



Horizon
Dental

Horizon Blue Cross Blue Shield of New Jersey

Horizon Dental Choice - Plan H

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 (Limit 1 every 3 years)		
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		
D0277	Vertical bitewings- seven to eight radiographic images		

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D0330	Panoramic radiographic image <i>(Limit 1 every 3 years)</i>	\$0.00	Capitation
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		
D1525	Space maintainer- removable- bilateral		
D1551	Re-cement or re-bond bilateral space maintainer- maxillary	\$0.00	Capitation
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		
Restorative- Fillings, including polishing- Fillings are limited to 1 time per 6 months per tooth and surface.			
D2140	Amalgam- 1 surface , primary or permanent	\$12.00	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	\$12.00	Capitation
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		
Effective January 1, 2020 all posterior teeth are covered for composites			
D2391	Resin-based composite- 1 surface, posterior	\$12.00	Capitation
D2392	Resin-based composite- 2 surfaces, posterior		
D2393	Resin-based composite- 3 surfaces, posterior		
D2394	Resin-based composite- 4 or more surfaces, posterior		
Crowns – Limited to 1 per tooth every 5 years			
D2710	Crown- Resin-based composite (Indirect)	\$75.00	Capitation
D2720	Crown- Resin with high noble metal	\$230.00	
D2721	Crown- Resin with predominantly base metal		
D2722	Crown- Resin with noble metal		
D2740	Crown- Porcelain/ceramic substrate	\$220.00	
D2750	Crown- Porcelain fused to high noble metal	\$240.00	
D2751	Crown- Porcelain fused to predominantly based metal		
D2752	Crown- Porcelain fused to high noble metal		
D2753	Crown: Porcelain fuse to titatium		
D2780	Crown- ¾ cast high noble metal	\$230.00	
D2781	Crown- ¾ cast predominantly base metal		
D2782	Crown-3/4 cast noble metal		
D2783	Crown-3/4 porcelain/ceramic		

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D2790	Crown-Full cast high noble metal	\$240.00	Capitation
D2791	Crown- Full cast predominantly base metal		
D2792	Crown- Full cast noble metal		
D2794	Crown-titanium		
Other Restorative Services			
D2910	Re-cement inlay, onlay or partial coverage restoration	\$0.00	Capitation
D2915	Re-cement cast or prefabricated post and core		
D2920	Re-cement crown		
D2921	Reattachment of Tooth Fragment Incisal Edge or Cusp	\$12.00	
D2930	Prefabricated stainless steel crown- primary tooth	\$50.00	
D2931	Prefabricated stainless steel crown- permanent tooth		
D2932	Prefabricated resin crown	\$75.00	
D2933	Prefabricated stainless steel crown with resin window	\$50.00	
D2934	Prefabricated esthetic coated stainless steel crown- primary tooth		
D2940	Protective restoration	\$0.00	
D2980	Crown repair necessitated by restorative material failure	\$20.00	
D2981	Inlay repair necessitated by restorative material failure		
D2982	Onlay repair necessitated by restorative material failure		
Pulp Capping and Pulpotomy			
D3110	Pulp cap- direct (excluding final restoration)	\$12.00	Capitation
D3220	Therapeutic pulpotomy (excluding final restoration)	\$30.00	

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D3221	Pulpal debridement- primary and permanent teeth	\$0.00	Capitation
D3222	Partial pulpotomy for apexogenesis- permanent tooth with incomplete root	\$55.00	
Endodontic Services			
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$30.00	Capitation
D3240	Pulpal therapy (resorbable filling)- posterior, primary tooth (excluding final restoration)		
D3310	Anterior tooth (excluding final restoration)	\$125.00	
D3320	Bicuspid tooth (excluding final restoration)	\$150.00	
D3330*	Molar (excluding final restoration)	\$200.00	Remaining balance of specialty care dentists fee
D3346*	Retreatment of previous root canal therapy- anterior	\$125.00	
D3347*	Retreatment of previous root canal therapy- bicuspid	\$150.00	
D3348*	Retreatment of previous root canal therapy- molar	\$200.00	
D3351*	Apexification/Recalcification- Initial visit	\$0.00	100% of specialty care dentists fee
D3352*	Apexification/Recalcification- Interim medication replacement		
D3353*	Apexification/Recalcification-Final visit		
D3410*	Apicoectomy/Periradicular surgical- anterior	\$115.00	Remaining balance of specialty care dentists fee
D3421*	Apicoectomy/Periradicular surgical- bicuspid (first root)	\$100.00	
D3425*	Apicoectomy/Periradicular surgical- molar (first root)		
D3426*	Apicoectomy/Periradicular surgical- (each additional root)		
D3427*	Periadicular surgical without apicoectomy		
D3430*	Retrograde filling-per root	\$40.00	
D3450*	Root amputation- per root	\$70.00	
D3920*	Hemisection (including any root removal, not including root canal therapy)	\$80.00	

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
Periodontics			
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	\$90.00	Remaining balance of specialty care dentists fee
D4211*	Gingivectomy or Gingivoplasty- 1-3 contiguous teeth or tooth bounded	\$30.00 per tooth (if fewer than	
D4245*	Apically positioned flap	\$165.00	
D4249*	Clinical Crown Lengthening — Hard Tissue	\$40.00	
D4260*	Osseous surgery- 4 or more contiguous teeth	\$210.00	
D4261*	Osseous surgery- 1 to 3 contiguous teeth	\$100.00	
D4263*	Bone Replacement Graft	\$115.00	
D4270*	Pedicle soft tissue graft procedure		
D4276*	Combined connective tissue and double pedicle graft-per	\$0.00	100% of specialty care dentists fee
D4277*	Free soft tissue graft procedure – (including donor site	\$120.00	Remaining balance of specialty care dentists fee
D4278*	Free soft tissue graft procedure- (including donor site		
D4341*	Periodontal scaling and root planing- 4 or more teeth per quadrant	\$35.00	Capitation
D4342*	Periodontal scaling and root planning- 1 to 3 teeth per quadrant		
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	\$0.00	
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis		
D4910 *	Periodontal maintenance	\$30.00	

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
Prosthodontics-Removable 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.			
D5110	Complete denture- maxillary	\$250.00	Capitation
D5120	Complete denture-mandibular	\$270.00	
D5130	Immediate denture-maxillary	\$250.00	
D5140	Immediate denture-mandibular	\$270.00	
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	\$250.00	
D5222	Immediate Mandibular Partial Denture- Resin Based	\$270.00	
D5223	Immediate Maxillary Partial Denture- Cast Metal Based	\$250.00	
D5224	Immediate Mandibular Partial Denture- Cast Metal	\$270.00	
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	\$0.00	
D5410	Adjust complete denture-maxillary		
D5411	Adjust complete denture- mandibular		
D5421	Adjust partial denture- maxillary		
D5422	Adjust partial denture- mandibular		

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D5511	Repair broken complete denture base, mandibular	\$20.00	Capitation
D5512	Repair broken complete denture base, maxillary		
D5520	Replace missing or broken teeth- complete denture (each tooth)	\$30.00	
D5611	Repair resin denture base, mandibular	\$20.00	
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	\$30.00	
D5650	Add tooth to existing partial denture		
D5660	Add clasp to existing partial denture	\$20.00	
D5710	Rebase complete maxillary denture	\$55.00	
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	\$75.00	
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	\$0.00	
D5850	Tissue conditioning (maxillary)		
D5851	Tissue conditioning (mandibular)		
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			
D6110	Implant supported removable denture for edentulous arch -	\$240.00	Capitation
D6111	Implant supported removable denture for edentulous arch -		

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D6112	Implant supported removable denture for partially edentulous arch - Maxillary	\$240.00	Capitation
D6113	Implant supported removable denture for partially edentulous arch - Mandibular		
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 Metal		
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	\$240.00	
D6548	Retainer porcelain/ceramic for resin bonded fixed prosthesis		
D6549	Retainer - resin bonded fixed prosthesis		
D6602	Inlay- cast high noble metal- 2 surfaces		
D6603	Inlay- cast high noble metal- 3 or more surfaces		
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		

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D6608	Onlay-porcelain/ceramic- 2 surfaces	\$240.00	Capitation
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	\$230.00	
D6721	Crown- resin with predominantly base metal		
D6722	Crown- resin with noble metal		
D6740	Crown- porcelain/ceramic		
D6750	Crown-porcelain fused to high noble metal	\$240.00	
D6751	Crown- porcelain fused to predominantly base metal		
D6752	Crown- porcelain fused to noble metal		
D6753	Retainer Crown- Porcelain fused to titanium	\$240.00	
D6780	Crown- ¾ cast high noble metal	\$230.00	
D6781	Crown- ¾ cast predominantly base metal		
D6782	Crown- ¾ cast noble metal		
D6783	Crown- ¾ porcelain/ceramic	\$240.00	
D6784	Retainer crown ¾- titanium	\$230.00	
D6790	Crown- full cast high noble metal	\$250.00	
D6791	Crown- full cast predominantly base metal		
D6792	Crown- full cast noble metal	\$270.00	
D6794	Crown- titanium		

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D6930	Re-cement fixed partial denture	\$0.00	Capitation
D6980	Fixed partial denture repair necessitated by restorative material failure	\$20.00	
Oral Surgery			
D7111	Extraction- coronal remnants- deciduous tooth	\$0.00	Capitation
D7140	Extraction- erupted tooth or exposed root (elevation and/or forceps removal)	\$25.00	
D7210	Surgical removal of erupted tooth	\$30.00	
D7220	Removal of impacted tooth- soft	\$50.00	Remaining balance of specialty care dentists fee
D7230*	Removal of impacted tooth- partially bony	\$60.00	
D7240*	Removal of impacted tooth- complete bony	\$65.00	
D7241*	Removal of impacted tooth- complete bony with unusual surgical complications	\$65.00	
D7250*	Surgical removal of residual tooth roots	\$25.00	
D7251*	Coronectomy- Intentional partial tooth removal	\$25.00	
D7260	Oroantral Fistula Closure	\$65.00	
D7261*	Primary closure of a sinus perforation	\$65.00	
D7280*	Surgical access of an unerupted tooth	\$55.00	
D7285*	Biopsy of Oral Tissue — Hard (Bone, Tooth)	\$30.00	
D7286*	Biopsy of Oral Tissue — Soft	\$30.00	
D7291*	Transeptal fiberotomy/supra crestal fiberotomy, by report	\$30.00 per tooth if less than six	
D7296	Corticotomy - one to three teeth or tooth spaces, 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.	
D7297	Corticotomy – four or more Teeth or tooth spaces, per quad		
D7310*	Alveoplasty in conjunction with extraction- 4 or more teeth or tooth spaces, per quadrant	\$0.00	100% of specialty care dentists fee
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		

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D7321	Alveoplasty not in conjunction with extractions- 1 to 3 teeth or tooth spaces per quadrant	\$0.00	100% of specialty care dentists fee
D7472*	Removal torus palatinus		
D7473*	Removal torus mandibularis		
D7485*	Surgical reduction of osseous tuberosity		
D7510*	Incision and drainage of abscess- intraoral- soft tissue	\$15.00	Remaining balance of specialty care dentists fee
D7511*	Incision and drainage- intraoral- soft tissue- complicated (includes drainage of multiple facial spaces)		
D7520*	Incision and drainage of abscess- extraoral- soft tissue	\$20.00	
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	\$15.00	
D7550*	Partial ostectomy/sequestrectomy for removal of nonvital tooth	\$0.00	
D7922	Placement of intra-socket biological dressing	Inclusive	
D7960*	Frenulectomy	\$35.00	Remaining balance of specialty care dentists fee
D7963*	Frenuloplasty		
D7970*	Excision of hyperplastic tissue- per arch		
D7971*	Excision of pericoronal gingiva	\$0.00	100% of specialty care dentists fee
D7972*	Surgical reduction of fibrous tuberosity		
D7980*	Sialolithotomy		
D7983*	Closure of salivary fistula		

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
Orthodontics*			
Orthodontic benefits are group specific- HDC orthodontics is based on a 24-month case.			
Request for pre-treatment estimate is recommended.			
Adjunctive General Services			
D9110	Palliative (emergency) treatment of dental pain	\$0.00	Capitation
D9222*	Deep sedation/general anesthesia – first 15 minutes	\$15.00	Remaining balance of specialty care dentists fee
D9223*	Deep sedation/general anesthesia- 15-minute increments		
D9310	Consultation –diagnostic services provided by dentist	\$0.00	100% of specialty care dentists fee
D9311	Consultation with a medical health care professional	Inclusive	
D9990	Certified translation or sign-language services per visit		
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		
D9986	Missed appointment		

*Direct Referral Services

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