

NJAY3

**State of New Jersey – Retiree Plan
Cigna Dental Care (*DHMO)
Patient Charge Schedule**

This Patient Charge Schedule lists the benefits of the Dental Plan including covered procedures and patient charges.

IMPORTANT HIGHLIGHTS

- Patients pay the Patient Charges listed below, only when these procedures are performed by a Network General Dentist. Procedures performed by a non-network dentist are not covered and patients pay the dentist's usual fees for those procedures.
- Procedures not listed on this Patient Charge Schedule are not covered and are the patient's responsibility at the dentist's usual fees.
- If more than one professionally accepted and appropriate method of treatment can be used to treat a dental condition, coverage will be limited to the less costly Covered Service. If you choose the more costly service, the fee listed on the Patient Charge Schedule will not apply. Discuss your options and increased financial obligations with your dentist.
- General anesthesia and I.V. sedation may be covered at the Patient Charge listed when required due to dental or medical necessity in conjunction with covered oral surgery procedures performed by a Network Specialist.
- This Patient Charge Schedule applies to Specialty Care when an appropriate referral is made to a Network Specialty Periodontist or Oral Surgeon. You must verify with the Network Specialty Dentist that your treatment plan has been authorized for payment by Cigna Dental. Prior authorization is not required for specialty referrals for Pediatric, Orthodontist and Endodontic services.
- Cigna Dental considers infection control and/or sterilization to be incidental to and part of the charges for services provided and not separately chargeable.
- All Patient Charges correspond to the Patient Charge Schedule in effect on the date the procedure is initiated.
- Procedure codes listed are from the American Dental Association's CDT 2015 Dental Procedure Codes ©. The American Dental Association may periodically change the Code on Dental Procedures and Nomenclature (CDT Code). Different codes may be used to describe these covered procedures.

92327



Code	Procedure Description	Patient Charge NJAY3
<u>D0000-D0999 I. Diagnostic</u>		
Clinical Oral Evaluation		
Oral evaluations are limited to two in a calendar year. Emergency or limited oral evaluations are covered, limited to one evaluation per patient, per dentist, per calendar year. There are no copayments for diagnostic services.		
D0120	Periodic oral evaluation – Established patient	\$0.00
D0140	Limited oral evaluation – Problem focused	\$0.00
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver	\$0.00
D0150	Comprehensive oral evaluation – New or established patient	\$0.00
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$0.00
Radiographs		
Bitewing X-rays are limited to two series of up to 4 films per calendar year; set of full mouth X-rays (D0210) are limited to once per 36 month interval; no more than 18 films per set of full mouth X-rays.		
D0210	Intraoral — Complete series of radiographic images	\$0.00
D0220	Intraoral — Periapical first radiographic image	\$0.00
D0230	Intraoral — Periapical each additional radiographic image	\$0.00
D0240	Intraoral — Occlusal radiographic image	\$0.00
D0250	Extraoral — First radiographic image	\$0.00
D0260	Extraoral — Each additional radiographic image	\$0.00
D0270	Bitewings — Single radiographic image	\$0.00
D0272	Bitewings — Two radiographic images	\$0.00
D0273	Bitewings — Three radiographic images	\$0.00
D0274	Bitewings — Four radiographic images	\$0.00

Code	Procedure Description	Patient Charge NJAY3
D0277	Vertical Bitewings — Seven to eight radiographic images	\$0.00
D0290	Posterior — Anterior or lateral skull and facial bone survey radiographic image	\$0.00
D0330	Panoramic radiographic image	\$0.00
D0340	Cephalometric radiographic image	\$0.00
D0391	Interpretation of diagnostic image by a practitioner not associated with the capture of the image, including report	\$0.00
Tests and laboratory examinations		
D0415	Collection of microorganisms for culture and sensitivity	\$0.00
D0416	Viral culture	\$0.00
D0421	Genetic test for susceptibility to oral diseases	\$0.00
D0425	Caries susceptibility tests	\$0.00
D0460	Pulp vitality tests	\$0.00
D0470	Diagnostic casts	\$0.00
<u>D1000-D1999 II. Preventive</u>		
Dental Prophylaxis		
Limited to two in a calendar year		
D1110	Prophylaxis - Adult	\$0.00
D1120	Prophylaxis - Child	\$0.00
Topical Fluoride Treatment (<i>Office procedure</i>)		
Limited to two in a calendar year, and only for eligible dependent children under the age of 19 years		
D1206	Topical application of flouride varnish	\$0.00
D1208	Topical aplication of fluoride	\$0.00
Other Preventive Services		

Code	Procedure Description	Patient Charge NJAY3
Sealants are limited to once per lifetime for permanent molars of eligible dependent children under the age of 19 years		
D1330	Oral hygiene instruction	\$0.00
D1351	Sealant - Per tooth	\$0.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	\$0.00
D1353	Sealant repair	\$0.00
Space Maintenance (Passive Appliances)		
D1510	Space Maintainer - Fixed unilateral	\$0.00
D1515	Space Maintainer - Fixed bilateral	\$0.00
D1520	Space Maintainer - Removable unilateral	\$0.00
D1525	Space Maintainer - Removable bilateral	\$0.00
D1550	Recementation of space maintainer	\$0.00
D1555	Removal of fixed space retainer	\$0.00
D2000-D2999 III. Restorative		
The replacement of a crown is covered only after a 5 year period measured from the date on which the crown was previously placed.		
Amalgam Restorations (Including polishings)		
D2140	Amalgam — One surface, primary or permanent	\$15.00
D2150	Amalgam — Two surfaces, primary or permanent	\$20.00
D2160	Amalgam — Three surfaces, primary or permanent	\$25.00
D2161	Amalgam — Four or more surfaces, primary or permanent	\$30.00
Resin Restorations		
D2330	Resin-based composite — One surface, anterior	\$25.00

Code	Procedure Description	Patient Charge NJAY3
D2331	Resin-based composite — Two surfaces, anterior	\$30.00
D2332	Resin-based composite — Three surfaces, anterior	\$35.00
D2335	Resin-based composite — Four or more surfaces or involving incisal angle (Anterior)	\$45.00
Incisal Angle — Anterior		
D2390	Resin-based composite crown — Anterior	\$55.00
D2391	Resin-based composite — One surface, posterior	\$25.00
D2392	Resin-based composite — Two surfaces, posterior	\$40.00
D2393	Resin-based composite — Three surfaces, posterior	\$55.00
D2394	Resin-based composite — Four or more surfaces, posterior	\$70.00
Inlay/Onlay Restorations		
D2510	Inlay — Metallic — One surface	\$150.00
D2520	Inlay — Metallic — Two surfaces	\$150.00
D2530	Inlay — Metallic — Three or more surfaces	\$150.00
D2542	Onlay — Metallic — Two surfaces	\$150.00
D2543	Onlay — Metallic — Three surfaces	\$150.00
D2544	Onlay — Metallic — Four or more surfaces	\$150.00
D2610	Inlay — Porcelain/ceramic — One surface	\$175.00
D2620	Inlay — Porcelain/ceramic — Two surfaces	\$175.00
D2630	Inlay — Porcelain/ceramic — Three or more surfaces	\$175.00
D2642	Onlay — Porcelain/ceramic — Two surfaces	\$175.00
D2643	Onlay — Porcelain/ceramic — Three surfaces	\$175.00
D2644	Onlay — Porcelain/ceramic — Four or more surfaces	\$175.00

Code	Procedure Description	Patient Charge NJAY3
D2650	Inlay — Resin-based composite — One surface	\$160.00
D2651	Inlay — Resin-based composite — Two surfaces	\$160.00
D2652	Inlay — Resin-based composite — Three or more surfaces	\$160.00
D2662	Onlay — Resin-based composite — Two surfaces	\$160.00
D2663	Onlay — Resin-based composite — Three surfaces	\$160.00
D2664	Onlay — Resin-based composite — Four or more surfaces	\$160.00
Crowns — Single Restorations Only		
D2710	Crown — Resin-based composite (Indirect) (see note below)	\$175.00
D2720	Crown — Resin with high noble metal	\$235.00
D2721	Crown — Resin with predominantly base metal	\$225.00
D2722	Crown — Resin with noble metal	\$225.00
D2740	Crown — Porcelain/ceramic substrate	\$295.00
D2750	Crown — Porcelain fused to high noble metal	\$340.00
D2751	Crown — Porcelain fused to predominantly base metal	\$295.00
D2752	Crown — Porcelain fused to noble metal	\$295.00
D2780	Crown — 3/4 cast high noble metal	\$340.00
D2781	Crown — 3/4 cast predominantly base metal	\$295.00
D2790	Crown — Full cast high noble metal	\$340.00
D2791	Crown — Full cast predominantly base metal	\$295.00
D2792	Crown — Full cast noble metal	\$295.00
D2794	Crown — Titanium	\$340.00
<p>Note: There is no copayment for procedure D2710 when performed in conjunction with a permanent crown on the same tooth.</p>		

Code	Procedure Description	Patient Charge NJAY3
Other Restorative Services		
D2910	Recement inlay, onlay, or partial coverage restoration	\$15.00
D2915	Recement cast or prefabricated post and core	\$15.00
D2920	Recement crown	\$15.00
D2921	Reattachment of tooth fragment, incisal edge or cusp	\$0.00
D2929	Prefabricated porcelain/ceramic crown — Primary tooth	\$69.00
D2930	Prefabricated stainless steel crown — Primary tooth	\$55.00
D2931	Prefabricated stainless steel crown — Permanent tooth	\$55.00
D2932	Prefabricated resin crown	\$55.00
D2933	Prefabricated stainless steel crown with resin window	\$55.00
D2934	Prefabricated esthetic coated stainless steel crown — Primary tooth	\$55.00
D2940	Protective restoration	\$20.00
D2941	Interim therapeutic restoration - Primary dentition	\$0.00
D2950	Core buildup, including any pins when required	\$45.00
D2951	Pin retention — Per tooth in addition to restoration	\$15.00
D2952	Cast post and core in addition to crown	\$60.00
D2954	Prefabricated post and core in addition to crown	\$60.00
D2955	Post removal	\$45.00
D2971	Additional procedures to construct new crown under existing partial denture framework	\$20.00
D2980	Crown repair necessitated by restorative material failure	\$15.00
D2981	Inlay repair necessitated by restorative material failure	\$15.00
D2982	Onlay repair necessitated by restorative material failure	\$15.00

Code	Procedure Description	Patient Charge NJAY3
D2983	Veneer repair necessitated by restorative material failure	\$15.00
D2990	Resin infiltration of incipient smooth surface lesions	\$15.00
<u>D3000-D3999 IV. Endodontics</u>		
Pulp Capping		
D3110	Pulp capping — Direct — Excluding final restoration	\$15.00
D3120	Pulp capping — Indirect — Excluding final restoration	\$15.00
Pulpotomy		
D3220	Therapeutic pulpotomy — Excluding final restoration	\$35.00
D3222	Partial pulpotomy for apexogenesis - Permanent tooth with incomplete root development	\$35.00
Endodontic Therapy on Primary Teeth		
D3230	Pulpal therapy (Resorbable filling) — Anterior-primary tooth — Excluding final restoration	\$35.00
D3240	Pulpal therapy (Resorbable filling) — Posterior-primary tooth — Excluding final restoration	\$35.00
Endodontic Therapy		
D3310	Anterior (Excluding final restoration)	\$150.00
D3320	Bicuspid (Excluding final restoration)	\$190.00
D3330	Molar (Excluding final restoration)	\$225.00
Endodontic Retreatment		
D3346	Retreatment of previous root canal therapy — Anterior	\$190.00
D3347	Retreatment of previous root canal therapy — Bicuspid	\$225.00
D3348	Retreatment of previous root canal therapy — Molar	\$265.00
Apexification/Recalcification Procedures		
D3351	Apexification/recalcification — Initial visit	\$55.00

Code	Procedure Description	Patient Charge NJAY3
D3352	Apexification/recalcification — Interim medication replacement	\$55.00
D3353	Apexification/recalcification — Final visit	\$55.00
Apicoectomy/Periapical Services		
D3410	Apicoectomy/periradicular surgical — Anterior	\$135.00
D3421	Apicoectomy/periradicular surgical — Bicuspid first root	\$135.00
D3425	Apicoectomy/periradicular surgical — Molar first root	\$135.00
D3426	Apicoectomy/periradicular surgical — Each additional root	\$60.00
D3427	Periradicular surgery without apicoectomy	\$135.00
D3430	Retrograde filling — Per root	\$35.00
D3450	Root amputation — Per root	\$60.00
Other Endodontic Procedures		
D3910	Surgical procedure for isolation of tooth with rubber dam	\$15.00
D3920	Hemisection (Including any root removal), not including root canal therapy	\$80.00
D4000-D4999 V. Periodontics		
Coverage for surgical periodontal procedures, excluding scaling and root planing, is limited to one surgical periodontal treatment per quadrant every 36 months; coverage for scaling and root planing is limited to one nonsurgical periodontal treatment per quadrant every 12 months		
Surgical Services		
D4210	Gingivectomy/gingivoplasty — Four or more contiguous teeth or bounded teeth spaces per quadrant	\$135.00
D4211	Gingivectomy or gingivoplasty — One to three contiguous teeth or bounded teeth spaces per quadrant	\$90.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure — Per tooth	\$12.00
D4240	Gingival flap procedure including root planing — Four or more contiguous teeth or tooth bounded spaces per quadrant	\$160.00
D4241	Gingival flap procedure including root planing — One to three contiguous teeth or tooth bounded spaces per quadrant	\$90.00

Code	Procedure Description	Patient Charge NJAY3
D4245	Apically positioned flap	\$130.00
D4249	Clinical crown lengthening — Hard tissue	\$160.00
D4260	Osseous surgery (Including flap entry and closure) — Four or more contiguous teeth or tooth bounded spaces per quadrant	\$265.00
D4261	Osseous surgery (Including elevation of a full thickness flap and closure) — One to three contiguous teeth or tooth bounded spaces per quadrant	\$150.00
D4263	Bone replacement graft — First site in quadrant	\$135.00
D4264	Bone replacement graft — Each additional site in quadrant	\$75.00
D4266	Guided tissue regeneration — Resorbable barrier per site	\$120.00
D4267	Guided tissue regeneration — Non-resorbable barrier per site	\$135.00
D4270	Pedicle soft tissue graft procedure	\$235.00
D4273	Subepithelial connective tissue graft procedure — Per tooth	\$250.00
D4274	Distal or proximal wedge procedure (When not performed in conjunction with surgical procedures in the same anatomical area)	\$100.00
D4275	Soft tissue allograft	\$235.00
D4276	Combined connective tissue and double pedicle graft — Per tooth	\$235.00
D4277	Free soft tissue graft procedure (Including donor site surgery) — First tooth or edentulous tooth position in a graft	\$70.00
D4278	Free soft tissue graft procedure (Including donor site surgery) — Each additional contiguous tooth or edentulous tooth position in same graft site	\$35.00
Non-Surgical Periodontal Services		
D4320	Provisional splinting — Intracoronaral	\$25.00
D4321	Provisional splinting — Extracoronaral	\$25.00
D4341	Periodontal scaling and root planing — Four or more teeth per quadrant	\$70.00
D4342	Periodontal scaling or root planing — One to three teeth per quadrant	\$40.00
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis	\$40.00
Other Periodontal Services		

Code	Procedure Description	Patient Charge NJAY3
D4910	Periodontal maintenance	\$40.00
D4920	Unscheduled dressing change (By someone other than treating dentist or their staff)	\$15.00
D5000-D5999 VI. Prosthodontics (Removable)		
The replacement of an existing removable prosthetic appliance is covered only after a 5 year period measured from the date on which the appliance was previously placed		
Complete Dentures (Including Routine Post Delivery Care)		
D5110	Complete denture — Maxillary	\$340.00
D5120	Complete denture — Mandibular	\$340.00
D5130	Immediate denture — Maxillary	\$370.00
D5140	Immediate denture — Mandibular	\$370.00
Partial Dentures (Including Routine Post Delivery Care)		
D5211	Maxillary partial denture — Resin base (Including any conventional clasps, rests, and teeth)	\$370.00
D5212	Mandibular partial denture — Resin base (Including any conventional clasps, rests, and teeth)	\$370.00
D5213	Maxillary partial denture — Cast metal framework w/resin denture bases (Including any conventional clasps, rests, and teeth)	\$405.00
D5214	Mandibular partial denture — Cast metal framework w/resin denture bases (Including any conventional clasps, rests, and teeth)	\$405.00
D5225	Maxillary partial denture — Flexible base (Including any clasps, rests, and teeth)	\$445.00
D5226	Mandibular partial denture — Flexible base (Including any clasps, rests, and teeth)	\$445.00
D5281	Removable unilateral partial denture — One piece cast metal (Including clasps and teeth)	\$205.00
Adjustments to Removable Prostheses		
D5410	Adjust complete denture — Maxillary	\$15.00
D5411	Adjust complete denture — Mandibular	\$15.00
D5421	Adjust partial denture — Maxillary	\$15.00
D5422	Adjust partial denture — Mandibular	\$15.00

Code	Procedure Description	Patient Charge NJAY3
Repairs to Complete Dentures		
D5510	Repair broken complete denture base	\$55.00
D5520	Replace missing or broken teeth — Complete denture — Each tooth	\$55.00
Repairs to Partial Dentures		
D5610	Repair resin denture base	\$55.00
D5620	Repair cast framework	\$55.00
D5630	Repair or replace broken clasp	\$55.00
D5640	Replace broken teeth — Per tooth	\$55.00
D5650	Add tooth to existing partial denture	\$55.00
D5660	Add clasp to existing partial denture	\$55.00
Denture Rebase Procedures		
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
Denture Reline Procedures		
D5730	Reline complete maxillary denture — Chairside	\$60.00
D5731	Reline complete mandibular denture — Chairside	\$60.00
D5740	Reline maxillary partial denture — Chairside	\$60.00
D5741	Reline mandibular partial denture — Chairside	\$60.00
D5750	Reline complete maxillary denture — (Lab process)	\$60.00
D5751	Reline complete mandibular denture — (Lab process)	\$60.00

Code	Procedure Description	Patient Charge NJAY3
D5760	Reline maxillary partial denture — (Lab process)	\$60.00
D5761	Reline mandibular partial denture — (Lab process)	\$60.00
Other Removable Prosthetic Services		
D5810	Interim complete denture (Maxillary)	\$75.00
D5811	Interim complete denture (Mandibular)	\$75.00
D5820	Interim partial denture (Maxillary)	\$60.00
D5821	Interim partial denture (Mandibular)	\$60.00
D5850	Tissue conditioning (Maxillary)	\$55.00
D5851	Tissue conditioning (Mandibular)	\$55.00
<u>D6200-D6999 IX. Prosthodontics, Fixed</u>		
Fixed Partial Denture Pontics		
D6210	Pontic — Cast high noble metal	\$340.00
D6211	Pontic — Cast predominantly base metal	\$295.00
D6212	Pontic — Cast noble metal	\$295.00
D6214	Pontic — Titanium	\$340.00
D6240	Pontic — Porcelain fused to high noble metal	\$340.00
D6241	Pontic — Porcelain fused to predominantly base metal	\$295.00
D6242	Pontic — Porcelain fused to noble metal	\$295.00
D6245	Pontic — Porcelain/ceramic	\$295.00
D6250	Pontic — Resin with high noble metal	\$225.00
D6251	Pontic — Resin with predominantly base metal	\$225.00
D6252	Pontic — Resin with noble metal	\$225.00

Code	Procedure Description	Patient Charge NJAY3
Fixed Partial Denture Retainers — Inlays/Onlays		
D6545	Retainer — Cast metal for resin bonded fixed prosthesis	\$150.00
D6549	Resin retainer - For resin bonded fixed prosthesis	\$75.00
D6602	Inlay — Cast high noble metal — Two surfaces	\$265.00
D6603	Inlay — Cast high noble metal — Three or more surfaces	\$265.00
D6604	Inlay — Cast predominantly base metal — Two surfaces	\$160.00
D6605	Inlay — Cast predominantly base metal — Three or more surfaces	\$160.00
D6606	Inlay — Cast noble metal — Two surfaces	\$230.00
D6607	Inlay — Cast noble metal — Three or more surfaces	\$230.00
D6610	Onlay — Cast high noble metal — Two surfaces	\$275.00
D6611	Onlay — Cast high noble metal — Three or more surfaces	\$275.00
D6612	Onlay — Cast predominantly base metal — Two surfaces	\$160.00
D6613	Onlay — Cast predominantly base metal — Three or more surfaces	\$160.00
D6614	Onlay — Cast noble metal — Two surfaces	\$265.00
D6615	Onlay — Cast noble metal — Three or more surfaces	\$265.00
D6624	Inlay — Titanium	\$265.00
D6634	Onlay — Titanium	\$275.00
Fixed Partial Denture Retainers — Crown		
D6720	Crown — Resin with high noble metal	\$225.00
D6721	Crown — Resin with predominantly base metal	\$225.00
D6722	Crown — Resin with noble metal	\$225.00
D6740	Crown — Porcelain/ceramic	\$295.00

Code	Procedure Description	Patient Charge NJAY3
D6750	Crown — Porcelain fused to high noble metal	\$340.00
D6751	Crown — Porcelain fused to predominantly base metal	\$295.00
D6752	Crown — Porcelain fused to noble metal	\$295.00
D6780	Crown — 3/4 Cast high noble metal	\$340.00
D6781	Crown — 3/4 Cast predominantly base metal	\$295.00
D6782	Crown — 3/4 Cast noble metal	\$295.00
D6783	Crown — 3/4 Porcelain/ceramic	\$295.00
D6790	Crown — Full cast high noble metal	\$340.00
D6791	Crown — Full cast predominantly base metal	\$295.00
D6792	Crown — Full cast noble metal	\$295.00
D6794	Crown — Titanium	\$340.00
Other Fixed Partial Denture Services		
D6930	Recement fixed partial denture	\$25.00
D6980	Fixed partial denture repair necessitated by restorative material failure	\$45.00
<u>D7000-D7999 X. Oral and Maxillofacial Surgery</u>		
Extractions (Includes local anesthesia, suturing, if needed, and routine post-operative care)		
D7111	Extraction — Coronal remnants — Deciduous tooth	\$20.00
D7140	Extraction — Erupted tooth or exposed root (Elevation and/or forceps removal)	\$35.00
Surgical Extractions (Includes local anesthesia, suturing, if needed, and routine post-operative care)		
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$45.00
D7220	Removal of impacted tooth — Soft tissue	\$80.00
D7230	Removal of impacted tooth — Partially bony	\$80.00

Code	Procedure Description	Patient Charge NJAY3
D7240	Removal of impacted tooth — Completely bony	\$100.00
D7241	Removal of impacted tooth — Completely bony with complications	\$100.00
D7250	Surgical removal of residual tooth roots — Cutting procedure	\$45.00
D7251	Coronectomy - Intentional partial tooth removal	\$48.00
Other Surgical Procedures		
D7260	Oroantral fistula closure	\$150.00
D7261	Primary closure of a sinus perforation	\$150.00
D7270	Tooth reimplantation/stabilization	\$90.00
D7280	Surgical access of an unerupted tooth	\$90.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$70.00
D7283	Placement of device to facilitate eruption of impacted tooth	\$25.00
D7285	Biopsy of oral tissue — Hard (Bone, tooth)	\$95.00
D7286	Biopsy of oral tissue — Soft	\$40.00
D7287	Cytology sample collection	\$13.00
D7291	Transseptal fiberotomy supra crestal fiberotomy — By report	\$35.00
Alveoloplasty-Surgical Preparation of the Ridge		
D7310	Alveoloplasty in conjunction with extraction — Per quadrant	\$45.00
D7311	Alveoloplasty in conjunction with extractions — One to three teeth or tooth spaces per quadrant	\$25.00
D7320	Alveoloplasty not in conjunction with extractions — Per quadrant	\$55.00
D7321	Alveoloplasty not in conjunction with extractions — One to three teeth or tooth spaces per quadrant	\$35.00
Surgical Excision of Intra-osteous Lesions		
D7450	Removal of benign odontogenic cyst or tumor — Lesion up to 1.25 cm diameter	\$90.00

Code	Procedure Description	Patient Charge NJAY3
D7451	Removal of benign odontogenic cyst or tumor — Lesion greater than 1.25 cm diameter	\$90.00
D7460	Removal of benign non-odontogenic cyst or tumor — Lesion up to 1.25 cm diameter	\$90.00
D7461	Removal of benign non-odontogenic cyst or tumor — Lesion greater than 1.25 cm diameter	\$90.00
Excision of Bone Tissue		
D7471	Removal of lateral exostosis — Maxilla or mandible	\$135.00
D7472	Removal torus palatinus	\$135.00
D7473	Removal torus mandibularis	\$135.00
D7485	Surgical reduction of osseous tuberosity	\$135.00
Surgical Incision		
D7510	Incision and drainage of abscess — Intraoral — Soft tissue	\$40.00
D7511	Incision and drainage of abscess — Intraoral — Soft tissue — Complicated (Includes drainage of multiple facial spaces)	\$45.00
D7520	Incision and drainage of abscess — Extraoral — Soft tissue	\$55.00
D7521	Incision and drainage of abscess — Extraoral — Soft tissue — Complicated (Includes drainage of multiple facial spaces)	\$60.00
Other Repair Procedures		
D7953	Bone replacement graft for ridge preservation — Per site	\$100.00
D7960	Frenulectomy - Also known as frenectomy or frenotomy - Separate procedure not incidental to another procedure	\$90.00
D7963	Frenuloplasty	\$100.00
D7970	Excision of hyperplastic tissue — Per arch	\$90.00
D7971	Excision of pericoronal gingiva	\$45.00
D7972	Surgical reduction of fibrous tuberosity	\$90.00
<u>D9000-D9999 XII. Miscellaneous Services</u>		
D9110	Palliative (Emergency) treatment of dental pain — Minor procedure	\$15.00

Code	Procedure Description	Patient Charge NJAY3
D9211	Regional block anesthesia	\$5.00
D9212	Trigeminal division block anesthesia	\$5.00
D9215	Local anesthesia	\$5.00
D9219	Evaluation for deep sedation or general anesthesia	\$0.00
D9220	Deep sedation/general anesthesia — First 30 minutes	\$60.00
D9221	Deep sedation/general anesthesia — Each additional 15 minutes	\$25.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$5.00
D9241	Intravenous moderate (conscious) sedation/analgesia — First 30 minutes	\$60.00
D9242	Intravenous moderate (conscious) sedation/analgesia — Each additional 15 minutes	\$25.00
D9310	Consultation (Diagnostic service provided by a dentist or physician other than practitioner providing treatment)	\$5.00
D9430	Office visit observation	\$0.00
D9440	Office visit after hours	\$0.00
D9610	Therapeutic drug injection — By report	\$5.00
D9612	Therapeutic paternal drug - Two or more administrations - Different medications	\$0.00
D9630	Other drugs and/or medications — By report	\$5.00
D9910	Application of desensitizing medication	\$5.00
D9930	Treat complications — By report	\$5.00
D9931	Cleaning and inspection of a removable appliance	\$0.00
D9940	Occlusal guard — By report	\$60.00
D9942	Repair and/or reline of occlusal guard	\$35.00
D9951	Occlusal adjustment — Limited	\$5.00
D9952	Occlusal adjustment — Complete	\$90.00

*The term "DHMO" is used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care plans, and plans with open access features.

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