

**Blue Care® - Plan 51**  
**Scheduled Dental Fee Allowances**

<b>Procedure Code</b>	<b>Description of Service</b>	<b>Fee Schedule</b>
D0120	Periodic Oral Evaluation	\$24.00
D0140	Limited Oral Evaluation	\$24.00
D0145	Oral evaluation for a patient under 3 years old and counseling with primary caregiver	\$24.00
D0150	Comprehensive Oral Evaluation	\$24.00
D0160	Detailed and Extensive Oral Evaluation (Problem-Focused, By Report)	\$24.00
D0170	Re-evaluation	\$24.00
D0180	Comprehensive Periodontal Evaluation	\$24.00
D0210	Intraoral - Complete Series (Including Bitewings)	\$43.20
D0220	Intraoral - Periapical (First Film)	\$8.80
D0230	Intraoral - Periapical (Each Additional Film)	\$6.40
D0240	Intraoral - Occlusal Film	\$8.80
D0250	Extraoral (First Film)	\$8.80
D0260	Extraoral (Each Additional Film)	\$7.20
D0270	Bitewing- Single Film	\$8.80
D0272	Bitewings (Two Films)	\$15.20
D0273	Bitewings (Three Films)	\$20.00
D0274	Bitewings (Four Films)	\$25.60
D0277	Vertical Bitewings, 7-8 Films	\$39.20
D0330	Panoramic Film	\$39.20
D0460	Pulp Vitality Tests	\$16.00
D1110	Prophylaxis - Adult	\$35.20
D1120	Prophylaxis - Child	\$25.60
D1203	Topical Application of Fluoride (Prophylaxis Not Included) - Child	\$12.00
D1206	Topical Fluoride varnish; therapeutic application for moderate to high caries risk patients (whole mouth application)	\$7.20
D1351	Sealant - Per Tooth	\$18.40
D1510	Space Maintainer - Fixed - Unilateral	\$120.00
D1515	Space Maintainer - Fixed (Bilateral)	\$183.20
D1520	Space Maintainer - Removable (Unilateral)	\$147.20
D1550	Recementation of Space Maintainer	\$25.60
D1555	Removal of Fixed Space Maintainer	\$25.60
D2140	Amalgam - One Surface, Permanent	\$41.60
D2150	Amalgam - Two Surfaces, Permanent	\$49.60
D2160	Amalgam - Three Surfaces, Permanent	\$59.20
D2161	Amalgam - Four or More Surfaces, Permanent	\$81.60

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<b>Procedure Code</b>	<b>Description of Service</b>	<b>Fee Schedule</b>
D2330	Resin-based composite – One Surface, Anterior	\$46.40
D2331	Resin-based composite - Two Surfaces, Anterior	\$64.00
D2332	Resin-based composite - Three Surfaces, Anterior	\$87.20
D2335	Resin - Four or More Surfaces or Involving Incisal Angle (Anterior)	\$104.00
D2390	Resin-based composite crown, anterior	\$120.00
D2391	Resin-based composite – One surface, posterior	\$41.60
D2392	Resin-based composite -- Two surface, posterior	\$49.60
D2393	Resin-based composite – Three surface, posterior	\$59.20
D2394	Resin-based composite – Four surface, posterior	\$81.60
D2510	Inlay - Metallic (One Surface)	\$41.60
D2520	Inlay - Metallic (Two Surfaces)	\$49.60
D2530	Inlay - Metallic (Three or More Surfaces)	\$59.20
D2542	Onlay- Metallic, (Two Surfaces)	\$240.00
D2543	Onlay - Metallic (Three Surfaces)	\$240.00
D2544	Onlay - Metallic (Four or More Surfaces)	\$240.00
D2610	Inlay - Porcelain/Ceramic (One surface)	\$47.20
D2620	Inlay - Porcelain/Ceramic (Two Surfaces)	\$68.00
D2630	Inlay - Porcelain/Ceramic (Three or More Surfaces)	\$90.40
D2642	Onlay - Porcelain/Ceramic (Two Surfaces)	\$240.00
D2643	Onlay - Porcelain/Ceramic (Three Surfaces)	\$240.00
D2644	Onlay - Porcelain/Ceramic (Four or More Surfaces)	\$240.00
D2650	Inlay – Composite/Resin (One Surface)	\$47.20
D2651	Inlay – Composite/Resin (Two Surface)	\$68.00
D2652	Inlay – Composite/Resin (Three Surfaces)	\$90.40
D2663	Onlay – Composite/Resin (Two Surface)	\$240.00
D2664	Onlay – Composite Resin (Three Surfaces)	\$240.00
D2712	Crown – ¾ resin-based composite (Indirect)	\$240.00
D2740	Crown- Porcelain/Ceramic	\$240.00
D2750	Crown- Porcelain fused to high noble metal	\$240.00
D2751	Crown- Porcelain fused to predominantly base metal	\$240.00
D2752	Crown- Porcelain fused to noble metal	\$240.00
D2780	Crown- ¾ High noble	\$240.00
D2781	Crown- ¾ Base metal	\$240.00
D2782	Crown- ¾ Noble metal	\$240.00
D2783	Crown- Porcelain/Ceramic	\$240.00

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<b>Procedure Code</b>	<b>Description of Service</b>	<b>Fee Schedule</b>
D2790	Crown- Full cast high noble metal	\$240.00
D2791	Crown - Full Cast Predominantly Base Metal	\$240.00
D2792	Crown - Full Cast Noble Metal	\$240.00
D2794	Crown – Titanium	\$240.00
D2915	Recement cast or prefabricated post and core	\$21.00
D2920	Recement Crown	\$21.00
D2930	Prefabricated Stainless Steel Crown (Primary Tooth)	\$60.00
D2931	Prefabricated Stainless Steel Crown (Permanent Tooth)	\$60.00
D2932	Prefabricated Resin Crown	\$60.00
D2933	Prefabricated Stainless Steel Crown With Resin Window	\$60.00
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	\$60.00
D2940	Sedative Filling	\$17.00
D2950	Core Buildup, Including any Pins	\$81.60
D2951	Pin Retention - Per Tooth (In Addition to Restoration)	\$12.50
D2952	Cast Post and Core in Addition to Crown	\$81.00
D2953	Each Additional Cast Post/Same Tooth	\$48.00
D2954	Prefabricated Post and Core in Addition to Crown	\$61.00
D2955	Post Removal (Not in Conjunction with Endodontic Therapy)	\$75.00
D2957	Each Additional Prefab Post/Same Tooth	\$28.00
D2960	Labial Veneer – (Resin Laminate) - Chairside	\$150.00
D2961	Labial Veneer (Resin Laminate) - Laboratory	\$150.00
D2962	Labial Veneer (Porcelain Laminate) - Laboratory	\$200.00
D2971	Additional procedures to construct new crown under existing partial denture framework	\$32.00
D2975	Coping	\$240.00
D2980	Crown Repair, By Report	\$39.50
D3110	Pulp Cap – Direct	\$17.50
D3120	Pulp Cap – Indirect	No Benefit
D3220	Therapeutic Pulpotomy	\$64.00
D3221	Gross Pulpal Debridement	\$64.00
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth	No Benefit
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth	\$72.00
D3310	Anterior (Excluding Final Restoration) [Endodontic Therapy]	\$212.00
D3320	Bicuspid (Excluding Final Restoration) [Endodontic Therapy]	\$248.00
D3330	Molar (Excluding Final Restoration) [Endodontic Therapy]	\$376.00
D3331	Treatment of Root Canal Obstruction	\$240.00

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<b>Procedure Code</b>	<b>Description of Service</b>	<b>Fee Schedule</b>
D3332	Incomplete Endo- Inoperable or Fractured Tooth	\$111.00
D3333	Internal Root Repair of Perforation Defects	\$24.00
D3346	Retreatment of Previous Root Canal Therapy - Anterior	\$304.00
D3347	Retreatment of Previous Root Canal Therapy - Bicuspid	\$360.00
D3348	Retreatment of Previous Root Canal Therapy - Molar	\$440.00
D3351	Apexification/Recalcification – Initial Visit	\$104.80
D3352	Apexification/Recalcification – Interim Medication Replacement	\$56.80
D3353	Apexification/Recalcification – Final Visit	No Benefit
D3410	Apicoectomy/Periradicular Surgery - Anterior	\$280.00
D3421	Apicoectomy/Periradicular Surgery - Bicuspid	\$280.00
D3425	Apicoectomy/Periradicular Surgery - Molar (First Root)	\$280.00
D3426	Apicoectomy/Periradicular Surgery (Each Additional Root)	\$120.00
D3430	Retrograde Filling - Per Root	\$72.00
D3450	Root Amputation - Per Root	\$140.00
D3920	Hemisection (Including Any Root Removal)	\$128.00
D3950	Canal Preparation and Fitting of Preformed Dowel or Post	\$61.00
D4210	Gingivectomy or Gingivoplasty - Per Quadrant	\$160.00
D4211	Gingivectomy or Gingivoplasty - Per Tooth	\$49.60
D4240	Gingival Flap Procedure (Including Root Planing), Per Quadrant	\$220.00
D4241	Gingival Flap Procedure (Including Root Planing), 1-3 contiguous teeth	\$110.00
D4245	Apically Positioned Flap	\$280.00
D4249	Clinical Crown Lengthening - Hard Tissue	\$280.00
D4260	Osseous Surgery (Including Flap Entry and Closure), Per Quadrant	\$419.20
D4261	Osseous Surgery (Including Flap Entry and Closure), 1-3 contiguous teeth	\$314.40
D4263	Bone Replacement Graft - First Site in Quadrant	\$140.00
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$140.00
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site, Per Tooth	\$104.80
D4267	Guided Tissue Regeneration - Nonresorbable Barrier, Per Site, Per Tooth	\$120.00
D4268	Surgical Revision Procedure, Per Tooth	\$375.00
D4270	Pedicle Soft Tissue Graft Procedure	\$280.00
D4271	Free Soft Tissue Graft Procedure	\$320.00
D4341	Periodontal Scaling and Root Planing, Per Quadrant	\$84.80
D4342	Periodontal Scaling and Root Planing, 1-3 teeth Per Quad	\$42.40
D4355	Full Mouth Debridement	\$56.80
D4910	Periodontal Maintenance Procedures (Following Active Therapy)	\$55.20
D5110	Complete Denture - Maxillary	\$325.00

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<b>Procedure Code</b>	<b>Description of Service</b>	<b>Fee Schedule</b>
D5120	Complete Denture - Mandibular	\$325.00
D5130	Immediate Denture - Maxillary	\$325.00
D5140	Immediate Denture - Mandibular	\$325.00
D5211	Maxillary Partial Denture - Resin Base	\$250.00
D5212	Mandibular Partial Denture - Resin Base	\$250.00
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases	\$350.00
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases	\$350.00
D5225	Maxillary partial denture – flexible base	\$250.00
D5226	Mandibular partial denture – flexible base	\$250.00
D5281	Removable Unilateral Partial Denture	\$200.00
D5410	Adjust Complete Denture - Maxillary	\$16.00
D5411	Adjust Complete Denture - Mandibular	\$16.00
D5421	Adjust Partial Denture - Maxillary	\$15.00
D5422	Adjust Partial Denture - Mandibular	\$15.00
D5510	Repair Broken Complete Denture Base	\$34.50
D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$31.00
D5610	Repair Resin Denture Base	\$40.00
D5620	Repair Cast Framework	\$40.00
D5630	Repair or Replace Broken Clasp	\$40.00
D5640	Replace Broken Teeth - Per Tooth	\$31.00
D5650	Add Tooth to Existing Partial Denture	\$46.50
D5660	Add Clasp to Existing Partial Denture	\$49.00
D5710	Rebase Complete Maxillary Denture	\$130.00
D5711	Rebase Complete Mandibular Denture	\$130.00
D5720	Rebase Maxillary Partial Denture	\$130.00
D5721	Rebase Mandibular Partial Denture	\$130.00
D5730	Reline Complete Maxillary Denture (Chairside)	\$75.00
D5731	Reline Complete Mandibular Denture (Chairside)	\$75.00
D5740	Reline Maxillary Partial Denture (Chairside)	\$62.50
D5741	Reline Mandibular Partial Denture (Chairside)	\$62.50
D5750	Reline Complete Maxillary Denture (Laboratory)	\$100.00
D5751	Reline Complete Mandibular Denture (Laboratory)	\$100.00
D5760	Reline Maxillary Partial Denture (Laboratory)	\$100.00
D5761	Reline Mandibular Partial Denture (Laboratory)	\$100.00
D5850	Tissue Conditioning, Maxillary	\$29.50
D5851	Tissue Conditioning, Mandibular	\$29.50

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<b>Procedure Code</b>	<b>Description of Service</b>	<b>Fee Schedule</b>
D5860	Overdenture - Complete, By Report	\$325.00
D5861	Overdenture - Partial, By Report	\$319.00
D5982	Surgical Stent	\$34.00
D6010	Surgical placement of implant boy: endosteal implant	\$500.00
D6053	Implant/abutment supported removable denture for completely edentulous arch	\$325.00
D6054	Implant/abutment supported removable denture for partially edentulous arch	\$350.00
D6056	Prefabricated abutment includes placement	\$100.00
D6057	Custom abutment-includes placement	\$100.00
D6058	Abutment supported porcelain/ceramic crown	\$240.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$240.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$240.00
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$240.00
D6062	Abutment supported cast metal crown (high noble metal)	\$240.00
D6063	Abutment supported cast metal crown (predominantly base metal)	\$240.00
D6064	Abutment supported cast metal crown (noble metal)	\$240.00
D6065	Implant supported porcelain/ceramic crown	\$240.00
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$240.00
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$240.00
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$240.00
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$240.00
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$240.00
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$240.00
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$240.00
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$240.00
D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$240.00
D6075	Implant supported retainer for ceramic FPD	\$240.00
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$240.00
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$240.00

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<b>Procedure Code</b>	<b>Description of Service</b>	<b>Fee Schedule</b>
D6078	Implant/abutment supported fixed denture for completely edentulous arch	\$319.00
D6079	Implant/abutment supported fixed denture for partially edentulous arch	\$325.00
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	\$12.00
D6090	Repair implant supported prosthesis, by report	By Review
D6092	Recement implant /abutment supported crown	\$21.00
D6093	Recement implant /abutment supported fixed partial denture	\$28.00
D6094	Abutment supported crown - titanium	\$240.00
D6100	Implant removal	By Review
D6190	Radiographic/surgical implant index	By Review
D6194	Abutment supported retainer crown for FPD - titanium	\$240.00
D6205	Pontic – Indirect resin based composite	\$225.00
D6210	Pontic - Cast High Noble Metal	\$225.00
D6211	Pontic - Cast Predominantly Base Metal	\$225.00
D6212	Pontic - Cast Noble Metal	\$225.00
D6214	Pontic - Titanium	\$225.00
D6240	Pontic - Porcelain Fused to High Noble Metal	\$240.00
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$240.00
D6242	Pontic - Porcelain Fused to Noble Metal	\$240.00
D6245	Fixed Denture Pontic- Porcelain/Ceramic	\$240.00
D6250	Pontic - Resin with High Noble Metal	\$240.00
D6251	Pontic - Resin with Predominantly Base Metal	\$240.00
D6252	Pontic - Resin with Noble Metal	\$240.00
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis	\$127.50
D6548	Retainer, Porcelain/Ceramic for Resin Bonded Fixed Prosthetic Crown	\$127.50
D6624	Inlay –Titanium (retainer)	\$210.00
D6634	Onlay – Titanium (retainer)	\$240.00
D6710	Crown –Indirect resin based composite	\$150.00
D6720	Crown - Resin with High Noble Metal	\$225.00
D6721	Crown - Resin with Predominantly Base Metal	\$150.00
D6722	Crown - Resin with Noble Metal	\$225.00
D6740	Crown – Porcelain/Ceramic	\$240.00
D6750	Crown - Porcelain Fused to High Noble Metal	\$240.00
D6751	Crown - Porcelain Fused to Predominantly Base Metal	\$240.00
D6752	Crown - Porcelain Fused to Noble Metal	\$240.00

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D6780	Crown - 3/4 Cast High Noble Metal	\$240.00
<b>Procedure Code</b>	<b>Description of Service</b>	<b>Fee Schedule</b>
D6781	Crown – ¾ Cast Predominately Base Metal	\$240.00
D6782	Crown – ¾ Cast Noble Metal	\$240.00
D6783	Crown – ¾ Porcelain Ceramic	\$240.00
D6790	Crown - Full Cast High Noble Metal	\$240.00
D6791	Crown - Full Cast Predominantly Base Metal	\$240.00
D6792	Crown - Full Cast Noble Metal	\$240.00
D6794	Crown – Titanium	\$240.00
D6930	Recement Fixed Partial Denture	\$28.00
D6970	Cast Post and Core in Addition to Fixed Partial Dental Retainer	\$81.00
D6972	Prefabricated Post and Core in Addition to Fixed Partial Denture Retainer	\$61.00
D6973	Core Buildup for Retainer, Including Any Pins	\$81.60
D6975	Coping – Metal	\$122.00
D6976	Each Additional Cast Post – Same Tooth	\$56.00
D6977	Each Additional Prefabricated Post – Same Tooth	\$43.00
D7111	Coronal remnants – deciduous teeth	\$47.20
D7140	Extraction, erupted tooth or exposed root	\$47.20
D7210	Surgical Removal of Erupted Tooth	\$92.00
D7220	Removal of Impacted Tooth - Soft Tissue	\$100.00
D7230	Removal of Impacted Tooth - Partially Bony	\$132.00
D7240	Removal of Impacted Tooth - Completely Bony	\$156.00
D7241	Removal of Impacted Tooth - Completely Bony, w/Unusual Surgical Complications	\$210.40
D7250	Surgical Removal of Residual Tooth Roots	\$96.00
D7280	Surgical access of an unerupted tooth	\$180.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$23.60
D7285	Biopsy of oral tissue (hard)	\$120.00
D7286	Biopsy of oral tissue (soft)	\$120.00
D7310	Alveoloplasty in Conjunction with Extractions, Per Quadrant	\$88.00
D7320	Alveoloplasty Not in Conjunction With Extractions, Per Quadrant	\$114.40
D7321	Alveoloplasty Not in Conjunction With Extractions – 1-3 teeth or tooth spaces	114.40
D7340	Vestibuloplasty - Ridge Extension	\$284.80
D7410	Radical Excision- up to 1.25 cm.	\$120.00
D7450	Removal of Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	\$160.00
D7451	Removal of Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	\$176.80
D7460	Removal of Non-odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	\$128.00

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D7461	Removal of Non-odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	\$158.40
D7465	Destruction of Lesion(s) by Physical or Chemical Method, By Report	\$39.20
<b>Procedure Code</b>	<b>Description of Service</b>	<b>Fee Schedule</b>
D7471	Removal of Exostosis – Per Site	\$220.00
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$60.00
D7511	Incision and Drainage of Abscess - Intraoral Soft Tissue/complicated	\$60.00
D7520	Incision and Drainage of Abscess - Extraoral Soft Tissue	\$75.20
D7521	Incision and drainage of abscess – extraoral soft tissue/complicated	\$75.20
D7530	Removal of Foreign Body, Skin, or Subcutaneous Areolar Tissue	\$42.40
D7910	Suture of Recent Small Wounds Up to 5 cm	\$45.60
D7960	Frenulectomy (Frenectomy or Frenotomy) - Separate Procedure	\$156.00
D7963	Frenuloplasty	\$156.00
D7970	Excision of Hyperplastic Tissue - Per Arch	\$111.20
D7971	Excision of Pericoronal Gingiva	\$41.60
D9110	Palliative Treatment of Dental Pain	\$44.00
D9120	Fixed partial denture sectioning	\$75.00
D9220	General Anesthesia - First 30 minutes	\$171.20
D9221	General Anesthesia - Each Additional 15 Minutes	\$31.20
D9230	Analgesia	\$18.40
D9241	IV Sedation – First 30 Minutes	\$30.40
D9242	IV Sedation – Each Additional 15 Minutes	\$30.40
D9248	Non-IV Conscious Sedation	\$81.00
D9310	Consultation	\$40.00
D9420	Hospital Call	\$40.00
D9430	Office Visit for Observation	\$19.20
D9440	Office Visit - After Regularly Scheduled Hours	\$40.00
D9610	Therapeutic Drug Injection, By Report	\$15.20
D9630	Other Drugs and Medicaments (by report)	\$10.00
D9910	Application of Desensitizing Medicament	\$14.40
D9911	Application of Desens. Resin for Cervical &.or Root Surface, Per Tooth	\$14.40
D9930	Treatment of Complications (Post-Surgical) - Unusual Circumstances, By Report	\$32.00
D9951	Occlusal Adjustment	\$32.00