DELTA DENTAL®

PPO – Fixed Copay Program

Full Copay Sheet

PPO Copay Complete

Covered Procedures		Enrollee Copayments
D0100-D0999	**DIAGNOSTIC**	
D0120	Periodic oral evaluation - established patient	$0
D0140	Limited oral evaluation - problem focused	$0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	$0
D0150	Comprehensive oral evaluation - new or established patient	$0
D0160	Detailed and extensive oral evaluation - problem focused, by report	$0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	$0
D0171	Re-evaluation - post-operative office visit	$0
D0180	Comprehensive periodontal evaluation - new or established patient	$0
D0210	Intraoral - complete series of radiographic images	$0
D0220	Intraoral - periapical first radiographic image	$0
D0230	Intraoral - periapical each additional radiographic image	$0
D0240	Intraoral - occlusal radiographic image	$0
D0250	Extraoral – 2D projection radiographic image created using a stationary radiation source and detector	$0
D0251	Extraoral posterior dental radiographic image	$0
D0270	Bitewing - single radiographic image	$0
D0272	Bitewings - two radiographic images	$0
D0273	Bitewings three radiographic images	$0
D0274	Bitewings - four radiographic images	$0
D0321	Other temporomandibular joint films, by report	$0
D0330	Panoramic radiographic image	$0
D0364	Cone beam CT capture and interpretation with limited field of view - less than whole jaw	$0
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	$0
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	$0
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	$0
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	$0
D0415	Collection of microorganisms for culture and sensitivity	$0
D0460	Pulp vitality tests	$0
D0470	Diagnostic casts	$0
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	$0
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	$0
D0601	Caries risk assessment and documentation, with a finding of low risk	$0
D0602	Caries risk assessment and documentation, with a finding of moderate risk	$0
D0603	Caries risk assessment and documentation, with a finding of high risk	$0
D1000-D1999	**PREVENTIVE**	
D1110	Prophylaxis cleaning - adult	$0
D1120	Prophylaxis cleaning - child	$0
D1206	Topical application of fluoride varnish	$0
D1208	Topical application of fluoride - excluding varnish	$0
D1330	Oral hygiene instructions	$0
D1351	Sealant - per tooth	$0
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	$0
D1353	Sealant repair - per tooth	$0
D1354	Interim caries arresting medicament application	$0
D1510	Space maintainer - fixed – unilateral	$0
D1516	Space maintainer - fixed - bilateral, maxillary	$0
D1517	Space maintainer - fixed - bilateral, mandibular	$0
D1520	Space maintainer - removable – unilateral	$0

D1526	Space maintainer - removable - bilateral, maxillary	$0
D1527	Space maintainer - removable - bilateral, mandibular	$0
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	$0
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	$0
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	$0
D1556	Removal of fixed unilateral space maintainer - per quadrant	$0
D1557	Removal of fixed bilateral space maintainer - maxillary	$0
D1558	Removal of fixed bilateral space maintainer - mandibular	$0
D1575	Distal shoe space maintainer - fixed – unilateral	$0
D2000-D2999	**RESTORATIVE**	
D2140	Amalgam - one surface, primary or permanent	$0
D2150	Amalgam - two surfaces, primary or permanent	$0
D2160	Amalgam - three surfaces, primary or permanent	$0
D2161	Amalgam - four or more surfaces, primary or permanent	$0
D2330	Resin-based composite - one surface, anterior	$0
D2331	Resin-based composite - two surfaces, anterior	$0
D2332	Resin-based composite - three surfaces, anterior	$0
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	$0
D2390	Resin-based composite crown, anterior	$0
D2391	Resin-based composite - one surface, posterior	$0
D2392	Resin-based composite - two surfaces, posterior	$0
D2393	Resin-based composite - three surfaces, posterior	$0
D2394	Resin-based composite - four or more surfaces, posterior	$0
D2510	Inlay - metallic - one surface	$0
D2520	Inlay - metallic - two surfaces	$0
D2530	Inlay - metallic - three or more surfaces	$0
D2542	Onlay - metallic - two surfaces	$0
D2543	Onlay - metallic - three surfaces	$0
D2544	Onlay - metallic - four or more surfaces	$0
D2610	Inlay - porcelain/ceramic - one surface	$0
D2620	Inlay - porcelain/ceramic - two surfaces	$0
D2630	Inlay - porcelain/ceramic - three or more surfaces	$0
D2642	Onlay - porcelain/ceramic - two surfaces	$0
D2643	Onlay - porcelain/ceramic - three surfaces	$0
D2644	Onlay - porcelain/ceramic - four or more surfaces	$0
D2650	Inlay - resin-based composite - one surface	$0
D2651	Inlay - resin-based composite - two surfaces	$0
D2652	Inlay - resin-based composite - three or more surfaces	$0
D2662	Onlay - resin-based composite - two surfaces	$0
D2663	Onlay - resin-based composite - three surfaces	$0
D2664	Onlay - resin-based composite - four or more surfaces	$0
D2710	Crown - resin-based composite (indirect)	$0
D2712	Crown - ¾ resin-based composite (indirect)	$0
D2720	Crown - resin with high noble metal	$0
D2721	Crown - resin with predominantly base metal	$0
D2722	Crown - resin with noble metal	$0
D2740	Crown - porcelain/ceramic substrate	$0
D2750	Crown - porcelain fused to high noble metal	$0
D2751	Crown - porcelain fused to predominantly base metal	$0
D2752	Crown - porcelain fused to noble metal	$0
D2780	Crown - ¾ cast high noble metal	$0
D2781	Crown - ¾ cast predominantly base metal	$0
D2782	Crown - ¾ cast noble metal	$0
D2783	Crown - ¾ porcelain/ceramic	$0
D2790	Crown - full cast high noble metal	$0
D2791	Crown - full cast predominantly base metal	$0
D2792	Crown - full cast noble metal	$0

D2794	Crown – titanium	$0
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	$0
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	$0
D2920	Re-cement or re-bond crown	$0
D2921	Reattachment of tooth fragment, incisal edge or cusp (anterior)	$0
D2929	Prefabricated porcelain/ceramic crown - primary tooth - anterior	$0
D2930	Prefabricated stainless steel crown - primary tooth	$0
D2931	Prefabricated stainless steel crown - permanent tooth	$0
D2932	Prefabricated resin crown - anterior primary tooth	$0
D2933	Prefabricated stainless steel crown with resin window - anterior primary tooth	$0
D2934	Prefabricated esthetic coated stainless steel crown-primary tooth	$0
D2940	Placement of interim direct restoration	$0
D2949	Restorative foundation for an indirect restoration	$0
D2950	Core buildup, including any pins when required	$0
D2951	Pin retention - per tooth, in addition to restoration	$0
D2952	Post and core in addition to crown, indirectly fabricated - includes canal preparation	$0
D2953	Each additional indirectly fabricated post - same tooth - includes canal preparation	$0
D2954	Prefabricated post and core in addition to crown - base metal post; includes canal preparation	0
D2957	Each additional prefabricated post - same tooth - base metal post; includes canal preparation	0
D2971	Additional procedures to construct new crown under existing partial denture framework	$0
D2980	Crown repair necessitated by restorative material failure	$0
D2981	Inlay repair necessitated by restorative material failure	$0
D2982	Onlay repair necessitated by restorative material failure	$0
D2983	Veneer repair necessitated by restorative material failure	$0
D2990	Resin infiltration of incipient smooth surface lesions	$0
D3000-D3999	**ENDODONTICS**	
D3110	Pulp cap - direct (excluding final restoration)	$0
D3120	Pulp cap - indirect (excluding final restoration)	$0
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	$0
D3221	Pulpal debridement, primary and permanent teeth	$0
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	$0
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	$0
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	$0
D3310	Root canal - endodontic therapy, anterior tooth (excluding final restoration)	$0
D3320	Root canal - endodontic therapy, bicuspid tooth (excluding final restoration)	$0
D3330	Root canal - endodontic therapy, molar (excluding final restoration)	$0
D3331	Treatment of root canal obstruction; non-surgical access	$0
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	$0
D3333	Internal root repair of perforation defects	$0
D3346	Retreatment of previous root canal therapy - anterior	$0
D3347	Retreatment of previous root canal therapy - bicuspid	$0
D3348	Retreatment of previous root canal therapy - molar	$0
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc	$0
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	$0
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	$0
D3410	Apicoectomy – anterior	$0
D3421	Apicoectomy - bicuspid (first root)	$0
D3425	Apicoectomy - molar (first root)	$0
D3426	Apicoectomy (each additional root)	$0
D3430	Retrograde filling - per root	$0
D3450	Root amputation - per root	$0
D3471	Surgical repair of root resorption - anterior	$0
D3472	Surgical repair of root resorption – premolar	$0
D3473	Surgical repair of root resorption – molar	$0

D3920	Hemisection (including any root removal), not including root canal therapy	$0
D4000-D4999	**PERIODONTICS**	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	$0
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	$0
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	$0
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	$0
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	$0
D4245	Apically positioned flap	$0
D4249	Clinical crown lengthening - hard tissue	$0
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	$0
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	$0
D4263	Bone replacement graft - retained natural tooth –first site in quadrant	$0
D4264	Bone replacement graft - retained natural tooth –each additional site in quadrant	$0
D4270	Pedicle soft tissue graft procedure	$0
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft	$0
D4274	Mesial/distal, wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	$0
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous tooth position in graft	$0
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	$0
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	$0
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	$0
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	$0
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	$0
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	$0
D4910	Periodontal maintenance	$0
D4921	Gingival irrigation - per quadrant	$0
D5000-D5899	**PROSTHODONTICS (removable)**	
D5110	Complete denture – maxillary	$0
D5120	Complete denture – mandibular	$0
D5130	Immediate denture – maxillary	$0
D5140	Immediate denture – mandibular	$0
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	$0
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	$0
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	$0
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	$0
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	$0
D5222	Immediate mandibular partial denture – resin base (including conventional clasps, rests and teeth)	$0
D5223	Immediate maxillary partial denture – cast metal frameworks with resin denture bases (including any conventional clasps, rests and teeth)	$0
D5224	Immediate mandibular partial denture – cast metal frameworks with resin denture bases (including any conventional clasps, rests and teeth)	$0
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	$0
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	$0
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	$0

D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	$0
D5410	Adjust complete denture – maxillary	$0
D5411	Adjust complete denture – mandibular	$0
D5421	Adjust partial denture – maxillary	$0
D5422	Adjust partial denture – mandibular	$0
D5511	Repair broken complete denture base, mandibular	$0
D5512	Repair broken complete denture base, maxillary	$0
D5520	Replace missing or broken teeth - complete denture - per tooth	$0
D5611	Repair resin partial denture base, mandibular	$0
D5612	Repair resin partial denture base, maxillary	$0
D5621	Repair cast partial framework, mandibular	$0
D5622	Repair cast partial framework, maxillary	$0
D5630	Repair or replace broken clasp per tooth	$0
D5640	Replace missing or broken teeth - partial denture - per tooth	$0
D5650	Add tooth to existing partial denture - per tooth	$0
D5660	Add clasp to existing partial denture per tooth	$0
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	$0
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	$0
D5710	Rebase complete maxillary denture	$0
D5711	Rebase complete mandibular denture	$0
D5720	Rebase maxillary partial denture	$0
D5721	Rebase mandibular partial denture	$0
D5730	Reline complete maxillary denture (chairside)	$0
D5731	Reline complete mandibular denture (chairside)	$0
D5740	Reline maxillary partial denture (chairside)	$0
D5741	Reline mandibular partial denture (chairside)	$0
D5750	Reline complete maxillary denture (laboratory)	$0
D5751	Reline complete mandibular denture (laboratory)	$0
D5760	Reline maxillary partial denture (laboratory)	$0
D5761	Reline mandibular partial denture (laboratory)	$0
D5820	Interim partial denture (maxillary)	$0
D5821	Interim partial denture (mandibular)	$0
D5850	Tissue conditioning, maxillary	$0
D5851	Tissue conditioning, mandibular	$0
D6200-D6999	**PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture (bridge))**	
D6210	Pontic - cast high noble metal	$0
D6211	Pontic - cast predominantly base metal	$0
D6212	Pontic - cast noble metal	$0
D6214	Pontic - titanium and titanium alloys	$0
D6240	Pontic - porcelain fused to high noble metal	$0
D6241	Pontic - porcelain fused to predominantly base metal	$0
D6242	Pontic - porcelain fused to noble metal	$0
D6245	Pontic - porcelain/ceramic	$0
D6250	Pontic - resin with high noble metal	$0
D6251	Pontic - resin with predominantly base metal	$0
D6252	Pontic - resin with noble metal	$0
D6545	Retainer - cast metal for resin bonded fixed prosthesis	$0
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	$0
D6549	Resin retainer - for resin bonded fixed prosthesis	$0
D6600	Inlay - porcelain/ceramic, two surfaces	$0
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	$0
D6602	Retainer inlay - cast high noble metal, two surfaces	$0
D6603	Retainer inlay - cast high noble metal, three or more surfaces	$0
D6604	Retainer inlay - cast predominantly base metal, two surfaces	$0
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	$0
D6606	Retainer inlay - cast noble metal, two surfaces	$0

D6607	Retainer inlay - cast noble metal, three or more surfaces	$0
D6608	Retainer onlay - porcelain/ceramic, two surfaces	$0
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	$0
D6610	Retainer onlay - cast high noble metal, two surfaces	$0
D6611	Retainer onlay - cast high noble metal, three or more surfaces	$0
D6612	Retainer onlay - cast predominantly base metal, two surfaces	$0
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	$0
D6614	Retainer onlay - cast noble metal, two surfaces	$0
D6615	Retainer onlay - cast noble metal, three or more surfaces	$0
D6720	Retainer crown - resin with high noble metal	$0
D6721	Retainer crown - resin with predominantly base metal	$0
D6722	Retainer crown - resin with noble metal	$0
D6740	Retainer crown - porcelain/ceramic	$0
D6750	Retainer crown - porcelain fused to high noble metal	$0
D6751	Retainer crown - porcelain fused to predominantly base metal	$0
D6752	Retainer crown - porcelain fused to noble metal	$0
D6780	Retainer crown - ¾ cast high noble metal	$0
D6781	Retainer crown - ¾ cast predominantly base metal	$0
D6782	Retainer crown - ¾ cast noble metal	$0
D6783	Retainer crown - ¾ porcelain/ceramic	$0
D6790	Retainer crown - full cast high noble metal	$0
D6791	Retainer crown - full cast predominantly base metal	$0
D6792	Retainer crown - full cast noble metal	$0
D6794	Retainer crown - titanium and titanium alloys	$0
D6930	Re-cement or re-bond fixed partial denture	$0
D6940	Stress breaker	$0
D6980	Fixed partial denture repair necessitated by restorative material failure	$0

D7000-D7999	**ORAL AND MAXILLOFACIAL SURGERY**	
D7111	Extraction, coronal remnants - primary tooth	$0
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$0
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	$0
D7220	Removal of impacted tooth - soft tissue	$0
D7230	Removal of impacted tooth - partially bony	$0
D7240	Removal of impacted tooth - completely bony	$0
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	$0
D7250	Removal of residual tooth roots (cutting procedure)	$0
D7251	Coronectomy - intentional partial tooth removal	$0
D7260	Oroantral fistula closure	$0
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	$0
D7280	Exposure of an unerupted tooth	$0
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	$0
D7283	Placement of device to facilitate eruption of impacted tooth	$0
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	$0
D7286	Incisional biopsy of oral tissue - soft - does not include pathology laboratory procedures	$0
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$0
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	$0
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$0
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	$0
D7340	Vestibuloplasty — ridge extension (secondary epithelialization)	$0
D7350	Vestibuloplasty — ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	$0
D7410	Excision of benign lesion up to 1.25 cm	$0
D7411	Excision of benign lesion greater than 1.25 cm	$0
D7440	Excision of malignant tumor up to 1.25	$0
D7441	Excision of malignant tumor greater than 1.25 cm	$0
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	$0

D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	$0
D7460	Removal of nonodontogenic cyst or tumor lesion diameter up to 1.25 cm	$0
D7461	Removal of nonodontogenic cyst or tumor lesion diameter greater than 1.25 cm	$0
D7465	Destruction of lesion(s) by physical or chemical method, by report	$0
D7471	Removal of lateral exostosis (maxilla or mandible)	$0
D7472	Removal of torus palatines	$0
D7473	Removal of torus mandibularis	$0
D7485	Surgical reduction of osseous tuberosity	$0
D7510	Incision and drainage of abscess - intraoral soft tissue	$0
D7511	Incision and drainage of abscess — intraoral soft tissue — complicated (includes drainage of multiple fascial spaces)	$0
D7520	Incision and drainage of abscess extraoral soft tissue	$0
D7521	Incision and drainage of abscess extraoral soft tissue — complicated (includes drainage of multiple fascial spaces)	$0
D7530	Removal of foreign bodies	$0
D7540	Removal of reaction bodies	$0
D7550	Removal of non-vital bone partial ostectomy/sequestrectomy	$0
D7961	Buccal/labial frenectomy (frenulectomy)	$0
D7962	Lingual frenectomy (frenulectomy)	$0
D7963	Frenuloplasty	$0
D7970	Excision of hyperplastic tissue - per arch	$0
D7971	Excision of pericoronal gingiva	$0
D8000-D8999	**ORTHODONTICS**	
D8070	Comprehensive Ortho Treatment - Transitional Dentition	varies
D8080	Comprehensive Ortho Treatment - Adolescent Dentition	varies
D8090	Comprehensive Ortho Treatment - Adult Dentition	varies
D8999	Unspecified Orthodontic Procedure, by report	varies
D9000-D9999	**ADJUNCTIVE GENERAL SERVICES**	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	$0
D9211	Regional block anesthesia	$0
D9212	Trigeminal division block anesthesia	$0
D9215	Local anesthesia in conjunction with operative or surgical procedures	$0
D9219	Local anesthesia in conjunction with operative or surgical procedures	$0
D9222	Administration of deep sedation/general anesthesia - first 15 minute increment, or any portion thereof	$0
D9223	Administration of deep sedation/general anesthesia - each subsequent 15 minute increment or any portion thereof	$0
D9224	Administration of general anesthesia with advanced airway – first 15 minute increment, or any portion the	$0
D9225	Administration of general anesthesia with advanced airway – each subsequent 15 minute increment, or any portion thereof	$0
D9230	Administration of nitrous oxide	$0
D9239	Administration of moderate sedation intravenous - first 15 minute increment or any portion thereof	$0
D9243	Administration of moderate intravenous - each subsequent 15 minute increment or any portion thereof	$0
D9248	Non-intravenous conscious sedation	$0
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	$0
D9932	Cleaning and inspection of removable denture, maxillary	$0
D9933	Cleaning and inspection of removable complete denture, mandibular	$0
D9934	Cleaning and inspection of removable partial denture, maxillary	$0
D9935	Cleaning and inspection of removable partial denture, mandibular	$0
D9936	Cleaning and inspection of occlusal guard – per appliance	$0
D9941	Fabrication of athletic mouthguard	$0
D9943	Occlusal guard adjustment	$0
D9944	Occlusal guard - hard applicance, full arch	$0
D9945	Occlusal guard - soft appliance, full arch	$0
D9946	Occlusal guard - hard appliance, partial arch	$0
D9951	Occlusal adjustment, limited	$0

D9952	Occlusal adjustment, complete	$0
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	$0

Limitations and Exclusions may apply. Refer to your Dental Benefits Member Booklet.

Benefits are available only for Covered Services you receive from a Delta Dental PPO Dentist. If you receive services from a Delta Dental Premier Dentist or from a Non-Participating Dentist, you shall receive no Benefit, except in the case of an emergency service that is limited to an emergency exam and palliative treatment with a maximum annual benefit payment of $300.

Call **800-452-9310** for benefits or claims questions or sign in to your **MySmile®** account at www.DeltaDentalNJ.com/MySmile to find a participating dentist.