CoveredCa 2017 Draft Dental Copays Version 1 December 8, 2015

2017 Pediatric Dental Copay Plan DRAFT Copay Schedule for Top Procedure Codes

OA Code	Procedure Description	Procedure Type	Copa
0120	Periodic oral evaluation - established patient	Oral Evaluation	\$0
0140	Limited oral evaluation - problem focused	Oral Evaluation	\$0
0150	Comprehensive oral evaluation - new or established patient	Oral Evaluation	\$0
0210	Intraoral - complete series of radiographic images	X-Ray	\$0
0220	Intraoral - periapical first radiographic image	X-Ray	\$0
0230	Intraoral - periapical each additional radiographic image	X-Ray	\$0
0272	Bitewings - two radiographic images	X-Ray	\$0
0274	Bitewings - four radiographic images	X-Ray	\$0
0330	Panoramic radiographic image	X-Ray	\$0
1110	Prophylaxis - adult	Cleaning	\$0
1120	Prophylaxis - child	Cleaning	\$0
1206	Topical application of fluoride varnish	Fluoride	\$0
1208	Topical application of fluoride - excluding varnish	Fluoride	\$0
1351	Sealant - per tooth	Sealant	\$0
1510	Space maintainer - fixed - unilateral	Space Maintainers	\$0
1515	Space maintainer - fixed - bilateral	Space Maintainers	\$0
2140	Amalgam - one surface, primary or permanent	Restorations	\$25
2150	Amalgam - two surfaces, primary or permanent	Restorations	\$30
2330	Resin-based composite - one surface, anterior	Restorations	\$30
2331	Resin-based composite - two surfaces, anterior	Restorations	\$35
2332	Resin-based composite - three surfaces, anterior	Restorations	\$45
2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	Restorations	\$50
2391	Resin-based composite - one surface, posterior	Restorations	\$30
2392	Resin-based composite - two surfaces, posterior	Restorations	\$40
2393	Resin-based composite - three surfaces, posterior	Restorations	\$50
2750	Crown - porcelain fused to high noble metal	Inlays/Onlays/Crowns	\$300
3330	Endodontic therapy, molar (excluding final restoration)	Endodontics	\$300
4341	Periodontal scaling and root planing - four or more teeth per quadrant	Periodontics	\$60
7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Simple Extraction	\$65
7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth,	Surgical Extraction	\$100
7230	Removal of impacted tooth - partially bony	Surgical Extraction	\$140
7240	Removal of impacted tooth - completely bony	Surgical Extraction	\$160
9110	Palliative (emergency) treatment of dental pain - minor procedure	Emergency	\$0
9220	Deep sedation/general anesthesia - first 30 minutes	Anesthesia	\$100

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2017 Adult Dental Copay Plan DRAFT Copay Schedule for Top Procedure Codes

ADA Code		Procedure Type	<u>Copay</u>
0120	·	Oral Evaluation	\$0
0140	Limited oral evaluation - problem focused	Oral Evaluation	\$0
0150	Comprehensive oral evaluation - new or established patient	Oral Evaluation	\$0
0210	Intraoral - complete series of radiographic images	X-Rays	\$0
0220	Intraoral - periapical first radiographic image	X-Rays	\$0
0230	Intraoral - periapical each additional radiographic image	X-Rays	\$0
0272	Bitewings - two radiographic images	X-Rays	\$0
0274	Bitewings - four radiographic images	X-Rays	\$0
0330	Panoramic radiographic image	X-Rays	\$0
1110	Prophylaxis - adult	Cleaning	\$0
1120	Prophylaxis - child	Cleaning	\$0
2140	Amalgam - one surface, primary or permanent	Restorations	\$25
2150	,, , ,	Restorations	\$30
2160	Amalgam - three surfaces, primary or permanent	Restorations	\$35
2330		Restorations	\$30
2331	Resin-based composite - two surfaces, anterior	Restorations	\$35
2332	Resin-based composite - three surfaces, anterior	Restorations	\$45
2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	Restorations	\$50
2391		Restorations	\$30
2392	·	Restorations	\$40
2393	•	Restorations	\$50
2394		Restorations	\$60
2740	·	Inlays/Onlays/Crowns	\$300
2750	·	Inlays/Onlays/Crowns	\$300
2751		Inlays/Onlays/Crowns	\$300
2752	·	Inlays/Onlays/Crowns	\$300
2790	•	Inlays/Onlays/Crowns	\$300
2792	•	Inlays/Onlays/Crowns	\$300
2920		Repair (Simple)	\$25
2930		Inlays/Onlays/Crowns	\$75
3310	, ,	Endodontics	\$200
3320	,	Endodontics	\$250
3330	,	Endodontics	\$300
4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more		\$300
4341	, , ,	Periodontics	\$60
4342		Periodontics	\$40
4910		Periodontics	\$35
5110		Dentures	\$400
5213	Maxillary partial denture - cast metal framework with resin denture bases (including any		\$400
6240	, ,	Bridges	\$300
6750	·	Bridges	\$300
7140		Simple Extractions	\$65
7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth,		\$100
7230		•	\$100 \$140
7230 7240		Surgical Extractions Surgical Extractions	\$140 \$160
9110		Emergency	\$160 \$0
0110	ramative (emergency) treatment of defital pain. Inition procedure	Linergeney	\$100