

**State of Maine Employees Table of Allowances
for State of Maine Employees DPO Network 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
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		
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

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

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Coverage C			
D2000-D2999 III. Restorative			
Other Restorative Services			
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
D5000-D5899 VI. Prosthodontics (removable)			
Complete Dentures (Including Routine Post-Delivery Care)			
D5110		complete denture – maxillary.	\$1,148
D5120		complete denture – mandibular.	\$1,148
D5130		immediate denture – maxillary.	\$1,214
D5140		immediate denture – mandibular.	\$1,214
Partial Dentures (Including Routine Post-delivery Care)			
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
Repairs to Partial Dentures			
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
Denture Rebase Procedures			
D5710		rebase complete maxillary denture.	\$356
D5711		rebase complete mandibular denture.	\$356
D5720		rebase maxillary partial denture.	\$332
D5721		rebase mandibular partial denture.	\$332
Denture Reline Procedures			
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
Denture Reline Procedures			
D5751		reline complete mandibular denture (laboratory).	\$314
D5760		reline maxillary partial denture (laboratory).	\$292
D5761		reline mandibular partial denture (laboratory).	\$292
Other Removable Prosthetic Services			
D5875		modification of removable prosthesis following implant surgery.	\$313
D6000-D6199 VIII. Implant Services			
Surgical Services			
D6010		surgical placement of implant body: endosteal implant. . .	\$1,779
D6013		surgical placement of mini implant.	\$1,067
Implant Supported Prosthetics			
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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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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