

# Horizon BCBSNJ PPO Schedule of Allowances For New Jersey Dentists

When you receive treatment from dentists in the Horizon Dental PPO Network, your costs are reduced significantly.

The fees listed below represent charges when using Horizon Dental PPO Network general dentists. **Fees charged by specialists (also reduced) will generally be higher.** Call **1-800-4DENTAL (433-6825)** for information on specialists' fees.

<b>Benefits</b> Procedure Code <sup>1</sup>	Description	<b>PPO Allowance</b>	<b>Benefits</b> Procedure Code <sup>1</sup>	Description	<b>PPO Allowance</b>
<b>ORAL EXAMS</b>			<b>TREATMENT AND THERAPY</b>		
D0150	Comprehensive oral evaluation	<b>\$38</b>	<b>AMALGAM</b>		
D0120	Periodic oral evaluation <sup>†</sup>	<b>\$22</b>	D2140	One surface, permanent or primary tooth	<b>\$48</b>
<b>X-RAYS</b>			D2150	Two surfaces, permanent or primary tooth	<b>\$71</b>
D0210	Intraoral – complete series (including bitewings)	<b>\$60</b>	D2160	Three surfaces, permanent or primary tooth	<b>\$88</b>
D0220	Intraoral – single film	<b>\$8</b>	D2161	Four or more surfaces, permanent or primary tooth	<b>\$108</b>
D0230	Intraoral – each additional film	<b>\$4</b>	<b>COMPOSITE RESIN</b>		
D0240	Intraoral – occlusal, single film	<b>\$14</b>	D2330	One surface, anterior tooth	<b>\$65</b>
D0272	Bitewing – two films <sup>†</sup>	<b>\$13</b>	D2331	Two surfaces, anterior tooth	<b>\$79</b>
D0274	Bitewing – four films <sup>†</sup>	<b>\$18</b>	D2332	Three surfaces, anterior tooth	<b>\$100</b>
D0330	Panoramic film	<b>\$46</b>	D2391	One surface, posterior tooth	<b>\$79</b>
<b>PREVENTIVE</b>			D2392	Two surfaces, posterior tooth	<b>\$83</b>
D0460	Pulp vitality tests	<b>\$14</b>	D2393	Three surfaces, posterior tooth	<b>\$110</b>
D1110	Prophylaxis – adult <sup>†</sup>	<b>\$57</b>	<b>ORAL SURGERY</b>		
D1120	Prophylaxis – child <sup>†</sup>	<b>\$35</b>	D7140	Routine extractions	<b>\$56</b>
D1203	Topical fluoride – child <sup>†</sup>	<b>\$15</b>	<b>EXTRACTION OF IMPACTED TEETH</b>		
D1351	Sealants, per tooth	<b>\$25</b>	D7220	Soft tissue	<b>\$139</b>
<b>SPACE MAINTAINERS</b>			D7230	Partially bony	<b>\$219</b>
D1510	Fixed, unilateral	<b>\$106</b>	D7240	Completely bony	<b>\$292</b>
D1515	Fixed, bilateral	<b>\$147</b>	D2391	Alveoloplasty (in conjunction with extractions, per quadrant)	<b>\$76</b>
D1520	Removable, unilateral	<b>\$113</b>	D7510	Incision and drainage of abscess – intraoral	<b>\$47</b>
D1525	Removable, bilateral	<b>\$147</b>			
D1550	Recementation of space maintainer	<b>\$23</b>			

<sup>†</sup> These services are limited to once every six months.

<b>Benefits</b>		<b>PPO</b>
Procedure Code <sup>1</sup>	Description	<b>Allowance</b>

**PROSTHODONTICS**

**DENTURES**

D5110	Complete upper	<b>\$757</b>
D5120	Complete lower	<b>\$757</b>
D5130	Immediate upper	<b>\$625</b>
D5140	Immediate lower	<b>\$625</b>
D5211	Upper – partial resin base (including any conventional clasps, rests and teeth)	<b>\$461</b>
D5212	Lower – partial resin base (including any conventional clasps, rests and teeth)	<b>\$461</b>

**DENTURE REPAIR**

D5510	Repair broken complete denture base	<b>\$67</b>
D5520	Repair missing or broken teeth – each tooth	<b>\$54</b>
D5610	Repair resin denture base	<b>\$64</b>
D5620	Repair cast framework	<b>\$69</b>
D5630	Repair or replace broken clasp	<b>\$58</b>

**FIXED BRIDGEWORK**

D6240	Pontic – porcelain fused to high noble metal	<b>\$668</b>
D6750	Abutment crowns, porcelain fused to high noble metal	<b>\$668</b>
D6930	Recement bridgework	<b>\$46</b>

**INLAYS AND CROWNS**

D2510	Metallic, one surface	<b>\$160</b>
D2520	Two surfaces	<b>\$238</b>

**ONLAY**

D2543	Metallic, three surfaces	<b>\$314</b>
D2544	Four or more surfaces	<b>\$467</b>

**CROWNS**

D2750	Porcelain fused to high noble metal	<b>\$668</b>
D2790	Full cast high noble metal	<b>\$668</b>
D2780	3/4 cast high noble metal	<b>\$606</b>
D2910	Recement inlays	<b>\$27</b>
D2920	Recement crowns	<b>\$27</b>

<b>Benefits</b>		<b>PPO</b>
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**ENDODONTICS**

D3110	Pulp cap – direct (excluding final restoration)	<b>\$18</b>
D3220	Therapeutic pulpotomy (excluding final restoration)	<b>\$67</b>

**ROOT CANAL THERAPY**

D3310	Anterior teeth, excludes final restoration	<b>\$374</b>
D3320	Premolars, excludes final restoration	<b>\$465</b>
D3330	Molars, excludes final restoration	<b>\$567</b>
D3410	Apicoectomy – anterior	<b>\$227</b>
D3430	Retrograde filling, per root	<b>\$60</b>
D3920	Hemisection (including any root removal)	<b>\$113</b>

**PERIODONTICS**

D4260	Osseous surgery – per quadrant	<b>\$534</b>
D4270	Pedicle soft tissue grafts	<b>\$226</b>
D4271	Free soft tissue graft	<b>\$226</b>
D4341	Periodontal scaling and root planing (per quadrant)	<b>\$76</b>

**GENERAL SERVICES**

D9110	Palliative (emergency) treatment of dental pain minor procedures	<b>\$42</b>
D9220	General anesthesia (first 30 minutes)	<b>\$64</b>

*This is a brief description of the most common dental services available. Actual covered services may vary by contract. For information on any procedure not shown in this schedule, please call 1-800-4DENTAL.*

<sup>1</sup> Current dental terminology is copyrighted by the American Dental Association.

*We reserve the right to change fees once per contract year with 30 days' notice.*



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