



Horizon Dental Choice --- Plan I

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. The Horizon Individual Plan discounted services are based on the assigned Primary Care Dentist (PCD). Discount is increased for each year the member remains with the same PCD. Orthodontic coverage is not included and does not receive a discount. This schedule is based on services performed by the member's assigned PCD.

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		
D0160	Detailed and extensive oral evaluation --- Problem		
D0170	Re---evaluation---limited, problem focused (established)		
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		
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		

Horizon Dental Choice --- Plan I

Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment		
D0273	Bitewings--- three radiographic images	\$0.00	Capitation		
D0274	Bitewings--- four radiographic images				
D0277	Vertical bitewings--- seven to eight radiographic images				
D0330	Panoramic radiographic image <i>(Limit 1 every 3 years)</i>				
D0340	Cephalometric radiographic image				
D0460	Pulp vitality tests	% based on years with PCD	Capitation		
D0470	Diagnostic casts	\$0.00	Capitation		
D1110	Prophylaxis--- adult				
D1120	Prophylaxis---child				
D1206	Topical application of fluoride varnish				
D1208	Topical application of fluoride varnish				
D1330	Oral hygiene instruction				
D1351	Sealant--- per tooth				
D1352	Preventive resin restoration				
D1353	Sealant repair				
D1510	Space maintainer---fixed---unilateral			% based on years with PCD	Capitation
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	Re-cement or re-bond bilateral space maintainer- mandibular				
D1553	Re-cement 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	\$0.00	Capitation		
D2150	Amalgam--- 2 surfaces, primary or permanent				

Horizon Dental Choice --- Plan I

Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D2160	Amalgam--- 3 surfaces, primary or permanent	\$0.00	Capitation
D2161	Amalgam--- 4 or more surfaces , primary or permanent		
D2330	Resin---based composite --- 1 surface, anterior		
D2331	Resin---based composite --- 2 surfaces, anterior		
D2332	Resin---based composite --- 3 surfaces, anterior		
D2335	Resin---based composite --- 4 or more surfaces or		
D2390	Resin---based composite crown, anterior		
Inlay,Onlay and Crowns – Limited to 1 per tooth every 5 years			
D2510	Inlay--- Metallic--- 1 surface	% based on years with PCD	Capitation
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		

Horizon Dental Choice --- Plan I

Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment	
D2662	Onlay--- Resin---based composite --- 2 surfaces	% based on years with PCD	Capitation	
D2663	Onlay--- Resin ---based composite --- 3 surfaces			
D2664	Onlay--- Resin ---based composite --- 4 or more			
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			
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			
D2930	Prefabricated stainless steel crown--- primary			\$0.00

Horizon Dental Choice --- Plan I

Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D2931	Prefabricated stainless steel crown --- permanent	\$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	% based on years with PCD	Capitation
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		
Pulp Capping and Pulpotomy			
D3110	Pulp cap--- direct (excluding final restoration)	\$0.00	Capitation
D3310	Anterior tooth (excluding final restoration)	% based on years with PCD	
D3320	Bicuspid tooth (excluding final restoration)	% based on years with PCD	
D3330	Molar (excluding final restoration)	% based on years with PCD	
D3346	Retreatment of previous root canal therapy--- anterior	% based on years with PCD	
D3347	Retreatment of previous root canal therapy --- bicuspid	% based on years with PCD	
D3348	Retreatment of previous root canal therapy -- molar	% based on years with PCD	
D3351	Apexification/Recalcification--- Initial visit	% based on years with PCD	
D3352	Apexification/Recalcification---Interim medication replacement	% based on years with PCD	

Horizon Dental Choice --- Plan I

Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D3353	Apexification/Recalcification--Final visit	% based on years with PCD	Capitation
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	Periadicular surgical without apicoectomy		
D3430	Retrograde filling---per root		
D4341	Periodontal scaling and root planing--- 4 or more teeth per quadrant		
D4342	Periodontal scaling and root planing---1to 3 teeth per quadrant		
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis		
D4910	Periodontal maintenance(Limit 1 every 6 months)		

Horizon Dental Choice --- Plan I

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	% based on years with PCD	Capitation
D5120	Complete denture---mandibular		
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		
D5421	Adjust partial denture --- maxillary		
D5422	Adjust partial denture --- mandibular		

Horizon Dental Choice --- Plan I

Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D5511	Repair broken complete denture base, mandibular	%	Capitation
D5512	Repair broken complete denture base, maxillary		
D5520	Replace missing or broken teeth--- complete		
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		
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		

Horizon Dental Choice --- Plan I

Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D5850	Tissue conditioning (maxillary)	% based on years with PCD	Capitation
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 was previously placed.			
D6210	Pontic---cast high noble metal	% based on years with PCD	Capitation
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- procelian fused to titatium		
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		
D6549	Retainer --- resin bonded fixed prosthesis		
D6602	Inlay--- cast high noble metal --- 2 surfaces		

Horizon Dental Choice --- Plan I

Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D6603	Inlay--- cast high noble metal--- 3 or more surfaces	% based on years with PCD	Capitation
D6604	Inlay--- cast predominantly base metal --- 2 surfaces		
D6605	Inlay--- cast predominantly base metal--- 3 or		
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		
D6614	Onlay--- cast noble metal --- 2 surfaces		
D6615	Onlay--- cast noble metal--- 3 or more surfaces		
D6720	Crown--- resin with high noble metal		
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		
D6751	Crown--- porcelain fused to predominantly base		
D6752	Crown--- porcelain fused to noble metal		
D6753	Retainer Crown- Porcelain fused to titatium		
D6780	Crown--- 3/4 cast high noble metal		
D6781	Crown--- 3/4 cast predominantly base metal		

Horizon Dental Choice --- Plan I

Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D6782	Crown--- 3/4 cast noble metal	% based on years with PCD	Capitation
D6783	Crown--- 3/4 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		
Oral Surgery			
D7111	Extraction--- coronal remnants--- deciduous tooth	\$0.00	Capitation
D7140	Extraction--- erupted tooth or exposed root		
D7510	Incision and drainage of abscess--- intraoral ---		
D7511	Incision and drainage--- intraoral--- softtissue --- complicated (includes drainage of		
D7520	Incision and drainage of abscess--- extraoral---		
D7521	Incision and drainage of abscess --- extraoral --- soft tissue complicated (includes drainage of		
D7922	Placement of intra-socket biological dressing		
Adjunctive General Services			
D9110	Palliative (emergency) treatment of dental	\$0.00	Capitation
D9941	Occlusal guard adjustment	% based on years with PCD	
D9944	Occlusal guard – soft appliance, full arch		
D9945	Occlusal guard – hard appliance, full arch		
D9986	Missed appointment	\$25.00	N/A
D9990	Certified translation or sign-language	Inclusive	

CDT® is a registered trademark of the American Dental Association