



Horizon Blue Cross Blue Shield of New Jersey

**Horizon TotalCare - Plan F**

Procedures not listed on the patient charge schedule are not covered.  
 Services not covered are the patient's responsibility at the dentist's usual fees.

Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
Diagnostic and Preventive- Oral evaluations are limited to one time per six month period. Limit of four bitewing X-rays every six months.			
D0120	Periodic oral evaluation - Established patient	\$0.00	Capitation
D0140	Limited oral evaluation — Problem focused		
D0145	Oral evaluation for patient under 3 years of age		
D0150	Comprehensive oral evaluation- New or established patient		
D0160	Detailed and extensive oral evaluation- Problem focused, by report		
D0170	Re-evaluation-limited, problem focused (established patient)		
D0171	Re-evaluation - limited, post-operative office visit		
D0180	Comprehensive periodontal evaluation- New or established patient		
D0190	Screening of a patient		
D0191	Assessment of a patient		
D0210	Intraoral- complete series of radiographic images <i>(Limit 1 every 3 years)</i>		
D0220	Intraoral- periapical- first radiographic image		
D0230	Intraoral-periapical- each additional radiographic image		
D0240	Intraoral- occlusal radiographic image		
D0250	Extraoral- first radiographic image		
D0251	Extraoral- posterior radiographic image		
D0270	Bitewings- single radiographic image		
D0272	Bitewings- two radiographic image		
D0273	Bitewings- three radiographic images		
D0274	Bitewings- four radiographic images		

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D0277	Vertical bitewings- seven to eight radiographic images	\$0.00	Capitation
D0330	Panoramic radiographic image <i>(Limit 1 every 3 years)</i>		
D0340	Cephalometric radiographic image		
D0460	Pulp vitality tests		
D0470	Diagnostic casts		
D1110	Prophylaxis- adult		
D1120	Prophylaxis-child		
D1206	Topical application of fluoride varnish		
D1208	Topical application of fluoride		
D1330	Oral hygiene instruction		
D1351	Sealant- per tooth		
D1352	Preventive resin restoration		
D1353	Sealant repair		
D1510	Space maintainer-fixed-unilateral		
D1516	Space maintainer- fixed- bilateral, Maxillary		
D1517	Space maintainer- fixed- bilateral, Mandibular		
D1520	Space maintainer- removable- unilateral		
D1526	Space maintainer- removable- bilateral, Maxillary		
D1527	Space maintainer- removable- bilateral, Mandibular		
D1551	Re-cement or re-bond bilateral space maintainer- maxillary		
D1552	Recement or re-bond bilateral space maintainer- mandibular		
D1553	Recement or re-bond unilateral space maintainer- per quadrant		
D1556	Removal of fixed unilateral space maintainer, per quadrant		
D1557	Removal of fixed unilateral space maintainer, maxillary		
D1558	Removal of fixed unilateral space maintainer, mandibular		
D1575	Distal shoe space maintainer – fixed – unilateral		
<b>Restorative- Fillings, including polishing- Fillings are limited to 1 time per 6 months per tooth and surface.</b>			
D2140	Amalgam- 1 surface , primary or permanent	\$0.00	Capitation
D2150	Amalgam- 2 surfaces , primary or permanent		
D2160	Amalgam- 3 surfaces , primary or permanent		
D2161	Amalgam- 4 or more surfaces , primary or permanent		

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D2330	Resin-based composite- 1 surface, anterior	<b>\$0.00</b>	<b>Capitation</b>
D2331	Resin-based composite- 2 surfaces, anterior		
D2332	Resin-based composite- 3 surfaces, anterior		
D2335	Resin-based composite- 4 or more surfaces or involving incisal edge, anterior		
D2390	Resin-based composite crown, anterior		
<b>Effective January 1, 2020 all posterior teeth are covered for composites</b>			
D2391	Resin-based composite- 1 surface, posterior	<b>\$0.00</b>	<b>Capitation</b>
D2392	Resin-based composite- 2 surfaces, posterior		
D2393	Resin-based composite- 3 surfaces, posterior		
D2394	Resin-based composite- 4 or more surfaces, posterior		
<b>Inlay, Onlay and Crowns – Limited to 1 per tooth every 5 years</b>			
D2510	Inlay- Metallic- 1 surface	<b>\$0.00</b>	<b>Capitation</b>
D2520	Inlay-Metallic- 2 surfaces		
D2530	Inlay- Metallic- 3 or more surfaces		
D2542	Onlay- Metallic- 2 surfaces		
D2543	Onlay- Metallic- 3 surfaces		
D2544	Onlay- Metallic- 4 or more surfaces		
D2610	Inlay- Porcelain/Ceramic- 1 surface		
D2620	Inlay-Porcelain/Ceramic- 2 surfaces		
D2630	Inlay- Porcelain/Ceramic- 3 or more surfaces		
D2642	Onlay-Porcelain/Ceramic- 2 surfaces		
D2643	Onlay- Porcelain/Ceramic- 3 surfaces		
D2644	Onlay- Porcelain/Ceramic- 4 or more surfaces		
D2650	Inlay- Resin-based composite-1 surface		
D2651	Inlay- Resin-based composite- 2 surface		
D2652	Inlay- Resin-based composite- 3 surface		

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D2662	Onlay- Resin-based composite- 2 surfaces	\$0.00	Capitation
D2663	Onlay- Resin-based composite- 3 surfaces		
D2664	Onlay- Resin-based composite- 4 or more surfaces		
D2710	Crown- Resin-based composite (Indirect)		
D2720	Crown- Resin with high noble metal		
D2721	Crown- Resin with predominantly base metal		
D2722	Crown- Resin with noble metal		
D2740	Crown- Porcelain/ceramic substrate		
D2750	Crown- Porcelain Fused to Noble Metal		
D2751	Crown- Porcelain Fused to Predominantly Base Metal		
D2752	Crown- Porcelain Fused to Noble Metal		
D2753	Crown: Porcelain fuse to titatium		
D2780	Crown- 3/4 Cast High Noble Metal		
D2781	Crown- 3/4 Cast Predominantly Base Metal		
D2782	Crown- 3/4 Cast Noble Metal		
D2783	Crown- 3/4 Porcelain/Ceramic		
D2790	Crown- Full Cast High Noble Metal		
D2791	Crown- Full Cast Predominantly Base Metal		
D2792	Crown- Full cast noble metal		
D2794	Crown-Titanium		
D2910	Re-cement inlay, onlay or partial coverage restoration		
D2915	Re-cement cast or prefabricated post and core		
D2920	Re-cement crown		
D2921	Reattachment of Tooth Fragment Incisal Edge or Cusp		
D2930	Prefabricated stainless steel crown- primary tooth		

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D2931	Prefabricated stainless steel crown- permanent tooth	\$0.00	Capitation
D2932	Prefabricated resin crown		
D2933	Prefabricated stainless steel crown with resin window		
D2934	Prefabricated esthetic coated stainless steel crown- primary tooth		
D2940	Protective restoration		
D2950	Core buildup, including any pins when required		
D2951	Pin retention- per tooth in addition to restoration		
D2952	Cast post and core in addition to crown- indirectly fabricated		
D2954	Prefabricated post and core in addition to crown		
D2980	Crown repair necessitated by restorative material failure		
D2981	Inlay repair necessitated by restorative material failure		
D2982	Onlay repair necessitated by restorative material failure		
<b>Pulp Capping and Pulpotomy</b>			
D3110	Pulp cap- direct (excluding final restoration)	\$0.00	Capitation
D3220	Therapeutic pulpotomy (excluding final restoration)		
D3221	Pulpal debridement- primary and permanent teeth		
D3222	Partial pulpotomy for apexogenesis- permanent tooth with incomplete root development		
<b>Endodontic Services</b>			
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$0.00	Capitation

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment		
D3240	Pulpal therapy (resorbable filling)- posterior, primary tooth (excluding final restoration)	\$0.00	Capitation		
D3310	Anterior tooth (excluding final restoration)				
D3320	Bicuspid tooth (excluding final restoration)				
D3330	Molar (excluding final restoration)				
D3346	Retreatment of previous root canal therapy- anterior				
D3347	Retreatment of previous root canal therapy- bicuspid				
D3348	Retreatment of previous root canal therapy- molar				
D3351	Apexification/Recalcification- Initial visit				
D3352	Apexification/Recalcification- Interim medication replacement				
D3353	Apexification/Recalcification-Final visit				
D3410	Apicoectomy/Periradicular surgical- anterior				
D3421	Apicoectomy/Periradicular surgical- bicuspid (first root)				
D3425	Apicoectomy/Periradicular surgical- molar (first root)				
D3426	Apicoectomy/Periradicular surgical- (each additional root)				
D3427	Periapical surgical without apicoectomy				
D3430	Retrograde filling- per root				
D3450	Root amputation- per root				
D3920	Hemisection (including any root removal, not including root canal therapy)				
<b>Periodontics</b>					
Coverage for surgical periodontal procedures, excluding scaling and root planing, is limited to one surgical periodontal treatment per quadrant every 36 months; coverage for scaling and root planing is limited to one per quadrant every 12 months.					
D4210	Gingivectomy or Gingivoplasty- 4 or more contiguous teeth or tooth bounded spaces per quadrant	\$0.00	Capitation		
D4211	Gingivectomy or Gingivoplasty- 1-3 contiguous teeth or tooth bounded spaces per quadrant				

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment		
D4240	Gingival flap procedure, including root planing- 4 or more contiguous teeth or bounded teeth spaces per quadrant	\$0.00	Capitation		
D4241	Gingival flap procedure, including root planing- 1 to 3 contiguous teeth or bounded teeth spaces per quadrant				
D4245	Apically positioned flap				
D4249	Clinical crown lengthening- hard tissue				
D4260	Osseous surgery- 4 or more contiguous teeth				
D4261	Osseous surgery- 1 to 3 contiguous teeth				
D4263	Bone Replacement Graft				
D4266	Guided tissue regeneration-resorbable barrier per site				
D4267	Guided tissue regeneration-non-resorbable barrier per site				
D4270	Pedicle soft tissue great procedure				
D4276	Combined connective tissue and double pedicle graft-per tooth				
D4277	Free soft tissue graft procedure – (including donor site surgery)				
D4278	Free soft tissue graft procedure- (including donor site surgery)				
D4341	Periodontal scaling and root planing- 4 or more teeth per quadrant				
D4342	Periodontal scaling and root planning- 1 to 3 teeth per quadrant				
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis				
D4346	Scaling in presence of generalized moderate or severe gingival inflammation –				
D4910	Periodontal maintenance				
<b>Prosthodontics-Removable</b>					
<b>The replacement of an existing removable prosthetic appliance is covered only after a five-year period measured from the date on which the appliance was previously placed.</b>					
D5110	Complete denture- maxillary	\$0.00	Capitation		

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D5120	Complete denture-mandibular	\$0.00	Capitation
D5130	Immediate denture-maxillary		
D5140	Immediate denture-mandibular		
D5211	Maxillary partial denture- resin base (including any conventional clasps, rests and teeth)		
D5212	Mandibular partial denture-resin base (including any conventional clasps, rests and teeth)		
D5213	Maxillary partial denture- cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)		
D5214	Mandibular partial denture- cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)		
D5221	Immediate Maxillary Partial Denture- Resin Based		
D5222	Immediate Mandibular Partial Denture- Resin Based		
D5223	Immediate Maxillary Partial Denture- Cast Metal Based		
D5224	Immediate Mandibular Partial Denture- Cast Metal		
D5225	Maxillary partial denture- flexible base (including any conventional clasps, rests and teeth)		
D5226	Mandibular partial denture- flexible base (including any conventional clasps, rests and teeth)		
D5282	Removable unilateral partial denture- one piece cast metal (including clasps and teeth), maxillary		
D5283	Removable unilateral partial denture- one piece cast metal (including clasps and teeth), mandibular		
D5410	Adjust complete denture-maxillary		
D5411	Adjust complete denture- mandibular		



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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D5421	Adjust partial denture- maxillary	\$0.00	Capitation
D5422	Adjust partial denture- mandibular		
D5511	Repair broken complete denture base, mandibular		
D5512	Repair broken complete denture base, maxillary		
D5520	Replace missing or broken teeth- complete denture (each tooth)		
D5611	Repair resin denture base, mandibular		
D5612	Repair resin denture base, maxillary		
D5621	Repair cast framework, mandibular		
D5622	Repair cast framework, maxillary		
D5630	Repair or replace broken clasp		
D5640	Replace broken teeth- per tooth		
D5650	Add tooth to existing partial denture		
D5660	Add clasp to existing partial denture		
D5710	Rebase complete maxillary denture		
D5711	Rebase Complete Mandibular Denture		
D5720	Rebase Maxillary Partial Denture		
D5721	Rebase Mandibular Partial Denture		
D5730	Reline complete maxillary denture- chairside		
D5731	Reline complete mandibular denture- chairside		
D5740	Reline complete maxillary partial denture- chairside		
D5741	Reline complete mandibular partial denture- chairside		
D5750	Reline complete maxillary denture- laboratory		
D5751	Reline complete mandibular partial denture- laboratory		
D5760	Reline complete maxillary partial denture- laboratory		
D5761	Reline complete mandibular partial denture- laboratory		

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D5850	Tissue conditioning (maxillary)	\$0.00	Capitation
D5851	Tissue conditioning (mandibular)		
<b>Prosthodontics: Fixed; the replacement of a fixed removable prosthetic appliance is covered only after a five-year period measured from the date on which the appliance</b>			
D6110	Implant supported removable denture for edentulous arch - <b>Maxillary</b>	\$0.00	Capitation
D6111	Implant supported removable denture for edentulous arch - <b>Mandibular</b>		
D6112	Implant supported removable denture for partially edentulous arch - <b>Maxillary</b>		
D6113	Implant supported removable denture for partially edentulous arch - <b>Mandibular</b>		
D6210	Pontic-cast high noble metal		
D6211	Pontic-cast predominantly base metal		
D6212	Pontic-cast noble metal		
D6214	Pontic-titanium		
D6240	Pontic- porcelain fused to high noble metal		
D6241	Pontic — Porcelain Fused to Predominantly Base <b>Metal</b>		
D6242	Pontic — Porcelain Fused to Noble Metal		
D6243	Pontic- porcelain fused to titanium		
D6245	Pontic- porcelain/ceramic		
D6250	Pontic- resin with high noble metal		
D6251	Pontic- resin with predominantly base metal		
D6252	Pontic- resin with noble metal		
D6545	Retainer- cast metal for resin bonded fixed prosthesis		
D6548	Retainer porcelain/ceramic for resin bonded fixed prosthesis		
D6549	Retainer - resin bonded fixed prosthesis		
D6602	Inlay- cast high noble metal- 2 surfaces		

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D6603	Inlay- cast high noble metal- 3 or more surfaces	\$0.00	Capitation
D6604	Inlay- cast predominantly base metal- 2 surfaces		
D6605	Inlay- cast predominantly base metal- 3 or more surfaces		
D6606	Inlay- cast noble metal- 2 surfaces		
D6607	Inlay- cast noble metal- 3 or more surfaces		
D6608	Onlay-porcelain/ceramic- 2 surfaces		
D6609	Onlay- porcelain/ceramic- 3 or more surfaces		
D6610	Onlay- cast high noble metal- 2 surfaces		
D6611	Onlay- cast high noble metal- 3 or more surfaces		
D6612	Onlay- cast predominantly base metal- 2 surfaces		
D6613	Onlay- cast predominantly base metal – 3 or more surfaces		
D6614	Onlay- cast noble metal- 2 surfaces		
D6615	Onlay- cast noble metal- 3 or more surfaces		
D6624	Inlay- titanium		
D6634	Onlay- titanium		
D6720	Crown- resin with high noble metal		
D6721	Crown- resin with predominantly base metal		
D6722	Crown- resin with noble metal		

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D6740	Crown- porcelain/ceramic	\$0.00	Capitation
D6750	Crown-porcelain fused to high noble metal		
D6751	Crown- porcelain fused to predominantly base metal		
D6752	Crown- porcelain fused to noble metal		
D6753	Retainer Crown- Porcelain fused to titatium		
D6780	Crown- ¾ cast high noble metal		
D6781	Crown- ¾ cast predominantly base metal		
D6782	Crown- ¾ cast noble metal		
D6783	Crown- ¾ porcelain/ceramic		
D6784	Retainer crown ¾- titatium		
D6790	Crown- full cast high noble metal		
D6791	Crown- full cast predominantly base metal		
D6792	Crown- full cast noble metal		
D6794	Crown- titanium		
D6930	Re-cement fixed partial denture		
D6980	Fixed partial denture repair necessitated by restorative material failure		
<b>Oral Surgery</b>			
D7111	Extraction- coronal remnants- deciduous tooth	\$0.00	Capitation
D7140	Extraction- erupted tooth or exposed root (elevation and/or forceps removal)		
D7210	Surgical removal of erupted tooth		
D7220	Removal of impacted tooth- soft		
D7230	Removal of impacted tooth- partially bony		
D7240	Removal of impacted tooth- complete bony		

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D7241	Removal of impacted tooth- complete bony with unusual <del>surgical complications</del>	\$0.00	Capitation
D7250	Surgical removal of residual tooth roots		
D7251	Coronectomy- Intentional partial tooth <del>removal</del>		
D7260	Oroantral Fistula Closure		
D7261	Primary closure of a sinus perforation		
D7270	Tooth re-implantation and/or stabilization of accidentally <del>evulsed for displaced tooth</del>		
D7272	Tooth transplantation		
D7280	Surgical access of an unerupted tooth		
D7291	Transeptal fiberotomy/supra crestal fiberotomy, <del>by report</del>		
D7296	Corticotomy - one to three teeth or tooth spac es, per quadrant		
D7297	Corticotomy – four or mor e teeth or tooth spa ces, per quadrant	This service is covered as a part of an orthodontic case when orthodontics are covered under a specific group. If orthodontics is not covered this service is not covered.	
D7310	Alveoplasty in conjunction with extraction- 4 or more teeth or tooth spaces, per quadrant	\$0.00	Capitation
D7311	Alveoplasty in conjunction with extraction- 1 to 3 teeth or tooth spaces, per quadrant		
D7320	Alveoplasty not in conjunction with extractions- 4 or more teeth or tooth spaces, per quadrant		
D7321	Alveoplasty not in conjunction with extractions- one to three teeth or tooth <del>spaces, per quadrant</del>		

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D7471	Removal of lateral exostosis (maxilla or mandible)	\$0.00	Capitation
D7472	Removal torus palatinus		
D7473	Removal torus mandibularis		
D7485	Surgical reduction of osseous tuberosity		
D7510	Incision and drainage of abscess- intraoral- soft tissue		
D7511	Incision and drainage- intraoral- soft tissue- complicated (includes drainage of multiple facial spaces)		
D7520	Incision and drainage of abscess- extraoral- soft tissue		
D7521	Incision and drainage of abscess- extraoral- soft tissue complicated (includes drainage of multiple facial spaces)		
D7530	Removal of foreign body from mucosa, skin or subcutaneous alveolar tissue		
D7550	Partial ostectomy/sequestrectomy for removal of nonvital one		
D7880	Occlusal orthotic appliance (only covered when not related to TMI)		
D7881	Occlusal orthotic appliance adjustment (only covered when not related to TMI)		
D7922	Placement of intra-socket biological dressing		Inclusive
D7960	Frenulectomy	\$0.00	Capitation
D7963	Frenuloplasty		
D7970	Excision of hyperplastic tissue- per arch		

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D7971	Excision of pericoronal gingiva	\$0.00	Capitation
D7972	Surgical reduction of fibrous tuberosity		
D7980	Sialolithotomy		
D7983	Closure of salivary fistula		
<b>Orthodontics</b>			
Orthodontic benefits are group specific- HDC orthodontics is based on a 24-month case.			
<b>Adjunctive General Services</b>			
D9110	Palliative (emergency) treatment of dental pain	\$0.00	Capitation
D9222	Deep sedation/general anesthesia – first 15 minutes		
D9223	Deep sedation/general anesthesia: 15-minute		
D9239	Intravenous moderate (conscious) sedation/anesthesia		
D9243	Intravenous conscious sedation/analgesia- 15-		
D9310	Consultation –diagnostic services provided by dentist		
D9311	Consultation with a medical health care professional	Inclusive	
D9991	Dental case management – addressing appointment compliance barriers		
D9992	Dental case management – care coordination		
D9943	Occlusal guard – hard appliance, full arch		
D9944	Occlusal guard – soft appliance, full arch	\$0.00	Capitation
D9945	Occlusal guard, by report		
D9951	Occlusal adjustment, limited		
D9952	Occlusal adjustment, complete		
D9986	Missed appointment	\$25.00	N/A
D9990	Certified translation or sign-language services per visit	Inclusive	
D9991	Dental case management – addressing appointment compliance barriers		
D9992	Dental case management – care coordination		
D9995	Teledentistry – synchronous; real-time encounter		
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review		

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