space maintainers are not a covered benefit when spaces have closed or crowns of erupting teeth have penetrated alveolar bone.
- 233. A benefit is payable for a unilateral space maintainer when a bilateral space maintainer is not necessary.

IV RESTORATIVE

- 234. Maximum payment for anterior restorations is two surfaces in each course of treatment regardless of the number of combinations placed.
- 235. Amalgam or composite fillings are a covered benefit once every 24 months.
- 236. Proximal restorations in anterior teeth are payable as single surface restoration,
- 237. Payment is not covered for more than one restoration on a single tooth surface per treatment.
- 238. A benefit for a one surface restoration is allowed when a buccal and/or lingual surface restoration is placed in conjunction with occlusal surface restorations.
- 239. Placement of crowns or bridges following endodontic therapy will be delayed pending submission of radiographic evidence (pre and post treatment x-rays) of satisfactory root canal therapy.
- 240. Restoration will not be a covered benefit when carious penetration to or through the dento-enamel junction is not evident from the submitted x-rays or when primary teeth are exfoliating or about to exfoliate.
- 241. Where there appears to be a questionable long-term prognosis, restorative or periodontal procedures and root canal therapy are not a covered benefit.
- 242. Posterior composites are only covered on the facial surfaces of bicuspid. An allowance is made toward the resin restorations based on the dentist's fee for the equivalent amalgam restoration.

V ENDODONTICS

- 243. The benefit allowed for endodontic therapy includes initial treatment, interim and final x-rays and temporary fillings.

- 244. Pulp caps and bases are not a benefit. The fee for the final restoration includes cement bases and/or pulp caps.
- 245. Benefits payable for endodontic therapy will be delayed pending submission of radiographic evidence (pre and post treatment x-rays) of satisfactory root canal therapy.
- 246. No payment is made where the need for root canal procedures are not evident radiographically or from the documentation submitted.
- 247. Re-treatment of root canal therapy is a covered benefit only if need is documented and no sooner than 24 months after initial treatment or by report.

VI PERIODONTICS

- 251. Periodontal scaling and root planing is a covered benefit only where x-rays demonstrate bone loss and root surface calculus.
- 252. Periodontal surgery is covered after scaling and root planing and when need is documented by pretreatment x-rays and pre and post periodontal scaling and root planing pocket charting.
- 253. Mouth preparation services in conjunction with mucogingival or osseous surgery are classified as subgingival scalings.
- 254. Periodontal scaling and root planing is limited to a maximum of two procedures per visit.

VII PROSTHODONTICS, REMOVABLE

- 257. Full dentures are not a covered benefit when partial dentures can be placed.
- 259. The fee allowed for a partial denture includes all teeth and clasps.
- 260. Treatment involving the following is not a covered benefit
 - a. Specialized techniques.
 - b. Precision attachments and stress breakers.
 - c. Personalization & Characterization.
 - d. Experimental procedures.
 - e. Surgical correction by grafts for denture retention purposes.
 - f. Appliances or restorations to increase vertical dimension.
 - g. Gnathologic recording.
 - h. Unusual diagnostic techniques.
 - i. Procedures associated with overdentures, implants and tissue bars.
- 261. Removable cast partial dentures are not a benefit for patients under age 16 unless need is substantiated by special report.
- 262. Fixed or removable prosthetic appliances are a covered benefit once in a five-year period.
- 264. Interim partial dentures are covered for recently extracted anterior teeth only.

VIII PROSTHODONTICS, FIXED

- 266. Benefits for crowns, inlays and onlays are allowable only where extensive coronal destruction is radiographically demonstrated or can be demonstrated by study models.

- 267. Amalgam or composite resin buildups, including pins, are considered part of the preparation for the complete restoration. No additional benefit is payable.
- 268. Posts and cores are a benefit where insufficient coronal structure remains and can be documented by pre-root canal x-rays. When allowed, they are a covered benefit once in a five-year period.
- 270. Fixed bridges are not a benefit for patients under age 16.
- 271. Fixed bridges using implants as abutments is not a covered benefit.
- 272. Porcelain, cast metal, or laboratory-processed restorations are not a benefit for patients under 16 years of age.
- 273. Benefits are not payable for both a posterior bridge and a removable partial denture in the same arch.
- 274. Distal extension posterior cantilevered pontics are not a covered benefit.
- 275. Where the space is largely closed, fixed bridgework is not a covered benefit.
- 276. The replacement of third molars is not covered unless as part of a bridge restoring other adjacent missing teeth.
- 277. Gnathologic recording is not a covered benefit.
- 278. Where a large number of teeth are missing in the same arch and/or moderate to advanced periodontal bone loss is evident radiographically, fixed prostheses is not a covered benefit.
- 280. Cast and indirect restorations or fixed bridges are a covered benefit once in a five-year period.
- 281. Where a filling requires replacement with a cast restoration within one year of placement, the allowance paid for the filling will be deducted from the cast restoration benefit.

IX ORAL SURGERY

- 284. General anesthesia and IV sedation procedures (D9223 & D9243) are limited to no more than four occurrences (1 hour) per visit or date of service.
- 285. The removal of teeth that can be retained to avoid the conversion of a patient to partial or complete edentulism is not a covered benefit.
- 286. Removal of unerupted, nonpathologic asymptomatic third molars is not a covered benefit.
- 287. Implants are not a covered benefit.
- 288. Routine postoperative visits are considered part of, and included in the allowance for the total surgical procedure.
- 289. General anesthesia is a covered benefit for medically necessary and complex procedures only, if administered by a health care provider with a current general anesthesia permit number.

X ADJUNCTIVE

- 290. Pre-medication and/or relative analgesia is not covered except for documented handicapped or uncontrollable patients.