

**State of Maine Employees PPO
General Practitioners and Pediatric Dentists
Fees effective July 1, 2012, updated for CDT2015 effective January 1, 2015**

Procedure Code and Nomenclature	Maximum Allowance	Procedure Code and Description	Maximum Allowance
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Coverage A

D0100-D0999 I. Diagnostic

Clinical Oral Evaluations

D0120	periodic oral evaluation – established patient.	\$33
D0140	limited oral evaluation – problem focused.	\$55
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver.	\$48
D0150	comprehensive oral evaluation – new or established patient.	\$56
D0160	detailed and extensive oral evaluation – problem focused, by report.	\$77
D0170	re-evaluation – limited, problem focused (established patient; not post-operative visit).	\$44
D0180	comprehensive periodontal evaluation – new or established patient.	\$66

Diagnostic Imaging

D0210	intraoral – complete series of radiographic images.	\$90
D0220	intraoral – periapical first radiographic image.	\$19
D0230	intraoral – periapical each additional radiographic image.	\$16
D0240	intraoral – occlusal radiographic image.	\$20
D0250	extraoral – first radiographic image.	\$16
D0260	extraoral – each additional radiographic image.	\$16
D0270	bitewing – single radiographic image.	\$19
D0272	bitewings – two radiographic images.	\$32
D0273	bitewings – three radiographic images.	\$39
D0274	bitewings – four radiographic images.	\$46
D0277	vertical bitewings – 7 to 8 radiographic images.	\$82
D0330	panoramic radiographic image.	\$82

Oral Pathology Lab (Use Codes D0472 - D0502)

D0601	caries risk assessment and documentation, with a finding of low risk.	\$8
D0602	caries risk assessment and documentation, with a finding of moderate risk.	\$8
D0603	caries risk assessment and documentation, with a finding of high risk.	\$8

D1000-D1999 II. Preventive

Dental Prophylaxis

D1110	prophylaxis – adult.	\$76
D1120	prophylaxis – child.	\$55

Topical Fluoride Treatment (Office Procedure)

D1206	topical application of fluoride varnish.	\$24
D1208	topical application of fluoride – excluding varnish.	\$24

Other Preventive Services

D1351	sealant - per tooth.	\$39
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Space Maintenance (Passive Appliances)

D1510	space maintainer – fixed - unilateral.	\$198
D1515	space maintainer – fixed - bilateral.	\$266
D1520	space maintainer – removable – unilateral.	\$242
D1525	space maintainer – removable – bilateral.	\$233
D1555	removal of fixed space maintainer.	\$42

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D4000-D4999 V. Periodontics

Non-Surgical Periodontal Service

D4355	full mouth debridement to enable comprehensive evaluation and diagnosis.	\$119
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Coverage B

D0100-D0999 I. Diagnostic

Oral Pathology Laboratory (Use codes D0472-D0502)

D0484	consultation on slides prepared elsewhere.	\$58
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D1000-D1999 II. Preventive

Space Maintenance (Passive Appliances)

D1550	re-cement or re-bond space maintainer.	\$43
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D2000-D2999 III. Restorative

Amalgam Restorations (Including Polishing)

D2140	amalgam – one surface, primary or permanent.	\$108
D2150	amalgam – two surfaces, primary or permanent.	\$131
D2160	amalgam – three surfaces, primary or permanent.	\$161
D2161	amalgam – four or more surfaces, primary or permanent.	\$195

Resin-based Composite Restorations - Direct

D2330	resin-based composite – one surface, anterior.	\$122
D2331	resin-based composite – two surfaces, anterior.	\$149
D2332	resin-based composite – three surfaces, anterior.	\$172
D2335	resin-based composite – four or more surfaces or involving incisal angle (anterior).	\$209
D2390	resin-based composite crown, anterior.	\$371

Other Restorative Services

D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration.	\$56
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core.	\$56
D2920	re-cement or re-bond crown.	\$67
D2921	reattachment of tooth fragment, incisal edge or cusp.	\$209
D2930	prefabricated stainless steel crown – primary tooth.	\$155
D2931	prefabricated stainless steel crown – permanent tooth.	\$180
D2940	protective restoration.	\$78
D2941	interim therapeutic restoration – primary dentition.	\$78
D2951	pin retention – per tooth, in addition to restoration.	\$37

D3000-D3999 IV. Endodontics

Pulp Capping

D3110	pulp cap – direct (excluding final restoration).	\$37
D3120	pulp cap – indirect (excluding final restoration).	\$36

Pulpotomy

D3220	therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament.	\$88
D3221	pulpal debridement, primary and permanent teeth.	\$102

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Coverage B			
D3000-D3999 IV. Endodontics			
Pulpotomy			
D3222 partial pulpotomy for apexogenesis – permanent tooth with incomplete root development.	\$88		
Endodontic Therapy on Primary Teeth			
D3240 pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration).	\$100		
Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-up Care)			
D3310 endodontic therapy, anterior tooth (excluding final restoration).	\$429		
D3320 endodontic therapy, bicuspid tooth (excluding final restoration).	\$529		
D3330 endodontic therapy, molar (excluding final restoration).	\$717		
D3333 internal root repair of perforation defects.	\$257		
Endodontic Retreatment			
D3346 retreatment of previous root canal therapy – anterior.	\$547		
D3347 retreatment of previous root canal therapy – bicuspid.	\$684		
D3348 retreatment of previous root canal therapy – molar.	\$725		
D3351 apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.).	\$107		
D3352 apexification/recalcification – interim medication replacement.	\$107		
D3353 apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.).	\$107		
Apicoectomy/Periradicular Services			
D3410 apicoectomy – anterior.	\$311		
D3421 apicoectomy – bicuspid (first root).	\$311		
D3425 apicoectomy – molar (first root).	\$338		
D3426 apicoectomy (each additional root).	\$141		
D3427 periradicular surgery without apicoectomy.	\$82		
D3430 retrograde filling – per root.	\$82		
D3450 root amputation – per root.	\$205		
Other Endodontic Procedures			
D3920 hemisection (including any root removal), not including root canal therapy.	\$211		
D4000-D4999 V. Periodontics			
Surgical Services (Including Usual Postoperative Care)			
D4210 gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant.	\$306		
D4211 gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant.	\$212		
D4240 gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant.	\$378		
D4241 gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant.	\$284		
D4245 apically positioned flap.	\$445		
D4249 clinical crown lengthening – hard tissue.	\$1,018		
		D4260 osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant.	\$598
		D4261 osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant.	\$390
		D4263 bone replacement graft – first site in quadrant.	\$266
		D4264 bone replacement graft – each additional site in quadrant.	\$128
		D4270 pedicle soft tissue graft procedure.	\$409
		D4273 subepithelial connective tissue graft procedures, per tooth.	\$512
		D4274 distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area).	\$261
		D4277 free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft.	\$469
		D4278 free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site.	\$235
		Non-Surgical Periodontal Service	
		D4341 periodontal scaling and root planing – four or more teeth per quadrant.	\$163
		D4342 periodontal scaling and root planing – one to three teeth per quadrant.	\$126
		Other Periodontal Services	
		D4910 periodontal maintenance.	\$91
		D4920 unscheduled dressing change (by someone other than treating dentist or their staff).	\$49
D5000-D5899 VI. Prosthodontics (removable)			
Adjustments to Dentures			
		D5410 adjust complete denture – maxillary.	\$49
		D5411 adjust complete denture – mandibular.	\$49
		D5421 adjust partial denture – maxillary.	\$47
		D5422 adjust partial denture – mandibular.	\$47
Repairs to Complete Dentures			
		D5510 repair broken complete denture base.	\$108
		D5520 replace missing or broken teeth – complete denture (each tooth).	\$95
Repairs to Partial Dentures			
		D5610 repair resin denture base.	\$107
		D5620 repair cast framework.	\$148
		D5630 repair or replace broken clasp.	\$141
		D5640 replace broken teeth - per tooth.	\$94
D6000-D6199 VIII. Implant Services			
Other Implant Services			
		D6092 re-cement or re-bond implant/abutment supported crown.	\$67
D7000-D7999 X. Oral and Maxillofacial Surgery			
Extractions (Includes Local Anesthesia, Suturing, If Needed, and Routine Postoperative Care)			
		D7111 extraction, coronal remnants – deciduous tooth.	\$57

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Coverage C

D2000-D2999 III. Restorative

Other Restorative Services

D2950	core buildup, including any pins when required.	\$173
D2952	post and core in addition to crown, indirectly fabricated. . .	\$227
D2954	prefabricated post and core in addition to crown.	\$208
D2955	post removal.	\$240
D2970	temporary crown (fractured tooth).	\$163
D2971	additional procedures to construct new crown under existing partial denture framework.	\$180
D2980	crown repair necessitated by restorative material failure. . .	\$64
D2982	onlay repair necessitated by restorative material failure. . .	\$64

D5000-D5899 VI. Prosthodontics (removable)

Complete Dentures (Including Routine Post-Delivery Care)

D5110	complete denture – maxillary.	\$881
D5120	complete denture – mandibular.	\$881
D5130	immediate denture – maxillary.	\$926
D5140	immediate denture – mandibular.	\$926

Partial Dentures (Including Routine Post-delivery Care)

D5211	maxillary partial denture – resin base (including any conventional clasps, rests and teeth).	\$542
D5212	mandibular partial denture – resin base (including any conventional clasps, rests and teeth).	\$542
D5213	maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth).	\$926
D5214	mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth).	\$926
D5225	maxillary partial denture – flexible base (including any clasps, rests and teeth).	\$695
D5226	mandibular partial denture – flexible base (including any clasps, rests and teeth).	\$695
D5281	removable unilateral partial denture – one piece cast metal (including clasps and teeth).	\$422

Repairs to Partial Dentures

D5650	add tooth to existing partial denture.	\$100
D5660	add clasp to existing partial denture.	\$121
D5670	replace all teeth and acrylic on cast metal framework (maxillary).	\$547
D5671	replace all teeth and acrylic on cast metal framework (mandibular).	\$547

Denture Rebase Procedures

D5710	rebase complete maxillary denture.	\$265
D5711	rebase complete mandibular denture.	\$265
D5720	rebase maxillary partial denture.	\$246
D5721	rebase mandibular partial denture.	\$246

Denture Reline Procedures

D5730	reline complete maxillary denture (chairside).	\$146
D5731	reline complete mandibular denture (chairside).	\$146
D5740	reline maxillary partial denture (chairside).	\$141
D5741	reline mandibular partial denture (chairside).	\$141
D5750	reline complete maxillary denture (laboratory).	\$233

Denture Reline Procedures

D5751	reline complete mandibular denture (laboratory).	\$233
D5760	reline maxillary partial denture (laboratory).	\$216
D5761	reline mandibular partial denture (laboratory).	\$216

Other Removable Prosthetic Services

D5875	modification of removable prosthesis following implant surgery.	\$313
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D6000-D6199 VIII. Implant Services

Surgical Services

D6010	surgical placement of implant body: endosteal implant. . . .	\$1,424
D6013	surgical placement of mini implant.	\$854

Implant Supported Prosthetics

D6056	prefabricated abutment – includes modification and placement.	\$219
D6057	custom fabricated abutment – includes placement.	\$275
D6058	abutment supported porcelain/ceramic crown.	\$1,027
D6059	abutment supported porcelain fused to metal crown (high noble metal).	\$1,136
D6060	abutment supported porcelain fused to metal crown (predominantly base metal).	\$991
D6061	abutment supported porcelain fused to metal crown (noble metal).	\$1,089
D6062	abutment supported cast metal crown (high noble metal).	\$1,062
D6063	abutment supported cast metal crown (predominantly base metal).	\$911
D6064	abutment supported cast metal crown (noble metal). . . .	\$1,023
D6065	implant supported porcelain/ceramic crown.	\$1,027
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal).	\$1,136
D6067	implant supported metal crown (titanium, titanium alloy, high noble metal).	\$1,062
D6068	abutment supported retainer for porcelain/ceramic FPD. . .	\$956
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal).	\$1,136
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal).	\$991
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal).	\$1,089
D6072	abutment supported retainer for cast metal FPD (high noble metal).	\$1,065
D6073	abutment supported retainer for cast metal FPD (predominantly base metal).	\$912
D6074	abutment supported retainer for cast metal FPD (noble metal).	\$1,026
D6075	implant supported retainer for ceramic FPD.	\$1,027
D6076	implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal).	\$1,136
D6077	implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal).	\$1,062
D6094	abutment supported crown (titanium).	\$988
D6110	implant /abutment supported removable denture for edentulous arch – maxillary.	\$1,518
D6111	implant /abutment supported removable denture for edentulous arch – mandibular.	\$1,518

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Coverage C			
D6000-D6199 VIII. Implant Services			
Implant Supported Prosthetics			
D6112 implant /abutment supported removable denture for partially edentulous arch – maxillary.	\$1,424		
D6113 implant /abutment supported removable denture for partially edentulous arch – mandibular.	\$1,424		
D6114 implant /abutment supported fixed denture for edentulous arch – maxillary.	\$1,475		
D6115 implant /abutment supported fixed denture for edentulous arch – mandibular.	\$1,475		
D6116 implant /abutment supported fixed denture for partially edentulous arch – maxillary.	\$1,587		
D6117 implant /abutment supported fixed denture for partially edentulous arch – mandibular.	\$1,587		
D6194 abutment supported retainer crown for FPD (titanium). . .	\$991		
Other Implant Services			
D6093 re-cement or re-bond implant/abutment supported fixed partial denture.	\$69		
D6200-D6999 IX. Prosthodontics, fixed			
Fixed Partial Denture Pontics			
D6205 pontic – indirect resin based composite.	\$297		
D6210 pontic – cast high noble metal.	\$721		
D6211 pontic – cast predominantly base metal.	\$600		
D6212 pontic – cast noble metal.	\$689		
D6214 pontic – titanium.	\$671		
D6240 pontic – porcelain fused to high noble metal.	\$920		
D6241 pontic – porcelain fused to predominantly base metal. . .	\$622		
D6242 pontic – porcelain fused to noble metal.	\$660		
D6245 pontic – porcelain/ceramic.	\$693		
D6250 pontic – resin with high noble metal.	\$606		
D6251 pontic – resin with predominantly base metal.	\$518		
D6252 pontic – resin with noble metal.	\$591		
Fixed Partial Denture Retainers - Inlays/Onlays			
D6545 retainer – cast metal for resin bonded fixed prosthesis. . .	\$212		
D6548 retainer – porcelain/ceramic for resin bonded fixed prosthesis.	\$234		
D6549 resin retainer – for resin bonded fixed prosthesis.	\$212		
D6600 inlay – porcelain/ceramic, two surfaces.	\$587		
D6601 inlay – porcelain/ceramic, three or more surfaces.	\$698		
D6602 inlay – cast high noble metal, two surfaces.	\$412		
D6603 inlay – cast high noble metal, three or more surfaces. . . .	\$482		
D6604 inlay – cast predominantly base metal, two surfaces. . . .	\$428		
D6605 inlay – cast predominantly base metal, three or more surfaces.	\$502		
D6606 inlay – cast noble metal, two surfaces.	\$441		
D6607 inlay – cast noble metal, three or more surfaces.	\$517		
D6608 onlay – porcelain/ceramic, two surfaces.	\$661		
D6609 onlay – porcelain/ceramic, three or more surfaces.	\$771		
D6610 onlay – cast high noble metal, two surfaces.	\$546		
D6611 onlay – cast high noble metal, three or more surfaces. . .	\$606		
D6612 onlay – cast predominantly base metal, two surfaces. . . .	\$667		
Fixed Partial Denture Retainers - Inlays/Onlays			
D6613 onlay – cast predominantly base metal, three or more surfaces.	\$766		
D6614 onlay – cast noble metal, two surfaces.	\$491		
D6615 onlay – cast noble metal, three or more surfaces.	\$546		
D6624 inlay – titanium.	\$482		
D6634 onlay – titanium.	\$606		
Fixed Partial Denture Retainers - Crowns			
D6710 crown – indirect resin based composite.	\$297		
D6720 crown – resin with high noble metal.	\$536		
D6721 crown – resin with predominantly base metal.	\$516		
D6722 crown – resin with noble metal.	\$591		
D6740 crown – porcelain/ceramic.	\$693		
D6750 crown – porcelain fused to high noble metal.	\$929		
D6751 crown – porcelain fused to predominantly base metal. . .	\$701		
D6752 crown – porcelain fused to noble metal.	\$777		
D6780 crown – ¾ cast high noble metal.	\$644		
D6781 crown – ¾ cast predominantly base metal.	\$599		
D6782 crown – ¾ cast noble metal.	\$638		
D6783 crown – ¾ porcelain/ceramic.	\$644		
D6790 crown – full cast high noble metal.	\$728		
D6791 full cast predominantly base metal.	\$600		
D6792 full cast noble metal.	\$642		
D6794 crown – titanium.	\$677		
Other Fixed Partial Denture Services			
D6930 re-cement or re-bond fixed partial denture.	\$69		
D6980 fixed partial denture repair necessitated by restorative material failure.	\$64		
D7000-D7999 X. Oral and Maxillofacial Surgery			
Other Repair Procedures			
D7953 bone replacement graft for ridge preservation – per site. . .	\$241		
D9000-D9999 XII. Adjunctive General Services			
Unclassified Treatment			
D9120 fixed partial denture sectioning.	\$64		
Coverage D			
D7000-D7999 X. Oral and Maxillofacial Surgery			
Other Surgical Procedures			
D7283 placement of device to facilitate eruption of impacted tooth.	\$86		
D8000-D8999 XI. Orthodontics			
Limited Orthodontic Treatment			
D8010 limited orthodontic treatment of the primary dentition. . . .	\$923		
D8020 limited orthodontic treatment of the transitional dentition. .	\$1,134		
D8030 limited orthodontic treatment of the adolescent dentition. .	\$1,356		
D8040 limited orthodontic treatment of the adult dentition.	\$1,539		
Interceptive Orthodontic Treatment			
D8050 interceptive orthodontic treatment of the primary dentition.	\$1,231		
D8060 interceptive orthodontic treatment of the transitional dentition.	\$1,471		

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Coverage D

D8000-D8999 XI. Orthodontics

Comprehensive Orthodontic

D8070	comprehensive orthodontic treatment of the transitional dentition.	\$3,215
D8080	comprehensive orthodontic treatment of the adolescent dentition.	\$3,337
D8090	comprehensive orthodontic treatment of the adult dentition.	\$3,562

Other Orthodontic Services

D8693	re-cement or re-bond fixed retainer.	\$44
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