



# TeamstersCare Dental Blue® Freedom

## Fee Allowance Schedule | Effective January 1, 2021

**Calendar-Year Deductible:** \$50 per individual/Maximum \$100 per family applies to all Type II and Type III services

**Calendar-Year Maximum:** \$2,500 per person

**Orthodontics:** Plan pays 50% up to a \$2,000 lifetime maximum per person with no age limit

| Procedure Code | Description   | TeamstersCare Payment | Frequency/Limitations*  |
|----------------|---|-----------------------|---|
| D0120          | Periodic oral examination   | \$22.00               | 2 x calendar year   |
| D0140          | Evaluation—limited, problem focused   | \$40.00               |   |
| D0145          | Oral evaluation for patients under three years of age   | \$22.00               |   |
| D0150          | Comprehensive evaluation  | \$40.00               |   |
| D0160          | Detailed and extensive oral evaluation  | \$40.00               | 2 x 12 months, not covered with D9110 by dentist/office on the same date of service |
| D0170          | Re-evaluation—limited, problem focused  | \$38.00               |   |
| D0180          | Comprehensive periodontal evaluation  | \$40.00               |   |
| D0210          | Full mouth X-rays   | \$76.00               |   |
| D0220          | Periapical, first film  | \$17.00               | as needed   |
| D0230          | Periapical, each additional film  | \$13.00               | as needed   |
| D0240          | Intraoral occlusal film   | \$22.00               |   |
| D0250          | Extraoral, first film   | \$46.00               |   |
| D0270          | Bitewing, single film   | \$17.00               | 2 x calendar year   |
| D0272          | Bitewings, two films  | \$24.00               | 2 x calendar year   |
| D0273          | Bitewings, three films  | \$27.00               | 2 x calendar year   |
| D0274          | Bitewings, four films   | \$32.00               | 2 x calendar year   |
| D0277          | Vertical bitewings, 7–8 films   | \$61.00               | 2 x calendar year, age 16+  |
| D0330          | Panoramic film  | \$64.00               |   |
| D0460          | Pulp vitality tests   | \$29.00               |   |
| D0470          | Diagnostic casts  | \$61.00               |   |
| D1110          | Prophylaxis, adult  | \$57.00               | 2 x calendar year   |
| D1120          | Prophylaxis, child  | \$44.00               | 2 x calendar year   |
| D1206          | Topical fluoride varnish; therapeutic application for patients with moderate to high risk of caries | \$19.00               | 2 x calendar year, no age limit   |
| D1208          | Topical application of fluoride   | \$19.00               | 2 x calendar year, under age 19   |
| D1351          | Sealant, per tooth  | \$28.00               |   |
| D1352          | Preventive resin restoration, per tooth   | \$28.00               |   |
| D1354          | Interim caries arresting medicament application—per tooth   | \$25.00               |   |
| D1510          | Space maintainer, fixed—unilateral, per quadrant  | \$363.00              |   |
| D1516          | Space maintainer—fixed—bilateral, maxillary   | \$500.00              |   |
| D1517          | Space maintainer—fixed—bilateral, mandibular  | \$500.00              |   |
| D1520          | Space maintainer—removable—unilateral, per quadrant   | \$313.00              |   |

| Procedure Code | Description  | TeamstersCare Payment | Frequency/Limitations*                                  |
|----------------|--|-----------------------|---|
| D1526          | Space maintainer—removable—bilateral, maxillary              | \$419.00              |   |
| D1527          | Space maintainer—removable—bilateral, mandibular             | \$419.00              |   |
| D1551          | Recement or re-bond bilateral space maintainer—maxillary     | \$42.00               |   |
| D1552          | Recement or re-bond bilateral space maintainer—mandibular    | \$42.00               |   |
| D1553          | Recement or re-bond unilateral space maintainer—per quadrant | \$42.00               |   |
| D1556          | Removal of fixed unilateral space maintainer—per quadrant    | \$38.00               |   |
| D1557          | Removal of fixed bilateral space maintainer—maxillary        | \$38.00               |   |
| D1558          | Removal of fixed bilateral space maintainer—mandibular       | \$38.00               |   |
| D1575          | Distal shoe space maintainer—fixed, unilateral, per quadrant | \$363.00              |   |
| D2140          | Amalgam, one surface, permanent or primary                   | \$64.00               |   |
| D2150          | Amalgam, two surfaces, permanent or primary                  | \$77.00               |   |
| D2160          | Amalgam, three surfaces, permanent or primary                | \$96.00               |   |
| D2161          | Amalgam, four or more surfaces, permanent or primary         | \$113.00              |   |
| D2330          | Resin, one surface, anterior                                 | \$75.00               |   |
| D2331          | Resin, two surfaces, anterior                                | \$96.00               |   |
| D2332          | Resin, three surfaces, anterior                              | \$113.00              |   |
| D2335          | Resin, four or more surfaces, or involving incisal angle     | \$136.00              |   |
| D2390          | Resin-based composite crown, anterior                        | \$135.00              |   |
| D2391          | Resin-based composite crown, one surface, posterior          | \$80.00               |   |
| D2392          | Two surfaces, posterior composite                            | \$77.00               |   |
| D2393          | Three surfaces, posterior composite                          | \$96.00               |   |
| D2394          | Four or more surfaces, posterior composite                   | \$114.00              |   |
| D2510          | Inlay metallic, one surface                                  | \$405.00              |   |
| D2520          | Inlay metallic, two surfaces                                 | \$478.00              |   |
| D2530          | Inlay metallic, three surfaces or more                       | \$514.00              |   |
| D2542          | Onlay metal, two surfaces                                    | \$586.00              |   |
| D2543          | Onlay metal, three surfaces                                  | \$593.00              |   |
| D2544          | Onlay metal, four surfaces or more                           | \$600.00              |   |
| D2610          | Inlay porcelain/ceramic, one surface                         | \$434.00              |   |
| D2620          | Inlay porcelain/ceramic, two surfaces                        | \$482.00              |   |
| D2630          | Inlay porcelain/ceramic, three surfaces                      | \$548.00              |   |
| D2642          | Onlay porcelain/ceramic, two surfaces                        | \$565.00              |   |
| D2643          | Onlay porcelain/ceramic, three surfaces                      | \$600.00              |   |
| D2644          | Onlay porcelain/ceramic, four or more surfaces               | \$625.00              |   |
| D2650          | Inlay resin-based composite, one surface                     | \$360.00              | Alternate benefit for corresponding amalgam restoration |
| D2651          | Inlay resin-based composite, two surfaces                    | \$398.00              |   |
| D2652          | Inlay resin-based composite, three surfaces or more          | \$444.00              | Alternate benefit for corresponding amalgam restoration |
| D2662          | Onlay resin-based composite, two surfaces                    | \$459.00              |   |
| D2663          | Onlay resin-based composite, three surfaces                  | \$532.00              |   |
| D2664          | Onlay resin-based composite, four surfaces                   | \$554.00              |   |
| D2710          | Crown—resin-based composite (indirect)                       | \$223.00              |   |
| D2712          | Crown—3/4 resin-based composite (indirect)                   | \$223.00              |   |
| D2720          | Crown—resin with high noble metal                            | \$583.00              |   |
| D2721          | Crown—resin with predominantly base metal                    | \$500.00              |   |
| D2722          | Crown—resin with noble metal                                 | \$528.00              |   |

| Procedure Code | Description   | TeamstersCare Payment | Frequency/Limitations*              |
|----------------|---|-----------------------|-------------------------------------|
| D2740          | Crown—porcelain/ceramic substrate   | \$649.00              |                                     |
| D2750          | Crown—porcelain fused to high noble metal   | \$649.00              |                                     |
| D2751          | Crown—porcelain fused to predominantly base metal                                     | \$601.00              |                                     |
| D2752          | Crown—porcelain fused to noble metal  | \$625.00              |                                     |
| D2753          | Crown—porcelain fused to titanium and titanium alloys                                 | \$644.00              |                                     |
| D2780          | Crown—3/4 cast high noble metal   | \$644.00              |                                     |
| D2781          | Crown—3/4 cast predominantly base metal   | \$601.00              |                                     |
| D2782          | Crown—3/4 cast noble metal  | \$625.00              |                                     |
| D2783          | Crown—3/4 porcelain/ceramic   | \$625.00              |                                     |
| D2790          | Crown—full cast high noble metal  | \$644.00              |                                     |
| D2791          | Crown—full cast predominantly base metal  | \$601.00              |                                     |
| D2792          | Crown—full cast noble metal   | \$625.00              |                                     |
| D2794          | Crown—titanium and titanium alloys  | \$625.00              |                                     |
| D2799          | Provisional crown   | \$139.00              | 1 per permanent tooth per 60 months |
| D2910          | Recement inlay, onlay, or partial coverage restoration                                | \$52.00               |                                     |
| D2915          | Recement cast or prefabricated post and core  | \$40.00               |                                     |
| D2920          | Recement crown  | \$46.00               |                                     |
| D2929          | Prefabricated porcelain/ceramic crown—primary tooth                                   | \$156.00              |                                     |
| D2930          | Prefabricated stainless steel crown—primary tooth                                     | \$145.00              | 1 x 24 months                       |
| D2931          | Prefabricated stainless steel crown—permanent tooth                                   | \$150.00              |                                     |
| D2932          | Prefabricated resin crown   | \$188.00              |                                     |
| D2933          | Prefabricated stainless steel crown w/ resin window                                   | \$156.00              |                                     |
| D2934          | Prefabricated esthetic coated stainless steel crown—primary tooth                     | \$156.00              |                                     |
| D2940          | Sedative filling  | \$46.00               |                                     |
| D2941          | Interim therapeutic restoration—primary tooth   | \$46.00               |                                     |
| D2950          | Core buildup, including any pins  | \$123.00              |                                     |
| D2951          | Pin retention, per tooth, in addition to restoration                                  | \$31.00               |                                     |
| D2952          | Post and core in addition, indirectly fabricated                                      | \$198.00              |                                     |
| D2954          | Prefabricated post and core in addition to crown                                      | \$151.00              |                                     |
| D2971          | Additional procedures to construct new crown under existing partial denture framework | \$126.00              |                                     |
| D2980          | Crown repair, by report   | \$143.00              |                                     |
| D2982          | Onlay repair necessitated by restorative material failure                             | \$156.00              |                                     |
| D3220          | Therapeutic pulpotomy (excluding final restoration)                                   | \$88.00               |                                     |
| D3221          | Pulpal debridement, primary and permanent teeth                                       | \$62.00               |                                     |
| D3222          | Partial pulpotomy for apexogenesis—permanent tooth with incomplete root development   | \$88.00               |                                     |
| D3230          | Pulpal therapy (resorbable filling)—anterior, primary tooth                           | \$207.00              |                                     |
| D3240          | Pulpal therapy (resorbable filling)—posterior, primary tooth                          | \$179.00              |                                     |
| D3310          | Endodontic therapy, anterior tooth  | \$473.00              |                                     |
| D3320          | Endodontic therapy, bicuspid tooth  | \$558.00              |                                     |
| D3330          | Endodontic therapy, molar   | \$722.00              |                                     |
| D3332          | Incomplete endodontic therapy; inoperable, unrestorable, or fractured tooth           | \$174.00              | 1 per tooth per lifetime            |
| D3346          | Retreatment of previous root canal therapy—anterior                                   | \$539.00              |                                     |
| D3347          | Retreatment of previous root canal therapy—bicuspid                                   | \$623.00              |                                     |
| D3348          | Retreatment of previous root canal therapy—molar                                      | \$764.00              |                                     |

| Procedure Code | Description   | TeamstersCare Payment | Frequency/Limitations*  |
|----------------|---|-----------------------|---|
| D3351          | Apexification/recalcification—initial visit   | \$89.00               |   |
| D3352          | Apexification/recalcification—interim medication replacement  | \$76.00               |   |
| D3410          | Apicoectomy/periradicular surgery— anterior   | \$394.00              |   |
| D3421          | Apicoectomy/periradicular surgery— bicuspid (first root)  | \$483.00              |   |
| D3425          | Apicoectomy/periradicular surgery— molar (first root)   | \$500.00              |   |
| D3426          | Apicoectomy/periradicular surgery— (each additional root)   | \$177.00              |   |
| D3430          | Retrograde filling, per root  | \$87.00               |   |
| D3450          | Root amputation, per root   | \$255.00              |   |
| D3920          | Hemisection (including any root removal)  | \$227.00              |   |
| D3471          | Surgical repair of root resorption-anterior   | \$250.00              |   |
| D3472          | Surgical repair of root resorption-premolar   | \$250.00              |   |
| D3473          | Surgical repair of root resorption-molar  | \$250.00              |   |
| D4210          | Gingivectomy or gingivoplasty— four or more contiguous teeth or tooth bounded spaces per quadrant   | \$335.00              |   |
| D4211          | Gingivectomy or gingivoplasty— one to three contiguous teeth or tooth bounded spaces per quadrant   | \$148.00              |   |
| D4240          | Gingival flap procedure, including root, four or more contiguous teeth or tooth bounded spaces per quadrant   | \$420.00              |   |
| D4241          | Gingival flap procedure, including root, one to three contiguous teeth or tooth bounded spaces per quadrant   | \$268.00              |   |
| D4249          | Clinical crown lengthening, hard tissue   | \$481.00              |   |
| D4260          | Osseous surgery— four or more contiguous teeth or tooth bounded spaces per quadrant   | \$687.00              |   |
| D4261          | Osseous surgery— one to three contiguous teeth or tooth bounded spaces per quadrant   | \$477.00              |   |
| D4263          | Bone replacement graft, first site in a quadrant  | \$180.00              |   |
| D4264          | Bone replacement graft, each additional site in quadrant  | \$152.00              |   |
| D4265          | Biologic materials to aid in soft and osseous tissue regeneration   | \$146.00              | 1 per tooth per 36 months   |
| D4266          | Guided tissue regeneration, resorbable barrier, per site  | \$313.00              |   |
| D4267          | Guided tissue regeneration, nonresorbable barrier, per site   | \$313.00              |   |
| D4268          | Surgical revision procedure, per tooth  | \$259.00              | 1 per tooth per 36 months   |
| D4270          | Pedicle soft tissue graft procedure   | \$481.00              |   |
| D4273          | Subepithelial connective tissue graft procedures, per tooth   | \$610.00              |   |
| D4274          | Distal or proximal wedge procedures   | \$297.00              |   |
| D4275          | Soft tissue allograft   | \$605.00              |   |
| D4276          | Combined connective tissue and double pedicle graft, per tooth  | \$610.00              |   |
| D4277          | Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous position in graft  | \$376.00              |   |
| D4278          | Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in the same graft site | \$127.00              |   |
| D4283          | Autogenous connective tissue graft procedure, each additional contiguous tooth  | \$366.00              |   |
| D4285          | Non-autogenous connective tissue graft procedure, each additional contiguous tooth, position in the same graft site                                   | \$363.00              |   |
| D4341          | Periodontal scaling and root planing, four or more teeth per quadrant   | \$139.00              | Only two quadrants are allowed per date of service. Additional quadrants will deny. |
| D4342          | Periodontal scaling and root planing, one to three teeth per quadrant   | \$85.00               |   |

| Procedure Code | Description  | TeamstersCare Payment | Frequency/Limitations*    |
|----------------|--|-----------------------|---------------------------|
| D4346          | Scaling in the presence of generalized moderate or severe gingival inflammation  | \$57.00               |                           |
| D4355          | Full-mouth debridement to enable comprehensive evaluation and diagnosis  | \$61.00               | once per 36 months        |
| D4381          | Localized delivery of antimicrobial agents   | \$42.00               |                           |
| D4910          | Periodontal maintenance  | \$75.00               |                           |
| D4920          | Unscheduled dressing change (by someone other than the treating dentist)   | \$43.00               | 1 per tooth per 36 months |
| D5110          | Complete denture—maxillary   | \$764.00              |                           |
| D5120          | Complete denture—mandibular  | \$764.00              |                           |
| D5130          | Immediate denture—maxillary  | \$779.00              |                           |
| D5140          | Immediate denture—mandibular   | \$779.00              |                           |
| D5211          | Maxillary partial denture, resin base  | \$618.00              |                           |
| D5212          | Mandibular partial denture, resin base   | \$618.00              |                           |
| D5213          | Maxillary partial denture, cast metal framework with resin denture base (including retentive/clasping materials, rests, and teeth)             | \$858.00              |                           |
| D5214          | Mandibular partial denture, cast metal framework with resin denture base (including retentive/clasping materials, rests, and teeth)            | \$858.00              |                           |
| D5221          | Immediate maxillary partial denture, resin base (including retentive/clasping materials, rests, and teeth)                                     | \$630.00              |                           |
| D5222          | Immediate mandibular partial denture, resin base (including retentive/clasping materials, rests, and teeth)                                    | \$630.00              |                           |
| D5223          | Immediate maxillary partial denture, case metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)  | \$875.00              |                           |
| D5224          | Immediate mandibular partial denture, cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth) | \$875.00              |                           |
| D5225          | Maxillary partial denture, flexible base   | \$844.00              |                           |
| D5226          | Mandibular partial denture, flexible base  | \$844.00              |                           |
| D5281          | Removable unilateral partial denture   | \$383.00              |                           |
| D5282          | Removable unilateral partial denture—one-piece cast metal (including clasps and teeth), maxillary  | \$383.00              |                           |
| D5283          | Removable unilateral partial denture—one-piece cast metal (including clasps and teeth), mandibular   | \$383.00              |                           |
| D5284          | Removable unilateral partial denture—one-piece flexible base (including clasps and teeth), per quadrant  | \$345.00              |                           |
| D5286          | Removable unilateral partial denture—one-piece resin (including clasps and teeth), per quadrant  | \$345.00              |                           |
| D5410          | Adjust complete denture—maxillary  | \$41.00               |                           |
| D5411          | Adjust complete denture—mandibular   | \$41.00               |                           |
| D5421          | Adjust partial denture—maxillary   | \$41.00               |                           |
| D5422          | Adjust partial denture—mandibular  | \$41.00               |                           |
| D5511          | Repair broken complete denture base—mandibular   | \$95.00               |                           |
| D5512          | Repair broken complete denture base—maxillary  | \$95.00               |                           |
| D5520          | Replace missing or broken teeth, per tooth   | \$76.00               |                           |
| D5611          | Repair resin partial denture base—mandibular   | \$80.00               |                           |
| D5612          | Repair resin partial denture base—maxillary  | \$80.00               |                           |
| D5621          | Repair cast partial framework—mandibular   | \$107.00              |                           |
| D5622          | Repair cast partial framework—maxillary  | \$107.00              |                           |

| Procedure Code | Description   | TeamstersCare Payment | Frequency/Limitations* |
|----------------|---|-----------------------|------------------------|
| D5630          | Repair or replace broken retentive clasp materials—per tooth                                | \$112.00              |                        |
| D5640          | Replace broken teeth, per tooth   | \$76.00               |                        |
| D5650          | Add tooth to existing partial denture   | \$93.00               |                        |
| D5660          | Add clasp to existing partial denture   | \$118.00              |                        |
| D5670          | Replace all teeth and acrylic on cast metal framework (maxillary)                           | \$392.00              |                        |
| D5671          | Replace all teeth and acrylic on cast metal framework (mandibular)                          | \$392.00              |                        |
| D5710          | Rebase complete maxillary denture   | \$258.00              |                        |
| D5711          | Rebase complete mandibular denture  | \$258.00              |                        |
| D5720          | Rebase maxillary partial denture  | \$236.00              |                        |
| D5721          | Rebase mandibular partial denture   | \$236.00              |                        |
| D5730          | Reline complete maxillary denture (chairside)   | \$147.00              |                        |
| D5731          | Reline complete mandibular denture (chairside)  | \$147.00              |                        |
| D5740          | Reline maxillary partial denture (chairside)  | \$128.00              |                        |
| D5741          | Reline mandibular partial denture (chairside)   | \$128.00              |                        |
| D5750          | Reline complete maxillary denture (laboratory)  | \$236.00              |                        |
| D5751          | Reline complete mandibular denture (laboratory)   | \$236.00              |                        |
| D5760          | Reline maxillary partial denture (laboratory)   | \$208.00              |                        |
| D5761          | Reline mandibular partial denture (laboratory)  | \$208.00              |                        |
| D5820          | Interim partial denture (maxillary)   | \$232.00              |                        |
| D5821          | Interim partial denture (mandibular)  | \$232.00              |                        |
| D5850          | Tissue conditioning, upper denture  | \$75.00               |                        |
| D5851          | Tissue conditioning, lower denture  | \$80.00               |                        |
| D6010          | Surgical placement, endosteal implant   | \$1,351.00            |                        |
| D6011          | Surgical access to an implant body (second stage implant surgery)                           | \$50.00               |                        |
| D6013          | Surgical placement, mini-implant  | \$671.00              |                        |
| D6056          | Prefabricated abutment  | \$407.00              |                        |
| D6057          | Custom abutment   | \$511.00              |                        |
| D6058          | Implant abutment supported porcelain/ceramic crown  | \$919.00              |                        |
| D6059          | Implant abutment supported porcelain fused to high noble metal crown                        | \$919.00              |                        |
| D6060          | Implant abutment supported porcelain fused to predominantly base metal crown                | \$844.00              |                        |
| D6061          | Implant abutment supported porcelain fused to noble metal crown                             | \$841.00              |                        |
| D6062          | Implant abutment supported high noble cast metal crown                                      | \$926.00              |                        |
| D6063          | Implant abutment supported predominantly base metal crown                                   | \$844.00              |                        |
| D6064          | Implant abutment supported cast noble metal crown   | \$841.00              |                        |
| D6065          | Implant supported porcelain/ceramic crown   | \$919.00              |                        |
| D6066          | Implant supported porcelain fused to high noble alloys                                      | \$919.00              |                        |
| D6067          | Implant supported crown—high noble alloys   | \$919.00              |                        |
| D6069          | Implant abutment supported retainer for porcelain fused to metal fixed partial dentures FPD | \$919.00              |                        |
| D6070          | Implant abutment supported retainer for porcelain fused to predominantly base metal FPD     | \$791.00              |                        |
| D6071          | Implant abutment supported retainer for porcelain fused to noble metal FPD                  | \$841.00              |                        |
| D6072          | Implant abutment supported retainer for cast high noble metal FPD                           | \$919.00              |                        |

| Procedure Code | Description  | TeamstersCare Payment | Frequency/Limitations*                         |
|----------------|--|-----------------------|--|
| D6073          | Implant abutment supported retainer for predominantly base cast metal FPD            | \$791.00              |  |
| D6074          | Implant abutment supported retainer for cast noble metal FPD                         | \$841.00              |  |
| D6076          | Implant supported retainer for FPD porcelain fused to high noble alloys              | \$919.00              |  |
| D6077          | Implant supported retainer for metal FPD—high noble alloys                           | \$919.00              |  |
| D6082          | Implant supported crown—porcelain fused to predominantly base alloys                 | \$845.00              |  |
| D6083          | Implant supported crown—porcelain fused to noble alloys                              | \$900.00              |  |
| D6084          | Implant supported crown—porcelain fused to titanium and titanium alloys              | \$919.00              |  |
| D6085          | Provisional implant crown  | \$139.00              |  |
| D6086          | Implant supported crown—predominantly base alloys                                    | \$845.00              |  |
| D6087          | Implant supported crown—noble alloys   | \$900.00              |  |
| D6088          | Implant supported crown—titanium and titanium alloys                                 | \$919.00              |  |
| D6090          | Repair implant supported prosthesis  | \$100.00              |  |
| D6092          | Recement implant/abutment supported crown  | \$46.00               |  |
| D6093          | Recement implant/abutment supported fixed partial denture                            | \$68.00               |  |
| D6094          | Abutment supported crown—titanium and titanium alloys                                | \$919.00              |  |
| D6095          | Repair implant abutment  | \$84.00               |  |
| D6096          | Remove broken implant retaining screw  | \$84.00               |  |
| D6097          | Abutment supported crown—porcelain fused to titanium and titanium alloys             | \$841.00              |  |
| D6098          | Implant supported retainer—porcelain fused to predominantly base alloys              | \$846.00              |  |
| D6099          | Implant supported retainer for FPD—porcelain fused to noble alloys                   | \$900.00              |  |
| D6100          | Implant removal  | \$188.00              |  |
| D6110          | Implant/abutment complete denture, removable upper arch                              | \$1,091.00            |  |
| D6111          | Implant/abutment complete denture, removable lower arch                              | \$1,091.00            |  |
| D6112          | Implant/abutment partial denture, removable upper arch                               | \$1,091.00            |  |
| D6113          | Implant/abutment partial denture, removable lower arch                               | \$1,091.00            |  |
| D6114          | Implant/abutment complete denture, fixed upper arch                                  | \$1,217.00            | 1 per arch per 60 months                       |
| D6115          | Implant/abutment complete denture, fixed lower arch                                  | \$1,217.00            | 1 per arch per 60 months                       |
| D6116          | Implant/abutment partial denture, fixed upper arch                                   | \$1,217.00            | 1 per arch per 60 months                       |
| D6117          | Implant/abutment partial denture, fixed lower arch                                   | \$1,217.00            | 1 per arch per 60 months                       |
| D6120          | Implanted supported retainer for FPD—porcelain fused to titanium and titanium alloys | \$919.00              |  |
| D6121          | Implant supported retainer for metal FPD—predominantly base alloys                   | \$846.00              |  |
| D6122          | Implant supported retainer for metal FPD—predominantly noble alloys                  | \$900.00              |  |
| D6123          | Implant supported retainer for metal FPD—titanium and titanium alloys                | \$919.00              |  |
| D6194          | Abutment supported retainer crown for FPD—titanium and titanium alloys               | \$919.00              | 1 per implant per 60 months per member age 16+ |
| D6195          | Abutment supported retainer—porcelain fused to titanium and titanium alloys          | \$919.00              |  |
| D6205          | Pontic—indirect resin-based  | \$225.00              |  |
| D6210          | Pontic—cast high noble metal   | \$644.00              |  |
| D6211          | Pontic—cast predominantly base metal   | \$600.00              |  |

| Procedure Code | Description  | TeamstersCare Payment | Frequency/Limitations*              |
|----------------|--|-----------------------|-------------------------------------|
| D6212          | Pontic—cast noble metal  | \$625.00              |                                     |
| D6214          | Pontic—titanium and titanium alloys                            | \$625.00              |                                     |
| D6240          | Pontic—porcelain fused to high noble metal                     | \$644.00              |                                     |
| D6241          | Pontic—porcelain fused to predominantly base metal             | \$600.00              |                                     |
| D6242          | Pontic—porcelain fused to noble metal                          | \$625.00              |                                     |
| D6243          | Pontic—porcelain fused to titanium and titanium alloys         | \$644.00              |                                     |
| D6245          | Pontic—porcelain/ceramic                                       | \$644.00              |                                     |
| D6250          | Pontic—resin with high noble metal                             | \$644.00              |                                     |
| D6251          | Pontic—resin with predominantly base metal                     | \$600.00              |                                     |
| D6252          | Pontic—resin with noble metal                                  | \$625.00              |                                     |
| D6253          | Provisional pontic   | \$156.00              |                                     |
| D6545          | Retainer—cast metal for resin bonded fixed prosthesis          | \$247.00              |                                     |
| D6549          | Resin retainer—for resin bonded fixed prosthesis               | \$225.00              |                                     |
| D6602          | Inlay—cast high noble metal, two surfaces                      | \$500.00              |                                     |
| D6603          | Inlay—cast high noble metal, three or more surfaces            | \$504.00              |                                     |
| D6604          | Inlay—cast predominantly base metal, two surfaces              | \$465.00              |                                     |
| D6605          | Inlay—cast predominantly base metal, three surfaces            | \$500.00              |                                     |
| D6606          | Inlay—cast noble metal, two surfaces                           | \$497.00              |                                     |
| D6607          | Inlay—cast noble metal, three or more surfaces                 | \$500.00              |                                     |
| D6610          | Onlay—cast high noble metal, two surfaces                      | \$562.00              |                                     |
| D6611          | Onlay—cast high noble metal, three or more surfaces            | \$600.00              |                                     |
| D6612          | Onlay—cast predominantly base metal, two surfaces              | \$481.00              |                                     |
| D6613          | Onlay—cast predominantly base metal, three or more surfaces    | \$563.00              |                                     |
| D6614          | Onlay—cast noble metal, two surfaces                           | \$481.00              |                                     |
| D6615          | Onlay—cast noble metal, three or more surfaces                 | \$574.00              |                                     |
| D6624          | Inlay—titanium   | \$521.00              |                                     |
| D6634          | Onlay—titanium   | \$563.00              |                                     |
| D6710          | Crown—indirect resin-based composite                           | \$210.00              | 1 per permanent tooth per 60 months |
| D6720          | Crown—resin with high noble metal                              | \$644.00              |                                     |
| D6721          | Crown—resin with predominantly base metal                      | \$600.00              |                                     |
| D6722          | Crown—resin with noble metal                                   | \$625.00              |                                     |
| D6740          | Crown—porcelain/ceramic  | \$644.00              |                                     |
| D6750          | Crown—porcelain fused to high noble metal                      | \$644.00              |                                     |
| D6751          | Crown—porcelain fused to predominantly base metal              | \$600.00              |                                     |
| D6752          | Crown—porcelain fused to noble metal                           | \$625.00              |                                     |
| D6753          | Retainer crown—porcelain fused to titanium and titanium alloys | \$644.00              |                                     |
| D6780          | Crown—3/4 cast high noble metal                                | \$644.00              |                                     |
| D6781          | Crown—3/4 cast predominantly base metal                        | \$600.00              |                                     |
| D6782          | Crown—3/4 cast noble metal                                     | \$625.00              |                                     |
| D6790          | Crown—full cast high noble metal                               | \$644.00              |                                     |
| D6784          | Retainer crown 3/4—titanium and titanium alloys                | \$644.00              |                                     |
| D6791          | Crown—full cast predominantly base metal                       | \$558.00              |                                     |
| D6792          | Crown—full cast noble metal                                    | \$625.00              |                                     |
| D6793          | Provisional retainer crown                                     | \$140.00              |                                     |
| D6794          | Retainer crown—titanium and titanium alloys                    | \$644.00              |                                     |
| D6930          | Recent fixed partial denture                                   | \$73.00               |                                     |
| D6980          | Fixed partial denture repair                                   | \$135.00              |                                     |



| Procedure Code | Description  | TeamstersCare Payment | Frequency/Limitations*   |
|----------------|--|-----------------------|--------------------------|
| D7111          | Extraction, coronal remnants—deciduous tooth   | \$40.00               |                          |
| D7140          | Extraction, erupted tooth or exposed root  | \$76.00               |                          |
| D7210          | Surgical removal of erupted tooth  | \$155.00              |                          |
| D7220          | Removal of impacted tooth, soft tissue   | \$227.00              |                          |
| D7230          | Removal of impacted tooth, partially bony  | \$271.00              |                          |
| D7240          | Removal of impacted tooth, completely bony   | \$334.00              |                          |
| D7241          | Removal of impacted tooth, completely bony, with unusual surgical complications          | \$347.00              |                          |
| D7250          | Surgical removal of residual roots   | \$150.00              |                          |
| D7260          | Oroantral fistula closure  | \$313.00              | Individual consideration |
| D7261          | Primary closure of a sinus perforation   | \$313.00              | Individual consideration |
| D7270          | Tooth reimplantation   | \$216.00              |                          |
| D7280          | Surgical access of unerupted tooth   | \$350.00              |                          |
| D7283          | Placement of attachment on an unerupted tooth after its exposure, to aid in its eruption | \$76.00               |                          |
| D7285          | Biopsy of oral tissue, hard  | \$235.00              |                          |
| D7286          | Biopsy of oral tissue, soft  | \$235.00              |                          |
| D7287          | Exfoliative cytological sample collection  | \$69.00               |                          |
| D7288          | Brush biopsy—transepithelial sample collection   | \$69.00               |                          |
| D7290          | Surgical repositioning of teeth  | \$219.00              |                          |
| D7291          | Transseptal fiberotomy/supracrestal fiberotomy   | \$64.00               | Individual consideration |
| D7310          | Alveoloplasty in conjunction with extractions, four or more teeth per quadrant           | \$138.00              |                          |
| D7311          | Alveoloplasty in conjunction with extractions, one to three teeth per quadrant           | \$120.00              |                          |
| D7320          | Alveoloplasty not in conjunction with extractions, four or more teeth per quadrant       | \$228.00              |                          |
| D7321          | Alveoloplasty not in conjunction with extractions, one to three teeth per quadrant       | \$189.00              |                          |
| D7340          | Vestibuloplasty—ridge extension (second epithelialization)                               | \$354.00              | Individual consideration |
| D7350          | Vestibuloplasty—ridge extension (including soft tissue grafts)                           | \$213.00              | Individual consideration |
| D7410          | Excision of benign lesion up to 1.25 cm.   | \$138.00              |                          |
| D7411          | Excision of benign lesion greater than 1.25 cm.  | \$225.00              |                          |
| D7413          | Excision of malignant lesion up to 1.25 cm.  | \$138.00              | Individual consideration |
| D7440          | Excision of malignant tumor—lesion diameter up to 1.25 cm.                               | \$236.00              | Individual consideration |
| D7450          | Removal of benign odontogenic cyst or tumor, lesion diameter up to 1.25 cm.              | \$223.00              |                          |
| D7451          | Removal of benign odontogenic cyst or tumor, lesion diameter greater than 1.25 cm.       | \$225.00              |                          |
| D7460          | Removal of benign nonodontogenic cyst or tumor, lesion diameter up to 1.25 cm.           | \$158.00              |                          |
| D7461          | Removal of benign nonodontogenic cyst or tumor, lesion diameter greater than 1.25 cm.    | \$253.00              |                          |
| D7465          | Destruction of lesion(s) by physical or chemical method, bvy report                      | \$72.00               |                          |
| D7471          | Removal of lateral exostosis   | \$346.00              |                          |
| D7472          | Removal of torus palatinus   | \$346.00              |                          |
| D7473          | Removal of torus mandibularis  | \$346.00              |                          |
| D7510          | Incision and drainage of abscess— intraoral soft tissue                                  | \$96.00               |                          |
| D7511          | Incision and drainage of abscess— intraoral soft tissue, complicated                     | \$96.00               |                          |

| Procedure Code | Description   | TeamstersCare Payment | Frequency/Limitations*                              |
|----------------|---|-----------------------|---|
| D7520          | Incision and drainage of abscess—extraoral soft tissue                        | \$160.00              |   |
| D7521          | Incision and drainage of abscess—extraoral soft tissue, complicated           | \$160.00              |   |
| D7530          | Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue    | \$64.00               |   |
| D7540          | Removal of reaction-producing foreign body                                    | \$84.00               | Individual consideration                            |
| D7550          | Partial ostectomy/sequestrectomy for removal of non-vital bone                | \$80.00               |   |
| D7560          | Maxillary sinusotomy for removal of tooth fragment or foreign body            | \$373.00              |   |
| D7670          | Alveolus, closed reduction  | \$287.00              | Individual consideration                            |
| D7910          | Suture of recent small wounds, up to 5 cm.                                    | \$42.00               | No limit  |
| D7911          | Complicated suture, up to 5 cm.   | \$66.00               | No limit  |
| D7912          | Complicated suture, greater than 5 cm.  | \$74.00               | No limit  |
| D7961          | Buccal/labial frenectomy (franulectomy)                                       | \$287.00              |   |
| D7962          | Lingual frenectomy (frenulectomy)   | \$287.00              |   |
| D7963          | Frenuloplasty   | \$287.00              |   |
| D7970          | Excision of hyperplastic tissue   | \$131.00              |   |
| D7971          | Excision of pericoronal gingiva   | \$84.00               |   |
| D7980          | Sialolithotomy  | \$99.00               | Individual consideration                            |
| D7981          | Excision of salivary gland, by report   | \$69.00               | Individual consideration                            |
| D7982          | Sialodochoplasty  | \$392.00              |   |
| D7983          | Closure of salivary fistula   | \$236.00              |   |
| D9110          | Palliative (emergency) treatment of dental pain                               | \$57.00               | 3 x 12 months                                       |
| D9120          | Fixed partial denture sectioning  | \$80.00               | 1 per permanent tooth per 60 months                 |
| D9222          | Deep sedation/general anesthesia-first 15 minute increment                    | \$82.00               |   |
| D9223          | Deep sedation/general anesthesia—each 15-minute increment                     | \$82.00               | Covered when paired with covered surgical procedure |
| D9239          | Intravenous moderate (conscious) sedation/anesthesia, first 15 minutes        | \$81.00               |   |
| D9243          | Intravenous moderate (conscious) sedation/analgesia, each 15-minute increment | \$81.00               | Covered when paired with covered surgical procedure |
| D9310          | Consultation  | \$64.00               |   |
| D9910          | Application of desensitizing medicaments                                      | \$29.00               |   |
| D9930          | Treatment of complications  | \$53.00               |   |
| D9942          | Repair and/or relining of occlusal guard                                      | \$123.00              | 1 repair or relining per calendar year              |
| D9944          | Occlusal guard—hard appliance, full arch                                      | \$219.00              | 1 per patient per calendar year                     |
| D9945          | Occlusal guard—soft appliance, full arch                                      | \$219.00              | 1 per patient per calendar year                     |
| D9946          | Occlusal guard—hard appliance, partial  | \$219.00              | 1 per patient per calendar year                     |
| D9951          | Occlusal adjustment, limited  | \$45.00               |   |

\* All frequencies/time limitations are standard unless otherwise noted.

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ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: **711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).

