



# TeamstersCare Dental Blue® Freedom

## Fee Allowance Schedule | Effective January 1, 2023

**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	Frequency/Limitations*
D0120	Periodic oral examination—established patient	\$23.00	2 x calendar year
D0140	Limited evaluation, problem focused	\$41.00	
D0145	Oral evaluation for patients under three years of age	\$23.00	
D0150	Comprehensive evaluation	\$41.00	
D0160	Detailed and extensive oral evaluation	\$41.00	2 x 12 months, not covered with D9110 by dentist/office on the same date of service
D0170	Re-evaluation—limited, problem focused	\$39.00	
D0180	Comprehensive periodontal evaluation	\$41.00	
D0210	Intraoral—comprehensive series of radiographic images	\$77.00	
D0220	Periapical, first film	\$18.00	as needed
D0230	Periapical, each additional film	\$14.00	as needed
D0240	Intraoral occlusal film	\$23.00	
D0250	Extraoral, first film	\$46.00	
D0270	Bitewing, single film	\$18.00	2 x calendar year
D0272	Bitewings, two films	\$25.00	2 x calendar year
D0273	Bitewings, three films	\$28.00	2 x calendar year
D0274	Bitewings, four films	\$33.00	2 x calendar year
D0277	Vertical bitewings, 7–8 films	\$62.00	2 x calendar year, age 16+
D0330	Panoramic film	\$65.00	
D0460	Pulp vitality tests	\$29.00	
D0470	Diagnostic casts	\$61.00	
D1110	Prophylaxis, adult	\$60.00	2 x calendar year
D1120	Prophylaxis, child	\$48.00	2 x calendar year
D1206	Topical fluoride varnish; therapeutic application for patients with moderate to high risk of caries	\$20.00	2 x calendar year, no age limit
D1208	Topical application of fluoride	\$20.00	2 x calendar year, under age 19
D1351	Sealant—per tooth	\$29.00	
D1352	Preventive resin restoration, per tooth	\$28.00	
D1354	Interim caries arresting medicament application—per tooth	\$26.00	
D1510	Space maintainer, fixed—unilateral	\$363.00	
D1516	Space maintainer—fixed—bilateral, maxillary	\$500.00	
D1517	Space maintainer—fixed—bilateral, mandibular	\$500.00	
D1520	Space maintainer—removable, unilateral—per quadrant	\$313.00	

Procedure Code	Description	TeamstersCare Payment	Frequency/Limitations*
D1526	Space maintainer—removable—bilateral, maxillary	\$419.00	
D1527	Space maintainer—removable—bilateral, mandibular	\$419.00	
D1551	Recement or re-bond bilateral space maintainer—maxillary	\$42.00	
D1552	Recement or re-bond bilateral space maintainer—mandibular	\$42.00	
D1553	Recement or re-bond unilateral space maintainer—per quadrant	\$42.00	
D1556	Removal of fixed unilateral space maintainer—per quadrant	\$38.00	
D1557	Removal of fixed bilateral space maintainer—maxillary	\$38.00	
D1558	Removal of fixed bilateral space maintainer—mandibular	\$38.00	
D1575	Distal shoe space maintainer—fixed unilateral	\$363.00	
D2140	Amalgam, one surface, permanent or primary	\$64.00	
D2150	Amalgam, two surfaces, permanent or primary	\$77.00	
D2160	Amalgam, three surfaces, permanent or primary	\$96.00	
D2161	Amalgam, four or more surfaces, permanent or primary	\$113.00	
D2330	Resin, one surface, anterior	\$75.00	
D2331	Resin, two surfaces, anterior	\$96.00	
D2332	Resin, three surfaces, anterior	\$113.00	
D2335	Resin, four or more surfaces, or involving incisal angle	\$136.00	
D2390	Resin-based composite crown, anterior	\$135.00	
D2391	Resin-based composite crown, one surface, posterior	\$80.00	
D2392	Two surfaces, posterior composite	\$77.00	
D2393	Three surfaces, posterior composite	\$96.00	
D2394	Four or more surfaces, posterior composite	\$114.00	
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 or more	\$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 or more 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	\$589.00	
D2721	Crown—resin with predominantly base metal	\$505.00	
D2722	Crown—resin with noble metal	\$534.00	

Procedure Code	Description	TeamstersCare Payment	Frequency/Limitations*
D2740	Crown—porcelain/ceramic substrate	\$655.00	
D2750	Crown—porcelain fused to high noble metal	\$655.00	
D2751	Crown—porcelain fused to predominantly base metal	\$607.00	
D2752	Crown—porcelain fused to noble metal	\$631.00	
D2753	Crown—porcelain fused to titanium and titanium alloys	\$650.00	
D2780	Crown—3/4 cast high noble metal	\$650.00	
D2781	Crown—3/4 cast predominantly base metal	\$607.00	
D2782	Crown—3/4 cast noble metal	\$631.00	
D2783	Crown—3/4 porcelain/ceramic	\$631.00	
D2790	Crown—full cast high noble metal	\$650.00	
D2791	Crown—full cast predominantly base metal	\$607.00	
D2792	Crown—full cast noble metal	\$631.00	
D2794	Crown—titanium and titanium alloys	\$631.00	
D2799	Interim crown—further treatment or completion of diagnosis necessary prior to final impression	\$139.00	
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	Protective restoration	\$46.00	
D2941	Interim therapeutic restoration—primary tooth	\$46.00	
D2950	Core buildup, including any pins	\$123.00	
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	\$151.00	
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	\$473.00	
D3320	Endodontic therapy, bicuspid tooth	\$558.00	
D3330	Endodontic therapy, molar	\$722.00	
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	

Procedure Code	Description	TeamstersCare Payment	Frequency/Limitations*
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	
D3471	Surgical repair of root resorption— anterior	\$250.00	
D3472	Surgical repair of root resorption— premolar	\$250.00	
D3473	Surgical repair of root resorption— molar	\$250.00	
D3920	Hemisection (including any root removal)	\$227.00	
D3921	Decoronation or submergence of an erupted tooth	\$62.00	
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 planing— four or more contiguous teeth or tooth bound spaces per quadrant	\$420.00	
D4241	Gingival flap procedure, including root— four or more 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 replacement graft, first site in a quadrant	\$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, natural teeth— resorbable barrier, per site	\$313.00	
D4267	Guided tissue regeneration, natural teeth— resorbable 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 the same graft site	\$127.00	
D4283	Autogenous connective tissue graft procedure, each additional contiguous tooth	\$366.00	
D4285	Non-autogenous connective tissue graft procedure, 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.	\$139.00	

Procedure Code	Description	TeamstersCare Payment	Frequency/Limitations*
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	\$85.00	
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation	\$57.00	
D4355	Full-mouth debridement to enable comprehensive periodontal evaluation and diagnosis on a subsequent visit	\$61.00	Once per 36 months
D4381	Localized delivery of antimicrobial agents	\$42.00	
D4910	Periodontal maintenance	\$75.00	
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	
D5212	Mandibular partial denture, resin base	\$618.00	
D5213	Maxillary partial denture, cast metal framework with resin denture base (including retentive/clasping materials, rests, and teeth)	\$858.00	
D5214	Mandibular partial denture, cast metal framework with resin denture base (including retentive/clasping materials, rests, and teeth)	\$858.00	
D5221	Immediate maxillary partial denture, resin base (including retentive/clasping materials, rests, and teeth)	\$630.00	
D5222	Immediate mandibular partial denture, resin base (including retentive/clasping materials, rests, and teeth)	\$630.00	
D5223	Immediate maxillary partial denture, cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	\$875.00	
D5224	Immediate mandibular partial denture, cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	\$875.00	
D5225	Maxillary partial denture, flexible base	\$844.00	
D5226	Mandibular partial denture, flexible base	\$844.00	
D5227	Immediate maxillary partial denture, flexible base (including any clasps, rests, and teeth)	\$630.00	
D5228	Immediate mandibular partial denture, flexible base (including any clasps, rests, and teeth)	\$630.00	
D5281	Removable unilateral partial denture	\$383.00	
D5282	Removable unilateral partial denture—one-piece cast metal (including clasps and teeth), maxillary	\$383.00	
D5283	Removable unilateral partial denture—one-piece cast metal (including clasps and teeth), mandibular	\$383.00	
D5284	Removable unilateral partial denture—one-piece flexible base (including clasps and teeth), per quadrant	\$345.00	
D5286	Removable unilateral partial denture—one-piece resin (including clasps and teeth), per quadrant	\$345.00	
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	
D5511	Repair broken complete denture base—mandibular	\$95.00	
D5512	Repair broken complete denture base—maxillary	\$95.00	

Procedure Code	Description	TeamstersCare Payment	Frequency/Limitations*
D5520	Replace missing or broken teeth, per tooth	\$76.00	
D5611	Repair resin partial denture base—mandibular	\$80.00	
D5612	Repair resin partial denture base—maxillary	\$80.00	
D5621	Repair cast partial framework—mandibular	\$107.00	
D5622	Repair cast partial framework—maxillary	\$107.00	
D5630	Repair or replace broken retentive clasp materials—per tooth	\$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	
D5725	Rebase hybrid prosthesis	\$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	
D5765	Soft liner for complete or partial removable denture (indirect)	\$208.00	
D5820	Interim partial denture (maxillary)	\$232.00	
D5821	Interim partial denture (mandibular)	\$232.00	
D5850	Tissue conditioning, maxillary	\$80.00	
D5851	Tissue conditioning, mandibular	\$80.00	
D6010	Surgical placement, endosteal implant	\$1,351.00	
D6011	Surgical access to an implant body (second stage implant surgery)	\$50.00	
D6013	Surgical placement, mini-implant	\$671.00	
D6056	Prefabricated abutment	\$407.00	
D6057	Custom abutment	\$511.00	
D6058	Implant abutment supported porcelain/ceramic crown	\$926.00	
D6059	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	\$845.00	
D6062	Implant abutment supported high cast noble metal crown	\$919.00	
D6063	Implant abutment supported predominantly base metal crown	\$845.00	
D6064	Implant abutment supported cast noble metal crown	\$845.00	
D6065	Implant supported porcelain/ceramic crown	\$919.00	
D6066	Implant supported crown—porcelain fused to metal crown titanium, titanium alloy high noble metal alloys	\$919.00	



Procedure Code	Description	TeamstersCare Payment	Frequency/Limitations*
D6067	Implant supported metal crown titanium, titanium alloys high noble metal alloys	\$919.00	
D6069	Abutment-supported retainer for porcelain fused to metal FPD (high noble metal)	\$919.00	
D6070	Implant abutment supported retainer for porcelain fused to predominantly base metal FPD	\$791.00	
D6071	Abutment-supported retainer for porcelain fused to metal FPD (noble metal)	\$845.00	
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	Abutment-supported retainer for cast metal FPD (noble metal)	\$845.00	
D6076	Implant supported retainer for FPD porcelain fused to high noble alloys	\$919.00	
D6077	Implant supported retainer for metal FPD—high noble alloys	\$919.00	
D6082	Implant supported crown—porcelain fused to predominantly base alloys	\$845.00	
D6083	Implant supported crown—porcelain fused to noble alloys	\$900.00	
D6084	Implant supported crown—porcelain fused to titanium and titanium alloys	\$919.00	
D6085	Provisional implant crown	\$139.00	
D6086	Implant supported crown—predominantly base alloys	\$845.00	
D6087	Implant supported crown—noble alloys	\$900.00	
D6088	Implant supported crown—titanium and titanium alloys	\$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 and titanium alloys	\$919.00	
D6095	Repair implant abutment	\$84.00	
D6096	Remove broken implant retaining screw	\$84.00	
D6097	Abutment supported crown—porcelain fused to titanium and titanium alloys	\$845.00	
D6098	Implant supported retainer—porcelain fused to predominantly base alloys	\$846.00	
D6099	Implant supported retainer for FPD—porcelain fused to noble alloys	\$900.00	
D6100	Implant removal	\$188.00	
D6105	Removal of implant body not requiring bone removal nor flap elevation	\$94.00	
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
D6120	Implanted supported retainer for FPD—porcelain fused to titanium and titanium alloys	\$919.00	
D6121	Implant supported retainer for metal FPD—predominantly base alloys	\$846.00	

Procedure Code	Description	TeamstersCare Payment	Frequency/Limitations*
D6122	Implant supported retainer for metal FPD—predominantly noble alloys	\$900.00	
D6123	Implant supported retainer for metal FPD—titanium and titanium alloys	\$919.00	
D6194	Abutment supported retainer crown for FPD—titanium and titanium alloys	\$919.00	1 per implant per 60 months per member age 16+
D6195	Abutment supported retainer—porcelain fused to titanium and titanium alloys	\$919.00	
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	\$75.00	
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	
D6214	Pontic—titanium and titanium alloys	\$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	
D6243	Pontic—porcelain fused to titanium and titanium alloys	\$644.00	
D6245	Pontic—porcelain/ceramic	\$644.00	
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	Interim pontic—further treatment or completion of diagnosis necessary prior to final impression	\$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	
D6740	Crown—porcelain/ceramic	\$644.00	
D6750	Crown—porcelain fused to high noble metal	\$644.00	



Procedure Code	Description	TeamstersCare Payment	Frequency/Limitations*
D6751	Crown—porcelain fused to predominantly base metal	\$600.00	
D6752	Crown—porcelain fused to noble metal	\$625.00	
D6753	Retainer crown—porcelain fused to titanium and titanium alloys	\$644.00	
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	
D6784	Retainer crown 3/4—titanium and titanium alloys	\$644.00	
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	Retainer crown—titanium and titanium alloys	\$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	\$76.00	
D7210	Surgical removal of erupted tooth	\$155.00	
D7220	Removal of impacted tooth, soft tissue	\$227.00	
D7230	Removal of impacted tooth, partially bony	\$271.00	
D7240	Removal of impacted tooth, completely bony	\$334.00	
D7241	Removal of impacted tooth, completely bony, with unusual surgical complications	\$347.00	
D7250	Surgical removal of residual roots	\$150.00	
D7251	Coronectomy—intentional partial tooth removal, impacted teeth only	\$350.00	
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 attachment on an unerupted tooth after its exposure, to aid in its eruption	\$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 repositioning of teeth	\$219.00	
D7291	Transseptal fiberotomy/supracrestal fiberotomy	\$64.00	Individual consideration
D7310	Alveoloplasty in conjunction with extractions, four or more teeth per quadrant	\$138.00	
D7311	Alveoloplasty in conjunction with extractions, one to three teeth per quadrant	\$120.00	
D7320	Alveoloplasty not in conjunction with extractions, four or more teeth per quadrant	\$228.00	
D7321	Alveoloplasty 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

Procedure Code	Description	TeamstersCare Payment	Frequency/Limitations*
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 1.25 cm.	\$158.00	
D7461	Removal of benign nonodontogenic cyst or tumor, lesion diameter greater than 1.25 cm.	\$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	
D7509	Marsupialization of odontogenic cyst	\$450.00	
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	
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
D7961	Buccal/labial frenectomy (franulectomy)	\$287.00	
D7962	Lingual frenectomy (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
D9222	Deep sedation/general anesthesia—first 15 minute increment	\$82.00	
D9223	Deep sedation/general anesthesia—each 15-minute increment	\$82.00	Covered when paired with covered surgical procedure
D9239	Intravenous moderate (conscious) sedation/anesthesia, first 15 minutes	\$81.00	
D9243	Intravenous moderate (conscious) sedation/analgesia, each 15-minute increment	\$81.00	Covered when paired with covered surgical procedure
D9310	Consultation	\$64.00	

Procedure Code	Description	TeamstersCare Payment	Frequency/Limitations*
D9910	Application of desensitizing medicaments	\$29.00	
D9930	Treatment of complications	\$53.00	
D9942	Repair and/or reline of occlusal guard	\$123.00	1 repair or reline per calendar year
D9944	Occlusal guard—hard appliance, full arch	\$219.00	1 per patient per calendar year
D9945	Occlusal guard—soft appliance, full arch	\$219.00	1 per patient per calendar year
D9946	Occlusal guard—hard appliance, partial	\$219.00	1 per patient per calendar year
D9951	Occlusal adjustment, limited	\$45.00	

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

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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).

