

**State of Maine Employees PPO  
Endodontists, Oral Surgeons, Periodontists, Orthodontists, Prosthodontists  
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. . . . .	\$44
D0140	limited oral evaluation – problem focused. . . . .	\$74
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver. . . . .	\$61
D0150	comprehensive oral evaluation – new or established patient. . . . .	\$102
D0160	detailed and extensive oral evaluation – problem focused, by report. . . . .	\$119
D0170	re-evaluation – limited, problem focused (established patient; not post-operative visit). . . . .	\$59
D0180	comprehensive periodontal evaluation – new or established patient. . . . .	\$125

**Diagnostic Imaging**

D0210	intraoral – complete series of radiographic images. . . . .	\$117
D0220	intraoral – periapical first radiographic image. . . . .	\$23
D0230	intraoral – periapical each additional radiographic image. . . . .	\$21
D0240	intraoral – occlusal radiographic image. . . . .	\$25
D0250	extraoral – first radiographic image. . . . .	\$21
D0260	extraoral – each additional radiographic image. . . . .	\$21
D0270	bitewing – single radiographic image. . . . .	\$23
D0272	bitewings – two radiographic images. . . . .	\$44
D0273	bitewings – three radiographic images. . . . .	\$53
D0274	bitewings – four radiographic images. . . . .	\$62
D0277	vertical bitewings – 7 to 8 radiographic images. . . . .	\$109
D0330	panoramic radiographic image. . . . .	\$110

**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. . . . .	\$101
D1120	prophylaxis – child. . . . .	\$74

**Topical Fluoride Treatment (Office Procedure)**

D1206	topical application of fluoride varnish. . . . .	\$31
D1208	topical application of fluoride – excluding varnish. . . . .	\$31

**Other Preventive Services**

D1351	sealant - per tooth. . . . .	\$53
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**Space Maintenance (Passive Appliances)**

D1510	space maintainer – fixed - unilateral. . . . .	\$255
D1515	space maintainer – fixed - bilateral. . . . .	\$348
D1520	space maintainer – removable – unilateral. . . . .	\$310
D1525	space maintainer – removable – bilateral. . . . .	\$314
D1555	removal of fixed space maintainer. . . . .	\$58

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**D4000-D4999 V. Periodontics**

**Non-Surgical Periodontal Service**

D4355	full mouth debridement to enable comprehensive evaluation and diagnosis. . . . .	\$209
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**Coverage B**

**D0100-D0999 I. Diagnostic**

**Oral Pathology Laboratory (Use codes D0472-D0502)**

D0484	consultation on slides prepared elsewhere. . . . .	\$77
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**D1000-D1999 II. Preventive**

**Space Maintenance (Passive Appliances)**

D1550	re-cement or re-bond space maintainer. . . . .	\$58
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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. . . . .	\$75
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core. . . . .	\$75
D2920	re-cement or re-bond crown. . . . .	\$91
D2921	reattachment of tooth fragment, incisal edge or cusp. . . . .	\$209
D2930	prefabricated stainless steel crown – primary tooth. . . . .	\$208
D2931	prefabricated stainless steel crown – permanent tooth. . . . .	\$243
D2940	protective restoration. . . . .	\$100
D2941	interim therapeutic restoration – primary dentition. . . . .	\$100
D2951	pin retention – per tooth, in addition to restoration. . . . .	\$49

**D3000-D3999 IV. Endodontics**

**Pulp Capping**

D3110	pulp cap – direct (excluding final restoration). . . . .	\$84
D3120	pulp cap – indirect (excluding final restoration). . . . .	\$83

**Pulpotomy**

D3220	therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament. . . . .	\$237
D3221	pulpal debridement, primary and permanent teeth. . . . .	\$244

Endodontists, Oral Surgeons, Periodontists, Orthodontists, Prosthodontists

Procedure Code and Nomenclature	Maximum Allowance	Procedure Code and Description	Maximum Allowance
<b>Coverage B</b>			
<b>D3000-D3999 IV. Endodontics</b>			
<b>Pulpotomy</b>			
D3222 partial pulpotomy for apexogenesis – permanent tooth with incomplete root development. . . . .	\$237		
<b>Endodontic Therapy on Primary Teeth</b>			
D3240 pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration). . . . .	\$303		
<b>Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-up Care)</b>			
D3310 endodontic therapy, anterior tooth (excluding final restoration). . . . .	\$639		
D3320 endodontic therapy, bicuspid tooth (excluding final restoration). . . . .	\$766		
D3330 endodontic therapy, molar (excluding final restoration). . . . .	\$1,006		
D3333 internal root repair of perforation defects. . . . .	\$297		
<b>Endodontic Retreatment</b>			
D3346 retreatment of previous root canal therapy – anterior. . . . .	\$808		
D3347 retreatment of previous root canal therapy – bicuspid. . . . .	\$960		
D3348 retreatment of previous root canal therapy – molar. . . . .	\$1,101		
D3351 apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.). . . . .	\$160		
D3352 apexification/recalcification – interim medication replacement. . . . .	\$160		
D3353 apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.). . . . .	\$160		
<b>Apicoectomy/Periradicular Services</b>			
D3410 apicoectomy – anterior. . . . .	\$671		
D3421 apicoectomy – bicuspid (first root). . . . .	\$671		
D3425 apicoectomy – molar (first root). . . . .	\$700		
D3426 apicoectomy (each additional root). . . . .	\$141		
D3427 periradicular surgery without apicoectomy. . . . .	\$145		
D3430 retrograde filling – per root. . . . .	\$145		
D3450 root amputation – per root. . . . .	\$287		
<b>Other Endodontic Procedures</b>			
D3920 hemisection (including any root removal), not including root canal therapy. . . . .	\$351		
<b>D4000-D4999 V. Periodontics</b>			
<b>Surgical Services (Including Usual Postoperative Care)</b>			
D4210 gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant. . . . .	\$412		
D4211 gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant. . . . .	\$286		
D4240 gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant. . . . .	\$510		
D4241 gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant. . . . .	\$383		
D4245 apically positioned flap. . . . .	\$600		
D4249 clinical crown lengthening – hard tissue. . . . .	\$1,131		
		D4260 osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant. . . . .	\$1,014
		D4261 osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant. . . . .	\$703
		D4263 bone replacement graft – first site in quadrant. . . . .	\$412
		D4264 bone replacement graft – each additional site in quadrant. . . . .	\$230
		D4270 pedicle soft tissue graft procedure. . . . .	\$554
		D4273 subepithelial connective tissue graft procedures, per tooth. . . . .	\$681
		D4274 distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area). . . . .	\$469
		D4277 free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft. . . . .	\$622
		D4278 free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site. . . . .	\$311
		<b>Non-Surgical Periodontal Service</b>	
		D4341 periodontal scaling and root planing – four or more teeth per quadrant. . . . .	\$218
		D4342 periodontal scaling and root planing – one to three teeth per quadrant. . . . .	\$167
		<b>Other Periodontal Services</b>	
		D4910 periodontal maintenance. . . . .	\$118
		D4920 unscheduled dressing change (by someone other than treating dentist or their staff). . . . .	\$66
<b>D5000-D5899 VI. Prosthodontics (removable)</b>			
<b>Adjustments to Dentures</b>			
		D5410 adjust complete denture – maxillary. . . . .	\$65
		D5411 adjust complete denture – mandibular. . . . .	\$65
		D5421 adjust partial denture – maxillary. . . . .	\$65
		D5422 adjust partial denture – mandibular. . . . .	\$65
<b>Repairs to Complete Dentures</b>			
		D5510 repair broken complete denture base. . . . .	\$145
		D5520 replace missing or broken teeth – complete denture (each tooth). . . . .	\$129
<b>Repairs to Partial Dentures</b>			
		D5610 repair resin denture base. . . . .	\$142
		D5620 repair cast framework. . . . .	\$200
		D5630 repair or replace broken clasp. . . . .	\$190
		D5640 replace broken teeth - per tooth. . . . .	\$127
<b>D6000-D6199 VIII. Implant Services</b>			
<b>Other Implant Services</b>			
		D6092 re-cement or re-bond implant/abutment supported crown. . . . .	\$90
<b>D7000-D7999 X. Oral and Maxillofacial Surgery</b>			
<b>Extractions (Includes Local Anesthesia, Suturing, If Needed, and Routine Postoperative Care)</b>			
		D7111 extraction, coronal remnants – deciduous tooth. . . . .	\$68

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### Coverage B

#### D7000-D7999 X. Oral and Maxillofacial Surgery Extractions (Includes Local Anesthesia, Suturing, If Needed, and Routine Postoperative Care)

D7140 extraction, erupted tooth or exposed root (elevation and/or forceps removal). . . . . \$130

#### Surgical Extractions (Includes Local Anesthesia, Suturing, If Needed, and Routine Postoperative Care)

D7210 surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated. . . . . \$217

D7220 removal of impacted tooth – soft tissue. . . . . \$257

D7230 removal of impacted tooth – partially bony. . . . . \$325

D7240 removal of impacted tooth – completely bony. . . . . \$380

D7241 removal of impacted tooth – completely bony, with unusual surgical complications. . . . . \$399

D7250 surgical removal of residual tooth roots (cutting procedure). . . . . \$185

D7251 coronectomy – intentional partial tooth removal. . . . . \$380

#### Other Surgical Procedures

D7270 tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth. . . . . \$286

D7280 surgical access of an unerupted tooth. . . . . \$288

D7282 mobilization of erupted or malpositioned tooth to aid eruption. . . . . \$166

D7285 incisional biopsy of oral tissue – hard (bone, tooth). . . . . \$160

D7286 incisional biopsy of oral tissue – soft. . . . . \$142

D7291 transseptal fiberotomy/supra crestal fiberotomy, by report. . . . . \$241

#### Alveoplasty - Surgical Preparation of Ridge

D7310 alveoplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant. . . . . \$161

D7311 alveoplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant. . . . . \$121

D7320 alveoplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant. . . . . \$242

D7321 alveoplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant. . . . . \$182

#### Vestibuloplasty

D7340 vestibuloplasty – ridge extension (secondary epithelialization). . . . . \$333

#### Surgical Incision

D7510 incision and drainage of abscess – intraoral soft tissue. . . . . \$119

D7511 incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces). . . . . \$149

D7520 incision and drainage of abscess – extraoral soft tissue. . . . . \$200

D7521 incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces). . . . . \$250

#### Other Repair Procedures

D7960 frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure. . . . . \$244

D7963 frenuloplasty. . . . . \$306

### D9000-D9999 XII. Adjunctive General Services

#### Unclassified Treatment

D9110 palliative (emergency) treatment of dental pain - minor procedure. . . . . \$107

#### Anesthesia

D9220 deep sedation/general anesthesia – first 30 minutes. . . . . \$370

D9221 deep sedation/general anesthesia – each additional 15 minutes. . . . . \$144

D9241 intravenous moderate (conscious) sedation/analgesia – first 30 minutes. . . . . \$180

D9242 intravenous moderate (conscious) sedation/analgesia – each additional 15 minutes. . . . . \$90

#### Professional Consultation

D9310 consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician. . . . . \$77

#### Professional Visits

D9440 office visit – after regularly scheduled hours. . . . . \$95

#### Miscellaneous Services

D9910 application of desensitizing medicament. . . . . \$62

D9911 application of desensitizing resin for cervical and/or root surface, per tooth. . . . . \$62

### Coverage C

#### D2000-D2999 III. Restorative

##### Inlay/Onlay Restorations

D2542 onlay – metallic – two surfaces. . . . . \$737

D2543 onlay – metallic – three surfaces. . . . . \$829

D2544 onlay – metallic – four or more surfaces. . . . . \$899

D2642 onlay – porcelain/ceramic – two surfaces. . . . . \$868

D2643 onlay – porcelain/ceramic – three surfaces. . . . . \$959

D2644 onlay – porcelain/ceramic – four or more surfaces. . . . . \$1,043

D2662 onlay – resin-based composite – two surfaces. . . . . \$883

D2663 onlay – resin-based composite – three surfaces. . . . . \$982

D2664 onlay – resin-based composite – four or more surfaces. . . . . \$1,080

##### Crowns - Single Restorations Only

D2710 crown – resin-based composite (indirect). . . . . \$391

D2712 crown – ¾ resin-based composite (indirect). . . . . \$391

D2720 crown – resin with high noble metal. . . . . \$749

D2721 crown – resin with predominantly base metal. . . . . \$728

D2722 crown – resin with noble metal. . . . . \$797

D2740 crown – porcelain/ceramic substrate. . . . . \$1,180

D2750 crown – porcelain fused to high noble metal. . . . . \$1,264

D2751 crown – porcelain fused to predominantly base metal. . . . . \$930

D2752 crown – porcelain fused to noble metal. . . . . \$1,083

D2780 crown – ¾ cast high noble metal. . . . . \$922

D2781 crown – ¾ cast predominantly base metal. . . . . \$809

D2782 crown – ¾ cast noble metal. . . . . \$885

D2783 crown – ¾ porcelain/ceramic. . . . . \$929

D2790 crown – full cast high noble metal. . . . . \$1,069

D2791 crown – full cast predominantly base metal. . . . . \$809

D2792 crown – full cast noble metal. . . . . \$941

D2794 crown – titanium. . . . . \$994

##### Other Restorative Services

D2932 prefabricated resin crown. . . . . \$234

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<b>Coverage C</b>			
<b>D2000-D2999 III. Restorative</b>			
<b>Other Restorative Services</b>			
D2950 core buildup, including any pins when required. . . . .	\$227		
D2952 post and core in addition to crown, indirectly fabricated. . .	\$301		
D2954 prefabricated post and core in addition to crown. . . . .	\$273		
D2955 post removal. . . . .	\$323		
D2970 temporary crown (fractured tooth). . . . .	\$215		
D2971 additional procedures to construct new crown under existing partial denture framework. . . . .	\$235		
D2980 crown repair necessitated by restorative material failure. . .	\$87		
D2982 onlay repair necessitated by restorative material failure. . .	\$87		
<b>D5000-D5899 VI. Prosthodontics (removable)</b>			
<b>Complete Dentures (Including Routine Post-Delivery Care)</b>			
D5110 complete denture – maxillary. . . . .	\$1,148		
D5120 complete denture – mandibular. . . . .	\$1,148		
D5130 immediate denture – maxillary. . . . .	\$1,214		
D5140 immediate denture – mandibular. . . . .	\$1,214		
<b>Partial Dentures (Including Routine Post-delivery Care)</b>			
D5211 maxillary partial denture – resin base (including any conventional clasps, rests and teeth). . . . .	\$715		
D5212 mandibular partial denture – resin base (including any conventional clasps, rests and teeth). . . . .	\$717		
D5213 maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth). . . . .	\$1,214		
D5214 mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth). . . . .	\$1,214		
D5225 maxillary partial denture – flexible base (including any clasps, rests and teeth). . . . .	\$910		
D5226 mandibular partial denture – flexible base (including any clasps, rests and teeth). . . . .	\$910		
D5281 removable unilateral partial denture – one piece cast metal (including clasps and teeth). . . . .	\$568		
<b>Repairs to Partial Dentures</b>			
D5650 add tooth to existing partial denture. . . . .	\$135		
D5660 add clasp to existing partial denture. . . . .	\$164		
D5670 replace all teeth and acrylic on cast metal framework (maxillary). . . . .	\$738		
D5671 replace all teeth and acrylic on cast metal framework (mandibular). . . . .	\$738		
<b>Denture Rebase Procedures</b>			
D5710 rebase complete maxillary denture. . . . .	\$356		
D5711 rebase complete mandibular denture. . . . .	\$356		
D5720 rebase maxillary partial denture. . . . .	\$332		
D5721 rebase mandibular partial denture. . . . .	\$332		
<b>Denture Reline Procedures</b>			
D5730 reline complete maxillary denture (chairside). . . . .	\$198		
D5731 reline complete mandibular denture (chairside). . . . .	\$198		
D5740 reline maxillary partial denture (chairside). . . . .	\$190		
D5741 reline mandibular partial denture (chairside). . . . .	\$190		
D5750 reline complete maxillary denture (laboratory). . . . .	\$314		
<b>Denture Reline Procedures</b>			
D5751 reline complete mandibular denture (laboratory). . . . .	\$314		
D5760 reline maxillary partial denture (laboratory). . . . .	\$292		
D5761 reline mandibular partial denture (laboratory). . . . .	\$292		
<b>Other Removable Prosthetic Services</b>			
D5875 modification of removable prosthesis following implant surgery. . . . .	\$313		
<b>D6000-D6199 VIII. Implant Services</b>			
<b>Surgical Services</b>			
D6010 surgical placement of implant body: endosteal implant. . .	\$1,779		
D6013 surgical placement of mini implant. . . . .	\$1,067		
<b>Implant Supported Prosthetics</b>			
D6056 prefabricated abutment – includes modification and placement. . . . .	\$297		
D6057 custom fabricated abutment – includes placement. . . . .	\$371		
D6058 abutment supported porcelain/ceramic crown. . . . .	\$1,271		
D6059 abutment supported porcelain fused to metal crown (high noble metal). . . . .	\$1,389		
D6060 abutment supported porcelain fused to metal crown (predominantly base metal). . . . .	\$1,204		
D6061 abutment supported porcelain fused to metal crown (noble metal). . . . .	\$1,334		
D6062 abutment supported cast metal crown (high noble metal). . . . .	\$1,315		
D6063 abutment supported cast metal crown (predominantly base metal). . . . .	\$1,122		
D6064 abutment supported cast metal crown (noble metal). . . .	\$1,263		
D6065 implant supported porcelain/ceramic crown. . . . .	\$1,271		
D6066 implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal). . . . .	\$1,389		
D6067 implant supported metal crown (titanium, titanium alloy, high noble metal). . . . .	\$1,315		
D6068 abutment supported retainer for porcelain/ceramic FPD. .	\$1,182		
D6069 abutment supported retainer for porcelain fused to metal FPD (high noble metal). . . . .	\$1,389		
D6070 abutment supported retainer for porcelain fused to metal FPD (predominantly base metal). . . . .	\$1,204		
D6071 abutment supported retainer for porcelain fused to metal FPD (noble metal). . . . .	\$1,334		
D6072 abutment supported retainer for cast metal FPD (high noble metal). . . . .	\$1,319		
D6073 abutment supported retainer for cast metal FPD (predominantly base metal). . . . .	\$1,122		
D6074 abutment supported retainer for cast metal FPD (noble metal). . . . .	\$1,267		
D6075 implant supported retainer for ceramic FPD. . . . .	\$1,271		
D6076 implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal). . . . .	\$1,389		
D6077 implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal). . . . .	\$1,315		
D6094 abutment supported crown (titanium). . . . .	\$1,223		
D6110 implant /abutment supported removable denture for edentulous arch – maxillary. . . . .	\$1,898		
D6111 implant /abutment supported removable denture for edentulous arch – mandibular. . . . .	\$1,898		

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Endodontists, Oral Surgeons, Periodontists, Orthodontists, Prosthodontists

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<b>Coverage C</b>			
<b>D6000-D6199 VIII. Implant Services</b>			
<b>Implant Supported Prosthetics</b>			
D6112 implant /abutment supported removable denture for partially edentulous arch – maxillary. . . . .	\$1,779		
D6113 implant /abutment supported removable denture for partially edentulous arch – mandibular. . . . .	\$1,779		
D6114 implant /abutment supported fixed denture for edentulous arch – maxillary. . . . .	\$1,991		
D6115 implant /abutment supported fixed denture for edentulous arch – mandibular. . . . .	\$1,991		
D6116 implant /abutment supported fixed denture for partially edentulous arch – maxillary. . . . .	\$2,144		
D6117 implant /abutment supported fixed denture for partially edentulous arch – mandibular. . . . .	\$2,144		
D6194 abutment supported retainer crown for FPD (titanium). . .	\$1,227		
<b>Other Implant Services</b>			
D6093 re-cement or re-bond implant/abutment supported fixed partial denture. . . . .	\$93		
<b>D6200-D6999 IX. Prosthodontics, fixed</b>			
<b>Fixed Partial Denture Pontics</b>			
D6205 pontic – indirect resin based composite. . . . .	\$391		
D6210 pontic – cast high noble metal. . . . .	\$975		
D6211 pontic – cast predominantly base metal. . . . .	\$809		
D6212 pontic – cast noble metal. . . . .	\$931		
D6214 pontic – titanium. . . . .	\$906		
D6240 pontic – porcelain fused to high noble metal. . . . .	\$1,177		
D6241 pontic – porcelain fused to predominantly base metal. . .	\$838		
D6242 pontic – porcelain fused to noble metal. . . . .	\$892		
D6245 pontic – porcelain/ceramic. . . . .	\$935		
D6250 pontic – resin with high noble metal. . . . .	\$817		
D6251 pontic – resin with predominantly base metal. . . . .	\$700		
D6252 pontic – resin with noble metal. . . . .	\$797		
<b>Fixed Partial Denture Retainers - Inlays/Onlays</b>			
D6545 retainer – cast metal for resin bonded fixed prosthesis. . .	\$287		
D6548 retainer – porcelain/ceramic for resin bonded fixed prosthesis. . . . .	\$316		
D6549 resin retainer – for resin bonded fixed prosthesis. . . . .	\$287		
D6600 inlay – porcelain/ceramic, two surfaces. . . . .	\$791		
D6601 inlay – porcelain/ceramic, three or more surfaces. . . . .	\$940		
D6602 inlay – cast high noble metal, two surfaces. . . . .	\$555		
D6603 inlay – cast high noble metal, three or more surfaces. . . .	\$651		
D6604 inlay – cast predominantly base metal, two surfaces. . . .	\$579		
D6605 inlay – cast predominantly base metal, three or more surfaces. . . . .	\$679		
D6606 inlay – cast noble metal, two surfaces. . . . .	\$597		
D6607 inlay – cast noble metal, three or more surfaces. . . . .	\$699		
D6608 onlay – porcelain/ceramic, two surfaces. . . . .	\$891		
D6609 onlay – porcelain/ceramic, three or more surfaces. . . . .	\$1,039		
D6610 onlay – cast high noble metal, two surfaces. . . . .	\$737		
D6611 onlay – cast high noble metal, three or more surfaces. . .	\$817		
D6612 onlay – cast predominantly base metal, two surfaces. . . .	\$899		
		<b>Fixed Partial Denture Retainers - Inlays/Onlays</b>	
		D6613 onlay – cast predominantly base metal, three or more surfaces. . . . .	\$1,034
		D6614 onlay – cast noble metal, two surfaces. . . . .	\$663
		D6615 onlay – cast noble metal, three or more surfaces. . . . .	\$736
		D6624 inlay – titanium. . . . .	\$651
		D6634 onlay – titanium. . . . .	\$817
		<b>Fixed Partial Denture Retainers - Crowns</b>	
		D6710 crown – indirect resin based composite. . . . .	\$391
		D6720 crown – resin with high noble metal. . . . .	\$724
		D6721 crown – resin with predominantly base metal. . . . .	\$696
		D6722 crown – resin with noble metal. . . . .	\$797
		D6740 crown – porcelain/ceramic. . . . .	\$935
		D6750 crown – porcelain fused to high noble metal. . . . .	\$1,190
		D6751 crown – porcelain fused to predominantly base metal. . .	\$923
		D6752 crown – porcelain fused to noble metal. . . . .	\$1,032
		D6780 crown – ¾ cast high noble metal. . . . .	\$870
		D6781 crown – ¾ cast predominantly base metal. . . . .	\$809
		D6782 crown – ¾ cast noble metal. . . . .	\$861
		D6783 crown – ¾ porcelain/ceramic. . . . .	\$870
		D6790 crown – full cast high noble metal. . . . .	\$983
		D6791 full cast predominantly base metal. . . . .	\$809
		D6792 full cast noble metal. . . . .	\$866
		D6794 crown – titanium. . . . .	\$915
		<b>Other Fixed Partial Denture Services</b>	
		D6930 re-cement or re-bond fixed partial denture. . . . .	\$93
		D6980 fixed partial denture repair necessitated by restorative material failure. . . . .	\$87
		<b>D7000-D7999 X. Oral and Maxillofacial Surgery</b>	
		<b>Other Repair Procedures</b>	
		D7953 bone replacement graft for ridge preservation – per site. .	\$374
		<b>D9000-D9999 XII. Adjunctive General Services</b>	
		<b>Unclassified Treatment</b>	
		D9120 fixed partial denture sectioning. . . . .	\$87
<b>Coverage D</b>			
		<b>D7000-D7999 X. Oral and Maxillofacial Surgery</b>	
		<b>Other Surgical Procedures</b>	
		D7283 placement of device to facilitate eruption of impacted tooth. . . . .	\$118
		<b>D8000-D8999 XI. Orthodontics</b>	
		<b>Limited Orthodontic Treatment</b>	
		D8010 limited orthodontic treatment of the primary dentition. . . .	\$1,240
		D8020 limited orthodontic treatment of the transitional dentition. .	\$1,533
		D8030 limited orthodontic treatment of the adolescent dentition. .	\$1,832
		D8040 limited orthodontic treatment of the adult dentition. . . . .	\$2,077
		<b>Interceptive Orthodontic Treatment</b>	
		D8050 interceptive orthodontic treatment of the primary dentition. . . . .	\$1,662
		D8060 interceptive orthodontic treatment of the transitional dentition. . . . .	\$1,986

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NOTE: The procedures listed are for the State of Maine Employees Group only. Please contact our Customer Service Department or call Northeast Delta Dental's automated information system, DentalLink, for benefit information. Predetermination is also strongly recommended. Thank you.

Endodontists, Oral Surgeons, Periodontists, Orthodontists, Prosthodontists

Procedure Code and Nomenclature	Maximum Allowance	Procedure Code and Description	Maximum Allowance
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## Coverage D

### D8000-D8999 XI. Orthodontics

#### Comprehensive Orthodontic

D8070	comprehensive orthodontic treatment of the transitional dentition. ....	\$4,334
D8080	comprehensive orthodontic treatment of the adolescent dentition. ....	\$4,494
D8090	comprehensive orthodontic treatment of the adult dentition. ....	\$4,767

#### Other Orthodontic Services

D8693	re-cement or re-bond fixed retainer. ....	\$58
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