

Healthplex Patient Copay Schedule

Please note this schedule represents member cost share, and does not include information regarding coverage, plan paid supplements, authorization requirements, or frequency limitations. To obtain benefits not listed, please contact customer service.		D003352	
		UPSE Benefit Plan - P/R Plan 14036	
		H147 - Healthplex DHMO Dentcare Key Accounts 15	
ADA	Description	Copay	Covered/Not Covered
D0120	periodic oral evaluation	\$0	Covered
D0140	limited oral evaluation - problem focused	\$0	Covered
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	\$0	Not Covered
D0150	comprehensive oral evaluation - new or established patient	\$0	Covered
D0160	detailed and extensive oral evaluation - problem-focused, by report	\$0	Covered
D0170	re-evaluation, limited, problem focused	\$0	Not Covered
D0171	re-evaluation - post-operative office visit	\$0	Not Covered
D0180	comprehensive periodontal evaluation - new or established patient	\$0	Not Covered
D0190	Screening of a patient	\$0	Not Covered
D0191	Assessment of a patient	\$0	Not Covered
D0210	intraoral - comprehensive series of radiographic images	\$9	Covered
D0220	intraoral - periapical first radiographic image	\$2	Covered
D0230	intraoral - periapical each additional radiographic image	\$0	Covered
D0240	intraoral - occlusal radiographic image	\$0	Covered
D0250	extraoral - 2D projection radiographic image created using a stationary radiation source	\$0	Covered
D0251	extra-oral posterior dental radiographic image	\$0	Not Covered
D0260	extraoral - each additional radiographic image	\$0	Not Covered
D0270	bitewing - single radiographic image	\$2	Covered
D0272	bitewings - two radiographic images	\$0	Covered
D0273	bitewings - three radiographic images	\$0	Covered
D0274	bitewings - four radiographic images	\$0	Covered
D0277	vertical bitewings - 7 to 8 radiographic images	\$0	Not Covered
D0290	posterior-anterior or Lateral skull and facial bone survey radiographic image	\$0	Not Covered
D0310	sialography	\$0	Not Covered
D0320	temporomandibular joint arthrogram, including injection	\$0	Not Covered
D0321	other temporomandibular joint radiographic images, by report	\$0	Not Covered
D0322	tomographic survey	\$0	Not Covered
D0330	panoramic radiographic image	\$3	Covered
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	\$0	Not Covered
D0350	2D Oral/facial photographic images obtained intraorally or extraorally	\$0	Not Covered
D0351	3D photographic image	\$0	Not Covered
D0360	cone beam ct - craniofacial data capture	\$0	Not Covered
D0362	cone beam - two dimensional image reconstruction using existing data, includes multiple	\$0	Not Covered
D0363	cone beam - three- dimensional image reconstruction using existing data, includes	\$0	Not Covered
D0364	cone beam CT capture and interpretation with limited field of view - less than one whole jaw	\$0	Not Covered
D0365	cone beam CT capture and interpretation with field of view of one full dental arch -	\$0	Not Covered
D0366	cone beam CT capture and interpretation with field of view of one full dental arch - maxilla,	\$0	Not Covered
D0367	cone beam CT capture and interpretation with field of view of both jaws, with or without	\$0	Not Covered
D0368	cone beam CT capture and interpretation for TMJ series including two or more exposures	\$0	Not Covered
D0369	maxillofacial MRI capture and interpretation	\$0	Not Covered
D0370	maxillofacial ultrasound capture and interpretation	\$0	Not Covered
D0371	sialoendoscopy capture and interpretation	\$0	Not Covered
D0372	intraoral tomosynthesis - comprehensive series of radiographic images	\$0	Covered
D0373	intraoral tomosynthesis - bitewing radiographic image	\$0	Covered
D0374	intraoral tomosynthesis - periapical radiographic image	\$0	Covered
D0380	cone beam CT image capture with limited field of view - less than one whole jaw	\$0	Not Covered
D0381	cone beam CT image capture with field of view of one full dental arch - mandible	\$0	Not Covered
D0382	cone beam CT image capture with field of view of one full dental arch - maxilla, with or	\$0	Not Covered
D0383	cone beam CT image capture with field of view of both jaws, with or without cranium	\$0	Not Covered
D0384	cone beam CT image capture for TMJ series including two or more exposures	\$0	Not Covered
D0385	maxillofacial MRI image capture	\$0	Not Covered
D0386	maxillofacial ultrasound image capture	\$0	Not Covered
D0387	intraoral tomosynthesis - comprehensive series of radiographic images - image capture	\$0	Covered
D0388	intraoral tomosynthesis - bitewing radiographic image - image capture only	\$0	Covered
D0389	intraoral tomosynthesis - periapical radiographic image - image capture only	\$0	Covered
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image	\$0	Not Covered
D0393	virtual treatment simulation using 3D image volume or surface scan	\$0	Not Covered
D0394	digital subtraction of two or more images or image volumes of the same modality	\$0	Not Covered

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		H147 - Healthplex DHMO Dentcare Key Accounts 15	
ADA	Description	Copay	Covered/Not Covered
D0395	fusion of two or more 3D image volumes of one or more modalities	\$0	Not Covered
D0396	3D printing of a 3D dental surface scan	\$0	Not Covered
D0411	HbA1c in office point of service testing	\$0	Not Covered
D0412	blood glucose level test - in-office using a glucose meter	\$0	Not Covered
D0414	Lab processing of microbial specimen to include culture and sensitivity studies.	\$0	Not Covered
D0415	collection of microorganisms for culture and sensitivity	\$0	Not Covered
D0416	viral culture	\$0	Not Covered
D0417	collection and preparation of saliva sample for laboratory diagnostic testing	\$0	Not Covered
D0418	analysis of saliva sample	\$0	Not Covered
D0419	assessment of salivary flow by measurement	\$0	Not Covered
D0421	genetic test for susceptibility to oral diseases	\$0	Not Covered
D0422	collection and preparation of genetic sample material for laboratory analysis and report	\$0	Not Covered
D0423	genetic test for susceptibility to diseases-specimen analysis	\$0	Not Covered
D0425	caries susceptibility tests	\$0	Not Covered
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including	\$0	Not Covered
D0460	pulp vitality tests	\$0	Not Covered
D0470	diagnostic casts	\$18	Covered
D0472	accession of tissue, gross examination, prep and transmission of written report	\$0	Not Covered
D0473	accession of tissue, gross and microscopic examination, prep and transmission of written	\$0	Not Covered
D0474	accession of tissue, gross and microscopic exam, includes assessment of margins, prep	\$0	Not Covered
D0475	decalcification procedure	\$0	Not Covered
D0476	special stains for microorganisms	\$0	Not Covered
D0477	special stains, not for microorganisms	\$0	Not Covered
D0478	immunohistochemical stains	\$0	Not Covered
D0479	tissue in-situ hybridization, including interpretation	\$0	Not Covered
D0480	processing and interpretation of exfoliative cytological smears, including preparation and	\$0	Not Covered
D0481	electron microscopy	\$0	Not Covered
D0482	direct immunofluorescence	\$0	Not Covered
D0483	indirect immunofluorescence	\$0	Not Covered
D0484	consultation on slides prepared elsewhere	\$0	Not Covered
D0485	consultation, including preparation of slides from biopsy materials supplied by referring	\$0	Not Covered
D0486	laboratory accession of transepithelial cytologic sample, micro exam, preparation and	\$0	Not Covered
D0501	histopathologic examinations	\$0	Not Covered
D0502	other oral pathology procedures, by report	\$0	Not Covered
D0600	non-ionizing diagnostic procedure	\$0	Not Covered
D0601	caries risk assessment and documentation, with a finding of low risk	\$0	Covered
D0602	caries risk assessment and documentation, with a finding of moderate risk	\$0	Covered
D0603	caries risk assessment and documentation, with a finding of high risk	\$0	Covered
D0604	antigen testing for a public health related pathogen, including coronavirus	\$0	Not Covered
D0605	antibody testing for a public health related pathogen, including coronavirus	\$0	Not Covered
D0606	molecular testing for public health related pathogen, including coronavirus	\$0	Not Covered
D0701	panoramic radiographic image - image capture only	\$0	Not Covered
D0702	2-D cephalometric radiographic image - image capture only	\$0	Not Covered
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	\$0	Not Covered
D0704	3-D photographic image - image capture only	\$0	Not Covered
D0705	extra-oral posterior dental radiographic image - image capture only	\$0	Not Covered
D0706	intraoral - occlusal radiographic image - image capture only	\$0	Not Covered
D0707	intraoral - periapical radiographic image - image capture only	\$0	Not Covered
D0708	intraoral - bitewing radiographic image - image capture only	\$0	Not Covered
D0709	intraoral - comprehensive series of radiographic images - image capture only	\$0	Not Covered
D0801	3D intraoral surface scan - direct	\$0	Covered
D0802	3D dental surface scan - indirect	\$0	Covered
D0803	3D facial surface scan - direct	\$0	Covered
D0804	3D facial surface scan - indirect	\$0	Covered
D0999	unspecified diagnostic procedure, by report	\$0	Not Covered
D1110	prophylaxis - adult	\$0	Covered
D1120	prophylaxis - child	\$0	Covered
D1201	topical application of fluoride (including prophylaxis) - child	\$0	Not Covered

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ADA	Description	Copay	Covered/Not Covered
D1203	topical application of fluoride - child	\$0	Not Covered
D1204	topical application of fluoride - adult	\$0	Not Covered
D1205	topical application of fluoride (including prophylaxis) - adult	\$0	Not Covered
D1206	topical application of fluoride varnish	\$19	Covered
D1208	Topical application of fluoride - excluding varnish	\$19	Covered
D1301	immunization counseling	\$0	Not Covered
D1310	nutritional counseling for control of dental disease	\$0	Not Covered
D1320	tobacco counseling for the control and prevention of oral disease	\$0	Not Covered
D1321	counseling for the control and prevention of adverse oral, behavioral, and systemic health	\$0	Not Covered
D1330	oral hygiene instructions	\$0	Not Covered
D1351	sealant - per tooth	\$10	Covered
D1352	preventive resin restoration - permanent tooth	\$10	Covered
D1353	sealant repair - per tooth	\$10	Covered
D1354	application of caries arresting medicament application - per tooth	\$10	Covered
D1355	caries preventive medicament application - per tooth	\$10	Covered
D1510	space maintainer - fixed, unilateral - per quadrant	\$84	Covered
D1515	space maintainer - fixed - bilateral	\$0	Not Covered
D1516	space maintainer - fixed - bilateral, maxillary	\$70	Covered
D1517	space maintainer - fixed - bilateral, mandibular	\$70	Covered
D1520	space maintainer - removable, unilateral - per quadrant	\$98	Covered
D1525	space maintainer - removable - bilateral	\$0	Not Covered
D1526	space maintainer - removable - bilateral, maxillary	\$33	Covered
D1527	space maintainer - removable - bilateral, mandibular	\$33	Covered
D1550	re-cement or re-bond of space maintainer	\$0	Not Covered
D1551	re-cement or re-bond bilateral space maintainer - maxillary	\$25	Covered
D1552	re-cement or re-bond bilateral space maintainer - mandibular	\$25	Covered
D1553	re-cement or re-bond unilateral space maintainer - per quadrant	\$25	Covered
D1555	removal of fixed space maintainer	\$0	Not Covered
D1556	removal of fixed unilateral space maintainer - per quadrant	\$0	Not Covered
D1557	removal of fixed bilateral space maintainer - maxillary	\$0	Not Covered
D1558	removal of fixed bilateral space maintainer - mandibular	\$0	Not Covered
D1575	distal shoe space maintainer - fixed, unilateral - per quadrant	\$0	Not Covered
D1701	Pfizer-BioNTech Covid-19 vaccine administration - first dose	\$0	Covered
D1702	Pfizer-BioNTech Covid-19 vaccine administration - second dose	\$0	Covered
D1703	Moderna Covid-19 vaccine administration - first dose	\$0	Covered
D1704	Moderna Covid-19 vaccine administration - second dose	\$0	Covered
D1705	AstraZeneca Covid-19 vaccine administration - first dose	\$0	Covered
D1706	AstraZeneca Covid-19 vaccine administration - second dose	\$0	Covered
D1707	Janssen Covid-19 vaccine administration	\$0	Covered
D1708	Pfizer-BioNTech Covid-19 vaccine administration-third dose	\$0	Not Covered
D1709	Pfizer-BioNTech Covid-19 vaccine administration-booster dose	\$0	Not Covered
D1710	Moderna Covid-19 vaccine administration-third dose	\$0	Not Covered
D1711	Moderna Covid-19 vaccine administration-booster dose	\$0	Not Covered
D1712	Janssen Covid-19 vaccine administration-booster dose	\$0	Not Covered
D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric-first dose	\$0	Not Covered
D1714	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric-second dose	\$0	Not Covered
D1781	vaccine administration - human papillomavirus - Dose 1	\$0	Not Covered
D1782	vaccine administration - human papillomavirus - Dose 2	\$0	Not Covered
D1783	vaccine administration - human papillomavirus - Dose 3	\$0	Not Covered
D1999	Unspecified preventive procedure, by report	\$0	Not Covered
D2110	amalgam - one surface, primary	\$0	Not Covered
D2120	amalgam - two surfaces, primary	\$0	Not Covered
D2130	amalgam - three surfaces, primary	\$0	Not Covered
D2131	amalgam - four or more surfaces, primary	\$0	Not Covered
D2140	amalgam - one surface, primary or permanent	\$0	Covered
D2150	amalgam - two surfaces, primary or permanent	\$0	Covered
D2160	amalgam - three surfaces, primary or permanent	\$0	Covered
D2161	amalgam - four or more surfaces, primary or permanent	\$10	Covered

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		H147 - Healthplex DHMO Dentcare Key Accounts 15	
ADA	Description	Copay	Covered/Not Covered
D2330	resin-based composite - one surface, anterior	\$0	Covered
D2331	resin-based composite - two surfaces, anterior	\$0	Covered
D2332	resin-based composite - three surfaces, anterior	\$8	Covered
D2335	resin-based composite - four or more surfaces (anterior)	\$15	Covered
D2336	resin-based composite crown, anterior-primary	\$0	Not Covered
D2337	resin-based composite crown, anterior-permanent	\$0	Not Covered
D2380	resin-based composite - one surface, posterior-primary	\$0	Not Covered
D2381	resin - two surfaces, posterior-primary	\$0	Not Covered
D2382	resin - three or more surfaces, posterior-primary	\$0	Not Covered
D2385	resin - one surface, posterior-permanent	\$0	Not Covered
D2386	resin - two surfaces, posterior-permanent	\$0	Not Covered
D2387	resin - three surfaces, posterior-permanent	\$0	Not Covered
D2388	resin based composite, four or more surfaces, posterior permanent	\$0	Not Covered
D2390	resin-based composite crown, anterior	\$0	Not Covered
D2391	resin-based composite - one surface, posterior	\$0	Covered
D2392	resin-based composite - two surfaces, posterior	\$0	Covered
D2393	resin-based composite - three surfaces, posterior	\$0	Covered
D2394	resin-based composite - four or more surfaces, posterior	\$0	Covered
D2410	gold foil - one surface	\$165	Covered
D2420	gold foil - two surfaces	\$0	Not Covered
D2430	gold foil - three surfaces	\$0	Not Covered
D2510	inlay - metallic - one surface	\$0	Covered
D2520	inlay - metallic - two surfaces	\$0	Covered
D2530	inlay - metallic - three or more surfaces	\$0	Covered
D2542	onlay metallic, two surfaces	\$62	Covered
D2543	onlay-metallic-three surfaces	\$0	Not Covered
D2544	onlay-metallic-four or more surfaces	\$0	Not Covered
D2610	inlay - porcelain/ceramic - one surface	\$0	Covered
D2620	inlay - porcelain/ceramic - two surfaces	\$0	Covered
D2630	inlay - porcelain/ceramic - three or more surfaces	\$0	Covered
D2642	onlay - porcelain/ceramic - two surfaces	\$0	Not Covered
D2643	onlay - porcelain/ceramic - three surfaces	\$0	Not Covered
D2644	onlay - porcelain/ceramic - four or more surfaces	\$0	Not Covered
D2650	inlay - composite/resin - one surface	\$0	Not Covered
D2651	inlay - composite/resin - two surfaces	\$0	Not Covered
D2652	inlay - composite/resin - three or more surfaces	\$0	Not Covered
D2662	onlay - composite/resin - two surfaces	\$0	Not Covered
D2663	onlay - composite/resin - three surfaces	\$400	Covered
D2664	onlay - composite/resin - four or more surfaces	\$0	Not Covered
D2710	crown, resin-based composite (indirect)	\$45	Covered
D2712	crown - 3/4 resin-based composite (indirect)	\$0	Not Covered
D2720	crown - resin with high noble metal	\$155	Covered
D2721	crown - resin with predominantly base metal	\$155	Covered
D2722	crown - resin with noble metal	\$55	Covered
D2740	crown - porcelain/ceramic	\$79	Covered
D2750	crown - porcelain fused to high noble metal	\$65	Covered
D2751	crown - porcelain fused to predominantly base metal	\$65	Covered
D2752	crown - porcelain fused to noble metal	\$0	Covered
D2753	crown - porcelain fused to titanium and titanium alloys	\$65	Covered
D2780	crown, 3/4 cast high noble metal	\$28	Covered
D2781	crown, 3/4 cast predominantly base metal	\$0	Not Covered
D2782	crown, 3/4 cast noble metal	\$0	Not Covered
D2783	crown, 3/4 porcelain/ceramic	\$0	Not Covered
D2790	crown - full cast high noble metal	\$143	Covered
D2791	crown - full cast predominantly base metal	\$143	Covered
D2792	crown - full cast noble metal	\$43	Covered
D2794	crown - titanium and titanium alloys	\$0	Not Covered
D2799	provisional crown - further treatment or completion of diagnosis necessary prior to final	\$0	Not Covered

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ADA	Description	Copay	Covered/Not Covered
D2910	recement or re-bond inlay, onlay, veneer or partial coverage restoration	\$22	Covered
D2915	recement or re-bond cast indirectly fabricated or prefabricated post and core	\$0	Not Covered
D2920	recement or re-bond crown	\$12	Covered
D2921	reattachment of tooth fragment, incisal edge or cusp	\$12	Covered
D2928	prefabricated porcelain/ceramic crown - permanent tooth	\$0	Not Covered
D2929	Prefabricated porcelain/ceramic crown - primary tooth	\$0	Not Covered
D2930	prefabricated stainless steel crown - primary tooth	\$54	Covered
D2931	prefabricated stainless steel crown - permanent tooth	\$54	Covered
D2932	prefabricated resin crown	\$0	Not Covered
D2933	prefabricated stainless steel crown with resin window	\$0	Not Covered
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	\$0	Not Covered
D2940	placement of interim direct restoration	\$0	Not Covered
D2941	interim therapeutic restoration-primary dentition	\$0	Not Covered
D2949	restorative foundation for an indirect restoration	\$0	Not Covered
D2950	Core buildup, including any pins when required	\$44	Covered
D2951	pin retention - per tooth, in addition to restoration	\$5	Covered
D2952	cast post and core in addition to crown	\$71	Covered
D2953	each additional indirectly fabricated post, same tooth	\$71	Covered
D2954	prefabricated post and core in addition to crown	\$11	Covered
D2955	post removal	\$0	Not Covered
D2956	removal of an indirect restoration on a natural tooth	\$0	Not Covered
D2957	each additional prefabricated post, same tooth	\$0	Not Covered
D2960	labial veneer (resin laminate) - direct	\$0	Not Covered
D2961	labial veneer (resin laminate) - indirect	\$0	Not Covered
D2962	labial veneer (porcelain laminate) - indirect	\$0	Not Covered
D2970	temporary crown (fractured tooth)	\$0	Not Covered
D2971	additional procedures to customize a crown to fit under an existing partial dental framework	\$0	Not Covered
D2975	coping	\$0	Not Covered
D2976	band stabilization - per tooth	\$0	Not Covered
D2980	crown repair necessitated by restorative material failure	\$0	Not Covered
D2981	inlay repair necessitated by restorative material failure	\$0	Not Covered
D2982	onlay repair necessitated by restorative material failure	\$0	Not Covered
D2983	veneer repair necessitated by restorative material failure	\$0	Not Covered
D2989	excavation of a tooth resulting in the determination of non-restorability	\$0	Covered
D2990	resin infiltration of incipient smooth surface lesions	\$0	Not Covered
D2991	application of hydroxyapatite regeneration medicament - per tooth	\$0	Not Covered
D2999	unspecified restorative procedure, by report	\$0	Not Covered
D3110	pulp cap - direct (excluding final restoration)	\$7	Covered
D3120	pulp cap - indirect (excluding final restoration)	\$7	Covered
D3220	therapeutic pulpotomy (excluding final restoration)	\$29	Covered
D3221	pulpal debridement, primary and permanent teeth	\$0	Not Covered
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$0	Not Covered
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$29	Covered
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$29	Covered
D3310	endodontic therapy, anterior tooth (excluding final restoration)	\$100	Covered
D3320	endodontic therapy, premolar tooth (excluding final restoration)	\$134	Covered
D3330	endodontic therapy, molar tooth (excluding final restoration)	\$125	Covered
D3331	treatment of root canal obstruction, non-surgical access	\$0	Not Covered
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$0	Not Covered
D3333	internal root repair of perforation defects	\$0	Not Covered
D3346	retreatment of previous root canal therapy - anterior	\$385	Covered
D3347	retreatment of previous root canal therapy - bicuspid	\$465	Covered
D3348	retreatment of previous root canal therapy - molar	\$550	Covered
D3351	Apexification/recalcification-initial visit (apical closure/calcific repair of perforations, root	\$0	Not Covered
D3352	Apexification/recalcification/pulpal regeneration - interim medication replacement	\$0	Not Covered
D3353	apexification/recalcification - final visit (includes completed root	\$0	Not Covered
D3354	pulpal regeneration: does not include final restoration	\$0	Not Covered
D3355	Pupal regeneration-initial visit	\$0	Not Covered

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D3356	Pulpal regeneration-interim medicament replacement	\$0	Not Covered
D3357	Pulpal regeneration-completion of treatment	\$0	Not Covered
D3410	Apicoectomy - anterior	\$60	Covered
D3421	Apicoectomy - premolar (first root)	\$60	Covered
D3425	Apicoectomy - molar (first root)	\$85	Covered
D3426	Apicoectomy (each additional root)	\$125	Covered
D3427	periradicular surgery without apicoectomy	\$0	Not Covered
D3428	bone graft in conjunction with periradicular surgery-per tooth, single site	\$0	Not Covered
D3429	bone graft in conjunction with periradicular surgery -each additional contiguous tooth in	\$0	Not Covered
D3430	retrograde filling - per root	\$5	Covered
D3431	biologic materials to aid in soft and osseous tissue regeneration in conjunction with	\$0	Not Covered
D3432	guided tissue regeneration, resorbable barrier, per site in conjunction with periradicular	\$0	Not Covered
D3450	root amputation - per root	\$150	Covered
D3460	endodontic endosseous implant	\$0	Not Covered
D3470	intentional reimplantation (including necessary splinting)	\$0	Not Covered
D3471	surgical repair of root resorption - anterior	\$60	Covered
D3472	surgical repair of root resorption - premolar	\$60	Covered
D3473	surgical repair of root resorption - molar	\$85	Covered
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	\$60	Covered
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	\$60	Covered
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption - molar	\$60	Covered
D3910	surgical procedure for isolation of tooth with rubber dam	\$0	Not Covered
D3911	intraorifice barrier	\$0	Not Covered
D3920	hemisection (including any root removal), not including root canal therapy	\$150	Covered
D3921	decoronation or submergence of an erupted tooth	\$0	Not Covered
D3950	canal preparation and fitting of preformed dowel or post	\$0	Not Covered
D3999	unspecified endodontic procedure, by report	\$0	Not Covered
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per	\$0	Covered
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per	\$14	Covered
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$0	Not Covered
D4220	gingival curettage, surgical, per quadrant, by report	\$0	Not Covered
D4230	anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per	\$0	Not Covered
D4231	anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant	\$0	Not Covered
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth	\$275	Covered
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth	\$0	Not Covered
D4245	apically positioned flap	\$0	Not Covered
D4249	clinical crown lengthening - hard tissue	\$325	Covered
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth	\$140	Covered
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth	\$135	Covered
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	\$0	Not Covered
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	\$0	Not Covered
D4265	biologic materials to aid in soft and osseous tissue regeneration, per site	\$0	Not Covered
D4266	guided tissue regeneration, natural teeth - resorbable barrier, per site	\$175	Covered
D4267	guided tissue regeneration, natural teeth - non-resorbable barrier, per site	\$210	Covered
D4268	surgical revision procedure, per tooth	\$0	Not Covered
D4270	pedicle soft tissue graft procedure	\$0	Covered
D4271	free soft tissue graft procedure (including donor site surgery)	\$0	Not Covered
D4273	autogenous connective tissue graft procedure, per first tooth, implant or endentulous tooth	\$0	Not Covered
D4274	mesial/distal wedge procedure single tooth(when not performed in conjunction with	\$0	Not Covered
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first	\$0	Not Covered
D4276	combined connective tissue and pedicle graft, per tooth	\$0	Not Covered
D4277	free soft tissue graft procedure (including recipient and donor surgical sites)first tooth,	\$171	Covered
D4278	free soft tissue graft procedure (including donor site surgery), each additional contiguous	\$0	Not Covered
D4283	autogenous connective tissue graft procedure - each additional contiguous tooth, implant	\$0	Not Covered
D4285	non-autogenous connective tissue graft procedure - each additional contiguous tooth,	\$0	Not Covered
D4286	removal of non-resorbable barrier	\$0	Covered
D4320	provisional splinting - intracoronal	\$0	Not Covered
D4321	provisional splinting - extracoronal	\$0	Not Covered

Healthplex Patient Copay Schedule

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		UPSE Benefit Plan - P/R Plan 14036	
		H147 - Healthplex DHMO Dentcare Key Accounts 15	
ADA	Description	Copay	Covered/Not Covered
D4322	splint - intra-coronal; natural teeth or prosthetic crowns	\$0	Not Covered
D4323	splint - extra-coronal; natural teeth or prosthetic crowns	\$0	Not Covered
D4341	periodontal scaling and root planing - four or more teeth per quadrant	\$60	Covered
D4342	periodontal scaling and root planing - one - three teeth, per quadrant	\$30	Covered
D4346	scaling in presence of generalized moderate or severe gingival inflammation	\$0	Covered
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on	\$0	Not Covered
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased	\$40	Covered
D4910	periodontal maintenance	\$20	Covered
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	\$0	Not Covered
D4921	gingival irrigation with a medicinal agent - per quadrant	\$0	Not Covered
D4999	unspecified periodontal procedure, by report	\$0	Not Covered
D5110	complete denture - maxillary	\$175	Covered
D5120	complete denture - mandibular	\$175	Covered
D5130	immediate denture - maxillary	\$200	Covered
D5140	immediate denture - mandibular	\$200	Covered
D5211	maxillary partial denture - resin base (including retentive/clasping materials, rests, and	\$0	Covered
D5212	mandibular partial denture - resin base (including retentive/clasping materials, rests, and	\$0	Covered
D5213	maxillary partial denture - cast metal framework with resin denture bases (including	\$220	Covered
D5214	mandibular partial denture - cast metal framework with resin denture bases (including	\$220	Covered
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials,	\$0	Covered
D5222	immediate mandibular partial denture - resin base	\$0	Covered
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases	\$220	Covered
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases	\$220	Covered
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and	\$220	Covered
D5226	mandibular partial denture - flexible base (including any retentive/clasping materials, rests,	\$220	Covered
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$0	Covered
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$0	Covered
D5281	removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$0	Not Covered
D5282	removable unil partial denture - one piece cast metal (includ retentive/clasping materials,	\$235	Covered
D5283	removable unil partial denture - one piece cast metal (incl. retentive/clasping materials,	\$235	Covered
D5284	removable unil. part denture - one piece flex. base (incl. retentive/clasping materials, rests,	\$235	Covered
D5286	removable unil. part denture - one piece resin (incl. retentive/clasping materials, rests, and	\$235	Covered
D5410	adjust complete denture - maxillary	\$11	Covered
D5411	adjust complete denture - mandibular	\$11	Covered
D5421	adjust partial denture - maxillary	\$11	Covered
D5422	adjust partial denture - mandibular	\$11	Covered
D5510	repair broken complete denture base	\$0	Not Covered
D5511	repair broken complete denture base, mandibular	\$20	Covered
D5512	repair broken complete denture base, maxillary	\$20	Covered
D5520	replace missing or broken teeth - complete denture per tooth	\$10	Covered
D5610	repair resin denture base	\$0	Not Covered
D5611	repair resin partial denture base, mandibular	\$20	Covered
D5612	repair resin partial denture base, maxillary	\$20	Covered
D5620	repair cast framework	\$0	Not Covered
D5621	repair cast partial framework, mandibular	\$55	Covered
D5622	repair cast partial framework, maxillary	\$55	Covered
D5630	repair or replace broken retentive/clasping materials - per tooth	\$32	Covered
D5640	replace missing or broken teeth - partial denture - per tooth	\$10	Covered
D5650	add tooth to existing partial denture - per tooth	\$10	Covered
D5660	add clasp to existing partial denture - per tooth	\$32	Covered
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	\$0	Not Covered
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	\$0	Not Covered
D5710	rebase complete maxillary denture	\$81	Covered
D5711	rebase complete mandibular denture	\$81	Covered
D5720	rebase maxillary partial denture	\$0	Covered
D5721	rebase mandibular partial denture	\$25	Covered
D5725	rebase hybrid prosthesis	\$81	Covered
D5730	reline complete maxillary denture (direct)	\$0	Covered

Healthplex Patient Copay Schedule

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		UPSE Benefit Plan - P/R Plan 14036	
		H147 - Healthplex DHMO Dentcare Key Accounts 15	
ADA	Description	Copay	Covered/Not Covered
D5731	reline complete mandibular denture (direct)	\$0	Covered
D5740	reline maxillary partial denture (direct)	\$0	Covered
D5741	reline mandibular partial denture (direct)	\$0	Covered
D5750	reline complete maxillary denture (indirect)	\$0	Covered
D5751	reline complete mandibular denture (indirect)	\$45	Covered
D5760	reline maxillary partial denture (indirect)	\$0	Covered
D5761	reline mandibular partial denture (indirect)	\$25	Covered
D5765	soft liner for complete or partial removable denture - indirect	\$10	Covered
D5810	interim complete denture (maxillary)	\$0	Not Covered
D5811	interim complete denture (mandibular)	\$0	Not Covered
D5820	interim partial denture (including retentive/clasping materials, rests, and teeth), (maxillary)	\$0	Not Covered
D5821	interim partial denture (including retentive/clasping materials, rests, and teeth),	\$0	Not Covered
D5850	tissue conditioning, maxillary	\$10	Covered
D5851	tissue conditioning, mandibular	\$0	Not Covered
D5860	overdenture - complete, by report	\$0	Not Covered
D5861	overdenture - partial, by report	\$0	Not Covered
D5862	precision attachment, by report	\$0	Not Covered
D5863	Overdenture-complete maxillary	\$625	Covered
D5864	Overdenture-partial maxillary	\$675	Covered
D5865	Overdenture - complete mandibular	\$625	Covered
D5866	Overdenture-partial mandibular	\$675	Covered
D5867	replacement of replaceable part of semi-precision or precision attachment per attachment	\$0	Not Covered
D5875	modification of removable prosthesis following implant surgery	\$0	Not Covered
D5876	add metal substructure to acrylic full denture (per arch)	\$0	Not Covered
D5899	unspecified removable prosthodontic procedure, by report	\$0	Not Covered
D5911	facial moulage (sectional)	\$0	Not Covered
D5912	facial moulage (complete)	\$0	Not Covered
D5913	nasal prosthesis	\$0	Not Covered
D5914	auricular prosthesis	\$0	Not Covered
D5915	orbital prosthesis	\$0	Not Covered
D5916	ocular prosthesis	\$0	Not Covered
D5919	facial prosthesis	\$0	Not Covered
D5922	nasal septal prosthesis	\$0	Not Covered
D5923	ocular prosthesis, interim	\$0	Not Covered
D5924	cranial prosthesis	\$0	Not Covered
D5925	facial augmentation implant prosthesis	\$0	Not Covered
D5926	nasal prosthesis, replacement	\$0	Not Covered
D5927	auricular prosthesis, replacement	\$0	Not Covered
D5928	orbital prosthesis, replacement	\$0	Not Covered
D5929	facial prosthesis, replacement	\$0	Not Covered
D5931	obturator prosthesis, surgical	\$0	Not Covered
D5932	obturator prosthesis, definitive	\$0	Not Covered
D5933	obturator prosthesis, modification	\$0	Not Covered
D5934	mandibular resection prosthesis with guide flange	\$0	Not Covered
D5935	mandibular resection prosthesis without guide flange	\$0	Not Covered
D5936	obturator prosthesis, interim	\$0	Not Covered
D5937	trismus appliance (not for TMD treatment)	\$0	Not Covered
D5951	feeding aid	\$0	Not Covered
D5952	speech aid prosthesis, pediatric	\$0	Not Covered
D5953	speech aid prosthesis, adult	\$0	Not Covered
D5954	palatal augmentation prosthesis	\$0	Not Covered
D5955	palatal lift prosthesis, definitive	\$0	Not Covered
D5958	palatal lift prosthesis, interim	\$0	Not Covered
D5959	palatal lift prosthesis, modification	\$0	Not Covered
D5960	speech aid prosthesis, modification	\$0	Not Covered
D5982	surgical stent	\$0	Not Covered
D5983	radiation carrier	\$0	Not Covered
D5984	radiation shield	\$0	Not Covered

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		UPSE Benefit Plan - P/R Plan 14036	
		H147 - Healthplex DHMO Dentcare Key Accounts 15	
ADA	Description	Copay	Covered/Not Covered
D5985	radiation cone locator	\$0	Not Covered
D5986	fluoride gel carrier	\$0	Not Covered
D5987	commissure splint	\$0	Not Covered
D5988	surgical splint	\$0	Not Covered
D5991	Vesiculobullous disease medicament carrier	\$0	Not Covered
D5992	adjust maxillofacial prosthetic appliance, by report	\$0	Not Covered
D5993	maintenance and cleaning of a maxillofacial prosthesis	\$0	Not Covered
D5994	periodontal medicament carrier with peripheral seal-laboratory processed	\$0	Not Covered
D5995	periodontal medicament carrier with peripheral seal - laboratory processed - maxillary	\$0	Not Covered
D5996	periodontal medicament carrier with peripheral seal - laboratory processed - mandibular	\$0	Not Covered
D5999	unspecified maxillofacial prosthesis, by report	\$0	Not Covered
D6010	Surgical placement of implant body: endosteal implant	\$0	Not Covered
D6011	surgical access to an implant body (second stage implant surgery)	\$0	Not Covered
D6012	surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$0	Not Covered
D6013	surgical placement of mini-implant	\$0	Not Covered
D6020	abutment placement or substitution: endosteal implant	\$0	Not Covered
D6040	surgical placement: eosteal implant	\$0	Not Covered
D6050	surgical placement: transosteal implant	\$0	Not Covered
D6051	placement of Interim implant abutment	\$0	Not Covered
D6052	semi-precision attachment abutment	\$0	Not Covered
D6053	implant/abutment supported removable denture for completely edentulous arch	\$0	Not Covered
D6054	implant/abutment supported removable denture for partially edentulous arch	\$0	Not Covered
D6055	connecting bar - implant supported or abutment supported	\$0	Not Covered
D6056	prefabricated abutment - includes modification and placement	\$0	Not Covered
D6057	custom fabricated abutment - includes placement	\$0	Not Covered
D6058	abutment supported porcelain/ceramic crown	\$0	Not Covered
D6059	abutment supported porcelain fused to metal crown (high noble metal)	\$0	Not Covered
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	\$0	Not Covered
D6061	abutment supported porcelain fused to metal crown (noble metal)	\$0	Not Covered
D6062	abutment supported cast metal crown (high noble metal)	\$0	Not Covered
D6063	abutment supported cast metal crown (predominantly base metal)	\$0	Not Covered
D6064	abutment supported cast metal crown (noble metal)	\$0	Not Covered
D6065	implant supported porcelain/ceramic crown	\$0	Not Covered
D6066	implant supported - porcelain fused to high noble alloys	\$0	Not Covered
D6067	implant supported crown - high noble alloys	\$0	Not Covered
D6068	abutment supported retainer for porcelain/ceramic FPD	\$0	Not Covered
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$0	Not Covered
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$0	Not Covered
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$0	Not Covered
D6072	abutment supported retainer for cast metal FPD (high noble metal)	\$0	Not Covered
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	\$0	Not Covered
D6074	abutment supported retainer for cast metal FPD (noble metal)	\$0	Not Covered
D6075	implant supported retainer for ceramic FPD	\$0	Not Covered
D6076	implant supported retainer for FPD - porcelain fused to high noble alloys	\$0	Not Covered
D6077	implant supported retainer for metal FPD - high noble alloys	\$0	Not Covered
D6078	implant/abutment supported fixed denture for completely edentulous arch	\$0	Not Covered
D6079	implant/abutment supported fixed denture for partially edentulous arch	\$0	Not Covered
D6080	Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and	\$0	Not Covered
D6081	scaling and debridement of a single implant in the presence of mucositis, including	\$0	Not Covered
D6082	implant supported crown - porcelain fused to predominantly base alloys	\$0	Not Covered
D6083	implant supported crown - porcelain fused to noble alloys	\$0	Not Covered
D6084	implant supported crown - porcelain fused to titanium and titanium alloys .	\$0	Not Covered
D6085	interim implant crown	\$0	Not Covered
D6086	implant supported crown - predominantly base alloys	\$0	Not Covered
D6087	implant supported crown - noble alloys	\$0	Not Covered
D6088	implant supported crown - titanium and titanium alloys	\$0	Not Covered
D6089	accessing and retorquing loose implant screw - per screw	\$0	Not Covered
D6090	repair of implant/abutment supported prosthesis	\$0	Not Covered

Healthplex Patient Copay Schedule

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		UPSE Benefit Plan - P/R Plan 14036	
		H147 - Healthplex DHMO Dentcare Key Accounts 15	
ADA	Description	Copay	Covered/Not Covered
D6091	replacement of replaceable part of semi-precision or precision attachment of	\$0	Not Covered
D6092	recement or re-bond implant/abutment supported crown	\$0	Not Covered
D6093	recement or re-bond implant/abutment supported fixed partial denture	\$0	Not Covered
D6094	abutment supported crown - titanium and titanium alloys	\$0	Not Covered
D6095	repair implant abutment, by report	\$0	Not Covered
D6096	remove broken implant retaining screw	\$0	Not Covered
D6097	Abutment supported crown - porcelain fused to titanium and titanium alloys	\$0	Not Covered
D6098	implant supported retainer - porcelain fused to predominantly base alloys	\$0	Not Covered
D6099	implant supported retainer for FPD - porcelain fused to noble alloys	\$0	Not Covered
D6100	surgical removal of implant body	\$0	Not Covered
D6101	debridement of a peri implant defect and surface cleaning of exposed implant surfaces,	\$0	Not Covered
D6102	debridement and osseous contouring of a periimplant defect; includes surface cleaning of	\$0	Not Covered
D6103	bone graft for repair of peri implant defect does not include flap entry and closure.	\$0	Not Covered
D6104	bone graft at time of implant placement	\$0	Not Covered
D6105	removal of implant body not requiring bone removal nor flap elevation	\$0	Not Covered
D6106	guided tissue regeneration - resorbable barrier, per implant	\$0	Not Covered
D6107	guided tissue regeneration - non-resorbable barrier, per implant	\$0	Not Covered
D6110	implant/abutment supported removable denture for edentulous arch - maxillary	\$0	Not Covered
D6111	implant/abutment supported removable denture for edentulous arch - mandibular	\$0	Not Covered
D6112	implant/abutment supported removable denture for partially edentulous arch - maxillary	\$0	Not Covered
D6113	implant/abutment supported removable denture for partially edentulous arch - mandibular	\$0	Not Covered
D6114	implant /abutment supported fixed denture for edentulous arch - maxillary	\$0	Not Covered
D6115	implant/abutment supported fixed denture for edentulous arch - mandibular	\$0	Not Covered
D6116	implant/abutment supported fixed denture for partially edentulous arch-maxillary	\$0	Not Covered
D6117	implant/abutment supported fixed denture for partially edentulous arch - mandibular	\$0	Not Covered
D6118	implant/abutment supported interim fixed denture for edentulous arch, mandibular	\$0	Not Covered
D6119	implant/abutment supported interim fixed denture for edentulous arch, maxillary	\$0	Not Covered
D6120	implant supported retainer - porcelain fused to titanium and titanium alloys	\$0	Not Covered
D6121	implant supported retainer for metal FPD - predominantly base alloys	\$0	Not Covered
D6122	implant supported retainer for metal FPD - noble alloys	\$0	Not Covered
D6123	implant supported retainer for metal FPD - titanium and titanium alloys	\$0	Not Covered
D6180	implant maint procedure when full arch fixed hybrid prosthesis not removed, includes	\$0	Not Covered
D6190	radiographic/surgical implant index, by report	\$0	Not Covered
D6191	semi-precision abutment - placement	\$0	Not Covered
D6192	semi-precision attachment - placement	\$0	Not Covered
D6193	replacement of an implant screw	\$0	Not Covered
D6194	abutment supported retainer crown for FPD - titanium and titanium alloys	\$0	Not Covered
D6195	abutment supported retainer - porcelain fused to titanium and titanium alloys	\$0	Not Covered
D6197	replacement of restorative material used to close an access opening of a screw-retained	\$0	Not Covered
D6198	remove interim implant component	\$0	Not Covered
D6199	unspecified implant procedure, by report	\$0	Not Covered
D6205	pontic - indirect resin based composite	\$0	Not Covered
D6210	pontic - cast high noble metal	\$184	Covered
D6211	pontic - cast predominantly base metal	\$184	Covered
D6212	pontic - cast noble metal	\$183	Covered
D6214	pontic - titanium and titanium alloys	\$0	Not Covered
D6240	pontic - porcelain fused to high noble metal	\$184	Covered
D6241	pontic - porcelain fused to predominantly base metal	\$184	Covered
D6242	pontic - porcelain fused to noble metal	\$114	Covered
D6243	pontic - porcelain fused to titanium and titanium alloys	\$184	Covered
D6245	pontic-porcelain/ceramic	\$0	Not Covered
D6250	pontic - resin with high noble metal	\$79	Covered
D6251	pontic - resin with predominantly base metal	\$79	Covered
D6252	pontic - resin with noble metal	\$79	Covered
D6253	interim pontic - further treatment or completion of diagnosis necessary prior to final	\$0	Not Covered
D6254	interim pontic	\$0	Not Covered
D6519	inlay/onlay-porcelain/ceramic	\$0	Not Covered
D6520	inlay - metallic - two surfaces	\$0	Not Covered

Healthplex Patient Copay Schedule

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		UPSE Benefit Plan - P/R Plan 14036	
		H147 - Healthplex DHMO Dentcare Key Accounts 15	
ADA	Description	Copay	Covered/Not Covered
D6530	inlay - metallic - three or more surfaces	\$0	Not Covered
D6543	onlay - metallic - three surfaces	\$0	Not Covered
D6544	onlay - metallic - four or more surfaces	\$0	Not Covered
D6545	retainer - cast metal for resin bonded fixed prosthesis	\$60	Covered
D6548	retainer-porcelain/ceramic for resin bonded fixed prosthesis	\$0	Not Covered
D6549	resin retainer - for resin bonded fixed prosthesis	\$0	Not Covered
D6600	retainer inlay-porcelain/ceramic, two surfaces	\$0	Not Covered
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	\$0	Not Covered
D6602	retainer inlay - cast high noble metal, two surfaces	\$0	Not Covered
D6603	retainer inlay - cast high noble metal, three or more surfaces	\$0	Not Covered
D6604	retainer inlay - cast predominantly base metal, two surfaces	\$0	Not Covered
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	\$0	Not Covered
D6606	retainer inlay - cast noble metal, two surfaces	\$0	Not Covered
D6607	retainer inlay - cast noble metal, three or more surfaces	\$0	Not Covered
D6608	retainer onlay - porcelain/ceramic, two surfaces	\$0	Not Covered
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	\$0	Not Covered
D6610	retainer onlay - cast high noble metal, two surfaces	\$0	Not Covered
D6611	retainer onlay - cast high noble metal, three or more surfaces	\$0	Not Covered
D6612	retainer onlay - cast predominantly base metal, two surfaces	\$0	Not Covered
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	\$0	Not Covered
D6614	retainer onlay - cast noble metal, two surfaces	\$0	Not Covered
D6615	retainer onlay - cast noble metal, three or more surfaces	\$0	Not Covered
D6624	retainer inlay - titanium	\$0	Not Covered
D6634	retainer onlay - titanium	\$0	Not Covered
D6710	retainer crown - indirect resin based composite (not to be used as a temporary or	\$65	Covered
D6720	retainer crown - resin with high noble metal	\$155	Covered
D6721	retainer crown - resin with predominantly base metal	\$155	Covered
D6722	retainer crown - resin with noble metal	\$55	Covered
D6740	retainer crown-porcelain/ceramic	\$0	Not Covered
D6750	retainer crown - porcelain fused to high noble metal	\$143	Covered
D6751	retainer crown - porcelain fused to predominantly base metal	\$143	Covered
D6752	retainer crown - porcelain fused to noble metal	\$0	Covered
D6753	retainer crown - porcelain fused to titanium and titanium alloys	\$143	Covered
D6780	retainer crown - 3/4 cast high noble metal	\$28	Covered
D6781	retainer crown-3/4 cast predominantly based metal	\$0	Not Covered
D6782	retainer crown-3/4 cast noble metal	\$0	Not Covered
D6783	retainer crown-3/4 porcelain/ceramic	\$0	Not Covered
D6784	retainer crown 3/4 - titanium and titanium alloys	\$28	Covered
D6790	retainer crown - full cast high noble metal	\$65	Covered
D6791	retainer crown - full cast predominantly base metal	\$65	Covered
D6792	retainer crown - full cast noble metal	\$43	Covered
D6793	interim retainer crown-further treatment or completion of diagnosis necessary prior to final	\$0	Not Covered
D6794	retainer crown - titanium and titanium alloys	\$0	Not Covered
D6795	interim retainer crown	\$0	Not Covered
D6920	connector bar	\$0	Not Covered
D6930	reacement or re-bond fixed partial denture	\$27	Covered
D6940	stress breaker	\$0	Not Covered
D6950	precision attachment	\$0	Not Covered
D6970	cast post and core in addition to fixed partial denture retainer	\$0	Not Covered
D6971	cast post as part of fixed partial denture retainer	\$0	Not Covered
D6972	prefabricated post and core in addition to fixed partial denture retainer	\$0	Not Covered
D6973	core build up for retainer, including any pins	\$0	Not Covered
D6975	coping	\$0	Not Covered
D6976	each additional cast post-same tooth	\$0	Not Covered
D6977	each additional prefabricated post-same tooth	\$0	Not Covered
D6980	fixed partial denture repair, necessitated by restorative material failure	\$0	Covered
D6985	pediatric partial denture, fixed	\$0	Not Covered
D6999	unspecified, fixed prosthodontic procedure, by report	\$0	Not Covered

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		UPSE Benefit Plan - P/R Plan 14036	
		H147 - Healthplex DHMO Dentcare Key Accounts 15	
ADA	Description	Copay	Covered/Not Covered
D7110	extraction - single tooth	\$0	Not Covered
D7111	extraction, coronal remnants - primary tooth	\$0	Covered
D7120	extraction - each additional tooth	\$0	Not Covered
D7130	root removal - exposed roots	\$0	Not Covered
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$0	Covered
D7210	extraction, erupted tooth req removal of bone,sectioning of tooth and including elevation of	\$17	Covered
D7220	removal of impacted tooth - soft tissue	\$46	Covered
D7230	removal of impacted tooth - partially bony	\$37	Covered
D7240	removal of impacted tooth - completely bony	\$46	Covered
D7241	removal of impacted tooth - completely bony, with unusual surgical	\$81	Covered
D7250	removal of residual tooth roots (cutting procedure)	\$24	Covered
D7251	coronectomy - intentional partial tooth removal, impacted teeth only	\$46	Covered
D7252	partial extraction for immediate implant placement	\$46	Covered
D7259	nerve dissection	\$0	Not Covered
D7260	oroantral fistula closure	\$395	Covered
D7261	primary closure of a sinus perforation	\$0	Not Covered
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$120	Covered
D7272	tooth transplantation (includes reimplantation from one site to another and splinting and/or	\$0	Not Covered
D7280	exposure of an unerupted tooth	\$148	Covered
D7281	surgical exposure of impacted or unerupted tooth to aid eruption	\$0	Not Covered
D7282	mobilization of erupted or malpositioned tooth to aid eruption	\$0	Not Covered
D7283	placement of device to facilitate eruption of impacted tooth	\$0	Not Covered
D7284	excisional biopsy of minor salivary glands	\$0	Not Covered
D7285	incisional biopsy of oral tissue - hard (bone, tooth)	\$15	Covered
D7286	incisional biopsy of oral tissue - soft (all others)	\$0	Covered
D7287	exfoliative cytological sample collection	\$0	Not Covered
D7288	brush biopsy - transepithelial sample collection	\$0	Not Covered
D7290	surgical repositioning of teeth	\$0	Not Covered
D7291	transseptal fiberotomy/supra crestal fiberotomy, by report	\$0	Not Covered
D7292	placement of temporary anchorage device (screw retained plate) requiring flap	\$0	Not Covered
D7293	placement of temporary anchorage device requiring flap	\$0	Not Covered
D7294	placement of temporary anchorage device without flap	\$0	Not Covered
D7295	harvest of bone for use in autogenous grafting procedures	\$0	Not Covered
D7296	corticotomy, one to three teeth or tooth spaces, per quadrant	\$0	Not Covered
D7297	corticotomy, four or more teeth or tooth spaces, per quadrant	\$0	Not Covered
D7298	removal of temporary anchorage device [screw retained plate], requiring flap	\$0	Not Covered
D7299	removal of temporary anchorage device, requiring flap	\$0	Not Covered
D7300	removal of temporary anchorage device without flap	\$0	Not Covered
D7310	alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per	\$4	Covered
D7311	alveoplasty in conjunction with extraction - one to three teeth or tooth spaces, per	\$0	Not Covered
D7320	alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per	\$33	Covered
D7321	alveoplasty not in conjunction with extraction - one to three teeth or tooth spaces, per	\$0	Not Covered
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	\$0	Not Covered
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision	\$0	Not Covered
D7410	excision of benign lesion up to 1.25 cm	\$140	Covered
D7411	excision of benign lesion greater than 1.25 cm	\$190	Covered
D7412	excision of benign lesion, complicated	\$0	Not Covered
D7413	excision of malignant lesion up to 1.25 cm	\$0	Not Covered
D7414	excision of malignant lesion greater than 1.25 cm	\$0	Not Covered
D7415	excision of malignant lesion, complicated	\$0	Not Covered
D7420	radical excision - lesion diameter greater than 1.25 cm	\$0	Not Covered
D7430	excision of benign tumor - lesion diameter up to 1.25 cm	\$0	Not Covered
D7431	excision of benign tumor - lesion diameter greater than 1.25 cm	\$0	Not Covered
D7440	excision of malignant tumor-lesion diameter up to 1.25 cm	\$0	Not Covered
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	\$0	Not Covered
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$150	Covered
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$0	Not Covered
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$0	Not Covered

Healthplex Patient Copay Schedule

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		UPSE Benefit Plan - P/R Plan 14036	
		H147 - Healthplex DHMO Dentcare Key Accounts 15	
ADA	Description	Copay	Covered/Not Covered
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$190	Covered
D7465	destruction of lesion(s) by physical or chemical method, by report	\$0	Not Covered
D7471	removal of lateral exostosis (maxilla or mandible)	\$0	Not Covered
D7472	removal of torus palatinus	\$0	Not Covered
D7473	removal of torus mandibularis	\$0	Not Covered
D7480	partial osteotomy (guttering or saucerization)	\$0	Not Covered
D7485	reduction of osseous tuberosity	\$0	Not Covered
D7490	radical resection of maxilla or mandible	\$0	Not Covered
D7509	marsupialization of odontogenic cyst	\$0	Covered
D7510	incision and drainage of abscess - intraoral soft tissue	\$35	Covered
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of	\$0	Not Covered
D7520	incision and drainage of abscess - extraoral soft tissue	\$0	Not Covered
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of	\$0	Not Covered
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$0	Not Covered
D7540	removal of reaction-producing foreign bodies - musculoskeletal system	\$0	Not Covered
D7550	partial osteotomy/sequestrectomy for removal of non-vital bone	\$110	Covered
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	\$0	Not Covered
D7610	maxilla - open reduction (teeth immobilized, if present)	\$0	Not Covered
D7620	maxilla - closed reduction (teeth immobilized, if present)	\$0	Not Covered
D7630	mandible - open reduction (teeth immobilized, if present)	\$0	Not Covered
D7640	mandible - closed reduction (teeth immobilized, if present)	\$0	Not Covered
D7650	malar and/or zygomatic arch - open reduction	\$0	Not Covered
D7660	malar and/or zygomatic arch - closed reduction	\$0	Not Covered
D7670	alveolus - closed reduction, may include stabilization of teeth	\$0	Not Covered
D7671	alveolus - open reduction, may include stabilization of teeth	\$0	Not Covered
D7680	facial bones - complicated reduction with fixation and multiple surgical approaches	\$0	Not Covered
D7710	maxilla - open reduction	\$0	Not Covered
D7720	maxilla - closed reduction	\$0	Not Covered
D7730	mandible - open reduction	\$0	Not Covered
D7740	mandible - closed reduction	\$0	Not Covered
D7750	malar and/or zygomatic arch - open reduction	\$0	Not Covered
D7760	malar and/or zygomatic arch - closed reduction	\$0	Not Covered
D7770	alveolus, open reduction stabilization of teeth	\$0	Not Covered
D7771	alveolus, closed reduction stabilization of teeth	\$0	Not Covered
D7780	facial bones - complicated reduction with fixation and multiple approaches	\$0	Not Covered
D7810	open reduction of dislocation	\$0	Not Covered
D7820	closed reduction of dislocation	\$0	Not Covered
D7830	manipulation under anesthesia	\$0	Not Covered
D7840	condylectomy	\$0	Not Covered
D7850	surgical discectomy, with/without implant	\$0	Not Covered
D7852	disc repair	\$0	Not Covered
D7854	synovectomy	\$0	Not Covered
D7856	myotomy	\$0	Not Covered
D7858	joint reconstruction	\$0	Not Covered
D7860	arthrotomy	\$0	Not Covered
D7865	arthroplasty	\$0	Not Covered
D7870	arthrocentesis	\$0	Not Covered
D7871	non-arthroscopic lysis and lavage	\$0	Not Covered
D7872	arthroscopy - diagnosis, with or without biopsy	\$0	Not Covered
D7873	arthroscopy: lavage and lysis of adhesions	\$0	Not Covered
D7874	arthroscopy: disc repositioning and stabilization	\$0	Not Covered
D7875	arthroscopy: synovectomy	\$0	Not Covered
D7876	arthroscopy: discectomy	\$0	Not Covered
D7877	arthroscopy: debridement	\$0	Not Covered
D7880	occlusal orthotic device, by report	\$0	Not Covered
D7881	occlusal orthotic device adjustment	\$0	Not Covered
D7899	unspecified TMD therapy, by report	\$0	Not Covered
D7910	suture of recent small wounds up to 5 cm	\$0	Not Covered

Healthplex Patient Copay Schedule

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		UPSE Benefit Plan - P/R Plan 14036	
		H147 - Healthplex DHMO Dentcare Key Accounts 15	
ADA	Description	Copay	Covered/Not Covered
D7911	complicated suture - up to 5 cm	\$0	Not Covered
D7912	complicated suture - greater than 5 cm	\$0	Not Covered
D7920	skin graft (identify defect covered, location and type of graft)	\$0	Not Covered
D7921	collection and application of autologous blood concentrate product	\$0	Not Covered
D7922	placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per	\$0	Not Covered
D7939	indexing for osteotomy using dynamic robotic assisted or dynamic navigation	\$0	Not Covered
D7940	osteoplasty - for orthognathic deformities	\$0	Not Covered
D7941	osteotomy - mandibular rami	\$0	Not Covered
D7943	osteotomy - mandibular rami with bone graft; includes obtaining the graft	\$0	Not Covered
D7944	osteotomy - segmented or subapical - per sextant or quadrant	\$0	Not Covered
D7945	osteotomy - body of mandible	\$0	Not Covered
D7946	LeFort I (maxilla - total)	\$0	Not Covered
D7947	LeFort I (maxilla - segmented)	\$0	Not Covered
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)-	\$0	Not Covered
D7949	LeFort II or LeFort III - with bone graft	\$0	Not Covered
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or	\$0	Not Covered
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach	\$0	Not Covered
D7952	sinus augmentation via a vertical approach	\$0	Not Covered
D7953	Bone replacement graft for ridge preservation - per site	\$0	Not Covered
D7955	Repair of maxillofacial soft and/or hard tissue defect	\$0	Not Covered
D7956	guided tissue regeneration, edentulous area - resorbable barrier, per site	\$0	Covered
D7957	guided tissue regeneration, edentulous area - non-resorbable barrier, per site	\$0	Covered
D7960	frenulectomy (frenectomy or frenotomy) - separate procedure not incidental to another	\$0	Not Covered
D7961	buccal / labial frenectomy (frenulectomy)	\$190	Covered
D7962	lingual frenectomy (frenulectomy)	\$190	Covered
D7963	frenuloplasty	\$0	Not Covered
D7970	excision of hyperplastic tissue - per arch	\$0	Not Covered
D7971	excision of pericoronal gingiva	\$0	Not Covered
D7972	surgical reduction of fibrous tuberosity	\$0	Not Covered
D7979	non-surgical sialolithotomy	\$0	Not Covered
D7980	surgical sialolithotomy	\$0	Not Covered
D7981	excision of salivary gland, by report	\$0	Not Covered
D7982	sialodochoplasty	\$0	Not Covered
D7983	closure of salivary fistula	\$0	Not Covered
D7990	emergency tracheotomy	\$0	Not Covered
D7991	coronoidectomy	\$0	Not Covered
D7993	surgical placement of craniofacial implant - extra oral	\$0	Not Covered
D7994	surgical placement: zygomatic implant	\$0	Not Covered
D7995	synthetic graft - mandible or facial bones, by report	\$0	Not Covered
D7996	implant-mandible for augmentation purposes (excluding alveolar ridge), by report	\$0	Not Covered
D7997	appliance removal (not by dentist who placed appliance), includes removal of archbar	\$0	Not Covered
D7998	intraoral placement of a fixation device not in conjunction with a fracture	\$0	Not Covered
D7999	unspecified oral surgery procedure, by report	\$0	Not Covered
D8010	limited orthodontic treatment of the primary dentition	\$0	Not Covered
D8020	limited orthodontic treatment of the transitional dentition	\$0	Not Covered
D8030	limited orthodontic treatment of the adolescent dentition	\$0	Not Covered
D8040	limited orthodontic treatment of the adult dentition	\$0	Not Covered
D8050	interceptive orthodontic treatment of the primary dentition	\$0	Not Covered
D8060	interceptive orthodontic treatment of the transitional dentition	\$0	Not Covered
D8070	comprehensive orthodontic treatment of the transitional dentition	\$0	Not Covered
D8080	comprehensive orthodontic treatment of the adolescent dentition	\$375	Covered
D8090	comprehensive orthodontic treatment of the adult dentition	\$0	Not Covered
D8091	comprehensive orthodontic treatment with orthognathic surgery	\$0	Not Covered
D8210	removable appliance therapy	\$375	Covered
D8220	fixed appliance therapy	\$395	Covered
D8660	pre-orthodontic treatment examination to monitor growth and development	\$0	Not Covered
D8670	periodic orthodontic treatment visit	\$24	Covered
D8671	periodic orthodontic treatment visit associated with orthognathic surgery	\$24	Covered

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		UPSE Benefit Plan - P/R Plan 14036	
		H147 - Healthplex DHMO Dentcare Key Accounts 15	
ADA	Description	Copay	Covered/Not Covered
D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$0	Not Covered
D8681	removable orthodontic retainer adjustment	\$0	Not Covered
D8690	orthodontic treatment, (alternative billing to a contract fee)	\$0	Not Covered
D8691	repair of orthodontic appliance	\$0	Not Covered
D8692	replacement of lost or broken retainer	\$0	Not Covered
D8693	re-cement rebonding of fixed retainers	\$0	Not Covered
D8694	repair of fixed retainers, includes reattachment	\$0	Not Covered
D8695	removal of fixed orthodontic appliances for reasons other than completion of treatment	\$0	Not Covered
D8696	repair of orthodontic appliance - maxillary	\$0	Not Covered
D8697	repair of orthodontic appliance - mandibular	\$0	Not Covered
D8698	re-cement or re-bond fixed retainer - maxillary	\$0	Not Covered
D8699	re-cement or re-bond fixed retainer - mandibular	\$0	Not Covered
D8701	repair of fixed retainer, includes reattachment - maxillary	\$0	Not Covered
D8702	repair of fixed retainer, includes reattachment - mandibular	\$0	Not Covered
D8703	replacement of lost or broken retainer - maxillary	\$0	Not Covered
D8704	replacement of lost or broken retainer - mandibular	\$0	Not Covered
D8999	unspecified orthodontic procedure, by report	\$0	Not Covered
D9110	palliative treatment of dental pain - per visit	\$0	Covered
D9120	fixed partial denture sectioning	\$0	Not Covered
D9130	temporomandibular joint dysfunction - non-invasive physical therapies	\$0	Not Covered
D9210	local anesthesia not in conjunction with operative or surgical procedures	\$0	Not Covered
D9211	regional block anesthesia	\$0	Not Covered
D9212	trigeminal division block anesthesia	\$0	Not Covered
D9215	local anesthesia in conjunction with operative or surgical procedures	\$0	Covered
D9219	evaluation for moderate sedation, deep sedation or general anesthesia	\$0	Not Covered
D9220	deep sedation/general anesthesia - first 30 minutes	\$0	Not Covered
D9221	deep sedation/general anesthesia - each additional 15 minutes	\$0	Not Covered
D9222	deep sedation/general anesthesia - first 15 minutes	\$0	Covered
D9223	deep sedation/general anesthesia-each 15 minute increment	\$0	Covered
D9230	inhalation of nitrous oxide/anoxiolysis analgesia	\$0	Not Covered
D9239	intravenous moderate (conscious) sedation/anesthesia - first 15 minutes	\$0	Not Covered
D9241	intravenous moderate (conscious) sedation/analgesia - first 30 minutes	\$0	Not Covered
D9242	intravenous moderate (conscious) sedation/analgesia - each additional 15 minutes	\$0	Not Covered
D9243	intravenous moderate (conscious) sedation/analgesia-each 15 minute increment	\$0	Not Covered
D9248	non-intravenous conscious sedation. This includes non-iv minimal and moderate sedation.	\$0	Not Covered
D9310	consultation (diagnostic service provided by dentist or physician other than practitioner)	\$50	Covered
D9311	consultation with a medical health care professional	\$0	Not Covered
D9410	house/extended care facility call	\$0	Not Covered
D9420	hospital or ambulatory surgical center call	\$0	Not Covered
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	\$0	Not Covered
D9440	office visit - after regularly scheduled hours	\$0	Not Covered
D9450	case presentation, subsequent to detailed and extensive treatment planning	\$0	Not Covered
D9610	therapeutic parenteral drug, single administration	\$0	Not Covered
D9612	therapeutic parenteral drugs, two or more administrations, different medications	\$0	Not Covered
D9613	infiltration of sustained release therapeutic drug per quadrant	\$0	Not Covered
D9630	drugs or medicaments, dispensed in the office for home use	\$0	Not Covered
D9910	application of desensitizing medicament	\$0	Not Covered
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	\$0	Not Covered
D9912	pre-visit patient screening	\$0	Covered
D9913	administration of neuromodulators	\$0	Not Covered
D9914	administration of dermal fillers	\$0	Not Covered
D9920	behavior management, by report	\$0	Not Covered
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	\$0	Not Covered
D9931	cleaning and inspection of a removable appliance	\$0	Not Covered
D9932	cleaning and inspection of removable complete denture, maxillary	\$0	Not Covered
D9933	cleaning and inspection of removable complete denture, mandibular	\$0	Not Covered
D9934	cleaning and inspection of removable partial denture, maxillary	\$0	Not Covered
D9935	cleaning and inspection of removable partial denture, mandibular	\$0	Not Covered

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		UPSE Benefit Plan - P/R Plan 14036	
		H147 - Healthplex DHMO Dentcare Key Accounts 15	
ADA	Description	Copay	Covered/Not Covered
D9938	fabrication of a custom removable clear plastic temporary aesthetic appliance	\$0	Not Covered
D9939	placement of a custom removable clear plastic temporary aesthetic appliance	\$0	Not Covered
D9940	occlusal guard, by report	\$0	Not Covered
D9941	fabrication of athletic mouthguard	\$0	Not Covered
D9942	repair and/or reline of occlusal guards	\$0	Not Covered
D9943	occlusal guard adjustment	\$0	Not Covered
D9944	occlusal guard - hard appliance, full arch	\$0	Not Covered
D9945	occlusal guard - soft appliance, full arch	\$0	Not Covered
D9946	occlusal guard - hard appliance, partial arch	\$0	Not Covered
D9947	custom sleep apnea appliance fabrication and placement	\$0	Not Covered
D9948	adjustment of custom sleep apnea appliance	\$0	Not Covered
D9949	repair of custom sleep apnea appliance	\$0	Not Covered
D9950	occlusion analysis - mounted case	\$0	Not Covered
D9951	occlusal adjustment - limited	\$20	Covered
D9952	occlusal adjustment - complete	\$10	Covered
D9953	reline custom sleep apnea appliance (indirect)	\$0	Not Covered
D9954	fabrication and delivery of oral appliance therapy (OAT) morning repositioning device	\$0	Not Covered
D9955	oral appliance therapy (OAT) titration visit	\$0	Not Covered
D9956	administration of home sleep apnea test	\$0	Not Covered
D9957	screening for sleep related breathing disorders	\$0	Not Covered
D9959	unspecified sleep apnea services procedure, by report	\$0	Not Covered
D9961	duplicate/copy patient's records	\$0	Not Covered
D9970	enamel microabrasion	\$0	Not Covered
D9971	odontoplasty - per tooth	\$0	Not Covered
D9972	external bleaching-per arch-performed in office	\$0	Not Covered
D9973	external bleaching-per tooth	\$0	Not Covered
D9974	internal bleaching-per tooth	\$0	Not Covered
D9975	external bleaching for home application, per arch; includes materials and fabrication of	\$0	Not Covered
D9985	Sales tax	\$0	Not Covered
D9986	missed appointment	\$0	Not Covered
D9987	cancelled appointment	\$0	Not Covered
D9990	certified translation or sign-language services - per visit	\$0	Not Covered
D9991	dental case management-addressing appointment compliance barriers	\$0	Not Covered
D9992	dental case management-care coordination	\$0	Not Covered
D9993	dental case management-motivational interviewing	\$0	Not Covered
D9994	dental case management-patient education to improve oral health literacy	\$0	Not Covered
D9995	teledentistry - synchronous; real-time encounter	\$0	Covered
D9996	teledentistry-asynchronous; information stored and forwarded to dentist for subsequent	\$0	Covered
D9997	dental case management - patients with special health care needs	\$0	Not Covered
D9999	unspecified adjunctive procedure, by report	\$0	Not Covered