

This dental care policy covers the following services when performed by a licensed dentist, dental hygienist or denturist to the extent that they are operating within the scope of their license as required under law in the state of issuance, and when determined to be necessary, usual, and customary by the standards of generally accepted dental practice for the prevention or treatment of oral disease or for accidental injury, including masticatory function.

Trend Data

PacificSource bases large group premiums on data accumulated from the entire Montana large group population. Certain factors such as demographics are incorporated into the rating process. The large group premium increases for the last five years were 2016 0.0%, 2015 3.0%, 2014 2.0%, 2013 -1.4%, and 2012 4.4%.

Maximum Annual Benefit for Enrolled Individual/Family

\$1,000 per person per calendar year.

The member is responsible for all amounts that are billed by the provider that are above the maximum allowances as outlined below.

ADA Code Procedure	Maximum Allowance
Diagnostic and Preventive Services	
D0120 - Periodic oral evaluation	\$40
D0140 - Limited oral evaluation - emergency	\$58
D0145 - Oral evaluation - patient under three years old	\$36
D0150 - Comprehensive oral evaluation	\$65
D0160 - Detailed and extensive oral evaluation	\$124
D0170 - Re-evaluation - limited	\$40
D0171 - Re-evaluation - post operative office visit	\$40
D0180 - Comprehensive periodontal evaluation	\$72
D0191 - Assessment of a patient	\$40
D0210 - Complete series x-rays	\$110
D0220 - Periapical - first film	\$26
D0230 - Intraoral - each additional film	\$20
D0240 - Intraoral - occlusal film	\$25
D0250 - Extraoral - 2D projection	\$58
D0251 - Extraoral - posterior dental radiographic image	\$58
D0260 - Extraoral – each additional film	\$40
D0270 - Bitewings - single film	\$22
D0272 - Bitewings - two films	\$37
D0273 - Bitewings - three films	\$45
D0274 - Bitewings - four films	\$53
D0277 - Vertical bitewings	\$65

D0310 - Sialography	Not covered
D0320 - TMJ arthrogram	\$100
D0321 - Other TMJ films	\$100
D0322 - Tomographic survey	Not covered
D0330 - Panoramic x-rays	\$91
D0340 - 2D cephalometric film	Not covered
D0350 - Oral/facial images	Not covered
D0364 - Cone beam CT, limited view	\$91
D0365 - Cone beam CT, full arch-mandible	Not covered
D0366 - Cone beam CT, full arch-maxilla	Not covered
D0367 - Cone beam CT, both jaws	\$91
D0368 - Cone beam CT, TMJ series	Not covered
D0391 - Interpret and report diagnostic image	Not covered
D0415 - Collection for culture and sensitivity	Not covered
D0425 - Caries susceptibility test	Not covered
D0460 - Pulp vitality test	\$65
D0470 - Diagnostic casts	\$81
D1110 - Teeth cleaning (prophylaxis) - adult	\$83
D1120 - Teeth cleaning (prophylaxis) - child	\$58
D1206 - Topical fluoride - therapeutic application	\$28
D1208 - Topical fluoride	\$34
D1310 - Nutritional counseling	Not covered
D1320 - Tobacco counseling	Not covered
D1330 - Oral hygiene instruction	Not covered
D1351 - Sealant - per tooth	\$45
D1353 - Sealant repair - per tooth	\$34
D1354 - Interim caries arresting medicament application	\$30
D1510 - Space maintainer - unilateral - fixed	\$239
D1515 - Space maintainer - bilateral - fixed	\$388
D1520 - Space maintainer - unilateral - removable	\$393
D1525 - Space maintainer - bilateral removable	\$538
D1550 - Space maintainer - re-cement	\$56
D1555 - Removal of fixed space maintainer	\$56
Restorative Dentistry	
Amalgam Restorations	
D2140 - Fillings - one surface	\$93
D2150 - Fillings - two surfaces	\$118
D2160 - Fillings - three surfaces	\$147
D2161 - Fillings - four or more surfaces	\$176

D2940 - Sedative filling - temporary	\$68
D2951 - Pin retention - per tooth, in addition to restoration	Not covered
Resin Restorations	
D2330 - Resin - one surface anterior	\$98
D2331 - Resin - two surfaces anterior	\$125
D2332 - Resin - three surfaces anterior	\$156
D2335 - Resin - four or more surfaces anterior	\$190
D2390 - Resin based composite crown	\$214
D2391 - Resin - one surface posterior	\$116
D2392 - Resin - two surfaces posterior	\$148
D2393 - Resin - three surfaces posterior	\$184
D2394 - Resin - four or more surfaces posterior	\$220
D2950 - Core buildup, including any pins if after corresponding root canal	\$95
Inlay/Onlay (cast restorations)	
D2510 - Inlay - gold - one surface	\$292
D2520 - Inlay - gold - two surfaces	\$335
D2530 - Inlay - gold - three or more surfaces	\$380
D2542 - Onlay - gold - two surfaces	\$371
D2543 - Onlay - gold - three surfaces	\$375
D2544 - Onlay - gold - four or more surfaces	\$440
D2610 - Inlay - porcelain/ceramic - one surface	\$292
D2620 - Inlay - porcelain/ceramic - two surfaces	\$335
D2630 - Inlay - porcelain/ceramic - three or more surfaces	\$380
D2642 - Onlay - porcelain/ceramic - two surfaces	\$371
D2643 - Onlay - porcelain/ceramic - three surfaces	\$375
D2644 - Onlay - porcelain/ceramic - four or more surfaces	\$440
D2910 - Re-cement inlay, onlay or partial coverage restoration	\$60
Crowns	
D2710 - Crown - resin laboratory	\$139
D2712 - Crown - $\frac{3}{4}$ resin based composite	\$400
D2740 - Crown - porcelain/ceramic anterior	\$453
D2750 - Crown - porcelain fused to high noble metal	\$423
D2751 - Crown - porcelain fused to predominantly base metal	\$410
D2752 - Crown - porcelain/noble	\$414
D2780 - Crown - $\frac{3}{4}$ cast high noble metal	\$406
D2781 - Crown - $\frac{3}{4}$ cast predominantly base metal	\$363
D2782 - Crown - $\frac{3}{4}$ cast noble	\$365
D2783 - Crown - $\frac{3}{4}$ porcelain/ceramic anterior	\$410

D2790 - Crown full cast high noble metal	\$410
D2791 - Crown full cast predominately base metal	\$402
D2792 - Crown full cast noble	\$406
D2794 - Crown titanium	\$420
D2799 - Provisional crown	Not covered
D2915 - Re-cement cast or prefabricated post and core	\$60
D2920 - Re-cement crown	\$61
D2930 - Stainless steel crown - primary	\$148
D2931 - Stainless steel crown - permanent	\$222
D2932 - Crown - prefabricated resin	\$221
D2933 - Crown - prefabricated stainless steel with resin window	\$222
D2934 - Prefabrication esthetic coated stainless steel crown – primary tooth	\$222
D2940 - Sedative Filling	\$68
D2951 - Pin retention – per tooth, in addition to restoration	Not covered
D2952 - Post and core in addition to crown, indirectly fabricated	\$159
D2954 - Prefabricated dowel post and core	\$127
D2955 - Post removal (no endodontic therapy)	\$150
D2957 - Each additional prefabricated post - same tooth	\$127
D2960 - Labial veneer (resin laminate) - chairside	\$622
D2961 - Labial veneer (resin laminate) laboratory	\$353
D2962 - Labial veneer (porcelain laminate) laboratory	\$452
D2971 - Additional procedures to construct new crown under existing partial denture framework	Not covered
D2980 - Repair crown	\$41
Endodontics	
D3110 - Pulp cap - direct excluding final restoration	\$43
D3120 - Pulp cap - indirect excluding final restoration	Not covered
D3220 - Pulpotomy - A pulpotomy is not the first stage of a root canal. A pulpotomy is a separate procedure	\$128
D3221 - Gross pulpal debridement - primary and permanent teeth	\$111
D3222 - Partial pulpotomy for apexogenesis	\$217
D3230 - Pulpal therapy - primary anterior	\$169
D3240 - Pulpal therapy - primary posterior	\$132
D3310 - Root canal therapy - anterior	\$462
D3320 - Root canal therapy - bicuspid	\$593
D3330 - Root canal therapy - molar	\$827
D3331 - Treatment of root canal obstruction - non-surgical access	\$274
D3332 - Incomplete endodontic therapy - inoperable or fractured tooth	\$430

D3333 - Internal repair of perforation defects	\$226
D3346 - Retreatment - anterior	\$713
D3347 - Retreatment - bicuspid	\$811
D3348 - Retreatment - molar	\$1,102
D3351 - Apexification - initial visit	\$222
D3352 - Apexification - interim visit	\$277
D3353 - Apexification - final visit	\$343
D3410 - Apicoectomy - anterior	\$435
D3421 - Apicoectomy - bicuspid first root	\$480
D3425 - Apicoectomy - molar first root	\$520
D3426 - Apicoectomy - each additional root	\$190
D3430 - Retrograde filling - per root	\$116
D3450 - Root amputation per root	\$256
D3920 - Hemisection	\$240
D3950 - Canal prep-preformed dowel/post	Not covered
Note: The treatment of a root canal or apical surgery performed within 24 months of initial treatment is considered part of the initial treatment charge. Thereafter, re-treatment of a root canal may be subject to an additional charge.	
Periodontics	
D4210 - Gingivectomy or gingivoplasty - four or more teeth	\$358
D4211 - Gingivectomy - one to three teeth	\$113
D4240 - Gingival flap - four or more teeth	\$400
D4241 - Gingival flap - one to three teeth	\$300
D4249 - Crown lengthening hard tissue	\$455
D4260 - Osseous surgery - four or more teeth	\$672
D4261 - Osseous surgery - one to three teeth	\$511
D4263 - Bone replacement graft - first site in quadrant	\$356
D4264 - Bone replacement graft - each additional site in quadrant	\$160
D4270 - Pedicle soft tissue graft procedure	\$590
D4271 - Free soft tissue graft procedure (including donor site surgery) (limited to two sites per quadrant)	\$706
D4273 - Autogenous connective tissue graft	\$802
D4274 - Distal wedge procedure	\$662
D4277 - Free soft tissue graft procedure	\$613
D4341 - Periodontal scale and root plane - four or more teeth	\$154
D4342 - Periodontal scale and root plane - one to three teeth	\$97
D4346 - Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	\$150
D4355 - Full-mouth debridement	\$59

D4381 - Antimicrobial irrigation	Not covered
D4910 - Periodontal maintenance following therapy	\$84
D4920 - Unscheduled dressing change	Not covered
Prosthodontics - Removable	
D5110 - Complete (upper denture)	\$608
D5120 - Complete (lower denture)	\$608
D5130 - Immediate (upper denture)	\$666
D5140 - Immediate (lower denture)	\$666
D5211 - Upper partial resin base	\$436
D5212 - Lower partial resin base	\$436
D5213 - Upper partial cast metal frame	\$650
D5214 - Lower partial cast metal frame	\$650
D5221 - Immediate maxillary partial denture - resin base	\$392
D5222 - Immediate mandibular partial denture - resin base	\$400
D5223 - Immediate maxillary partial denture - cast metal framework with resin denture bases	\$400
D5224 - Immediate mandibular partial denture - cast metal framework with resin denture bases	\$400
D5225 - Upper partial flexible base	\$488
D5226 - Lower partial flexible base	\$488
D5281 - Partial - removable unilateral	\$445
D5410 - Adjustment - complete denture, upper	\$32
D5411 - Adjustment - complete denture, lower	\$32
D5421 - Adjustment - partial denture, upper	\$33
D5422 - Adjustment - partial denture, lower	\$33
D5510 - Repair broken denture no teeth damaged	\$86
D5520 - Repair denture replace missing or broken teeth (each tooth)	\$76
D5610 - Repair resin base	\$89
D5620 - Repair partial cast framework	\$160
D5630 - Repair or replace partial clasp	\$160
D5640 - Replace teeth - partial per tooth	\$76
D5650 - Add tooth to existing partial	\$114
D5660 - Add clasp to existing partial	\$160
D5670 - Replace all teeth-maxillary	\$290
D5671 - Replace all teeth-mandibular	\$350
D5710 - Rebase complete upper denture	\$320
D5711 - Rebase complete lower denture	\$320
D5720 - Rebase upper partial	\$314

D5721 - Rebase lower partial	\$314
D5730 - Reline complete upper denture (chairside)	\$200
D5731 - Reline complete lower denture (chairside)	\$200
D5740 - Reline upper partial (chairside)	\$200
D5741 - Reline lower partial (chairside)	\$200
D5750 - Reline upper denture - lab	\$274
D5751 - Reline lower denture - lab	\$274
D5760 - Reline upper partial - lab	\$263
D5761 - Reline lower partial - lab	\$263
D5810 - Interim denture - upper	Not covered
D5811 - Interim denture - lower	Not covered
D5820 - Interim partial - upper 1 x 5 years	\$216
D5821 - Interim partial - lower 1 x 5 years	\$216
D5850 - Tissue conditioning - upper	\$51
D5851 - Tissue conditioning - lower	\$51
D5860 - Overdenture - complete, by report	\$580
D5861 - Overdenture – partial, by report	\$580
D5986 - Fluoride gel custom tray	Not covered
Implant Services	
D6010 - Surgical placement of implant body: endosteal implant	\$848
D6012 - Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$850
D6040 - Surgical placement: eposteal implant	\$1,000
D6050 - Surgical placement: transosteal implant	\$1,000
D6053 - Implant/abutment supported removable denture for completely edentulous arch	\$547
D6054 - Implant/abutment supported removable denture for partially edentulous arch	\$800
D6055 - Dental implant supported connecting bar	Not covered
D6056 - Prefabricated abutment – includes placement	\$439
D6057 - Custom abutment – includes placement	\$464
D6058 - Abutment supported porcelain/ceramic crown	\$549
D6059 - Abutment supported porcelain fused to metal crown (high noble metal)	\$543
D6060 - Abutment supported porcelain fused to metal crown (predominantly base metal)	\$448
D6061 - Abutment supported porcelain fused to metal crown (noble metal)	\$499
D6062 - Abutment supported cast metal crown (high noble metal)	\$579

D6063 - Abutment supported cast metal crown (predominately base metal)	\$500
D6064 - Abutment supported cast metal crown (noble metal)	\$489
D6065 - Implant supported porcelain/ceramic crown	\$525
D6066 - Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$578
D6067 - Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$550
D6068 - Abutment supported retainer for porcelain/ceramic FPD	\$455
D6069 - Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$541
D6070 - Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$173
D6071 - Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$530
D6072 - Abutment supported retainer for cast metal FPD (high noble metal)	\$540
D6073 - Abutment supported retainer for cast metal FPD (predominantly base metal)	\$500
D6074 - Abutment supported retainer for cast metal FPD (noble metal)	\$500
D6075 - Implant supported retainer for ceramic FPD	\$540
D6076 - Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$629
D6077 - Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$500
D6078 - Implant/abutment supported fixed denture for completely edentulous arch	\$410
D6079 - Implant/abutment supported fixed denture for partially edentulous arch	\$938
D6080 - Implant maintenance procedures, including removal of prosthesis, cleaning of prosthesis and abutments and reinsertion of prosthesis	\$127
D6081 - Scaling and debridement in the presence of inflammation or mucositis of a single implant	Not covered
D6085 - Provisional implant crown	Not covered
D6090 - Repair implant supported prosthesis, by report	\$253
D6091 - Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	\$138
D6092 - Re-cement implant/abutment supported crown	\$80
D6093 - Re-cement implant/abutment supported fixed partial denture	\$52
D6094 - Abutment supported crown – (titanium)	\$75

D6095 - Repair implant abutment, by report	\$250
D6100 - Implant removal, by report	\$250
D6194 - Abutment supported retainer crown for FPD – (titanium)	\$350
D6199 - Unspecified implant procedure, by report	Not covered
Prosthodontics – Fixed	
D6205 - Pontic – indirect resin based composite	Not covered
D6210 - Pontic, cast (per tooth) traditional fixed partial dentures only	\$529
D6211 - Pontic – cast predominantly base metal	\$403
D6212 - Pontic – cast noble metal	\$481
D6214 - Pontic – titanium	\$399
D6240 - Pontic (per tooth); porcelain/metal traditional fixed partial dentures only (bridges)	\$476
D6241 - Pontic (per tooth) maryland bridge	\$472
D6242 - Pontic – porcelain fused to noble metal	\$462
D6545 - Cast metal retainer	\$237
D6549 - Resin retainer - for resin bonded fixed prosthesis	\$375
D6600 - Inlay – porcelain/ceramic two surfaces	\$375
D6601 - Inlay – porcelain/ceramic, three or more surfaces	\$394
D6602 - Inlay – cast high noble metal, two surfaces	\$363
D6603 - Inlay – cast high noble metal, three or more surfaces	\$383
D6604 - Inlay – cast predominantly base metal, two surfaces	\$350
D6605 - Inlay – cast predominantly base metal, three or more surfaces	\$353
D6606 - Inlay – cast noble metal, two surfaces	\$358
D6607 - Inlay – cast noble metal, three or more surfaces	\$365
D6608 - Onlay – porcelain/ceramic, two surfaces	\$390
D6609 - Onlay – porcelain/ceramic, three or more surfaces	\$438
D6610 - Onlay – cast high noble metal, two surfaces	\$385
D6611 - Onlay – cast high noble metal, three or more surfaces	\$425
D6612 - Onlay – cast predominantly base metal, two surfaces	\$365
D6613 - Onlay – cast predominantly base metal, three or more surfaces	\$375
D6614 - Onlay – cast noble metal, two surfaces	\$381
D6615 - Onlay – cast noble metal, three or more surfaces	\$395
D6624 - Inlay – titanium	\$383
D6634 - Onlay – titanium	\$425
D6710 - Crown – indirect resin based composite	\$200
D6720 - Retainer crown - resin/metal abutment	\$450
D6750 - Retainer crown - porcelain metal abutment	\$488

D6751 - Crown – porcelain fused to predominantly base metal	\$499
D6752 - Crown – porcelain fused to noble metal	\$510
D6780 - Retainer crown - ¾ cast metal abutment	\$454
D6781 - Crown – ¾ cast predominantly based metal	\$400
D6782 - Crown – ¾ cast noble metal	\$510
D6783 - Crown – ¾ porcelain/ceramic	\$410
D6790 - Retainer crown - full gold abutment	\$521
D6791 - Crown – full cast predominantly base metal	\$525
D6792 - Crown – full cast noble metal	\$534
D6794 - Crown – full titanium	\$410
D6930 - Re-cement bridge	\$111
D6972 - Prefabricated post and core in addition to fixed partial denture retainer	Not covered
D6973 - Core build-up for retainer, including any pins	Not covered
D6975 - Coping - metal	Not covered
D6980 - Bridge repair	\$131
Oral and Maxillofacial Surgery	
D7111 - Extraction coronal remnants primary tooth	\$85
D7140 - Extraction erupted tooth	\$64
D7210 - Surgical extraction - erupted	\$141
D7220 - Removal of impacted tooth - soft tissue	\$216
D7230 - Removal of impacted tooth - partial bony	\$289
D7240 - Removal of impacted tooth - complete bony	\$330
D7241 - Removal of impacted tooth - complete bony with complications	\$388
D7250 - Surgical removal residual root	\$186
D7251 - Coronectomy-intentional partial tooth removal	\$349
D7260 - Oroantral fistula closure	\$656
D7261 - Primary closure of sinus perforation	\$250
D7270 - Tooth re-implantation	Not covered
D7280 - Surgical access unerupted tooth	\$291
D7283 - Ortho bracket to aid eruption if plan covers orthodontia	\$123
D7285 - Biopsy of oral tissue-hard	Not covered
D7286 - Biopsy of oral tissue-soft	Not covered
D7287 - Exfoliative cytological sample collection	Not covered
D7288 - Brush biopsy	\$118
D7290 - Surgical repositioning of teeth	\$81
D7291 - Transseptal fiberotomy	\$109

D7310 - Alveoloplasty with extractions - per quadrant 4 or more	\$82
D7311 - Alveoloplasty in conjunction with extractions - 1-3 teeth	\$79
D7320 - Alveoloplasty w/o extractions - per quadrant	\$173
D7321 - Alveoloplasty not with extractions	\$225
D7340 - Vestibuloplasty ridge extension	Not covered
D7350 - Vestibuloplasty ridge extension w/graft	Not covered
D7410 - Excision of benign lesion < = 1.25 cm	Not covered
D7411 - Excision of benign lesion > 1.25 cm	Not covered
D7412 - Excision of benign lesion, complicated	Not covered
D7413 - Excision of malignant lesion < = 1.25 cm	Not covered
D7414 - Excision of malignant lesion > 1.25 cm	Not covered
D7415 - Excision of malignant lesion, complicated	Not covered
D7440 - Excision of malignant tumor – lesion diameter < = 1.25cm	Not covered
D7441 - Excision of malignant tumor – lesion diameter > 1.25 cm	Not covered
D7450 - Remove benign odontogenic cyst-<=1.25cm	Not covered
D7451 - Remove benign odontogenic cyst->1.25cm	Not covered
D7460 - Removal of benign nonodontogenic cyst or tumor < = 1.25 cm	Not covered
D7461 - Removal of benign nonodontogenic cyst or tumor > 1.25	Not covered
D7465 - Destruction of lesion-physical or chemical method	Not covered
D7471 - Remove lateral exostosis	Not covered
D7510 - I and D intraoral soft tissue	\$146
D7520 - I and D extraoral soft tissue	\$190
D7530 - Remove foreign body - soft tissue	Not covered
D7540 - Remove foreign body - hard tissue	Not covered
D7550 - Partial ostectomy/sequestrectomy non vital bone	Not covered
D7560 - Maxillary sinusotomy	Not covered
D7610 - Maxilla – open reduction (teeth immobilized, if present)	Not covered
D7620 - Maxilla – closed reduction (teeth immobilized, if present)	Not covered
D7630 - Mandible – open reduction (teeth immobilized, if present)	Not covered
D7640 - Mandible – closed reduction (teeth immobilized, if present)	Not covered
D7650 - Malar and/or zygomatic arch – open reduction	Not covered
D7660 - Malar and/or zygomatic arch – closed reduction	Not covered
D7670 - Stabilization splint-alveolus	Not covered
D7680 - Facial bones – complicated reduction with fixation and multiple surgical approaches	Not covered
D7770 - Compound fracture-alveolus closed reduction	Not covered
D7850 - Surgical discectomy, with/without implant	\$1,000
D7860 - Arthrotomy	\$1,000
D7880 - Occlusal orthotic device, by report	\$469

D7910 - Suture small wound up to five cm	Not covered
D7911 - Complicated suture up to five cm	Not covered
D7912 - Suture complicated .5 cm	Not covered
D7940 - Osteoplasty	Not covered
D7953 - Bone replacement graft for ridge reservation - per site	Not covered
D7960 - Frenectomy	\$210
D7963 - Frenuloplasty	\$252
D7970 - Excision hyperplastic tissue	\$425
D7971 - Excision of pericoronal flap	\$137
D7980 - Sialolithotomy	Not covered
D7981 - Excision of salivary gland	Not covered
D7982 - Sialodochoplasty	Not covered
D7983 - Closure of salivary fistula	Not covered
D7990 - Emergency tracheotomy	Not covered
D7997 - Appliance removal	Not covered
Adjunctive General Services	
D9110 - Palliative (emergency) treatment of dental pain – minor procedure	\$118
D9120 - Fix partial denture sectioning	\$115
D9210 - Local Anesthesia not in conjunction with operative or surgical procedures	Not covered
D9211 - Regional block anesthesia	Not covered
D9212 - Trigeminal block anesthesia	Not covered
D9215 - Local anesthesia (Novocain)	Not covered
D9223 - Deep sedation/general anesthesia - each 15 minute increment	\$150
D9230 - Nitrous oxide (per visit)	\$28
D9243 - Intravenous moderate (conscious) sedation/analgesia-each 15 minute increment	\$150
D9248 - Non-intravenous conscious sedation	\$112
D9310 - Consultation - per session	\$125
D9410 - House/LTC facility call	Not covered
D9420 - Hospital call (dental treatment provided in a hospital setting in addition to any other applicable service co-pays; facility fees not covered) (service co-pays still apply)	Not covered
D9430 - Observation visit	Not covered
D9440 - Emergency treatment - after office hours	Not covered
D9610 - Therapeutic parenteral drug - single admin	Not covered
D9612 - Therapeutic parenteral drug-2 or > admin	Not covered
D9630 - Other drugs or meds	Not covered

D9911 - Application of desensitizing medicaments	\$71
D9920 - Behavior management	Not covered
D9930 - Treatment of complications-unusual circumstances	Not covered
D9940 - Occlusal guards, by report	Not covered
D9951 - Occlusal adjustment - simple	Not covered
D9952 - Occlusal adjustment - complete	Not covered
Exclusions	
See Exclusion section of the Member Handbook	