

Advantage Amended Dentists are identified as:
Online Directories: **Save!** or "1" on pdf version
Published Directories: ☼



2019

Dental Benefit Summary/Member Fee Schedule
for the
Johns Hopkins US Family Health Plan (USFHP)
Utilizing the Advantage Amended Network

Procedure Code	Nomenclature	Member Pays MIN \$ MAX \$	Procedure Code	Nomenclature	Member Pays MIN \$ MAX \$
D0100-D0999 — Diagnostic			TESTS AND EXAMINATIONS		
CLINICAL ORAL EVALUATIONS			D0411	HbA1c in-office point of service testing	7 9
D0120	Periodic oral evaluation - established patient	21 30	D0412	Blood glucose level test - in-office using a glucose meter	7 9
D0140	Limited oral evaluation - problem focused	28 47	D0414	Laboratory processing of microbial specimen	84 120
D0145	Oral evaluation - patient under three and counseling with primary caregiver	30 44	D0415	Collection of microorganisms for culture and sensitivity	34 36
D0150	Comprehensive oral evaluation - new or established patient	33 71	D0416	Viral culture	51 60
D0160	Detailed and extensive oral evaluation - problem focused, by report	43 72	D0422	Collection and prep of genetic sample material for lab analysis and report	24 33
D0170	Re-evaluation - limited, problem focused	28 66	D0423	Genetic test for susceptibility to diseases – specimen analysis	24 35
D0171	Re-evaluation - post-operative office visit	9 12	D0425	Caries susceptibility tests	23 27
D0180	Comprehensive periodontal evaluation - new or established patient	33 71	D0431	Adjunctive pre-diagnostic test that aids detection of mucosal abnormalities	37 66
PRE-DIAGNOSTIC SERVICES			D0470	Diagnostic casts	42 70
D0190	Screening of a patient	8 18	D0600	Non-ionizing diag proc capable of quantifying, monitoring & recording change	5 6
D0191	Assessment of a patient	9 23	ORAL PATHOLOGY LABORATORY		
DIAGNOSTIC IMAGING			D0472	Accession of tissue, gross examination, prep and report	50 96
D0210	Intraoral - complete series of radiographic images	62 84	D0473	Accession of tissue, gross and micro exam, prep and report	93 148
D0220	Intraoral - periapical first radiographic image	14 18	D0474	Accession of tissue, gross and micro exam, assess margins, prep and report	139 226
D0230	Intraoral - periapical each additional radiographic image	7 15	D0475	Decalcification procedure	38 56
D0240	Intraoral - occlusal radiographic image	17 27	D0476	Special stains for microorganisms	139 330
D0250	Extra-oral - 2D projection radiographic image	38 54	D0477	Special stains, not for microorganisms	139 330
D0251	Extra oral posterior dental radiographic image	38 54	D0478	Immunohistochemical stains	77 172
D0270	Bitewing - single radiographic image	14 17	D0479	Tissue in-situ hybridization, including interpretation	103 251
D0272	Bitewings - two radiographic images	21 28	D0480	Accession of exfoliative cytologic smears, micro exam, prep & trans report	64 79
D0273	Bitewings - three radiographic images	22 28	D0481	Electron microscopy	139 200
D0274	Bitewings - four radiographic images	26 37	D0482	Direct immunofluorescence	28 32
D0277	Vertical bitewings - 7 to 8 radiographic images	26 37	D0483	Indirect immunofluorescence	77 132
D0310	Sialography	186 473	D0484	Consultation on slides prepared elsewhere	116 171
D0321	Other temporomandibular joint radiographic images, by report	103 206	D0485	Consultation, including preparation of slides from biopsy material supplied	157 184
D0322	Tomographic survey	186 386	D0486	Lab accession transepithelial cytologic sample, micro exam, prep trans report	139 163
D0330	Panoramic radiographic image	53 77	D0502	Other oral pathology procedures, by report	82 93
D0340	2D cephalometric radiographic image	51 78	D1000-D1999 — Preventive		
D0350	2D oral/facial photographic images obtained intraorally or extraorally	34 73	DENTAL PROPHYLAXIS		
D0351	3D photographic image	35 50	D1110	Prophylaxis - adult	0* 0*
D0364	Cone beam CT capture and interpret w/ limited FOV – < one whole jaw	225 298	D1120	Prophylaxis - child	0* 0*
D0365	Cone beam CT capture and interpret w/ FOV of 1 full dental arch – mandible	225 298	TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)		
D0366	Cone beam CT capture and interpret w/ FOV of 1 full dental arch – maxilla	225 298	D1206	Topical application of fluoride varnish	21 28
D0367	Cone beam CT capture and interpret w/ FOV of both jaws	225 298	D1208	Topical application of fluoride - excluding varnish	20 28
D0368	Cone beam CT capture and interpret for TMJ series incl. two + exposures	225 298	OTHER PREVENTIVE SERVICES		
D0369	Maxillofacial MRI capture and interpretation	225 734	D1310	Nutritional counseling for control of dental disease	17 51
D0370	Maxillofacial ultrasound capture and interpretation	225 266	D1320	Tobacco counseling for the control and prevention of oral disease	17 46
D0371	Sialoendoscopy capture and interpretation	225 687	D1330	Oral hygiene instructions	17 58
D0380	Cone beam CT image capture with limited field of view – < one whole jaw	150 184	D1351	Sealant - per tooth	27 33
D0381	Cone beam CT image capture with FOV of 1 full dental arch – mandible	150 184	D1352	Preventive resin restoration moderate to high caries risk - permanent tooth	28 33
D0382	Cone beam CT image capture with FOV of 1 full dental arch – maxilla	150 184	D1353	Sealant repair - per tooth	27 33
D0383	Cone beam CT image capture with FOV of both jaws, with/without cranium	150 184	D1354	Interim caries arresting medicament application - per tooth	4 5
D0384	Cone beam CT image capture for TMJ series incl. two + exposures	150 184	SPACE MAINTENANCE (PASSIVE APPLIANCES)		
D0385	Maxillofacial MRI image capture	150 504	D1510	Space maintainer - fixed - unilateral	152 255
D0386	Maxillofacial ultrasound image capture	150 275	D1516	Space maintainer - fixed - bilateral, maxillary	210 300
D0391	Interpretation of diagnostic image, including report	75 183	D1517	Space maintainer - fixed - bilateral, mandibular	210 300
D0393	Treatment simulation using 3D image volume	240 266	D1520	Space maintainer - removable - unilateral	162 301
D0394	Digital subtraction of two+ images or image volumes of the same modality	240 266	D1526	Space maintainer - removable – bilateral, maxillary	210 300
D0395	Fusion of two or more 3D image volumes of one or more modalities	240 266	D1527	Space maintainer - removable – bilateral, mandibular	210 300

Advantage Amended Dentists are identified as:
Online Directories: **Save!** or "1" on pdf version
Published Directories: ☼

2019

Procedure Code	Nomenclature	Member Pays MIN \$	MAX \$
SPACE MAINTENANCE (PASSIVE APPLIANCES)			
D1550	Re-cement or re-bond space maintainer .....	.21	49
D1555	Removal of fixed space maintainer .....	.36	69
SPACE MAINTAINERS			
D1575	Distal shoe space maintainer - fixed - unilateral .....	.147	210
D2000-D2999 — Restorative			
AMALGAM RESTORATIONS (INCLUDING POLISHING)			
D2140	Amalgam - one surface, primary or permanent .....	.59	92
D2150	Amalgam - two surfaces, primary or permanent .....	.70	113
D2160	Amalgam - three surfaces, primary or permanent .....	.88	144
D2161	Amalgam - four or more surfaces, primary or permanent .....	.102	162
RESIN-BASED COMPOSITE RESTORATIONS - DIRECT			
D2330	Resin-based composite - one surface, anterior .....	.67	94
D2331	Resin-based composite - two surfaces, anterior .....	.83	116
D2332	Resin-based composite - three surfaces, anterior .....	.102	148
D2335	Resin-based composite - four or more surfaces, anterior .....	.117	173
D2390	Resin-based composite crown, anterior .....	.114	174
D2391	Resin-based composite - one surface, posterior .....	.77	135
D2392	Resin-based composite - two surfaces, posterior .....	.105	166
D2393	Resin-based composite - three surfaces, posterior .....	.125	210
D2394	Resin-based composite - four or more surfaces, posterior .....	.136	241
GOLD FOIL RESTORATIONS			
D2410	Gold foil - one surface .....	.265	686
D2420	Gold foil - two surfaces .....	.315	747
D2430	Gold foil - three surfaces .....	.391	865
INLAY/ONLAY RESTORATIONS			
D2510	Inlay - metallic - one surface .....	.224	558
D2520	Inlay - metallic - two surfaces .....	.390	619
D2530	Inlay - metallic - three or more surfaces .....	.434	664
D2542	Onlay - metallic - two surfaces .....	.431	669
D2543	Onlay - metallic - three surfaces .....	.487	800
D2544	Onlay - metallic - four or more surfaces .....	.557	823
D2610	Inlay - porcelain/ceramic - one surface .....	.224	525
D2620	Inlay - porcelain/ceramic - two surfaces .....	.391	603
D2630	Inlay - porcelain/ceramic - three or more surfaces .....	.411	657
D2642	Onlay - porcelain/ceramic - two surfaces .....	.448	629
D2643	Onlay - porcelain/ceramic - three surfaces .....	.487	709
D2644	Onlay - porcelain/ceramic - four or more surfaces .....	.539	772
D2650	Inlay - resin-based composite - one surface .....	.326	439
D2651	Inlay - resin-based composite - two surfaces .....	.367	548
D2652	Inlay - resin-based composite - three or more surfaces .....	.415	575
D2662	Onlay - resin-based composite - two surfaces .....	.392	557
D2663	Onlay - resin-based composite - three surfaces .....	.466	658
D2664	Onlay - resin-based composite - four or more surfaces .....	.489	692
CROWNS - SINGLE RESTORATIONS ONLY			
D2710	Crown - resin-based composite (indirect) .....	.204	244
D2720	Crown - resin with high noble metal .....	.504	792
D2721	Crown - resin with predominantly base metal .....	.386	622
D2722	Crown - resin with noble metal .....	.470	684
D2740	Crown - porcelain/ceramic .....	.591	921
D2750	Crown - porcelain fused to high noble metal .....	.561	855

Procedure Code	Nomenclature	Member Pays MIN \$	MAX \$
CROWNS - SINGLE RESTORATIONS ONLY			
D2751	Crown - porcelain fused to predominantly base metal .....	.520	817
D2752	Crown - porcelain fused to noble metal .....	.543	825
D2780	Crown - 3/4 cast high noble metal .....	.533	807
D2781	Crown - 3/4 cast predominantly base metal .....	.422	712
D2782	Crown - 3/4 cast noble metal .....	.503	786
D2783	Crown - 3/4 porcelain/ceramic .....	.539	807
D2790	Crown - full cast high noble metal .....	.550	879
D2791	Crown - full cast predominantly base metal .....	.504	772
D2792	Crown - full cast noble metal .....	.521	825
D2794	Crown - titanium .....	.496	797
D2799	Provisional crown .....	.170	387
OTHER RESTORATIVE SERVICES			
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration .....	.39	74
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core .....	.44	67
D2920	Re-cement or re-bond crown .....	.39	69
D2921	Reattachment of tooth fragment, incisal edge or cusp .....	.51	55
D2929	Prefabricated porcelain/ceramic crown - primary tooth .....	.190	225
D2930	Prefabricated stainless steel crown - primary tooth .....	.127	208
D2931	Prefabricated stainless steel crown - permanent tooth .....	.135	225
D2932	Prefabricated resin crown .....	.129	235
D2933	Prefabricated stainless steel crown with resin window .....	.149	254
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth .....	.149	238
D2940	Protective restoration .....	.51	126
D2941	Interim therapeutic restoration - primary dentition .....	.51	55
D2949	Restorative foundation for an indirect restoration .....	.18	20
D2950	Core buildup, including any pins when required .....	.96	195
D2951	Pin retention - per tooth, in addition to restoration .....	.21	38
D2952	Post and core in addition to crown, indirectly fabricated .....	.163	281
D2954	Prefabricated post and core in addition to crown .....	.142	222
D2960	Labial veneer (resin laminate) - chairside .....	.249	757
D2961	Labial veneer (resin laminate) - laboratory .....	.376	1,087
D2962	Labial veneer (porcelain laminate) - laboratory .....	.514	1,334
D2971	Add'l procedures to construct new crown under existing partial denture .....	.25	30
D2975	Coping .....	.151	178
D2980	Crown repair necessitated by restorative material failure .....	.99	177
D2981	Inlay repair necessitated by restorative material failure .....	.70	177
D2982	Onlay repair necessitated by restorative material failure .....	.70	177
D2983	Veneer repair necessitated by restorative material failure .....	.70	177
D2990	Resin infiltration of incipient smooth surface lesions .....	.27	50

D3000-D3999 — Endodontics

PULP CAPPING			
D3120	Pulp cap - indirect (excluding final restoration) .....	.23	54
PULPOTOMY			
D3220	Therapeutic pulpotomy (excluding final restoration) .....	.73	130
D3221	Pulpal debridement, primary and permanent teeth .....	.36	127
D3222	Partial pulpotomy for apexogenesis - perm tooth with incomplete root dev .....	.73	130
ENDODONTIC THERAPY ON PRIMARY TEETH			
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth .....	.89	208
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth .....	.93	252

Advantage Amended Dentists are identified as:
Online Directories: **Save!** or "1" on pdf version
Published Directories: ☼

2019

Procedure Code	Nomenclature	Member Pays MIN \$	MAX \$
ENDODONTIC THERAPY			
D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	337	605
D3320	Endodontic therapy, premolar tooth (excluding final restoration).....	407	735
D3330	Endodontic therapy, molar tooth (excluding final restoration).....	573	896
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.....	186	478
ENDODONTIC RETREATMENT			
D3346	Retreatment of previous root canal therapy - anterior.....	394	773
D3347	Retreatment of previous root canal therapy - premolar.....	452	863
D3348	Retreatment of previous root canal therapy - molar.....	610	1,105
APEXIFICATION/RECALCIFICATION			
D3351	Apexification/recalcification - initial visit.....	109	174
D3352	Apexification/recalcification - interim med replacement.....	73	106
D3353	Apexification/recalcification - final visit.....	77	711
PULPAL REGENERATION			
D3355	Pulpal regeneration - initial visit.....	109	174
D3356	Pulpal regeneration - interim medication replacement.....	73	106
D3357	Pulpal regeneration - completion of treatment.....	77	711
APICOECTOMY/PERIRADICULAR SERVICES			
D3410	Apicoectomy - anterior.....	331	639
D3421	Apicoectomy - premolar (first root).....	384	622
D3425	Apicoectomy - molar (first root).....	440	628
D3426	Apicoectomy (each additional root).....	116	234
D3427	Periradicular surgery without apicoectomy.....	190	210
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site.....	159	345
D3429	Bone graft in conjunction with periradicular surgery - each addl, same site.....	85	331
D3430	Retrograde filling - per root.....	82	176
D3431	Biologic materials to aid in soft and osseous tissue regeneration.....	147	400
D3432	Guided tissue regeneration, resorbable barrier, per site.....	162	515
D3450	Root amputation - per root.....	161	322
D3460	Endodontic endosseous implant.....	1,042	1,620
D3470	Intentional reimplantation (including necessary splinting).....	331	864
OTHER ENDODONTIC PROCEDURES			
D3910	Surgical procedure for isolation of tooth with rubber dam.....	108	164
D3920	Hemisection (including any root removal).....	185	286
D3950	Canal preparation and fitting of preformed dowel or post.....	100	168

D4000-D4999 — Periodontics

Procedure Code	Nomenclature	Member Pays MIN \$	MAX \$
SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE)			
D4210	Gingivectomy or gingivoplasty - 4+ contiguous teeth/spaces, per quadrant.....	192	457
D4211	Gingivectomy or gingivoplasty - 1-3 contiguous teeth/spaces, per quadrant.....	77	206
D4212	Gingivectomy or gingivoplasty allow access for restorative proc., per tooth.....	25	192
D4230	Anatomical crown exposure - 4+ contiguous teeth/spaces, per quadrant.....	484	1,604
D4231	Anatomical crown exposure - 1-3 teeth/tooth bounded spaces, per quadrant.....	290	449
D4240	Gingival flap procedure, incl. root planing - 4+ teeth/spaces per quadrant.....	254	587
D4241	Gingival flap procedure, incl. root planing - 1-3 teeth/spaces per quadrant.....	127	307
D4249	Clinical crown lengthening - hard tissue.....	278	611
D4260	Osseous surgery - 4+ contiguous teeth or tooth bounded spaces per quad.....	460	864
D4261	Osseous surgery - 1-3 contiguous teeth or tooth bounded spaces per quad.....	184	346
D4263	Bone replacement graft - retained natural tooth - first site in quadrant.....	159	345
D4264	Bone replacement graft - retained natural tooth - each additional site.....	85	331
D4265	Biologic materials to aid in soft and osseous tissue regeneration.....	147	400
D4266	Guided tissue regeneration - resorbable barrier, per site.....	186	515

Procedure Code	Nomenclature	Member Pays MIN \$	MAX \$
SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE)			
D4267	Guided tissue regeneration - nonresorbable barrier, per site.....	247	441
D4270	Pedicle soft tissue graft procedure.....	331	736
D4273	Autogenous connective tissue graft procedure, first tooth or position in graft.....	300	608
D4275	Non-autogenous connective tissue graft, first tooth or position in graft.....	302	608
D4276	Combined connective tissue and double pedicle graft, per tooth.....	447	852
D4277	Free soft tissue graft procedure first tooth, implant or position in graft.....	194	608
D4278	Free soft tissue graft procedure each addl contiguous tooth or position.....	65	92
D4283	Autogenous connective tissue graft proc – each addl same graft site.....	100	143
D4285	Non autogenous connective tissue graft proc – each addl same graft site.....	101	144
NON-SURGICAL PERIODONTAL SERVICES			
D4320	Provisional splinting - intracoronal.....	225	480
D4321	Provisional splinting - extracoronal.....	158	440
D4341	Periodontal scaling and root planing - four or more teeth per quadrant.....	98	186
D4342	Periodontal scaling and root planing - one to three teeth per quadrant.....	25	82
D4346	Scaling in presence of generalized mod. or severe inflammation - full mouth.....	53	75
D4355	Full mouth debridement to enable a comp oral eval on a subsequent visit.....	58	122
D4381	Localized delivery of antimicrobial agents via controlled release vehicle.....	56	121
OTHER PERIODONTAL SERVICES			
D4910	Periodontal maintenance.....	65	152
D4920	Unscheduled dressing change (by other than treating dentist or their staff).....	33	109
D4921	Gingival irrigation - per quadrant.....	55	61

D5000-D5899 — Prosthodontics, removable

Procedure Code	Nomenclature	Member Pays MIN \$	MAX \$
COMPLETE DENTURES			
D5110	Complete denture - maxillary.....	627	1,014
D5120	Complete denture - mandibular.....	627	1,014
D5130	Immediate denture - maxillary.....	690	1,048
D5140	Immediate denture - mandibular.....	690	1,048
PARTIAL DENTURES			
D5211	Maxillary partial denture - resin base.....	468	872
D5212	Mandibular partial denture - resin base.....	468	872
D5213	Maxillary partial denture - cast metal framework.....	665	1,108
D5214	Mandibular partial denture - cast metal framework.....	665	1,108
D5221	Immediate maxillary partial denture – resin base.....	578	825
D5222	Immediate mandibular partial denture – resin base.....	578	825
D5223	Immediate maxillary partial denture – cast metal with resin bases.....	759	1,084
D5224	Immediate mandibular partial denture – cast metal with resin bases.....	759	1,084
D5225	Maxillary partial denture - flexible base.....	706	1,170
D5226	Mandibular partial denture - flexible base.....	706	1,170
D5282	Removable unilateral partial denture - one piece cast metal, maxillary.....	369	603
D5283	Removable unilateral partial denture - one piece cast metal, mandibular.....	362	516
ADJUSTMENTS TO DENTURES			
D5410	Adjust complete denture - maxillary.....	24	53
D5411	Adjust complete denture - mandibular.....	24	53
D5421	Adjust partial denture - maxillary.....	34	52
D5422	Adjust partial denture - mandibular.....	34	53
REPAIRS TO COMPLETE DENTURES			
D5511	Repair broken complete denture base, mandibular.....	83	119
D5512	Repair broken complete denture base, maxillary.....	83	119
D5520	Replace missing or broken teeth - complete denture (each tooth).....	67	102

Advantage Amended Dentists are identified as:
Online Directories: **Save!** or "1" on pdf version
Published Directories: ☼

2019

Procedure Code	Nomenclature	Member Pays MIN \$ MAX \$
REPAIRS TO PARTIAL DENTURES		
D5611	Repair resin partial denture base, mandibular	76 109
D5612	Repair resin partial denture base, maxillary	76 109
D5621	Repair cast partial framework, mandibular	87 125
D5622	Repair cast partial framework, maxillary	87 125
D5630	Repair or replace broken retentive clasping materials - per tooth	85 137
D5640	Replace broken teeth - per tooth	66 113
D5650	Add tooth to existing partial denture	80 129
D5660	Add clasp to existing partial denture - per tooth	108 151
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	402 648
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	402 648
DENTURE REBASE PROCEDURES		
D5710	Rebase complete maxillary denture	224 338
D5711	Rebase complete mandibular denture	224 338
D5720	Rebase maxillary partial denture	146 287
D5721	Rebase mandibular partial denture	146 287
DENTURE RELINE PROCEDURES		
D5730	Reline complete maxillary denture (chairside)	135 204
D5731	Reline complete mandibular denture (chairside)	135 199
D5740	Reline maxillary partial denture (chairside)	90 191
D5741	Reline mandibular partial denture (chairside)	90 191
D5750	Reline complete maxillary denture (laboratory)	186 283
D5751	Reline complete mandibular denture (laboratory)	186 283
D5760	Reline maxillary partial denture (laboratory)	166 280
D5761	Reline mandibular partial denture (laboratory)	166 280
INTERIM PROSTHESIS		
D5810	Interim complete denture (maxillary)	397 711
D5811	Interim complete denture (mandibular)	397 648
D5820	Interim partial denture (maxillary)	331 674
D5821	Interim partial denture (mandibular)	331 697
OTHER REMOVABLE PROSTHETIC SERVICES		
D5850	Tissue conditioning, maxillary	86 176
D5851	Tissue conditioning, mandibular	86 175
D5862	Precision attachment, by report	295 683
D5863	Overdenture - complete maxillary	800 884
D5864	Overdenture - partial maxillary	791 875
D5865	Overdenture - complete mandibular	800 884
D5866	Overdenture - partial mandibular	791 875
D5867	Replacement of replaceable part of semi-precision or precision attachment	126 207
D5875	Modification of removable prosthesis following implant surgery	348 1,016
D5876	Add metal substructure to acrylic full denture (per arch)	83 119

D5900-D5999 — Maxillofacial Prosthetics

Procedure Code	Nomenclature	Member Pays MIN \$ MAX \$
MAXILLOFACIAL PROSTHETICS		
D5937	Trismus appliance (not for TMD treatment)	440 874
D5982	Surgical stent	232 498
D5988	Surgical splint	354 565
CARRIERS		
D5986	Fluoride gel carrier	100 188
D5994	Periodontal medicament carrier with peripheral seal - laboratory processed	57 81

Procedure Code	Nomenclature	Member Pays MIN \$ MAX \$
D6000-D6199 — Implant Services		
SURGICAL SERVICES		
D6010	Surgical placement of implant body: endosteal implant	983 1,659
D6011	Second stage implant surgery	74 125
D6013	Surgical placement of mini implant	463 512
D6050	Surgical placement: transosteal implant	1,053 2,391
D6100	Implant removal, by report	427 1,029
D6101	Debridement of periimplant defect, surface clean, exposed implant surfaces	127 307
D6102	Debridement and osseous contouring of a periimplant defect	184 346
D6103	Bone graft for repair of peri-implant defect	159 345
D6104	Bone graft at time of implant placement	159 345
IMPLANT SUPPORTED PROSTHETICS		
D6051	Interim abutment	142 299
D6052	Semi-precision attachment abutment	211 233
D6055	Connecting bar - implant supported or abutment supported	517 608
D6056	Prefabricated abutment - includes modification and placement	334 427
D6057	Custom fabricated abutment - includes placement	356 482
D6058	Abutment supported porcelain/ceramic crown	603 1,044
D6059	Abutment supported PFM crown (high noble metal)	603 1,044
D6060	Abutment supported PFM crown (predominantly base metal)	585 973
D6061	Abutment supported PFM crown (noble metal)	588 998
D6062	Abutment supported cast metal crown (high noble metal)	579 1,036
D6063	Abutment supported cast metal crown (predominantly base metal)	531 909
D6064	Abutment supported cast metal crown (noble metal)	579 990
D6065	Implant supported porcelain/ceramic crown	539 1,044
D6066	Implant supported PFM crown (Ti, Ti alloy, high noble metal)	588 1,044
D6067	Implant supported metal crown (Ti, Ti alloy, high noble metal)	588 1,036
D6068	Abutment supported retainer for porcelain/ceramic FPD	588 1,019
D6069	Abutment supported retainer for PFM FPD (high noble metal)	588 1,019
D6070	Abutment supported retainer for PFM FPD (predominantly base metal)	566 873
D6071	Abutment supported retainer for PFM FPD (noble metal)	588 963
D6072	Abutment supported retainer cast metal FPD (high noble metal)	579 964
D6073	Abutment supported retainer cast metal FPD (predominantly base metal)	552 870
D6074	Abutment supported retainer cast metal FPD (noble metal)	579 905
D6075	Implant supported retainer for ceramic FPD	579 993
D6076	Implant supported retainer for PFM FPD (Ti, Ti alloy, high noble metal)	588 1,019
D6077	Implant supported retainer cast metal FPD (Ti, Ti alloy, high noble metal)	588 940
D6094	Abutment supported crown (Ti)	559 1,018
D6110	implant /abutment sup removable denture edentulous arch - maxillary	1,065 1,522
D6111	Implant /abutment sup removable denture edentulous arch - mandibular	1,065 1,522
D6112	Implant /abutment sup removable den partially edentulous arch - maxillary	1,055 1,522
D6113	Implant /abutment sup removable den part edentulous arch - mandibular	1,055 1,522
D6114	Implant /abutment sup fixed denture edentulous arch - maxillary	889 1,467
D6115	Implant /abutment sup fixed denture edentulous arch - mandibular	889 1,467
D6116	Implant /abutment sup fixed denture partially edentulous arch - maxillary	943 1,605
D6117	Implant /abutment sup fixed denture partially edentulous arch - mandibular	943 1,605
D6118	Implant/abutment sup interim fixed denture for edentulous arch - mandibular	420 600
D6119	Implant/abutment sup interim fixed denture for edentulous arch - maxillary	420 600
D6194	Abutment supported retainer crown for FPD (Ti)	531 968
OTHER IMPLANT SERVICES		
D6080	Implant maintenance procedures	114 134
D6081	Scaling & debridement in presence of inflammation or mucositis of implant	16 23

Advantage Amended Dentists are identified as:
Online Directories: **Save!** or "1" on pdf version
Published Directories: ☼

2019

Procedure Code	Nomenclature	Member Pays MIN \$	MAX \$
OTHER IMPLANT SERVICES			
D6085	Provisional implant crown	155	221
D6090	Repair implant supported prosthesis, by report	132	158
D6092	Re-cement or re-bond implant/abutment supported crown	39	70
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	53	100
D6095	Repair implant abutment, by report	134	165
D6096	Remove broken implant retaining screw	86	123

D6200-D6999 — Prosthodontics, fixed

Procedure Code	Nomenclature	Member Pays MIN \$	MAX \$
FIXED PARTIAL DENTURE PONTICS			
D6210	Pontic - cast high noble metal	513	804
D6211	Pontic - cast predominantly base metal	495	733
D6212	Pontic - cast noble metal	512	773
D6214	Pontic - titanium	495	753
D6240	Pontic - porcelain fused to high noble metal	519	830
D6241	Pontic - porcelain fused to predominantly base metal	489	800
D6242	Pontic - porcelain fused to noble metal	517	830
D6245	Pontic - porcelain/ceramic	486	856

Procedure Code	Nomenclature	Member Pays MIN \$	MAX \$
FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS			
D6545	Retainer - cast metal for resin bonded fixed prosthesis	202	341
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	195	341
D6549	Resin retainer - for resin bonded fixed prosthesis	195	279
D6600	Retainer inlay - porcelain/ceramic, two surfaces	380	610
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	411	639
D6602	Retainer inlay - cast high noble metal, two surfaces	374	576
D6603	Retainer inlay - cast high noble metal, three or more surfaces	434	623
D6604	Retainer inlay - cast predominantly base metal, two surfaces	374	551
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	434	611
D6606	Retainer inlay - cast noble metal, two surfaces	362	556
D6607	Retainer inlay - cast noble metal, three or more surfaces	433	617
D6608	Retainer onlay - porcelain/ceramic, two surfaces	448	619
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	487	687
D6610	Retainer onlay - cast high noble metal, two surfaces	417	677
D6611	Retainer onlay - cast high noble metal, three or more surfaces	487	732
D6612	Retainer onlay - cast predominantly base metal, two surfaces	417	666
D6613	Retainer onlay - cast predominantly base metal, three+ surfaces	487	722
D6614	Retainer onlay - cast noble metal, two surfaces	417	672
D6615	Retainer onlay - cast noble metal, three or more surfaces	487	727
D6624	Retainer inlay - titanium	362	551
D6634	Retainer onlay - titanium	487	741

Procedure Code	Nomenclature	Member Pays MIN \$	MAX \$
FIXED PARTIAL DENTURE RETAINERS - CROWNS			
D6740	Retainer crown - porcelain/ceramic	580	890
D6750	Retainer crown - porcelain fused to high noble metal	561	827
D6751	Retainer crown - porcelain fused to predominantly base metal	520	774
D6752	Retainer crown - porcelain fused to noble metal	543	803
D6780	Retainer crown - 3/4 cast high noble metal	527	725
D6781	Retainer crown - 3/4 cast predominantly base metal	476	674
D6782	Retainer crown - 3/4 cast noble metal	504	674
D6783	Retainer crown - 3/4 porcelain/ceramic	496	702
D6790	Retainer crown - full cast high noble metal	554	781
D6791	Retainer crown - full cast predominantly base metal	509	721
D6792	Retainer crown - full cast noble metal	525	751

Procedure Code	Nomenclature	Member Pays MIN \$	MAX \$
FIXED PARTIAL DENTURE RETAINERS - CROWNS			
D6794	Retainer crown - titanium	470	674
OTHER FIXED PARTIAL DENTURE SERVICES			
D6920	Connector bar	301	354
D6930	Re-cement or re-bond fixed partial denture	53	100
D6940	Stress breaker	186	391
D6950	Precision attachment	261	639
D6980	Fixed partial denture repair necessitated by restorative material failure	103	170

D7000-D7999 — Oral and Maxillofacial Surgery

Procedure Code	Nomenclature	Member Pays MIN \$	MAX \$
EXTRACTIONS			
D7111	Extraction, coronal remnants - primary tooth	26	44
D7140	Extraction, erupted tooth or exposed root	62	105
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	94	201
D7220	Removal of impacted tooth - soft tissue	118	253
D7230	Removal of impacted tooth - partially bony	194	347
D7240	Removal of impacted tooth - completely bony	194	347
D7250	Removal of residual tooth roots (cutting procedure)	103	199
D7251	Coronectomy - intentional partial tooth removal	194	347

Procedure Code	Nomenclature	Member Pays MIN \$	MAX \$
OTHER SURGICAL PROCEDURES			
D7260	Oroantral fistula closure	579	1,019
D7261	Primary closure of a sinus perforation	326	530
D7270	Tooth reimplantation and/or stabilization	160	318
D7272	Tooth transplantation	385	914
D7280	Exposure of an unerupted tooth	182	315
D7283	Placement of device to facilitate eruption of impacted tooth	46	79
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	172	768
D7286	Incisional biopsy of oral tissue - soft	232	444
D7290	Surgical repositioning of teeth	172	222
D7291	Transseptal fibrotomy/supra crestal fibrotomy, by report	32	64
D7296	Corticotomy - one to three teeth or tooth spaces, per quadrant	121	173
D7297	Corticotomy - four or more teeth or tooth spaces, per quadrant	158	225

Procedure Code	Nomenclature	Member Pays MIN \$	MAX \$
ALVEOLOPLASTY - PREPARATION OF RIDGE			
D7310	Alveoloplasty in conj with extractions - 4+ teeth/spaces, per quadrant	93	158
D7320	Alveoloplasty not in conj with extractions - 4+ teeth/spaces, per quadrant	112	228
D7321	Alveoloplasty not in conj with extractions - 1-3 teeth/spaces, per quadrant	45	113

Procedure Code	Nomenclature	Member Pays MIN \$	MAX \$
EXCISION OF SOFT TISSUE LESIONS			
D7410	Excision of benign lesion up to 1.25 cm	167	644
D7411	Excision of benign lesion greater than 1.25 cm	324	1,492
D7412	Excision of benign lesion, complicated	361	1,415
D7413	Excision of malignant lesion up to 1.25 cm	331	895
D7414	Excision of malignant lesion greater than 1.25 cm	467	1,502
D7415	Excision of malignant lesion, complicated	470	1,441
D7465	Destruction of lesion(s) by physical or chemical method, by report	255	442

Procedure Code	Nomenclature	Member Pays MIN \$	MAX \$
EXCISION OF INTRA-OSSEOUS LESIONS			
D7440	Excision of malignant tumor - up to 1.25 cm	262	899
D7441	Excision of malignant tumor - greater than 1.25 cm	529	1,771
D7460	Removal of benign nonodontogenic cyst or tumor - up to 1.25 cm	222	598
D7461	Removal of benign nonodontogenic cyst or tumor - greater than 1.25 cm	275	1,087

Procedure Code	Nomenclature	Member Pays MIN \$	MAX \$
EXCISION OF BONE TISSUE			
D7471	Removal of lateral exotosis (maxilla or mandible)	212	318

Advantage Amended Dentists are identified as:
Online Directories: **Save!** or "1" on pdf version
Published Directories: ☼

2019

Procedure Code	Nomenclature	Member Pays MIN \$	MAX \$
EXCISION OF BONE TISSUE			
D7472	Removal of torus palatinus.....	212	318
D7473	Removal of torus mandibularis.....	212	327
D7485	Surgical reduction of osseous tuberosity.....	212	324
D7490	Radical resection of maxilla or mandible.....	4,099	8,252
SURGICAL INCISION			
D7510	Incision and drainage of abscess - intraoral soft tissue.....	65	99
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated.....	132	189
D7530	Removal of foreign body from mucosa, skin, subcutaneous alveolar tissue.....	246	418
D7540	Removal of reaction producing foreign bodies, musculoskeletal system.....	479	563
D7560	Maxillary simusotomy for removal of tooth fragment or foreign body.....	1,551	2,037
TREATMENT OF CLOSED FRACTURES			
D7610	Maxilla - open reduction (teeth immobilized, if present).....	2,546	4,956
D7620	Maxilla - closed reduction (teeth immobilized, if present).....	1,898	3,928
D7630	Mandible - open reduction (teeth immobilized, if present).....	3,286	4,860
D7640	Mandible - closed reduction (teeth immobilized, if present).....	2,083	3,745
D7650	Malar and/or zygomatic arch - open reduction.....	2,083	4,133
D7660	Malar and/or zygomatic arch - closed reduction.....	1,257	3,377
D7680	Facial bones - complicated reduction.....	4,721	7,463
TREATMENT OF OPEN FRACTURES			
D7710	Maxilla - open reduction.....	2,962	4,964
D7720	Maxilla - closed reduction.....	1,455	4,020
D7730	Mandible - open reduction.....	4,281	5,274
D7740	Mandible - closed reduction.....	2,129	4,160
D7750	Malar and/or zygomatic arch - open reduction.....	2,685	4,671
D7760	Malar and/or zygomatic arch - closed reduction.....	1,984	6,918
D7780	Facial bones - complicated reduction with fixation & multiple approaches.....	6,318	9,289
REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER TMD			
D7810	Open reduction of dislocation.....	2,777	4,532
D7820	Closed reduction of dislocation.....	405	741
D7830	Manipulation under anesthesia.....	810	1,338
D7840	Condylectomy.....	2,843	5,956
D7850	Surgical discectomy, with/without implant.....	3,263	5,793
D7852	Disc repair.....	3,240	5,583
D7854	Synovectomy.....	3,865	5,271
D7856	Myotomy.....	1,620	3,637
D7870	Arthrocentesis.....	162	646
D7880	Occlusal orthotic devise, by report.....	463	909
D7881	Occlusal orthotic device adjustment.....	32	45
REPAIR OF TRAUMATIC WOUNDS			
D7910	Suture of recent small wounds up to 5 cm.....	186	309
COMPLICATED SUTURING			
D7911	Complicated suture - up to 5 cm.....	382	450
D7912	Complicated suture - greater than 5 cm.....	463	1,048
OTHER REPAIR PROCEDURES			
D7920	Skin graft (identify defect covered, location and type of graft).....	1,852	3,131
D7921	Collection and application of autologous blood concentrate product.....	104	148
D7940	Osteoplasty - for orthognathic deformities.....	2,893	4,544
D7941	Osteotomy - mandibular rami.....	4,744	8,830
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft.....	4,694	8,658
D7944	Osteotomy - segmented or subapical.....	3,888	6,867

Procedure Code	Nomenclature	Member Pays MIN \$	MAX \$
OTHER REPAIR PROCEDURES			
D7945	Osteotomy - body of mandible.....	5,161	6,864
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla.....	1,422	2,352
D7952	Sinus augmentation via a vertical approach.....	1,457	3,815
D7953	Bone replacement graft for ridge preservation - per site.....	154	334
D7955	Repair of maxillofacial soft and/or hard tissue defect.....	1,436	1,692
D7960	Frenulectomy also known as (frenectomy or frenotomy) - separate procedure.....	162	285
D7963	Frenuloplasty.....	79	167
D7970	Excision of hyperplastic tissue - per arch.....	308	502
D7971	Excision of pericoronal gingiva.....	85	255
D7972	Surgical reduction of fibrous tuberosity.....	204	311
D7979	Non-surgical sialolithotomy.....	79	113
D7980	Surgical sialolithotomy.....	336	479
D7982	Sialodochoplasty.....	1,042	1,814
D7983	Closure of salivary fistula.....	1,088	1,727
D7990	Emergency tracheotomy.....	949	1,742
D7991	Coronoidectomy.....	2,050	4,212
D7997	Appliance removal (not by dentist who placed appliance).....	174	421

D8000-D8999 — Orthodontics

LIMITED ORTHODONTIC TREATMENT			
D8010	Limited orthodontic treatment of the primary dentition.....	469	1,333
D8020	Limited orthodontic treatment of the transitional dentition.....	469	1,333
D8030	Limited orthodontic treatment of the adolescent dentition.....	469	1,509
D8040	Limited orthodontic treatment of the adult dentition.....	469	1,333
INTERCEPTIVE ORTHODONTIC TREATMENT			
D8050	Interceptive orthodontic treatment of the primary dentition.....	781	2,667
D8060	Interceptive orthodontic treatment of the transitional dentition.....	781	2,667
COMPREHENSIVE ORTHODONTIC TREATMENT			
D8070	Comprehensive orthodontic treatment of the transitional dentition.....	3,150	5,641
D8080	Comprehensive orthodontic treatment of the adolescent dentition.....	3,150	5,641
D8090	Comprehensive orthodontic treatment of the adult dentition.....	3,150	5,641
MINOR TREATMENT TO CONTROL HARMFUL HABITS			
D8210	Removable appliance therapy.....	306	633
D8220	Fixed appliance therapy.....	341	951
OTHER ORTHODONTIC SERVICES			
D8660	Pre-orthodontic treatment examination to monitor growth and development.....	536	536
D8680	Orthodontic retention.....	204	474
D8681	Removable orthodontic retainer adjustment.....	31	44
D8690	Orthodontic treatment (alternative billing to a contract fee).....	393	393
D8691	Repair of orthodontic appliance.....	247	247
D8692	Replacement of lost or broken retainer.....	430	430
D8694	Repair of fixed retainers, includes reattachment.....	117	117
D8695	Removal of fixed ortho appliances reasons other than completion of tx.....	168	240

D9000-D9999 — Adjunctive General Services

UNCLASSIFIED TREATMENT			
D9110	Palliative (emergency) treatment of dental pain - minor procedure.....	36	61
D9130	Temporomandibular joint dysfunction - non-invasive physical therapies.....	37	52
ANESTHESIA			
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia.....	23	33
D9222	Deep sedation/general anesthesia - first 15 minutes.....	126	180

Advantage Amended Dentists are identified as:
Online Directories: [Save!](#) or "1" on pdf version
Published Directories: ☼



2019

Dental Benefit Summary/Member Fee Schedule
for the
Johns Hopkins US Family Health Plan (USFHP)
Utilizing the Advantage Amended Network

Procedure Code	Nomenclature	Member Pays MIN \$ MAX \$
ANESTHESIA		
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	115 165
D9230	Inhalation of nitrous oxide/anxiolysis, analgesia	36 73
D9239	Intravenous moderate (conscious) sedation - first 15 minutes	105 150
D9243	Intravenous moderate (conscious) sedation - ea subsequent 15 min increme	96 137
D9248	Non-intravenous conscious sedation	126 225
PROFESSIONAL CONSULTATION		
D9310	Consultation (other than requesting dentist or physician)	41 160
D9311	Consultation with a medical health care professional	13 18
PROFESSIONAL VISITS		
D9410	House/extended care facility call	78 93
D9420	Hospital or ambulatory surgical center call	161 344
D9430	Office visit for observation - no other services performed	28 83
D9440	Office visit, after regularly scheduled hours	68 176
DRUGS		
D9610	Therapeutic parenteral drug, single administration	34 75
D9612	Therapeutic parenteral drugs, two or more administrations, different meds	83 116
D9613	Infiltration of sustained release therapeutic drug - single or multiple sites	31 44
D9630	Drugs or medicaments dispensed in the office for home use	24 56
MISCELLANEOUS SERVICES		
D9910	Application of desensitizing medicament	28 59
D9911	Application of desensitizing resin for cervical and/or root surface	28 71
D9920	Behavior management, by report	56 145
D9930	Treatment of complications - unusual circumstances, by report	57 112
D9932	Cleaning and inspection of removable complete denture, maxillary	12 17
D9933	Cleaning and inspection of removable complete denture, mandibular	12 17
D9934	Cleaning and inspection of removable partial denture, maxillary	12 17
D9935	Cleaning and inspection of removable partial denture, mandibular	12 17
D9941	Fabrication of athletic mouthguard	96 194
D9943	Occlusal guard adjustment	31 44
D9944	Occlusal guard - hard appliance, full arch	248 354
D9945	Occlusal guard - soft appliance, full arch	87 125
D9946	Occlusal guard - hard appliance, partial arch	158 225
D9950	Occlusion analysis - mounted case	149 358
D9951	Occlusal adjustment - limited	93 173
D9952	Occlusal adjustment - complete	265 805
D9970	Enamel microabrasion	39 64
D9971	Odontoplasty 1 -2 teeth; includes removal of enamel projections	31 92
D9972	External bleaching - per arch - performed in office	195 396
D9973	External bleaching - per tooth	42 49
D9974	Internal bleaching - per tooth	148 311
D9975	External bleaching for home application, per arch	104 200

Notes:

- ***Prophylaxis (cleaning) services for both adults and children will be covered at 100% two times per calendar year when services are provided by a Concordia Advantage Amended network provider.**
- ****All other services will be provided at a discount, paid directly by the member, when services are provided by a Concordia Advantage Amended network provider. These charges will vary regionally, by provider and are subject to change periodically. Please refer to charge column above for the current range of charges or call customer service for assistance.**