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1 Dominion National Internal Performance Report, 2022.

2 Networks and products vary by state. Check availability on your state marketplace.

3 Participating providers are subject to change.

4 Managed care plan with exclusive network, fixed member copayments, no annual maximum dollar limits, no waiting periods and no deductibles. In New Jersey, Select Plans are available in Camden, Cumberland and Gloucester counties only. Dominion National Network Analysis Report, 2023. Mid-Atlantic includes D.C., Delaware, Maryland, New Jersey, Pennsylvania and Virginia.

5 Visit amplifonusa.com/dn for full details. Hearing services are administered by Amplifon Hearing Health Care Corp.

The dental plan is underwritten by Dominion Dental Services, Inc. (hereinafter referred to as "Dominion").



Select Plan Premium 705xa (NJ)
Description of Services, Member Copayments, Exclusions
and Limitations for Adult Services

Plan Highlights

- This plan has fixed Member Copayments.
- This plan requires Members to use Participating Dentists except for out-of-area emergency dental services and/or for services provided when a Member is referred to a Non-Participating Dentist. See exclusion 11.
- There are no annual maximum dollar limits, no waiting periods and no deductibles.
- If course of treatment is to exceed \$300, pre-authorization is required.

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Diagnostic/Preventive					
	Office visit	10	D0706	Intraoral – occlusal radiographic image – image capture only.....	0
D0120	Periodic oral eval - established patient	0	D0707	Intraoral – periapical radiographic image – image capture only.....	0
D0140	Limited oral eval - problem focused	0	D0708	Intraoral – bitewing radiographic image – image capture only.....	0
D0150	Comprehensive oral eval - new or established patient.....	0	D0709	Intraoral – comprehensive series of radiographic images – image capture only	0
D0160	Detailed and extensive oral eval - problem focused	0	D1110	Prophylaxis (cleaning) - adult	0
D0170	Re-evaluation - limited, problem focused .	0	D1110*	Additional cleaning (expecting mothers or Diabetics).....	40
D0210	Intraoral – comprehensive series of radiographic images	26	D1206	Topical application of fluoride varnish	0
D0220	Intraoral - periapical first radiographic image.....	0	D1208	Topical application of fluoride - excluding varnish.....	0
D0230	Intraoral - periapical each add. radiographic image.....	0	D1310/20/30	Oral hygiene instructions.....	0
D0240	Intraoral - occlusal radiographic image	0	D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	0
D0250	Extra-oral - 2D projection radiographic image	0	Restorative (Fillings)		
D0270-74	Bitewing x-rays - 1 to 4 radiographic images	0	D2140	Amalgam - one surface.....	37
D0277	Vertical bitewings - 7 to 8 radiographic images	0	D2150	Amalgam - two surfaces	46
D0330	Panoramic radiographic image	30	D2160	Amalgam - three surfaces.....	58
D0340	2D cephalometric radiographic image	0	D2161	Amalgam - >=4 surfaces	69
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	D2330	Resin-based composite - one surface, anterior.....	64
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	26	D2331	Resin-based composite - two surfaces, anterior.....	76
D0373	Intraoral tomosynthesis – bitewing radiographic image.....	0	D2332	Resin-based composite - three surfaces, anterior.....	90
D0374	Intraoral tomosynthesis – periapical radiographic image.....	0	D2335	Resin-based composite - >=4 surfaces, anterior.....	109
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	0	D2390	Resin-based composite crown, anterior....	175
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only .	0	D2391	Resin-based composite - one surface, posterior	68
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only .	0	D2392	Resin-based composite - two surfaces, posterior.....	80
D0460	Pulp vitality tests	0	D2393	Resin-based composite - three surfaces, posterior.....	93
D0470	Diagnostic casts	0	D2394	Resin-based composite - >=4 surfaces, posterior.....	112
D0701	Panoramic radiographic image – image capture only	0	Crown & Bridge		
D0702	2-D cephalometric radiographic image – image capture only.....	0	D2510/20	Inlay - metallic - one or two surfaces	390
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only.....	0	D2530	Inlay - metallic - three or more surfaces....	407
D0705	Extra-oral posterior dental radiographic image – image capture only	0	D2542	Onlay - metallic-two surfaces.....	423
			D2543/44	Onlay - metallic-three or four surfaces.....	511
			D2610/20	Inlay - porcelain/ceramic - one or two surfaces	410
			D2630	Inlay - porcelain/ceramic - >=3 surfaces....	427

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2642	Onlay - porcelain/ceramic - two surfaces..	439	D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar.....	333 / 367
D2643/44	Onlay - porcelain/ceramic - >=3 surfaces..	459	D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar.....	379 / 418
D2650/51/52	Inlay - resin-based composite - one or more surfaces.....	425	D3920	Hemisection, not inc. root canal therapy..	202 / 222
D2662/63/64	Onlay - resin-based composite - two or more surfaces.....	429	D3921	Decoronation or submergence of an erupted tooth	100 / 110
D2710	Crown - resin based composite (indirect)..	259	D3950	Canal prep/fitting of preformed dowel or post.....	125 / 138
D2712	Crown - 3/4 resin-based composite (indirect).....	450	Periodontics¹		
D2720/21/22	Crown - resin with metal	470	D0180	Comp. periodontal eval - new or established patient.....	36 / 40
D2740	Crown - porcelain/ceramic	531	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	265 / 292
D2750/51/52	Crown - porcelain fused metal	495	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	94 / 103
D2753	Crown - porcelain fused to titanium and titanium alloys.....	495	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	324 / 357
D2780/81/82	Crown - 3/4 cast with metal	457	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	90 / 99
D2783	Crown - 3/4 porcelain/ceramic.....	469	D4260	Osseous surgery - >3 cont. teeth, per quad	485 / 534
D2790/91/92	Crown - full cast metal.....	481	D4261	Osseous surgery - <=3 cont. teeth, per quad	360 / 396
D2794	Crown - titanium and titanium alloys	495	D4263	Bone replacement graft - retained natural tooth - first site in quad.....	502 / 553
D2910/20	Recement inlay, onlay/crown or partial coverage rest.	41	D4264	Bone replacement graft - retained natural tooth - each additional site in quad	393 / 433
D2931	Prefab. stainless steel crown	119	D4265	Biological materials to aid in soft and osseous tissue regeneration, per site.....	275 / 303
D2932	Prefabricated resin crown	135	D4268	Surgical revision proc., per tooth	329 / 362
D2940	Protective restoration	37	D4270	Pedicle soft tissue graft procedure.....	434 / 478
D2950	Core buildup, including any pins	120	D4273	Autogenous connective tissue graft procedure, first tooth.....	540 / 595
D2951	Pin retention - per tooth, in addition to restoration.....	22	D4274	Mesial/distal wedge procedure, single tooth.....	308 / 339
D2952	Post and core in addition to crown	181	D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft.....	576 / 634
D2954	Prefab. post and core in addition to crown	148	D4277	Free soft tissue graft procedure, first tooth.....	441 / 486
D2955	Post removal (not in conj. with endo. therapy).....	101	D4278	Free soft tissue graft procedure, each add. tooth.....	68 / 75
D2980/81/82	Crown, inlay or onlay repair necessitated by restorative material failure	93	D4286	Removal of non-resorbable barrier	90 / 99
Endodontics¹			D4341	Perio scaling and root planing - >3 cont teeth, per quad.....	105 / 116
D3110/20	Pulp cap - direct/indirect (excl. final restoration).....	28 / 31	D4342	Perio scaling and root planing - <= 3 teeth, per quad.....	57 / 63
D3220	Therapeutic pulpotomy (excl. final restor.)	81 / 90	D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	39 / 43
D3221	Pulpal debridement.....	87 / 96	D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit.....	77 / 86
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth.....	70 / 77	D4381	Localized delivery of antimicrobial agents	90 / 100
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth.....	120 / 132	D4910	Periodontal maintenance	66 / 73
D3310	Endodontic therapy, anterior tooth (excl. final restor.)	325 / 357	Prosthetics (Dentures)		
D3320	Endodontic therapy, premolar tooth (excl. final restor.)	395 / 435	D5110/20	Complete denture - maxillary/mandibular	664
D3330	Endodontic therapy, molar tooth (excl. final restor.)	488 / 537	D5130/40	Immediate denture - maxillary/mandibular	708
D3333	Internal root repair of perforation defects	96 / 106	D5211/12	Maxillary/mandibular partial denture - resin base	613
D3346	Retreat of prev. root canal therapy, anterior.....	356 / 393			
D3347	Retreat of prev. root canal therapy, premolar.....	418 / 461			
D3348	Retreat of prev. root canal therapy, molar	527 / 581			
D3410	Apicoectomy - anterior	310 / 342			
D3421	Apicoectomy - premolar (first root)	333 / 367			
D3425	Apicoectomy - molar (first root)	379 / 418			
D3426	Apicoectomy - (each add. root).....	148 / 164			
D3430	Retrograde filling - per root.....	113 / 125			
D3450	Root amputation - per root	202 / 223			
D3471	Surgical repair of root resorption - anterior.....	310 / 342			
D3472	Surgical repair of root resorption – premolar.....	333 / 367			
D3473	Surgical repair of root resorption – molar.	379 / 418			
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior.....	310 / 342			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D5213/14	Maxillary/mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)	722	D6245	Pontic - porcelain/ceramic.....	531
D5221/22	Immediate maxillary/mandibular partial denture - resin base (incl. retentive/clasing materials, rests and teeth).....	613	D6250/51/52	Pontic - resin with metal.....	470
D5223/24	Immediate maxillary/mandibular partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	722	D6545	Retainer - cast metal for resin bonded fixed prosthesis.....	233
D5225/26	Maxillary/mandibular partial denture - flexible base.....	722	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	364
D5227/28	Immediate maxillary/mandibular partial denture - flexible base (including any clasps, rests and teeth).....	722	D6549	Resin retainer - for resin bonded fixed prosthesis	233
D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular.....	397	D6600	Retainer inlay - porc./ceramic, two surfaces	410
D5284/86	Rem. unilateral partial denture - one piece flexible/resin base (including clasps and teeth) - per quadrant.....	397	D6601	Retainer inlay - porc./ceramic, >=3 surfaces	427
D5410/11	Adjust complete denture - maxillary/mandibular	35	D6602	Retainer inlay - cast high noble metal, two surfaces	390
D5421/22	Adjust partial denture - maxillary/mandibular	35	D6603	Retainer inlay - cast high noble metal, >=3 surfaces	407
D5511/12	Repair broken complete denture base, mandibular/maxillary.....	84	D6604	Retainer inlay - cast predominantly base metal, two surfaces	390
D5520	Replace missing or broken teeth - complete denture.....	84	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	407
D5611/12	Repair resin partial denture base, mandibular/maxillary.....	84	D6606	Retainer inlay - cast noble metal, two surfaces	390
D5621/22	Repair cast partial framework, mandibular/maxillary.....	84	D6607	Retainer inlay - cast noble metal, >=3 surfaces	407
D5630/60	Clasp repaired, replaced or added	112	D6608	Retainer onlay - porc./ceramic, two surfaces	439
D5640/50	Replace broken teeth or add tooth to existing partial denture - per tooth	84	D6609	Retainer onlay - porc./ceramic, three or more surfaces.....	459
D5670/71	Replace all teeth and acrylic on cast metal framework.....	263	D6610	Retainer onlay - cast high noble metal, two surfaces	423
D5710/11	Rebase complete maxillary/mandibular denture.....	253	D6611	Retainer onlay - cast high noble metal, >=3 surfaces	511
D5720/21	Rebase maxillary/mandibular partial denture.....	253	D6612	Retainer onlay - cast predominantly base metal, two surfaces	423
D5725	Rebase hybrid prosthesis.....	253	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	511
D5730/31	Reline complete maxillary/mandibular denture (direct)	152	D6614	Retainer onlay - cast noble metal, two surfaces	423
D5740/41	Reline maxillary/mandibular partial denture (direct)	152	D6615	Retainer onlay - cast noble metal, >=3 surfaces	511
D5750/51	Reline complete maxillary/mandibular denture (indirect)	214	D6720/21/22	Retainer crown - resin with metal	470
D5760/61	Reline maxillary/mandibular partial denture (indirect)	214	D6740	Retainer crown - porcelain/ceramic	531
D5765	Soft liner for complete or partial removable denture - indirect.....	50	D6750/51/52	Retainer crown - porcelain fused metal ...	495
D5810/11	Interim complete denture - maxillary/mandibular	333	D6753	Retainer crown - porcelain fused to titanium and titanium alloys	495
D5820/21	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary/mandibular	333	D6780/81/82	Retainer crown - 3/4 cast high noble metal	457
D5850/51	Tissue conditioning - maxillary/mandibular	75	D6783	Retainer crown - 3/4 porc./ceramic	469
			D6784	Retainer crown - 3/4 titanium and titanium alloys	495
			D6790/91/92	Retainer crown - full cast metal.....	481
			D6794	Retainer crown - titanium	495
			D6930	Recement or rebond fixed partial denture	66
			D6980	Fixed partial denture repair, by report	157
			Oral Surgery¹		
			D7111	Extraction, coronal remnants - primary tooth.....	45 / 50
			D7140	Extraction, erupted tooth or exposed root	63 / 70
			D7210	Extraction, erupted tooth req elev, etc	127 / 140
			D7220	Removal of impacted tooth - soft tissue ...	144 / 159
			D7230	Removal of impacted tooth - partially bony.....	189 / 208
			D7240	Removal of impacted tooth - completely bony.....	227 / 250
			D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	181 / 200
			D7250	Surgical removal of residual tooth roots ...	136 / 150
			D7251	Coronectomy - intentional partial tooth removal, impacted teeth only	181 / 200
Bridge & Pontics					
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure...	57			
D6210/11/12	Pontic - metal	481			
D6240/41/42	Pontic - porcelain fused metal.....	495			
D6243	Pontic - porcelain fused to titanium and titanium alloys.....	495			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D7270	Tooth reimplant./stabiliz. of acc. evulsed/ displaced tooth.....	211 / 232
D7280	Exposure of an unerupted tooth.....	111 / 122
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	41 / 45
D7310/20	Alveoloplasty, per quad	135 / 149
D7509	Marsupialization of odontogenic cyst	360 / 396
D7510	Incision and drainage of abscess - intraoral soft tissue	91 / 100
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	25 / 28
D7961	Buccal/labial frenectomy (frenulectomy) ..	256 / 282
D7962	Lingual frenectomy (frenulectomy)	256 / 282
D7979	Non-surgical sialolithotomy.....	43 / 48

Orthodontics

D8090	Comp. ortho. treatment - adult dentition..	3658
D8660	Pre-orthodontic treatment visit	413
D8670	Periodic ortho. treatment visit (as part of contract)	118
D8680	Orthodontic retention (rem. of appl. and placement of retainer(s))	413

Adjunctive General Services

D9110	Palliative treatment of dental pain – per visit	43
D9210/15	Local anesthesia	0
D9211	Regional block anesthesia	0
D9212	Trigeminal division block anesthesia	0
D9219	Evaluation for deep sedation or general anesthesia	0
D9222/23	Deep sedation/general anesthesia - each 15 minute increment.....	103
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	37
D9239/43	Intravenous moderate sedation/analgesia – each 15 minute increment	103
D9310	Consultation (diagnostic service by nontreating dentist)	42
D9613	Infiltration of sustained release therapeutic drug, per quadrant	190
D9910	Application of desensitizing medicament .	31
D9930	Treatment of complications (post-surgical)	43
D9944/45/46	Occlusal guard – hard/soft appliance, full/ partial arch	298 / 298
D9950	Occlusion analysis - mounted case.....	81 / 90
D9951	Occlusal adjustment - limited.....	62 / 62
D9952	Occlusal adjustment - complete	255 / 255
D9953	Reline custom sleep apnea appliance (indirect).....	158
D9986	Missed appointment	50
D9995/96	Teledentistry – synchronous/ asynchronous	0
D9997	Dental case management – patients with special health care needs	50

1. Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Plan Specialist. If the listed procedure contains a (/), the second listed fee represents the copayment due to the Participating Plan Specialist after referral. See Plan Exclusion #13

Current Dental Terminology © American Dental Association. Only current ADA CDT codes are considered valid by Dominion. For a full description of each code, please consult the ADA's CDT guidelines.

Plan Exclusions

- Services which are covered under worker's compensation or employer's liability laws.
- Services which are not Necessary and Appropriate Dental Services for the patient's dental health as determined by the

- Plan.
- Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
- Oral surgery requiring the setting of fractures or dislocations.
- Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, such services should not be performed in a dental office, with the exception of the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities.
- Dispensing of drugs.
- Hospitalization for any dental procedure.
- Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
- Replacement due to loss or theft of prosthetic appliance.
- Procedures not listed as Covered Services under this Plan.
- Services obtained outside of the dental office in which enrolled and that are not pre-authorized by such office or the Plan (with the exception of out-of-area emergency dental services).
- Services related to the treatment of TMD (Temporomandibular Disorder).
- Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating General Dentist. Above copayments do not apply when performed by a Participating Plan Specialist (with the exception of orthodontics).
- Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth, including third molars, as determined by the Plan.
- The Invisalign system and similar appliances are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.

Plan Limitations

- Two (2) evaluations are covered per calendar year per patient including a maximum of one (1) comprehensive evaluation.
- One (1) problem focused exam is covered per calendar year per patient.
- Two (2) teeth cleanings (prophylaxis) are covered per calendar year per patient (one additional cleaning is covered during pregnancy and for diabetic patients).
- One (1) topical fluoride or fluoride varnish is covered per calendar year per patient.
- Two (2) bitewing x-rays are covered per calendar year per patient.
- One (1) set of full mouth x-rays or panoramic film is covered every three (3) years per patient.
- Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
- Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
- Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan.
- Relining and rebasing of dentures is covered once every 24 months per patient.
- Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
- Root planing or scaling is covered once every 24 months per quadrant per patient.
- Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu or a covered D1110, limited to once per two years.
- One scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, per two (2) years.
- Full mouth debridement is covered once per lifetime per patient.
- Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months per patient. Must have pocket depths of five (5) millimeters or greater.
- Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site per patient.
- Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy, per patient.
- Coronectomy - intentional partial tooth removal, once per lifetime.
- Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.

The dental plan is underwritten by Dominion Dental Services, Inc. (hereinafter referred to as "Dominion").



Select Plan Premium Pediatric 706s (NJ)
Description of Services, Member Copayments,
Exclusions and Limitations for Pediatric Services

- Coverage continues through end of the year in which the Member turns 19 -

Plan Highlights

- This plan has fixed Member Copayments.
- This plan requires Members to use Participating Dentists except for out-of-area emergency dental services and/or for services provided when a Member is referred to an out-of-network specialist. See exclusion 7.
- Annual Out-of-Pocket Maximum: \$400 per Member per calendar year for Necessary and Appropriate Dental Services treatment (maximum of \$800 for policy covering two or more Members). The Member shall only be responsible for the Member Copayment listed in the Member Copayment column.
- There are no annual maximum dollar limits, no waiting periods and no deductibles.
- If course of treatment is to exceed \$300, pre-authorization is required.

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Diagnostic/Preventive			D0380	Cone beam CT image capture-less than one jaw	0
	Office visit.....	0	D0381	Cone bean CT image capture one arch (mandibular/ maxillary).....	0
D0120	Periodic oral eval - established patient	0	D0382	Cone bean CT image capture one arch (mandibular/ maxillary).....	0
D0140	Limited oral eval - problem focused	0	D0383	Cone beam CT image capture both jaws	0
D0145	Oral eval for a patient under 3 years of age	0	D0384	Cone beam CT image capture- TMJ.....	0
D0150	Comprehensive oral eval - new or established patient	0	D0385	Maxillofacial MRI/ultrasound image capture	0
D0160	Detailed and extensive oral eval - problem focused....	0	D0386	Maxillofacial MRI/ultrasound image capture	0
D0170	Re-evaluation - limited, problem focused	0	D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0
D0171	Re-evaluation - post-operative office visit	41	D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	0
D0180	Comp. periodontal eval - new or established patient .	0	D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	0
D0210	Intraoral – comprehensive series of radiographic images	0	D0391	Interpretation of diagnostic image only	0
D0220	Intraoral - periapical first radiographic image	0	D0414	Lab processing of microbial specimen to include culture & sensitivity studies	50
D0230	Intraoral - periapical each add. radiographic image	0	D0415	Collection of microorganisms for culture and sensitivity	29
D0240	Intraoral - occlusal radiographic image	0	D0416	Viral culture	0
D0250	Extra-oral - 2D projection radiographic image	0	D0417	Collection/Prep of saliva sample for lab.....	0
D0251	Extra-oral posterior dental radiographic image.....	44	D0418	Analysis of saliva sample	32
D0270	Bitewing - single radiographic image.....	0	D0422	Collection and preparation of genetic sample material for lab analysis and report	50
D0272	Bitewings - two radiographic images.....	0	D0423	Genetic test for susceptibility to diseases	75
D0273	Bitewings - three radiographic images	0	D0425	Caries susceptibility tests	27
D0274	Bitewings - four radiographic images	0	D0431	Adjunctive pre-diagnostic.....	49
D0277	Vertical bitewings - 7 to 8 radiographic images.....	0	D0460	Pulp vitality tests	0
D0310	Sialography	0	D0470	Diagnostic casts	0
D0320	Temporomandibular joint arthrogram, incl. injection .	0	D0472	Accession of tissue, gross exam, prep, transm	0
D0321	Other temporomandibular joint radiographic images, by report.....	0	D0473	Accession of tissue, gross and micro. exam., prep, transm	0
D0322	Tomographic survey	0	D0474	Accession of tissue, gross and micro. exam., prep, transm	0
D0330	Panoramic radiographic image	0	D0480	Accession of exfoliative cytologic smears, micro. exam., prep, transm	0
D0340	2D cephalometric radiographic image	0	D0486	Lab accession trans cytologic sample, micro. exam., prep, transm	0
D0350	2D oral/facial photographic images (intraoral/ extraoral)	0	D0502	Other oral pathology procedures, by report	0
D0351	3D photographic image	0	D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring abnormalities incl pre-malignant and malignant lesions	0
D0364	Cone Beam CT limited view-less than one jaw.....	0	D0601	Caries risk assessment & documentation, with a finding of low risk.....	0
D0365	Cone Beam CT one full dental arch (mandibular/ maxillary).....	0	D0602	Caries risk assessment & documentation, with a finding of moderate risk	0
D0366	Cone Beam CT one full dental arch (mandibular/ maxillary).....	0			
D0367	Cone Beam CT both jaws.....	0			
D0368	Cone Beam CT- TMJ.....	0			
D0369	Maxillofacial MRI/ultrasound	0			
D0370	Maxillofacial MRI/ultrasound	0			
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	0			
D0373	Intraoral tomosynthesis – bitewing radiographic image.....	0			
D0374	Intraoral tomosynthesis – periapical radiographic image.....	0			

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ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D0603	Caries risk assessment & documentation, with a finding of high risk.....	0	D2394	Resin-based composite - >=4 surfaces, posterior.....	62
D0701	Panoramic radiographic image – image capture only .	0	D2410	Gold foil - one surface	84
D0702	2-D cephalometric radiographic image – image capture only	0	D2420	Gold foil - two surfaces.....	99
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only.....	0	D2430	Gold foil - three surfaces	134
D0704	3-D photographic image – image capture only	0	Crown & Bridge		
D0705	Extra-oral posterior dental radiographic image – image capture only.....	0	D2510	Inlay- metallic - one surface	204
D0706	Intraoral – occlusal radiographic image – image capture only	0	D2520	Inlay- metallic - two surfaces.....	204
D0707	Intraoral – periapical radiographic image – image capture only	0	D2530	Inlay - metallic - three or more surfaces.....	213
D0708	Intraoral – bitewing radiographic image – image capture only	0	D2542	Onlay - metallic-two surfaces	229
D0709	Intraoral – comprehensive series of radiographic images – image capture only.....	0	D2543	Onlay - metallic - three surfaces.....	262
D1110	Prophylaxis (cleaning) - adult	0	D2544	Onlay - metallic - four or more surfaces	262
D1120	Prophylaxis (cleaning) - child	0	D2610	Inlay - porcelain/ceramic - one surface	214
D1206	Topical application of fluoride varnish.....	0	D2620	Inlay - porcelain/ceramic - two surfaces.....	214
D1208	Topical application of fluoride - excluding varnish	0	D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	223
D1310	Nutritional counseling for control of dental disease ...	0	D2642	Onlay - porcelain/ceramic - two surfaces	240
D1320	Tobacco counseling for control of prev. oral disease...	0	D2643	Onlay - porcelain/ceramic - three surfaces.....	250
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	0	D2644	Onlay - porcelain/ceramic - >=4 surfaces	250
D1330	Oral hygiene instructions.....	0	D2650	Inlay - resin-based composite - one surface	220
D1351	Sealant - per tooth	0	D2651	Inlay - resin-based composite - two surfaces	220
D1352	Prev resin rest. mod/high caries risk – perm. tooth....	0	D2652	Inlay - resin-based composite - >=3 surfaces.....	220
D1354	Application of caries arresting medicament - per tooth.....	0	D2662	Onlay - resin-based composite - two surfaces.....	222
D1355	Caries preventive medicament application – per tooth.....	0	D2663	Onlay - resin-based composite - three surfaces	222
D1510	Space maintainer – fixed, unilateral – per quadrant ...	0	D2664	Onlay - resin-based composite - >=4 surfaces.....	222
D1516	Space maintainer - fixed - bilateral, maxillary	0	D2710	Crown - resin based composite (indirect).....	136
D1517	Space maintainer - fixed - bilateral, mandibular	0	D2712	Crown - 3/4 resin-based composite (indirect).....	243
D1520	Space maintainer – removable, unilateral – per quadrant.....	0	D2720	Crown - resin with high noble metal	248
D1526	Space maintainer - removable - bilateral, maxillary	0	D2721	Crown - resin with predominantly base metal	248
D1527	Space maintainer - removable - bilateral, mandibular	0	D2722	Crown - resin with noble metal	248
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	0	D2740	Crown - porcelain/ceramic	280
D1552	Re-cement or re-bond bilateral space maintainer – mandibular.....	0	D2750	Crown - porcelain fused to high noble metal	262
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant.....	0	D2751	Crown - porcelain fused to predominantly base metal	262
D1556	Removal of fixed unilateral space maintainer – per quadrant.....	0	D2752	Crown - porcelain fused to noble metal.....	262
D1557	Removal of fixed bilateral space maintainer – maxillary	0	D2753	Crown - porcelain fused to titanium and titanium alloys	262
D1558	Removal of fixed bilateral space maintainer – mandibular	0	D2780	Crown - 3/4 cast high noble metal	239
D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant.....	0	D2781	Crown - 3/4 cast predominantly base metal	239
Restorative (Fillings)			D2782	Crown - 3/4 cast noble metal	239
D2140	Amalgam - one surface, prim. or perm.	21	D2783	Crown - 3/4 porcelain/ceramic.....	256
D2150	Amalgam - two surfaces, prim. or perm.....	26	D2790	Crown - full cast high noble metal.....	248
D2160	Amalgam - three surfaces, prim. or perm.	32	D2791	Crown - full cast predominately base metal.....	248
D2161	Amalgam - >=4 surfaces, prim. or perm.....	39	D2792	Crown - full cast noble metal.....	248
D2330	Resin-based composite - one surface, anterior	35	D2910	Recement inlay.....	22
D2331	Resin-based composite - two surfaces, anterior	42	D2915	Recement cast or prefab. post and core.....	41
D2332	Resin-based composite - three surfaces, anterior.....	50	D2920	Recement crown	22
D2335	Resin-based composite - >=4 surfaces, anterior.....	60	D2928	Prefab. porcelain/ceramic crown – permanent tooth .	280
D2390	Resin-based composite crown, anterior.....	96	D2929	Prefab. porcelain/ceramic crown - prim. tooth	280
D2391	Resin-based composite - one surface, posterior	37	D2930	Prefab. stainless steel crown - prim. tooth.....	55
D2392	Resin-based composite - two surfaces, posterior.....	44	D2931	Prefab. stainless steel crown - perm. tooth.....	61
D2393	Resin-based composite - three surfaces, posterior	51	D2932	Prefabricated resin crown	70
			D2933	Prefab. stainless steel crown w/ resin window	136
			D2934	Prefab. esthetic coated primary tooth	148
			D2940	Protective restoration	20
			D2950	Core buildup, including any pins	63
			D2951	Pin retention - per tooth, in addition to restoration ...	11
			D2952	Post and core in addition to crown	93
			D2953	Each add. indirectly fabricated post - same tooth.....	25
			D2954	Prefab. post and core in addition to crown	77
			D2955	Post removal (not in conj. with endo. therapy).....	53
			D2957	Each add. prefab post - same tooth	20
			D2970	Temporary crown (fractured tooth)	0
			D2971	Additional procedures to customize a crown to fit under an existing partial denture framework.....	37
			D2975	Coping	113
			D2980	Crown repair necessitated by restorative material failure	51
			D2981	Inlay repair necessitated by restorative material failure	51

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2982	Onlay repair necessitated by restorative material failure	51
Endodontics¹		
D3110	Pulp cap - direct (excl. final restoration).....	16
D3120	Pulp cap - indirect (excl. final restoration).....	16
D3220	Therapeutic pulpotomy (excl. final restor.).....	41
D3221	Pulpal debridement, prim. and perm. teeth	47
D3222	Partial pulpotomy for apexogenesis	80
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth.....	80
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth.....	82
D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	171
D3320	Endodontic therapy, premolar tooth (excluding final restoration).....	209
D3330	Endodontic therapy, molar tooth (excluding final restoration).....	256
D3331	Treatment of root canal obstr. non-surgical	104
D3332	Incomp. endo. therapy-inop. or fractured tooth.....	92
D3333	Internal root repair of perforation defects	53
D3346	Retreat of prev. root canal therapy, anterior	194
D3347	Retreat of prev root canal therapy - premolar	233
D3348	Retreat of prev. root canal therapy, molar	279
D3351	Apexification/recalcification - initial visit.....	101
D3352	Apexification/recalcification - interim med. repl.....	295
D3353	Apexification/recalcification - final visit	225
D3355	Pulpal regeneration - initial visit.....	101
D3356	Pulpal regeneration - interim medication replacement	295
D3357	Pulpal regeneration - completion of treatment	225
D3410	Apicoectomy - anterior.....	162
D3421	Apicoectomy - premolar (first root)	182
D3425	Apicoectomy - molar (first root).....	209
D3426	Apicoectomy/periradicular surgery (each add. root) ..	76
D3428	Bone graft in conj. w/ periradicular surg., per tooth, single site.....	350
D3429	Bone graft in conj. w/ periradicular surg., add. contiguous tooth, same site	291
D3430	Retrograde filling - per root.....	60
D3431	Biologic materials to aid soft/osseous tissue regen. in conj. w/ periradicular surg.	204
D3432	Guided tissue regen., resorbable barrier, per site, in conj. w/ periradicular surg.	400
D3450	Root amputation - per root	117
D3471	Surgical repair of root resorption - anterior	162
D3472	Surgical repair of root resorption – premolar	182
D3473	Surgical repair of root resorption – molar	209
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior ...	162
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar .	182
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	209
D3910	Surg. proc. for isol. of tooth w/ rubber dam	29
D3920	Hemisection, not inc. root canal therapy	117
D3921	Decoronation or submergence of an erupted tooth ..	100
D3950	Canal prep/fitting of preformed dowel or post	68
Periodontics¹		
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	140
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad..	50
D4212	Gingivectomy or gingivoplasty, rest., per tooth.....	20
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	173

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	53
D4245	Apically positioned flap	93
D4249	Clinical crown lengthening - hard tissue.....	288
D4260	Osseous surgery - >3 cont. teeth, per quad	250
D4261	Osseous surgery - <=3 cont. teeth, per quad	196
D4263	Bone replacement graft - retained natural tooth - first site in quad.	372
D4264	Bone replacement graft - retained natural tooth - each add. site in quad.	291
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	204
D4266	Guided tissue regen. - resorb. barrier, per site.....	400
D4267	Guided tissue regen. - non-resorb. barrier, per site ...	399
D4268	Surgical revision proc., per tooth	179
D4270	Pedicle soft tissue graft procedure.....	322
D4273	Autogenous connective tissue graft proc.	375
D4274	Mesial/distal wedge procedure, single tooth	154
D4275	Non-autogenous connective tissue graft (including recipient site and donor material).....	400
D4276	Comb. connec. tissue/double and pedicle graft, per tooth.....	400
D4277	Free soft tissue graft, per tooth.....	327
D4278	Free soft tissue graft, each add. tooth.....	50
D4286	Removal of non-resorbable barrier	90
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns	214
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns	189
D4341	Perio scaling and root planing - >3 cont teeth, per quad.....	55
D4342	Perio scaling and root planing - <= 3 teeth, per quad .	32
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	23
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	45
D4381	Localized delivery of antimicrobial agents.....	49
D4910	Periodontal maintenance	37
Prosthetics (Dentures)		
D5110	Complete denture - maxillary.....	349
D5120	Complete denture - mandibular.....	349
D5130	Immediate denture - maxillary	350
D5140	Immediate denture - mandibular	350
D5211	Maxillary partial denture - resin base.....	325
D5212	Mandibular partial denture - resin base.....	325
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	350
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth).....	350
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth).....	325
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth).....	325
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).....	350
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).....	350
D5225	Maxillary partial denture - flexible base.....	350
D5226	Mandibular partial denture - flexible base.....	350

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	350
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	350
D5282	Rem. unilateral partial denture - one piece cast metal, maxillary.....	210
D5283	Rem. unilateral partial denture - one piece cast metal, mandibular	210
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	210
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....	210
D5410	Adjust complete denture - maxillary	19
D5411	Adjust complete denture - mandibular	19
D5421	Adjust partial denture - maxillary.....	19
D5422	Adjust partial denture - mandibular.....	19
D5511	Repair broken complete denture base, mandibular....	44
D5512	Repair broken complete denture base, maxillary.....	44
D5520	Replace missing or broken teeth - complete denture .	44
D5611	Repair resin partial denture base, mandibular.....	44
D5612	Repair resin partial denture base, maxillary.....	44
D5621	Repair cast partial framework, mandibular	44
D5622	Repair cast partial framework, maxillary.....	44
D5630	Repair or replace broken retentive/clasping material - per tooth	58
D5640	Replace broken teeth - per tooth	44
D5650	Add tooth to existing partial denture	44
D5660	Add clasp to existing partial denture -per tooth	58
D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	144
D5671	Replace all teeth and acrylic on cast metal framework (mandibular).....	144
D5710	Rebase complete maxillary denture.....	130
D5711	Rebase complete mandibular denture	130
D5720	Rebase maxillary partial denture.....	130
D5721	Rebase mandibular partial denture.....	130
D5725	Rebase hybrid prosthesis.....	130
D5730	Reline complete maxillary denture (direct).....	80
D5731	Reline complete mandibular denture (direct).....	80
D5740	Reline maxillary partial denture (direct).....	78
D5741	Reline mandibular partial denture (direct).....	78
D5750	Reline complete maxillary denture (indirect).....	112
D5751	Reline complete mandibular denture (indirect).....	112
D5760	Reline maxillary partial denture (indirect).....	112
D5761	Reline mandibular partial denture (indirect).....	112
D5765	Soft liner for complete or partial removable denture – indirect	50
D5810	Interim complete denture - maxillary.....	181
D5811	Interim complete denture - mandibular.....	181
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	181
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	181
D5850	Tissue conditioning - maxillary	40
D5851	Tissue conditioning - mandibular	40
D5862	Precision attachment, by report.....	194
D5863	Overdenture - complete maxillary.....	400
D5864	Overdenture - partial maxillary	400
D5865	Overdenture - complete mandibular.....	400
D5866	Overdenture - partial mandibular	400
D5875	Mod. of remov prosthesis post implant surgery	41
D5911	Facial moulage (sectional)	74
D5912	Facial moulage (complete)	74
D5913	Nasal prosthesis	400
D5914	Auricular prosthesis.....	400
D5915	Orbital prosthesis	400
D5916	Ocular prosthesis.....	400
D5919	Facial prosthesis	194
D5922	Nasal septal prosthesis.....	194

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D5923	Ocular prosthesis, interim	400
D5924	Cranial prosthesis	400
D5925	Facial augmentation implant prosthesis.....	400
D5926	Nasal prosthesis, replacement	169
D5927	Auricular prosthesis, replacement	400
D5928	Orbital prosthesis, replacement.....	400
D5929	Facial prosthesis, replacement	255
D5931	Obturator prosthesis, surgical	400
D5932	Obturator prosthesis, definitive	400
D5933	Obturator prosthesis, modification	375
D5934	Mandibular resection prosthesis w/ guide flange	400
D5935	Mandibular resection prosthesis w/o guide flange	400
D5936	Obturator prosthesis, interim.....	400
D5951	Feeding aid	400
D5952	Speech aid prosthesis.....	400
D5953	Speech aid prosthesis, adult.....	400
D5954	Palatal augmentation prosthesis	400
D5955	Palatal lift prosthesis, definitive	400
D5958	Palatal lift prosthesis, interim.....	400
D5959	Palatal lift prosthesis, modification	400
D5960	Speech aid prosthesis, modification.....	278
D5982	Surgical stent	44
D5983	Radiation carrier.....	368
D5984	Radiation shield	375
D5985	Radiation cone locator	375
D5986	Fluoride gel carrier	63
D5987	Commissure splint.....	400
D5988	Surgical splint	63
D5991	Topical medicament carrier	63
D5992	Adjustment of prosthetic appliance, by report	12
D5993	Cleaning and maintenance prosthetic appliance	9
D5994	Periodontal medicament carrier	150
Implant Services		
D6010	Surgical placement of implant body, endosteal	400
D6011	Second stage implant surgery	100
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	400
D6013	Surgical placement of mini implant.....	286
D6040	Surgical placement, eposteal implant	400
D6050	Surgical placement, transosteal implant	400
D6051	Interim implant abutment placement	197
D6055	Dental implant supported connecting bar	400
D6056	Prefabricated abutment	228
D6057	Custom fabricated abutment	400
D6058	Abutment supported porcelain/ceramic crown	280
D6059	Abutment supported porcelain fused to metal crown - high noble metal	262
D6060	Abutment supported porcelain fused to metal crown - predominantly based metal	262
D6061	Abutment supported porcelain fused to metal crown - noble metal	262
D6062	Abutment supported cast metal crown - high noble metal	248
D6063	Abutment supported cast metal crown - predominantly based metal	248
D6064	Abutment supported cast metal crown - noble metal	248
D6065	Implant supported porcelain/ceramic crown	280
D6066	Implant supported crown – porcelain fused to high noble alloys	262
D6067	Implant supported crown – high noble alloys	262
D6068	Abutment supp. retainer for porc/ceramic FPD	394
D6069	Abutment supp. retainer for porc/high noble FPD.....	400
D6070	Abutment supp. retainer for porc/pred. base FPD.....	348
D6071	Abutment supp. retainer for porc/noble FPD	352
D6072	Abutment supp. retainer for cast high noble FPD	394
D6073	Abutment supp. retainer for cast high noble FPD	375
D6074	Abutment supp. retainer for cast noble metal FPD.....	379
D6080	Implant maintenance procedures	31

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D7411	Excision of benign lesion > 1.25 cm.....	113
D7412	Excision of benign lesion, complicated.....	157
D7413	Excision of malignant lesion up to 1.25 cm.....	286
D7414	Excision of malignant lesion > 1.25 cm.....	252
D7415	Excision of malignant lesion, complicated.....	400
D7440	Exc. of malignant tumor- lesion diam. <=1.25cm.....	304
D7441	Exc. of malignant tumor- lesion diam. >1.25cm.....	367
D7450	Removal of benign odon cyst/tumor - diam <=1.25cm.....	177
D7451	Removal of benign odon cyst/tumor - diam >1.25cm.....	272
D7460	Removal of benign nonodon cyst/tumor-diam <=1.25cm.....	258
D7461	Removal of benign nonodon cyst/tumor-diam >1.25cm.....	359
D7465	Destruct. of lesion(s) by phys or chem method.....	150
D7471	Removal of lateral exostosis.....	176
D7472	Removal of torus palatinus.....	240
D7473	Removal of torus mandibularis.....	240
D7485	Surgical reduction of osseous tuberosity.....	284
D7490	Radical resection of maxilla or mandible.....	400
D7509	Marsupialization of odontogenic cyst.....	360
D7510	Incision and drainage of abscess - intraoral soft tissue.....	48
D7511	Incision/drainage of abscess - intra. soft tissue, comp.....	56
D7520	Incision/drainage of abscess - extra. soft tissue.....	58
D7521	Incision/drainage of abscess - extra. soft tissue, comp.....	60
D7530	Foreign body rem from muc./skin/subcut tissue.....	44
D7540	Reaction producing foreign bodies removal.....	400
D7550	Partial ostect/sequestrect non-vital bone rem.....	168
D7560	Max. sinusotomy for tooth fragment removal.....	400
D7610	Maxillary - open reduction (teeth immobilized).....	400
D7620	Maxillary - closed reduction (teeth immobilized).....	400
D7630	Mandible - open reduction (teeth immobilized).....	400
D7640	Mandible - closed reduction (teeth immobilize).....	400
D7650	Malar and/or zygomatic arch - open reduction.....	400
D7660	Malar and/or zygomatic arch- closed reduction.....	400
D7670	Alveolus - closed reduction.....	265
D7671	Alveolus- open reduction(incl. teeth stabil.).....	267
D7680	Facial bones - complicated reduction.....	400
D7710	Maxillary - open reduction.....	400
D7720	Maxillary - closed reduction.....	400
D7730	Mandible - open reduction.....	400
D7740	Mandible - closed reduction.....	400
D7750	Malar and/or zygomatic arch - open reduction.....	400
D7760	Malar and/or zygomatic arch- closed reduction.....	400
D7770	Alveolus - open reduction stabiliz. of teeth.....	400
D7771	Alveolus, closed reduction stabiliz. of teeth.....	104
D7780	Facial bones - complicated reduction.....	400
D7810	Open reduction of dislocation.....	400
D7820	Closed reduction of dislocation.....	171
D7830	Manipulation under anesthesia.....	142
D7840	Condylectomy.....	400
D7850	Surgical discectomy, with/without implant.....	400
D7854	Synovectomy.....	400
D7858	Joint reconstruction.....	400
D7860	Arthrotomy.....	400
D7865	Arthroplasty.....	400
D7870	Arthrocentesis.....	79
D7871	Non-arthroscopic lysis and lavage.....	276
D7872	Arthroscopy - diagnosis, w/ or w/out biopsy.....	400
D7873	Arthroscopy-surgical-lavage/lysis of adhesion.....	400
D7874	Arthroscopy - surgical: disc reposit/stabiliz.....	400
D7875	Arthroscopy - surgical: synovectomy.....	400
D7876	Arthroscopy - surgical: discectomy.....	400
D7877	Arthroscopy - surgical: debridement.....	400
D7880	Occlusal orthotic device, by report.....	136
D7910	Suture of recent small wounds up to 5 cm.....	30
D7911	Complicated suture, <= 5 cm.....	35
D7912	Complicated suture, > 5 cm.....	40

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D7920	Skin graft - identify defect.....	400
D7921	Collection application of blood concentrate.....	20
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site.....	20
D7940	Osteoplasty - for orthognathic deformities.....	400
D7941	Osteotomy - mandibular rami.....	400
D7943	Osteotomy - mandibular rami with bone graft.....	400
D7944	Osteotomy- segmented/ subapical-per sext/quad.....	400
D7945	Osteotomy - body of mandible.....	400
D7946	LeFort I (maxillary - total).....	400
D7947	LeFort I (maxillary - segmented).....	400
D7948	LeFort II or LeFort III.....	400
D7949	LeFort II or LeFort III - with bone graft.....	400
D7950	Osseous, osteoperiosteal, or cartilage graft.....	157
D7951	Sinus Augmentation via lateral approach.....	309
D7952	Sinus augmentation via vertical approach.....	160
D7955	Repair of maxillofacial soft and hard tissue.....	161
D7961	Buccal/labial frenectomy (frenulectomy).....	132
D7962	Lingual frenectomy (frenulectomy).....	132
D7963	Frenuloplasty.....	147
D7970	Excision of hyperplastic tissue - per arch.....	117
D7971	Excision of pericoronal gingiva.....	66
D7972	Surgical reduction of fibrous tuberosity.....	261
D7979	Non-surgical sialolithotomy.....	22
D7980	Surgical sialolithotomy.....	114
D7981	Excision of salivary gland, by report.....	400
D7982	Sialodochoplasty.....	400
D7983	Closure of salivary fistula.....	370
D7990	Emergency tracheotomy.....	379
D7991	Coronoidectomy.....	400
D7995	Synthetic graft - mandible or facial bones.....	270
D7996	Implant-mandible for augmentation purposes.....	400
D7997	Appliance removal (not by original dentist).....	135
Orthodontics²		
D8010	Limited ortho. treatment of the primary dentition.....	400
D8020	Limited ortho. treatment of the transitional dentition.....	400
D8030	Limited ortho treatment - adolescent dentition.....	400
D8040	Limited ortho treatment - adult dentition.....	400
D8070	Comp. ortho. treatment - transitional dentition.....	400
D8080	Comp. ortho. treatment - adolescent dentition.....	400
D8090	Comp. ortho. treatment - adult dentition.....	400
D8660	Pre-orthodontic treatment visit.....	400
D8670	Periodic ortho. treatment visit (as part of contract) ...	118
D8680	Orthodontic retainer (rem. of appl./placement of retainer(s)).....	400
D8681	Removable orthodontic retainer adjustment.....	31
D8696	Repair of orthodontic appliance – maxillary.....	100
D8697	Repair of orthodontic appliance – mandibular.....	100
D8698	Re-cement or re-bond fixed retainer – maxillary.....	174
D8699	Re-cement or re-bond fixed retainer – mandibular ...	174
D8701	Repair of fixed retainer, includes reattachment – maxillary.....	174
D8702	Repair of fixed retainer, includes reattachment – mandibular.....	174
D8703	Replacement of lost or broken retainer – maxillary ...	179
D8704	Replacement of lost or broken retainer – mandibular.....	179
Adjunctive General Services		
D9110	Palliative treatment of dental pain – per visit.....	22
D9210	Local anesthesia not in conj. w/ operative/surg. procedures.....	0
D9211	Regional block anesthesia.....	0
D9212	Trigeminal division block anesthesia.....	0
D9215	Local anesthesia in conj. w/ operative/surg. procedures.....	0
D9219	Evaluation for deep sedation or general anesthesia ...	0
D9222	Deep sedation/general anesthesia - first 15 minutes..	52

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment.....	52
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	19
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes.....	52
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.....	52
D9248	Non-intravenous conscious sedation	73
D9310	Consultation (diagnostic service by nontreating dentist)	22
D9410	House/extended care facility call	100
D9420	Hospital call	175
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	0
D9440	Office visit after regularly scheduled hours.....	45
D9450	Case presentation, subsequent to detailed and extensive treatment planning	22
D9610	Therapeutic parenteral drug, single admin.	13
D9612	Therapeutic parenteral drug, 2 or more admin., diff. med.	35
D9613	Infiltration of sustained release therapeutic drug, per quadrant.....	190
D9630	Drugs or medicaments dispensed in the office for home use.....	21
D9910	Application of desensitizing medicament	16
D9911	Appl. of desen. resin for cervical/root surf.....	38
D9920	Behavior management, by report	34
D9930	Treatment of complications (post-surgical)	22
D9941	Fabrication of athletic mouthguard.....	51
D9942	Repair and/or reline of occlusal guard	105
D9943	Occlusal guard adjustment.....	46
D9944	Occlusal guard – hard appliance, full arch.....	136
D9945	Occlusal guard – soft appliance, full arch.....	136
D9946	Occlusal guard – hard appliance, partial arch	136
D9950	Occlusion analysis - mounted case.....	52
D9951	Occlusal adjustment - limited.....	33
D9952	Occlusal adjustment - complete.....	133
D9953	Reline custom sleep apnea appliance (indirect).....	153
D9971	Odontoplasty 1 - 2 teeth	24
D9974	Internal bleaching - per tooth	82
D9986	Missed appointment	50
D9995	Teledentistry - synchronous; real-time encounter	0
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review.....	0
D9997	Dental case management – patients with special health care needs.....	50

1. Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Plan Specialist.
2. See limitation #12 for additional coverage information.

Current Dental Terminology © American Dental Association. Only current ADA CDT codes are considered valid by Dominion. For a full description of each code, please consult the ADA's CDT guidelines.

Plan Exclusions

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not Necessary and Appropriate Dental Services for the patient's dental health as determined by the Plan.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
4. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, such services should not be performed in a dental office, with the exception of the necessary care and treatment of medically diagnosed

5. congenital defects and birth abnormalities.
5. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
6. Procedures not listed as covered services under this Plan.
7. Services obtained outside of the dental office in which enrolled and that are not pre-authorized by such office or the Plan (with the exception of out-of-area emergency dental services).

Plan Limitations

1. One (1) evaluation (D0120, D0145, D0150 or D0160) per six (6) months, per patient.
2. One (1) teeth cleaning (D1110 or D1120) per six (6) months, per patient.
3. One fluoride treatment per six (6) months, per patient.
4. Extraoral panoramic film/view and bitewings may be substituted for the full mouth series with the same frequency limit.
5. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years.
6. Sealants, limited to one time application to all occlusal surfaces that are unfiled and caries free, in premolars and permanent molars. Replacement of sealants can be considered with pre-authorization.
7. Space maintainers to maintain space for eruption of permanent tooth/teeth, includes placement and removal.
8. Denture rebase following 12 months post denture insertion and subject to pre-authorization, denture rebase is covered and includes adjustments for first 6 months following service. Denture relines following 12 months post denture insertion denture relines are covered once a year without pre-authorization and includes adjustments for first 6 months following service.
9. One root scaling and planing (D4341, D4342 or D4346) per quadrant of mouth per six (6) months, subject to pre-authorization.
10. Periodontal maintenance following surgery, subject to pre-authorization.
11. Anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 2 hours of services is allowed for general anesthesia and intravenous conscious sedation. There is no maximum for non-intravenous conscious sedation. General anesthesia is not covered with procedure codes D9230, D9239 or D9243. Intravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Non-intravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Analgesia (nitrous oxide) is not covered with procedure code D9222, D9223, D9239 or D9243.
12. Orthodontic treatment requires pre-authorization and is not considered for cosmetic purposes. Orthodontic consultation can be provided once annually as needed by the same provider. Pre-orthodontic treatment visit for completion of the HLD (NJ-Mod2) assessment form and diagnostic photographs and panoramic radiograph/views is required for consideration of services. Orthodontic cases that require extraction of permanent teeth must be approved for orthodontic treatment prior to extractions being provided. The orthodontic approval should be submitted with referral to oral surgeon or Participating Dentist providing the extractions and extractions should not be provided without proof of approval for orthodontic service. Initiation of treatment should take into consideration time needed to treat the case to ensure treatment is completed prior to 19th birthday. Periodic oral evaluation, preventive services and needed dental treatment must be provided prior to initiation of orthodontic treatment. The placement of the appliance represents the treatment start date. Reimbursement includes placement and removal of appliance. Removal can be requested by report as separate service for provider that did not start case and requires pre-authorization. Completion of treatment must be documented to include diagnostic photographs and panoramic radiograph/view of completed case and submitted when active treatment has ended and bands are removed. Date of service used is date of band removal.
13. Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.