

## Delta Dental of Iowa - Dental Wellness Plan PAHP Contract

**Fee Schedule - Effective January 1, 2018**

| <b>CDT Code</b> | <b>Nomenclature</b>  | <b>DWP Fee</b> |
|-----------------|--|----------------|
| D0120 *         | periodic oral evaluation - established patient   | \$16.37        |
| D0140*          | limited oral evaluation - problem focused  | \$25.00        |
| D0150*          | comprehensive oral evaluation - new or established patient   | \$21.00        |
| D0170           | re-evaluation - limited, problem focused (established patient; not post-operative visit)               | \$21.00        |
| D0180*          | comprehensive periodontal evaluation - new or established patient                                      | \$21.00        |
| D0210           | intraoral - complete series of radiographic images   | \$51.17        |
| D0220           | intraoral - periapical first radiographic image  | \$10.00        |
| D0230           | intraoral - periapical each additional radiographic image  | \$8.00         |
| D0240           | intraoral - occlusal radiographic image  | \$12.00        |
| D0250           | extra-oral -2D projection radiographic image created using a stationary radiation source, and detector | \$27.00        |
| D0270           | bitewing - single radiographic image   | \$9.00         |
| D0272           | bitewings - two radiographic images  | \$16.50        |
| D0273           | bitewings - three radiographic images  | \$20.00        |
| D0274           | bitewings - four radiographic images   | \$25.00        |
| D0330           | panoramic radiographic image   | \$49.00        |
| D0340           | 2D cephalometric radiographic image - acquisition, measurement and analysis                            | \$60.00        |
| D0460           | pulp vitality tests  | \$15.00        |
| D0470           | diagnostic casts   | \$20.00        |
| D0601**         | caries risk assessment and documentation, with finding of low risk                                     | \$5.00         |
| D0602**         | caries risk assessment and documentation, with finding of moderate risk                                | \$5.00         |
| D0603**         | caries risk assessment and documentation, with finding of high risk                                    | \$5.00         |
| D1110 *         | prophylaxis - adult  | \$35.82        |

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|-----------------|---|----------------|
| D1206           | topical application of fluoride varnish   | \$14.00        |
| D1208           | topical application of fluoride - excluding varnish                                 | \$14.00        |
| D1354           | interim caries arresting medicament application - per tooth                         | \$14.00        |
| D2140           | amalgam - one surface, primary or permanent   | \$46.50        |
| D2150           | amalgam - two surfaces, primary or permanent  | \$58.75        |
| D2160           | amalgam- three surfaces, primary permanent  | \$70.75        |
| D2161           | amalgam - four or more surfaces, primary or permanent                               | \$80.00        |
| D2330           | resin-based composite - one surface, anterior                                       | \$52.50        |
| D2331           | resin-based composite - two surfaces, anterior                                      | \$66.75        |
| D2332           | resin-based composite - three surfaces, anterior                                    | \$76.76        |
| D2335           | resin-based composite - four or more surfaces or involving incisal angle (anterior) | \$86.99        |
| D2390           | resin-based composite crown, anterior   | \$145.00       |
| D2391           | resin-based composite - one surface, posterior                                      | \$52.19        |
| D2392           | resin-based composite - two surfaces, posterior                                     | \$72.47        |
| D2393           | resin-based composite - three surfaces, posterior                                   | \$76.76        |
| D2394           | resin-based composite - four or more surfaces, posterior                            | \$86.99        |
| D2710           | crown - resin-based composite (indirect)  | \$350.00       |
| D2721           | crown - resin with predominantly base metal   | \$350.00       |
| D2740           | crown - porcelain/ceramic   | \$425.00       |
| D2750           | crown - porcelain fused to high noble metal   | \$475.00       |
| D2751           | crown - porcelain fused to predominantly base metal                                 | \$420.00       |
| D2752           | crown - porcelain fused to noble metal  | \$450.00       |

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| D2781           | crown - 3/4 cast predominantly base metal   | \$400.00       |
| D2790           | crown - full cast high noble metal  | \$475.00       |
| D2791           | crown - full cast predominantly base metal  | \$425.00       |
| D2792           | crown - full cast noble metal   | \$450.00       |
| D2910           | re-cement or re-bond inlay, onlay, veneer or partial coverage restoration   | \$35.00        |
| D2915           | re-cement or re-bond indirectly fabricated or prefabricated post and core   | \$35.00        |
| D2920           | re-cement or re-bond crown  | \$35.00        |
| D2921           | reattachment of tooth fragment, incisal edge or cusp  | \$106.35       |
| D2931           | prefabricated stainless steel crown - permanent tooth   | \$110.00       |
| D2932           | prefabricated resin crown   | \$110.00       |
| D2940           | protective restoration  | \$31.72        |
| D2950           | core buildup, including any pins when required  | \$110.78       |
| D2951           | pin retention - per tooth, in addition to restoration   | \$5.00         |
| D2952           | post and core in addition to crown, indirectly fabricated   | \$127.94       |
| D2954           | prefabricated post and core in addition to crown  | \$75.73        |
| D2971           | additional procedures to construct new crown under existing partial denture framework   | \$50.08        |
| D2980           | crown repair necessitated by restorative material failure   | \$45.00        |
| D3220           | therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | \$60.00        |
| D3221           | pulpal debridement, primary and permanent teeth   | \$75.00        |
| D3310           | endodontic therapy, anterior tooth (excluding final restoration)  | \$275.00       |
| D3320           | endodontic therapy, premolar tooth (excluding final restoration)  | \$325.00       |

## Delta Dental of Iowa - Dental Wellness Plan PAHP Contract

**Fee Schedule - Effective January 1, 2018**

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|-----------------|---|----------------|
| D3330           | endodontic therapy, molar tooth (excluding final restoration)   | \$425.00       |
| D3332           | incomplete endodontic therapy; inoperable, unrestorable or fractured tooth  | \$155.00       |
| D3346           | retreatment of previous root canal therapy - anterior   | \$375.00       |
| D3347           | retreatment of previous root canal therapy - premolar   | \$400.00       |
| D3348           | retreatment of previous root canal therapy - molar  | \$506.63       |
| D3351           | apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.) | \$76.76        |
| D3352           | apexification/recalcification - interim medication replacement  | \$51.17        |
| D3410           | apicoectomy - anterior  | \$236.43       |
| D3421           | apicoectomy - premolar (first root)   | \$316.26       |
| D3425           | apicoectomy - molar (first root)  | \$143.28       |
| D3426           | apicoectomy (each additional root)  | \$51.19        |
| D3427           | periradicular surgery without apicoectomy   | \$125.00       |
| D3430           | retrograde filling - per root   | \$191.48       |
| D3450           | root amputation - per root  | \$64.65        |
| D4210           | gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant                    | \$150.00       |
| D4211           | gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant                    | \$100.00       |
| D4240           | gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant  | \$200.00       |
| D4241           | gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant  | \$150.00       |
| D4249           | clinical crown lengthening - hard tissue  | \$175.00       |

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| D4260           | osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant   | \$300.00       |
| D4261           | osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant   | \$175.00       |
| D4270           | pedicle soft tissue graft procedure   | \$275.00       |
| D4273           | autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft  | \$225.00       |
| D4283           | autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in the same graft site             | \$150.00       |
| D4275           | non-autogenous connective tissue graft procedure (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft   | \$225.00       |
| D4285           | non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in the same graft site | \$150.00       |
| D4277           | free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant, or edentulous tooth position in graft  | \$225.00       |
| D4278           | free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant, or edentulous tooth position in same graft site                             | \$225.00       |
| D4341           | periodontal scaling and root planing - four or more teeth per quadrant  | \$99.00        |
| D4342           | periodontal scaling and root planing - one to three teeth per quadrant  | \$35.00        |
| D4346           | scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation   | \$40.00        |
| D4355           | full mouth debridement to enable comprehensive evaluation and diagnosis on a subsequent visit   | \$50.00        |
| D4910*          | periodontal maintenance   | \$61.00        |

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**Fee Schedule - Effective January 1, 2018**

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|-----------------|---|----------------|
| D4999           | unspecified periodontal procedure, by report  | \$25.00        |
| D5110           | complete denture - maxillary  | \$550.00       |
| D5120           | complete denture - mandibular   | \$550.00       |
| D5130           | immediate denture - maxillary   | \$550.00       |
| D5140           | immediate denture - mandibular  | \$550.00       |
| D5211           | maxillary partial denture - resin base (including any conventional clasps, rests and teeth)                                     | \$300.00       |
| D5212           | mandibular partial denture - resin base (including any conventional clasps, rests and teeth)                                    | \$300.00       |
| D5213           | maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  | \$591.00       |
| D5214           | mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$591.00       |
| D5225           | maxillary partial denture - flexible base (including any clasps, rests and teeth)   | \$300.00       |
| D5226           | mandibular partial denture - flexible base (including any clasps, rests and teeth)  | \$300.00       |
| D5410           | adjust complete denture - maxillary   | \$20.50        |
| D5411           | adjust complete denture - mandibular  | \$20.50        |
| D5421           | adjust partial denture - maxillary  | \$20.50        |
| D5422           | adjust partial denture - mandibular   | \$20.50        |
| D5511           | repair broken complete denture base, mandibular   | \$60.00        |
| D5512           | repair broken complete denture base, maxillary  | \$60.00        |
| D5520           | replace missing or broken teeth - complete denture (each tooth)   | \$51.17        |
| D5611           | repair resin partial denture base, mandibular   | \$60.00        |
| D5612           | repair resin partial denture base, maxillary  | \$60.00        |

## Delta Dental of Iowa - Dental Wellness Plan PAHP Contract

**Fee Schedule - Effective January 1, 2018**

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|-----------------|---|----------------|
| D5621           | repair cast partial framework, mandibular       | \$66.52        |
| D5622           | repair cast partial framework, maxillary        | \$66.52        |
| D5630           | repair or replace broken clasp - per tooth      | \$53.22        |
| D5640           | replace broken teeth - per tooth                | \$50.08        |
| D5650           | add tooth to existing partial denture           | \$68.59        |
| D5660           | add clasp to existing partial denture -         | \$81.65        |
| D5710           | rebase complete maxillary denture               | \$200.00       |
| D5711           | rebase complete mandibular denture              | \$200.00       |
| D5720           | rebase maxillary partial denture                | \$200.00       |
| D5721           | rebase mandibular partial denture               | \$200.00       |
| D5730           | reline complete maxillary denture (chairside)   | \$125.00       |
| D5731           | reline complete mandibular denture (chairside)  | \$125.00       |
| D5740           | reline maxillary partial denture (chairside)    | \$90.00        |
| D5741           | reline mandibular partial denture (chairside)   | \$90.00        |
| D5750           | reline complete maxillary denture (laboratory)  | \$175.00       |
| D5751           | reline complete mandibular denture (laboratory) | \$175.00       |
| D5760           | reline maxillary partial denture (laboratory)   | \$175.00       |
| D5761           | reline mandibular partial denture (laboratory)  | \$175.00       |
| D5850           | tissue conditioning, maxillary                  | \$30.70        |
| D5851           | tissue conditioning, mandibular                 | \$30.70        |
| D5863           | overdenture - complete maxillary                | \$550.00       |
| D5864           | overdenture - partial maxillary                 | \$550.00       |

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|-----------------|--|----------------|
| D5865           | overdenture - complete mandibular                            | \$300.00       |
| D5866           | overdenture - partial mandibular                             | \$300.00       |
| D5899           | unspecified removable prosthodontic procedure, by report     | \$50.00        |
| D6205           | pontic - indirect resin based composite                      | \$350.00       |
| D6210           | pontic - cast high noble metal                               | \$450.00       |
| D6211           | pontic - case predominantly base metal                       | \$375.00       |
| D6212           | pontic - cast noble metal                                    | \$400.00       |
| D6214           | pontic - titanium  | \$450.00       |
| D6240           | pontic - porcelain fused to high noble metal                 | \$450.00       |
| D6241           | pontic - porcelain fused to predominantly base metal         | \$400.00       |
| D6242           | pontic - porcelain fused to noble metal                      | \$425.00       |
| D6245           | pontic - porcelain / ceramic                                 | \$400.00       |
| D6545           | retainer - cast metal for resin bonded fixed prosthesis      | \$102.35       |
| D6710           | retainer crown - indirect resin based composite              | \$200.00       |
| D6720           | retainer crown - resin with high noble metal                 | \$300.00       |
| D6721           | retainer crown - resin with predominantly base metal         | \$250.00       |
| D6722           | retainer crown - resin with noble metal                      | \$275.00       |
| D6740           | retainer crown - porcelain/ceramic                           | \$425.00       |
| D6750           | retainer crown - porcelain fused to high noble metal         | \$475.00       |
| D6751           | retainer crown - porcelain fused to predominantly base metal | \$400.00       |
| D6752           | retainer crown - porcelain fused to noble metal              | \$425.00       |
| D6930           | re-cement or re-bond fixed partial denture                   | \$46.05        |

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| D6980           | fixed partial denture repair necessitated by restorative material failure   | \$46.00        |
| D7111           | extraction, coronal remnants - primary tooth  | \$48.00        |
| D7140           | extraction, erupted tooth or exposed root (elevation and / or forceps removal)  | \$51.17        |
| D7210           | extraction, erupted tooth requiring removal of bone and / or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | \$99.00        |
| D7220           | removal of impacted tooth - soft tissue   | \$140.00       |
| D7230           | removal of impacted tooth - partially bony  | \$195.00       |
| D7240           | removal of impacted tooth - completely bony   | \$195.00       |
| D7241           | removal of impacted tooth - completely bony, with unusual surgical complications  | \$210.00       |
| D7250           | removal of residual tooth roots (cutting procedure)   | \$99.00        |
| D7251           | coronectomy - intentional partial tooth removal   | \$214.92       |
| D7260           | oroantral fistula closure   | \$200.00       |
| D7261           | primary closure of a sinus perforation  | \$200.00       |
| D7270           | tooth re-implantation and / or stabilization of accidentally evulsed or displaced tooth   | \$117.54       |
| D7280           | surgical access of an unerupted tooth   | \$220.00       |
| D7283           | placement of device to facilitate eruption of impacted tooth  | \$220.00       |
| D7285           | incisional biopsy of oral tissue - hard (bone, tooth)   | \$179.11       |
| D7286           | incisional biopsy of oral tissue - soft   | \$107.47       |
| D7310           | alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant  | \$85.40        |
| D7311           | alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant  | \$85.40        |
| D7320           | alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant  | \$97.23        |
| D7321           | alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant  | \$97.23        |

## Delta Dental of Iowa - Dental Wellness Plan PAHP Contract

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|-----------------|---|----------------|
| D7450           | removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm   | \$105.79       |
| D7451           | removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm                                    | \$230.29       |
| D7460           | removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm  | \$230.29       |
| D7461           | removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm                                 | \$230.29       |
| D7471           | removal of lateral exostosis (maxilla or mandible)  | \$125.00       |
| D7472           | removal of torus palatinus  | \$125.00       |
| D7473           | removal of torus mandibularis   | \$125.00       |
| D7485           | surgical reduction of osseous tuberosity  | \$125.00       |
| D7510           | incision and drainage of abscess - intraoral soft tissue  | \$53.22        |
| D7511           | incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | \$75.00        |
| D7530           | removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue  | \$75.00        |
| D7880           | occlusal orthotic device, by report   | \$225.00       |
| D7960           | frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure         | \$125.00       |
| D7963           | frenuloplasty   | \$128.00       |
| D7970           | excision of hyperplastic tissue - per arch  | \$97.23        |
| D7971           | excision of pericoronal gingiva   | \$75.00        |
| D7972           | surgical reduction of fibrous tuberosity  | \$97.23        |
| D8080           | comprehensive orthodontic treatment of the adolescent dentition   | \$3,120.00     |
| D8090           | comprehensive orthodontic treatment of the adult dentition  | \$3,120.00     |
| D8692           | replacement of lost or broken retainer  | \$125.00       |
| D9110           | palliative (emergency) treatment of dental pain - minor procedure   | \$24.00        |

Delta Dental of Iowa - Dental Wellness Plan PAHP Contract

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| CDT Code | Nomenclature  | DWP Fee  |
|----------|---|----------|
| D9120    | fixed partial denture sectioning  | \$49.73  |
| D9222    | deep sedation / general anesthesia - first 15 minutes   | \$131.01 |
| D9223    | deep sedation / general anesthesia - each subsequent 15 minute increment                                      | \$65.50  |
| D9239    | intravenous moderate (conscious) sedation / analgesia - first 15 minutes                                      | \$122.82 |
| D9243    | intravenous moderate (conscious) sedation / analgesia - each subsequent 15 minute increment                   | \$61.41  |
| D9248    | non-intravenous conscious sedation  | \$75.00  |
| D9310    | consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | \$25.59  |
| D9410    | house / extended care facility call   | \$25.59  |
| D9420    | hospital or ambulatory surgical center call   | \$25.59  |
| D9930    | treatment of complications (post-surgical) - unusual circumstances, by report                                 | \$25.59  |
| D9440    | office visit - after regularly scheduled hours  | \$50.00  |
| D9999    | unspecified adjunctive procedure, by report   | \$25.00  |

\* denotes preventive services for Healthy Behaviors

\*\* one risk assessment is payable per benefit period

NOTE- Only the PreViser risk assessment can be used for reimbursement and this must be submitted in the online PreViser tool. Payments will be recouped if the assessment is not submitted into the online PreViser tool.