



MASSACHUSETTS



# TeamstersCare Dental Blue Freedom

## Fee Allowance Schedule | Effective January 1, 2017

Calendar Year Deductible: \$50 Per Individual/Maximum \$100 Per Family applies to all Type II and Type III Services

Calendar Year Maximum: \$2,500 Per Person

Orthodontics: Plan pays 50% up to a \$2,000 lifetime maximum per person with no age limit.

Procedure Code	Description	TeamstersCare Payment	Freq / Limitations
D0120	Periodic oral examination	\$21.00	2 x cal year
D0140	Limited eval problem focus	\$38.00	
D0145	Oral evaluation for patients under three years of age	\$21.00	
D0150	Comprehensive evaluation	\$38.00	
D0160	Detailed and extensive oral evaluation	\$38.00	2 x 12 months, not covered with D9110 by dentist/office on the same date of service
D0170	Re-evaluation - limited, problem focused	\$38.00	
D0180	Comprehensive periodontal evaluation	\$38.00	
D0210	Full mouth xrays	\$71.00	
D0220	Periapical-first film	\$16.00	as needed
D0230	Periapical-each add. Film	\$13.00	as needed
D0240	Intraoral occlusal film	\$22.00	
D0250	Extraoral - first film	\$46.00	
D0270	Bitewing - single film	\$16.00	2 x cal year
D0272	Bitewings-two films	\$23.00	2 x cal year
D0273	Bitewings - three films	\$26.00	2 x cal year
D0274	Bitewings-four films	\$30.00	2 x cal year
D0277	Vertical bitewings - 7 to 8 films	\$61.00	2 x cal year, age 16+
D0330	Panoramic film	\$61.00	
D0460	Pulp vitality tests	\$29.00	
D0470	Diagnostic casts	\$61.00	
D1110	Prophylaxis- adult	\$52.00	2 x cal year
D1120	Prophylaxis -child	\$41.00	2 x cal year
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$18.00	2 x cal year, no age limit
D1208	Topical application of fluoride	\$18.00	2 x cal year, under 19
D1351	Sealant-per tooth	\$27.00	
D1352	Preventive resinrestoration-per tooth	\$27.00	
D1510	Space maintainer - fixed-unilateral	\$363.30	
D1515	Space maintainer - fixed-bilateral	\$500.52	
D1520	Space maintainer - removable-uni	\$313.44	
D1525	Space maintainer - removable-bil	\$419.37	
D1555	Removal of fixed space maintainer	\$38.00	
D2140	Amalgam one surface permanent or primary	\$64.00	

Procedure Code	Description	TeamstersCare Payment	Freq / Limitations
D2150	Amalgam two surface permanent or primary	\$76.00	
D2160	Amalgam three surface permanent or primary	\$95.00	
D2161	Amalgam four or more surface perm or primary	\$113.00	
D2330	Resin- one surface anterior	\$74.00	
D2331	Resin two surface anterior	\$95.00	
D2332	Resin three surface anterior	\$112.00	
D2335	Resin four or more surfaces or involving incisal ang	\$135.00	
D2390	Resin-based composite crown, anterior	\$135.00	
D2391	Resin-based composite, one surf, posterior	\$79.00	
D2392	2 Surf posterior composite	\$76.00	
D2393	3 Surf posterior composite	\$95.00	
D2394	4 Or more surf posterior composite	\$113.00	
D2510	Inlay - metallic - one surface	\$405.00	
D2520	Inlay metallic two surfaces	\$478.00	
D2530	Inlay-metallic-three surfaces or more	\$514.00	
D2542	Onlay-metal two surfaces.	\$586.00	
D2543	Onlay metal three surfaces	\$593.00	
D2544	Onlay metal four + surfaces	\$600.00	
D2610	Inlay porcelain/ceramic - one surface	\$434.00	
D2620	Inlay porcelain/ceramic - two surfaces	\$482.00	
D2630	Inlay-porcelain/ceramic-three surfaces	\$548.00	
D2642	Onlay porcelain/ceramic - two surfaces	\$565.00	
D2643	Onlay porcelain/ceramic - three surfaces	\$600.00	
D2644	Onlay porcelain/ceramic four + surfaces	\$625.00	
D2650	Inlay resin based composite, one surface	\$360.00	Alternate benefit for corresponding amalgam restoration
D2651	Inlay resin based composite, two surfaces	\$398.00	
D2652	Inlay-resin based composite,three surfaces or more	\$444.00	Alternate benefit for corresponding amalgam restoration
D2662	Onlay resin based composite, two surfaces	\$459.00	
D2663	Onlay resin based composite, three surfaces	\$532.00	
D2664	Onlay resin based composite - four+ surfaces	\$554.00	
D2710	Crown - resin based composite (indirect)	\$223.00	
D2712	Crown - 3/4 resin based composite (indirect)	\$223.00	
D2720	Crown - resin with high noble metal	\$583.00	
D2721	Crown - resin with predominantly base metal	\$500.00	
D2722	Crown - resin with noble metal	\$528.00	
D2740	Crown - porcelain/ceramic substrate	\$644.00	
D2750	Crown - porcelain fused to high noble metal	\$644.00	
D2751	Crown - porcelain fused to predominantly base metal	\$601.00	
D2752	Crown - porcelain fused to noble metal	\$625.00	
D2780	Crown - 3/4 cast high noble metal	\$644.00	
D2781	Crown - 3/4 cast predominantly base metal	\$601.00	
D2782	Crown - 3/4 cast noble metal	\$625.00	
D2783	Crown - 3/4 porcelain/ceramic	\$625.00	
D2790	Crown - full cast high noble	\$644.00	

Procedure Code	Description	TeamstersCare Payment	Freq / Limitations
D2791	Crown - full cast predominantly base metal	\$601.00	
D2792	Crown - full cast noble metal	\$625.00	
D2794	Crown - titanium	\$625.00	
D2799	Provisional crown	\$139.00	1 per permanent tooth per 60 months
D2910	Recement inlay, onlay, or partial coverage restoration	\$52.00	
D2915	Recement cast or prefabricated post and core	\$40.00	
D2920	Recement crown	\$46.00	
D2929	Prefabricated porcelain/ceramic crown - primary tooth	\$156.00	
D2930	Prefabricated stainless steel crown - primary tooth	\$145.00	1 x 24 months
D2931	Prefabricated stainless steel crown - permanent tooth	\$150.00	
D2932	Prefabricated resin crown	\$188.00	
D2933	Prefabricated stainless steel crown w/resin window	\$156.00	
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$156.00	
D2940	Sedative filling	\$46.00	
D2941	Interim therapeutic restoration (primary tooth)	\$46.00	
D2950	Core buildup, including any pins	\$122.00	
D2951	Pin retention - per tooth, in addition to restoration	\$31.00	
D2952	Post and core in addition, indirectly fabricated	\$198.00	
D2954	Prefabricated post and core in addition to crown	\$150.00	
D2971	Additional procedures to construct new crown under existing partial denture framework	\$126.00	
D2980	Crown repair, by report	\$143.00	
D2982	Onlay repair necessitated by restorative material failure	\$156.00	
D3220	Therapeutic pulpotomy (excluding final restoration)	\$88.00	
D3221	Pulpal debridement, primary and permanent teeth	\$62.00	
D3222	Partial pulpotomy for apexogenesis- permanent tooth with incomplete root development	\$88.00	
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth	\$207.00	
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth	\$179.00	
D3310	Endodontic therapy, anterior tooth	\$469.00	
D3320	Endodontic therapy, bicuspid tooth	\$554.00	
D3330	Endodontic therapy, molar	\$717.00	
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$174.00	1 per tooth per lifetime
D3346	Retreatment of previous root canal therapy-anterior	\$539.00	
D3347	Retreatment of previous root canal therapy - bicuspid	\$623.00	
D3348	Retreatment of previous root canal therapy - molar	\$764.00	
D3351	Apexification/recalcification - initial visit	\$89.00	
D3352	Apexification/recalcification - interim medication replacement	\$76.00	
D3410	Apicoectomy/periradicular surgery- anterior	\$394.00	
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$483.00	
D3425	Apicoectomy/periradicular surgery - molar (first root)	\$500.00	
D3426	Apicoectomy/periradicular surgery - (each additional root)	\$177.00	
D3430	Retrograde filling-per root	\$87.00	
D3450	Root amputation - per root	\$255.00	

Procedure Code	Description	TeamstersCare Payment	Freq / Limitations
D3920	Hemisection (including any root removal)	\$227.00	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$335.00	
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$148.00	
D4240	Gingival flap procedure, including root, four or more contiguous teeth or tooth bounded spaces per quadrant	\$420.00	
D4241	Gingival flap procedure, including root, one to three contiguous teeth or tooth bounded spaces per quadrant	\$268.00	
D4249	Clinical crown lengthening-hard tissue	\$481.00	
D4260	Osseous surgery- four or more contiguous teeth or tooth bounded spaces per quadrant	\$687.00	
D4261	Osseous surgery- one to three contiguous teeth or tooth bounded spaces per quadrant	\$477.00	
D4263	Bone replace graft, first site in a quadrant 1	\$180.00	
D4264	Bone replacement graft - each additional site in quadrant	\$152.00	
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$146.00	1 per tooth per 36 months
D4266	Guided tissue regeneration, resorbable barrier, per site	\$313.00	
D4267	Guided tissue regeneration, nonresorbable barrier, per site	\$313.00	
D4268	Surgical revision procedure, per tooth	\$259.00	1 per tooth per 36 months
D4270	Pedicle soft tissue graft procedure	\$481.00	
D4273	Subepithelial connective tissue graft procedures, per tooth	\$610.00	
D4274	Distal or proximal wedge procedures	\$297.00	
D4275	Soft tissue allograft	\$605.00	
D4276	Combined connective tissue and double pedicle graft, per tooth	\$610.00	
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous position in graft	\$376.00	
D4278	Free soft tissue graft procedure (including donor site surgery, each additional contiguous tooth or edentulous tooth position in same graft site	\$127.00	
D4283	Autogenous connective tissue graft procedure each additional contiguous tooth	\$366.00	
D4285	Non-autogenous connective tissue graft each additional contiguous tooth, position in the same graft site	\$363.00	
D4341	Periodontal scaling & root planing - four or more teeth per quadrant. Only two quadrants are allowed per date of service. Additional quadrants will deny.	\$138.00	
D4342	Periodontal scaling & root planing, one to three teeth per quadrant	\$84.00	
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$61.00	1 per tooth per 36 months
D4381	Localized delivery of antimicrobial agents	\$42.00	
D4910	Periodontal maintenance	\$74.00	
D4920	Unscheduled dressing change (by someone other than the treating dentist)	\$43.00	1 per tooth per 36 months
D5110	Complete denture- maxillary	\$764.00	
D5120	Complete denture- mandibular	\$764.00	
D5130	Immediate denture- maxillary	\$779.00	
D5140	Immediate denture- mandibular	\$779.00	
D5211	Maxillary partial denture-resin base	\$618.00	

Procedure Code	Description	TeamstersCare Payment	Freq / Limitations
D5212	Mandibular partial denture-resin base	\$618.00	
D5213	Maxillary partial denture - cast metal framework with resin denture base	\$858.00	
D5214	Mandibular partial denture - cast metal framework with resin denture base	\$858.00	
D5221	Immediate maxillary partial denture - resin base	\$630.00	
D5222	Immediate mandibular partial denture - resin base	\$630.00	
D5223	Immediate maxillary partial denture - case metal framework with resin denture bases	\$875.00	
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases	\$875.00	
D5225	Maxillary partial denture - flexible base	\$844.00	
D5226	Mandibular partial denture - flexible base	\$844.00	
D5281	Removable unilateral partial denture	\$383.00	
D5410	Adjust complete denture-maxillary	\$41.00	
D5411	Adjust complete denture -mandibular	\$41.00	
D5421	Adjust partial denture- maxillary	\$41.00	
D5422	Adjust partial denture- mandibular	\$41.00	
D5510	Repair broken complete denture base	\$95.00	
D5520	Replace missing or broken teeth - per tooth	\$76.00	
D5610	Repair resin denture base	\$80.00	
D5620	Repair cast framework	\$107.00	
D5630	Repair or replace broken clasp	\$112.00	
D5640	Replace broken teeth-per tooth	\$76.00	
D5650	Add tooth to existing partial denture	\$93.00	
D5660	Add clasp to existing partial denture	\$118.00	
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$392.00	
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$392.00	
D5710	Rebase complete maxillary denture	\$258.00	
D5711	Rebase complete mandibular denture	\$258.00	
D5720	Rebase maxillary partial denture	\$236.00	
D5721	Rebase mandibular partial denture	\$236.00	
D5730	Reline complete maxillary denture (chairside)	\$147.00	
D5731	Reline complete mandibular denture (chairside)	\$147.00	
D5740	Reline maxillary partial denture (chairside)	\$128.00	
D5741	Reline mandibular partial denture (chairside)	\$128.00	
D5750	Reline complete maxillary denture (laboratory)	\$236.00	
D5751	Reline complete mandibular denture (laboratory)	\$236.00	
D5760	Reline maxillary partial denture (laboratory)	\$208.00	
D5761	Reline mandibular partial denture (laboratory)	\$208.00	
D5820	Interim partial denture (maxillary)	\$232.00	
D5821	Interim partial denture (mandibular)	\$232.00	
D5850	Tissue conditioning, upper-denture	\$75.00	
D5851	Tissue conditioning , lower-denture	\$80.00	
D6010	Surgical placement, endosteal implant	\$1,341.00	
D6013	Surgical placement, mini-implant	\$671.00	

Procedure Code	Description	TeamstersCare Payment	Freq / Limitations
D6056	Prefabricated abutment	\$407.00	
D6057	Custom abutment	\$507.00	
D6058	Implant abutment supported porcelain/ceramic crown	\$919.00	
D6059	Implant abutment supported fused to high noble metal crown	\$919.00	
D6060	Implant abutment supported porcelain fused to predominantly base metal crown	\$844.00	
D6061	Implant abutment supported porcelain fused to noble metal crown	\$841.00	
D6062	Implant abutment supported high noble cast metal crown	\$919.00	
D6063	Implant abutment supported predominantly base metal crown	\$844.00	
D6064	Implant abutment supported cast noble metal crown	\$841.00	
D6065	Implant supported porcelain/ceramic crown	\$919.00	
D6066	Implant supported porcelain fused to high noble metal crown	\$919.00	
D6067	Implant supported high noble metal crown	\$919.00	
D6069	Implant abutment supported retainer for porcelain fused to metal fpd	\$919.00	
D6070	Implant abutment supported retainer for porcelain fused to predominantly base metal fpd	\$791.00	
D6071	Implant abutment supported retainer for porcelain fused to noble metal fpd	\$841.00	
D6072	Implant abutment supported retainer for cast high noble metal fpd	\$919.00	
D6073	Implant abutment supported retainer for predominantly base cast metal fpd	\$791.00	
D6074	Implant abutment supported retainer for cast noble metal for fpd	\$841.00	
D6076	Implant supported retainer for porcelain fused to high noble metal fpd	\$919.00	
D6077	Implant supported retainer for cast high noble metal for fpd	\$919.00	
D6090	Repair implant supported prosthesis	\$100.00	
D6092	Recement implant/abutment supported crown	\$46.00	
D6093	Recement implant/abutment supported fixed partial denture	\$68.00	
D6094	Abutment supported crown - titanium	\$919.00	
D6095	Repair implant abutment	\$84.00	
D6100	Implant removal	\$188.00	
D6110	Implant/abutment complete denture-removable upper arch	\$1,091.00	
D6111	Implant/abutment complete denture-removable lower arch	\$1,091.00	
D6112	Implant/abutment partial denture-removable upper arch	\$1,091.00	
D6113	Implant/abutment partial denture-removable lower arch	\$1,091.00	
D6114	Implant/abutment complete denture-fixed upper arch	\$1,217.00	1 per arch per 60 months
D6115	Implant/abutment complete denture-fixed lower arch	\$1,217.00	1 per arch per 60 months
D6116	Implant/abutment partial denture-fixed upper arch	\$1,217.00	1 per arch per 60 months
D6117	Implant/abutment partial denture-fixed lower arch	\$1,217.00	1 per arch per 60 months
D6194	Abutment supported retainer titanium crown for fpd	\$919.00	1 per implant per 60 months per member age 16 +
D6205	Pontic - indirect resin-based	\$225.00	
D6210	Pontic- cast high noble metal	\$644.00	
D6211	Pontic-cast predominantly base metal	\$600.00	
D6212	Pontic-cast noble metal	\$625.00	

Procedure Code	Description	TeamstersCare Payment	Freq / Limitations
D6214	Pontic-titanium	\$625.00	
D6240	Pontic-porcelain fused to high noble metal	\$644.00	
D6241	Pontic-porcelain fused to predominantly base metal	\$600.00	
D6242	Pontic-porcelain fused to noble metal	\$625.00	
D6250	Pontic-resin with high noble metal	\$644.00	
D6251	Pontic-resin with predominantly base metal	\$600.00	
D6252	Pontic-resin with noble metal	\$625.00	
D6253	Provisional pontic	\$156.00	
D6545	Retainer -cast metal for resin bonded fixed prosthesis	\$247.00	
D6549	Resin retainer - for resin bonded fixed prosthesis	\$225.00	
D6602	Inlay-cast high noble metal, two surfaces	\$500.00	
D6603	Inlay-cast high noble metal, three or more surfaces	\$504.00	
D6604	Inlay-cast predominantly base metal, two surfaces	\$465.00	
D6605	Inlay-cast predominantly base metal, three surfaces	\$500.00	
D6606	Inlay-cast noble metal, two surfaces	\$497.00	
D6607	Inlay-cast noble metal, three or more surfaces	\$500.00	
D6610	Onlay-cast high noble metal, two surfaces	\$562.00	
D6611	Onlay-cast high noble metal, three or more surfaces	\$600.00	
D6612	Onlay-cast predominantly base metal, two surfaces	\$481.00	
D6613	Onlay-cast predominantly base metal, three or more surfaces	\$563.00	
D6614	Onlay-cast noble metal, two surfaces	\$481.00	
D6615	Onlay-cast noble metal, three or more surfaces	\$574.00	
D6624	Inlay-titanium	\$521.00	
D6634	Onlay-titanium	\$563.00	
D6710	Crown - indirect resin-based composite	\$210.00	1 per permanent tooth per 60 months
D6720	Crown-resin with high noble metal	\$644.00	
D6721	Crown-resin with predominantly base metal	\$600.00	
D6722	Crown-resin with noble metal	\$625.00	
D6750	Crown-porcelain fused to high noble metal	\$644.00	
D6751	Crown-porcelain fused to predominantly base metal	\$600.00	
D6752	Crown-porcelain fused to noble metal	\$625.00	
D6780	Crown-3/4 cast high noble metal	\$644.00	
D6781	Crown-3/4 cast predominantly base metal	\$600.00	
D6782	Crown-3/4 cast noble metal	\$625.00	
D6790	Crown-full cast high noble metal	\$644.00	
D6791	Crown-full cast predominantly base metal	\$558.00	
D6792	Crown-full cast noble metal	\$625.00	
D6793	Provisional retainer crown	\$140.00	
D6794	Crown - titanium	\$644.00	
D6930	Recement fixed partial denture	\$73.00	
D6980	Fixed partial denture repair	\$135.00	
D7111	Extraction, coronal remnants-deciduous tooth	\$40.00	
D7140	Extraction, erupted tooth or exposed root	\$75.00	
D7210	Surgical removal of erupted tooth	\$154.00	
D7220	Removal of impacted tooth-soft tissue	\$227.00	

Procedure Code	Description	TeamstersCare Payment	Freq / Limitations
D7230	Removal of impacted tooth- partially bony	\$269.00	
D7240	Removal of impacted tooth- completely bony	\$332.00	
D7241	Removal of impacted tooth-completely bony, with unusual surgical complications	\$347.00	
D7250	Surgical removal of residual roots	\$150.00	
D7260	Oroantral fistula closure	\$313.00	Individual consideration
D7261	Primary closure of a sinus perforation	\$313.00	Individual consideration
D7270	Tooth reimplantation	\$216.00	
D7280	Surgical access of unerupted tooth	\$350.00	
D7283	Placement of devise to facilitate eruption of impacted tooth	\$76.00	
D7285	Biopsy of oral tissue- hard	\$235.00	
D7286	Biopsy of oral tissue- soft	\$235.00	
D7287	Exfoliative cytological sample collection	\$69.00	
D7288	Brush biopsy- transepithelial sample collection	\$69.00	
D7290	Surgical repositionaing of teeth	\$219.00	
D7291	Transseptal fiberotomy/supra crestal fiberotomy	\$64.00	Individual consideration
D7310	Alveoplasty in conjunction with extractions, four or more teeth per quadrant	\$138.00	
D7311	Alveoplastyin conjunction with extractions, one to three teeth, per quadrant	\$120.00	
D7320	Alveoplasty not in conjunction with extractions, four or more teeth per quadrant	\$228.00	
D7321	Alveoplasty not in conjunction with extractions, one to three teeth per quadrant	\$189.00	
D7340	Vestibuloplasty- ridge extension (second epithelialization)	\$354.00	Individual consideration
D7350	Vestibuloplasty- ridge extension (including soft tissue grafts ...)	\$213.00	Individual consideration
D7410	Excision of benign lesion up to 1.25 Cm	\$138.00	
D7411	Excision of benign lesion greater than 1.25 Cm	\$225.00	
D7413	Excision of malignant lesion up to 1.25 Cm	\$138.00	Individual consideration
D7440	Excision of malignant tumor - lesion diameter up to 1.25 Cm	\$236.00	Individual consideration
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 Cm	\$223.00	
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 Cm	\$225.00	
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25Cm	\$158.00	
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25Cm	\$253.00	
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$72.00	
D7471	Removal of lateral exostosis	\$346.00	
D7472	Removal of torus palatinus	\$346.00	
D7473	Removal of torus mandibularis	\$346.00	
D7510	Incision and drainage of abscess - intraoral soft tissue	\$96.00	
D7511	Incision and drainage of abscess - intraoral soft tissue, complicated	\$96.00	
D7520	Incision and drainage of abscess - extraoral soft tissue	\$160.00	
D7521	Incision and drainage of abscess - extraoral soft tissue, complicated	\$160.00	

Procedure Code	Description	TeamstersCare Payment	Freq / Limitations
D7530	Removal of foreign body from mucosa, skin or subcutaneous alveolar tissue	\$64.00	
D7540	Removal of reaction-producing foreign body	\$84.00	Individual consideration
D7550	Partial ostectomy/sequestrectomy for removal of non vital bone	\$80.00	
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$373.00	
D7670	Alveolus - closed reduction	\$287.00	Individual consideration
D7910	Suture of recent small wounds up to 5 cm	\$42.00	No limit
D7911	Complicated suture - up to 5 cm	\$66.00	No limit
D7912	Complicated suture - greater than 5 cm	\$74.00	No limit
D7960	Frenulectomy	\$287.00	
D7963	Frenuloplasty	\$287.00	
D7970	Excision of hyperplastic tissue	\$131.00	
D7971	Excision of pericoronal gingiva	\$84.00	
D7980	Sialolithotomy	\$99.00	Individual consideration
D7981	Excision of salivary gland, by report	\$69.00	Individual consideration
D7982	Sialodochoplasty	\$392.00	
D7983	Closure of salivary fistula	\$236.00	
D9110	Palliative (emergency) treatment of dental pain	\$57.00	3 x 12 months
D9120	Fixed partial denture sectioning	\$80.00	1 per permanent tooth per 60 months
D9223	Deep sedation/general anesthesia - each 15 minute increment	\$81.00	Covered when paired with covered surgical procedure
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment	\$81.00	Covered when paired with covered surgical procedure
D9310	Consultation	\$64.00	
D9910	Application of desensitizing medicaments	\$29.00	
D9930	Treatment of complications	\$53.00	
D9940	Occlusal guard, by report	\$219.00	1 per patient per calendar year
D9942	Repair and/or reline of occlusal guard	\$123.00	1 repair or reline per calendar year
D9951	Occlusal adjustment - limited	\$45.00	

\* All frequencies/ time limitations are “standard” unless otherwise noted

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID Card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

