

Delta Dental of Colorado
EXCLUSIVE PANEL OPTION 1B, (EPO1B)
List of Patient Co-Payments

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Procedure Code	Procedure Code Definition	Co-payment Amounts
D0120	Periodic oral evaluation	\$10.00
D0140	Limited oral evaluation - problem focused	\$10.00
D0150	Comprehensive oral evaluation - new or established patient	\$10.00
D0160	Detailed and extensive oral evaluation-problem focused, by report	\$10.00
D0180	Comprehensive periodontal evaluation - new or established patient	\$10.00
D0210	Intraoral-complete series (including bitewings)	No Cost
D0220	Intraoral-periapical-first film	No Cost
D0230	Intraoral-periapical-each additional film	No Cost
D0240	Intraoral-occlusal film	No Cost
D0270	Bitewing-single film	No Cost
D0272	Bitewings-two films	No Cost
D0274	Bitewings-four films	No Cost
D0277	Vertical bitewings-7 to 8 films	No Cost
D0330	Panoramic film	No Cost
D0460	Pulp vitality tests	No Cost
D1110	Prophylaxis-adult	No Cost
D1120	Prophylaxis-child	No Cost
D1201	Topical application of fluoride (including prophylaxis)-child	No Cost
D1203	Topical application of fluoride (prophylaxis not included)-child	No Cost
D1351	Sealant-per tooth	No Cost
D1510	Space maintainer-fixed-unilateral	No Cost
D1515	Space maintainer-fixed-bilateral	No Cost
D1520	Space maintainer-removable-unilateral	No Cost
D1525	Space maintainer-removable-bilateral	No Cost
D2140	Amalgam-one surface, primary or permanent	\$21.00
D2150	Amalgam-two surfaces, primary or permanent	\$28.00
D2160	Amalgam-three surfaces, primary or permanent	\$33.00
D2161	Amalgam-four or more surfaces, primary or permanent	\$40.00
D2330	Resin-based composite-one surface, anterior	\$24.00
D2331	Resin-based composite-two surfaces, anterior	\$32.00
D2332	Resin-based composite-three surfaces, anterior	\$38.00
D2335	Resin-based composite-four or more surfaces or involving incisal angle (anterior)	\$46.00
D2391	Resin-based composite-one surface, posterior	\$29.00
D2392	Resin-based composite-two surfaces, posterior	\$44.00
D2393	Resin-based composite-three surfaces, posterior	\$62.00
D2394	Resin-based composite-four or more surfaces, posterior	\$73.00
D2520	Inlay-metallic-two surfaces	\$193.00
D2530	Inlay-metallic-three or more surfaces	\$223.00
D2543	Onlay-metallic-three surfaces	\$233.00
D2544	Onlay-metallic-four or more surfaces	\$237.00
D2710	Crown-resin-based composite (indirect)	\$161.00
D2740	Crown-porcelain/ceramic substrate	\$295.00
D2750	Crown-porcelain fused to high noble metal	\$284.00
D2751	Crown-porcelain fused to predominantly base metal	\$245.00
D2752	Crown-porcelain fused to noble metal	\$275.00
D2780	Crown-3/4 cast high noble metal	\$273.00
D2781	Crown-3/4 cast predominantly base metal	\$238.00
D2782	Crown-3/4 cast noble metal	\$268.00
D2790	Crown-full cast high noble metal	\$287.00

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D2791	Crown-full cast predominantly base metal	\$244.00
D2792	Crown-full cast noble metal	\$280.00
D2910	Recement inlay, onlay or partial coverage restoration	\$13.00
D2920	Recement crown	\$15.00
D2930	Prefabricated stainless steel crown-primary tooth	\$45.00
D2931	Prefabricated stainless steel crown-permanent tooth	\$49.00
D2932	Prefabricated resin crown	\$48.00
D2933	Prefabricated stainless steel crown with resin window	\$61.00
D2940	Sedative filling	\$16.00
D2950	Core buildup, including any pins	\$43.00
D2951	Pin retention-per tooth, in addition to restoration	\$10.00
D2952	Cast post and core in addition to crown	\$59.00
D2953	Each additional cast post - same tooth	No Cost
D2954	Prefabricated post and core in addition to crown	\$51.00
D2957	Each additional prefabricated post - same tooth	No Cost
D2961	Labial veneer (resin laminate)-laboratory	\$139.00
D2962	Labial veneer (porcelain laminate)-laboratory	\$147.00
D3110	Pulp cap-direct (excluding final restoration)	\$10.00
D3220	Therapeutic pulpotomy (excluding final restoration)	\$26.00
D3310	Anterior (excluding final restoration)	\$110.00
D3320	Bicuspid (excluding final restoration)	\$129.00
D3330	Molar (excluding final restoration)	\$172.00
D3346	Retreatment of previous root canal therapy-anterior	\$191.00
D3347	Retreatment of previous root canal therapy-bicuspid	\$225.00
D3348	Retreatment of previous root canal therapy-molar	\$297.00
D3410	Apicoectomy/periradicular surgery-anterior	\$114.00
D3421	Apicoectomy/periradicular surgery-bicuspid (first root)	\$126.00
D3425	Apicoectomy/periradicular surgery-molar (first root)	\$150.00
D3426	Apicoectomy/periradicular surgery (each additional root)	\$41.00
D3430	Retrograde filling-per root	\$34.00
D3450	Root amputation - per root	\$80.00
D4210	Gingivectomy or gingivoplasty-four or more contiguous teeth or bounded teeth spaces per quadrant	\$70.00
D4211	Gingivectomy or gingivoplasty-one to three contiguous teeth or bounded teeth spaces per quadrant	\$26.00
D4240	Gingival flap procedure, including root planing-four or more contiguous teeth or bounded teeth spaces per quadrant	\$112.00
D4241	Gingival flap procedure, including root planing-one to three contiguous teeth or bounded teeth spaces per quadrant	\$67.00
D4260	Osseous surgery (including flap entry and closure)-four or more contiguous teeth or bounded teeth spaces per quadrant	\$284.00
D4261	Osseous surgery (including flap entry and closure)-one to three contiguous teeth or bounded teeth spaces per quadrant	\$170.00
D4263	Bone replacement graft-first site in quadrant	\$71.00
D4264	Bone replacement graft-each additional site in quadrant	\$47.00
D4271	Free soft tissue graft procedure (including donor site surgery)	\$124.00
D4341	Periodontal scaling and root planing-four or more teeth per quadrant	\$39.00
D4342	Periodontal scaling and root planing-one to three teeth, per quadrant	\$23.00
D4910	Periodontal maintenance	\$24.00

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Procedure Code	Procedure Code Definition	Co-payment Amounts
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D5110	Complete denture, maxillary	\$349.00
D5120	Complete denture, mandibular	\$349.00
D5130	Immediate denture, maxillary	\$377.00
D5140	Immediate denture, mandibular	\$377.00
D5211	Maxillary partial denture-resin base (including any conventional clasps, rests and teeth)	\$243.00
D5212	Mandibular partial denture-resin base (including any conventional clasps, rests and teeth)	\$243.00
D5213	Maxillary partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$364.00
D5214	Mandibular partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$364.00
D5410	Adjust complete denture, maxillary	\$17.00
D5411	Adjust complete denture, mandibular	\$17.00
D5421	Adjust partial denture, maxillary	\$16.00
D5422	Adjust partial denture, mandibular	\$16.00
D5510	Repair broken complete denture base	\$40.00
D5520	Replace missing or broken teeth-complete denture (each tooth)	\$34.00
D5610	Repair resin denture base	\$36.00
D5620	Repair cast framework	\$47.00
D5630	Repair or replace broken clasp	\$48.00
D5640	Replace broken teeth-per tooth	\$33.00
D5650	Add tooth to existing partial denture	\$39.00
D5660	Add clasp to existing partial denture	\$49.00
D5710	Rebase complete maxillary denture	\$141.00
D5711	Rebase complete mandibular denture	\$141.00
D5720	Rebase maxillary partial denture	\$108.00
D5721	Rebase mandibular partial denture	\$108.00
D5730	Reline complete maxillary denture (chairside)	\$56.00
D5731	Reline complete mandibular denture (chairside)	\$56.00
D5740	Reline maxillary partial denture (chairside)	\$51.00
D5741	Reline mandibular partial denture (chairside)	\$51.00
D5750	Reline complete maxillary denture (laboratory)	\$100.00
D5751	Reline complete mandibular denture (laboratory)	\$100.00
D5760	Reline maxillary partial denture (laboratory)	\$93.00
D5761	Reline mandibular partial denture (laboratory)	\$93.00
D5850	Tissue conditioning, maxillary	\$26.00
D5851	Tissue conditioning, mandibular	\$26.00
D6210	Pontic-cast high noble metal	\$274.00
D6211	Pontic-cast predominantly base metal	\$250.00
D6212	Pontic-cast noble metal	\$255.00
D6240	Pontic-porcelain fused to high noble metal	\$276.00
D6241	Pontic-porcelain fused to predominantly base metal	\$241.00
D6242	Pontic-porcelain fused to noble metal	\$268.00
D6545	Retainer-cast metal for resin bonded fixed prosthesis	\$100.00
D6750	Crown-porcelain fused to high noble metal	\$280.00
D6751	Crown-porcelain fused to predominantly base metal	\$251.00
D6752	Crown-porcelain fused to noble metal	\$268.00
D6780	Crown-3/4 cast high noble metal	\$272.00
D6790	Crown-full cast high noble metal	\$283.00
D6791	Crown-full cast predominantly base metal	\$256.00

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D6792	Crown-full cast noble metal	\$266.00
D6930	Recement fixed partial denture	\$33.00
D6940	Stress breaker	\$74.00
D6970	Cast post and core in addition to fixed partial denture retainer	\$89.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer	\$75.00
D6973	Core build up for retainer, including any pins	\$64.00
D6976	Each additional cast post-same tooth	No Cost
D6977	Each additional prefabricated post-same tooth	No Cost
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$22.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$43.00
D7220	Removal of impacted tooth-soft tissue	\$48.00
D7230	Removal of impacted tooth-partially bony	\$60.00
D7240	Removal of impacted tooth-completely bony	\$70.00
D7241	Removal of impacted tooth-completely bony, with unusual surgical complications	\$100.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$42.00
D7285	Biopsy of oral tissue-hard (bone, tooth)	\$58.00
D7286	Biopsy of oral tissue-soft (all others)	\$36.00
D7310	Alveoloplasty in conjunction with extractions-per quadrant	\$34.00
D7320	Alveoloplasty not in conjunction with extractions-per quadrant	\$49.00
D7471	Removal of lateral exostosis (maxilla or mandible)	\$68.00
D7472	Removal of torus palatinus	\$68.00
D7473	Removal of torus mandibularis	\$68.00
D7510	Incision and drainage of abscess-intraoral soft tissue	\$25.00
D7960	Frenectomy (frenectomy or frenotomy)-separate procedure	\$51.00
D8010	Limited orthodontic treatment of the primary dentition	\$600.00
D8020	Limited orthodontic treatment of the transitional dentition	\$750.00
D8030	Limited orthodontic treatment of the adolescent dentition	\$840.00
D8040	Limited orthodontic treatment of the adult dentition	\$935.00
D8050	Interceptive orthodontic treatment of the primary dentition	\$730.00
D8060	Interceptive orthodontic treatment of the transitional dentition	\$825.00
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$1,685.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$1,780.00
D8090	Comprehensive orthodontic treatment of the adult dentition	\$1,980.00
D8210	Removable appliance therapy	\$180.00
D8220	Fixed appliance therapy	\$238.00
D8660	Pre-orthodontic treatment visit	\$35.00
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$213.00
D9110	Palliative (emergency) treatment of dental pain-minor procedures	\$18.00
D9220	Deep sedation/general anesthesia-first 30 minutes	\$56.00
D9221	Deep sedation/general anesthesia-each additional 15 minutes	\$16.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$8.00
D9241	Intravenous conscious sedation/analgesia-first 30 minutes	\$46.00
D9242	Intravenous conscious sedation/analgesia-each additional 15 minutes	\$11.00
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner)	\$14.00