



Horizon Blue Cross Blue Shield of New Jersey

**Horizon Dental Choice--- Plan S**

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

Codes	Procedure Description	Plan S Active		Plan S Retiree Tier 1		Plan S Retiree Tier 2		Plan S Retiree Tier 3	
		Patient Charge	Horizon BCBSNJ	Patient Charge	Horizon BCBSNJ	Patient Charge	Horizon BCBSNJ	Patient Charge	Horizon BCBSNJ
Diagnostic and Preventive: Oral evaluations are limited to two in a calendar year. Emergency or limited oral evaluations are covered, limited to one evaluation per patient, per dentist, per calendar year. There are no copayments for diagnostic services.									
D0120	Periodic oral evaluation --- Established patient	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D0140	Limited oral evaluation --- Problem focused	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D0145	Oral evaluation for patient under 3 years of age	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D0150	Comprehensive oral evaluation--- New or established patient	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D0160	Detailed and extensive oral evaluation---Problem focused, by report	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
Diagnostic Imaging: Bitewing radiographic images are limited to two series of up to four images in a calendar year; set of full mouth images are limited to once per 36 month interval; no more than 18 images per set of mouth images.									
D0210	Intraoral--- complete series of radiographic images	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D0220	Intraoral--- periapical--- first radiographic image	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D0230	Intraoral---periapical--- each additional radiographic image	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D0240	Intraoral--- occlusal radiographic image	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D0250	Extraoral--- first radiographic image	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D0251	Extraoral Posterior Dental Image	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D0270	Bitewings --- Single Radiographic Image	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D0272	Bitewings --- Two Radiographic Images	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D0273	Bitewings--- three radiographic images	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D0274	Bitewings--- four radiographic images	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D0277	Vertical bitewings--- seven to eight radiographic images	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D0330	Panoramic radiographic image	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation

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		Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment
D0340	Cephalometric radiographic image	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D0391	Interpretation of Diagnostic Image by a Practitioner Not Associated with the Capture of the Image, Including Report	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D0415	Collection of Microorganisms for Culture and Sensitivity	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D0416	Viral Culture	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D0425	Caries Susceptibility Tests	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D0460	Pulp vitality tests	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D0470	Diagnostic casts	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D0600	Non-ionizing diagnostic procedure	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
<b>Dental Prophylaxis--- Limited to two in a calendar year</b>									
D1110	Prophylaxis--- adult	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D1120	Prophylaxis---child	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
<b>Topical Fluoride Treatment: Limited to two in a calendar year, and only eligible for dependent children under the age of 19 years.</b>									
D1206	Topical application of fluoride varnish	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D1208	Topical application of fluoride	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
<b>Other preventive services: Sealants are limited to once per lifetime for permanent molars of eligible dependent children under the age of 19 years.</b>									
D1330	Oral hygiene instruction	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D1351	Sealant--- per tooth	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D1352	Preventive resin restoration	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation

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		Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment
D1353	Sealant repair	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D1354	Interim Caries Arresting Medicament Application	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
<b>Space Maintainers</b>									
D1510	Space maintainer---fixed--- unilateral	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D1516	Space maintainer---fixed--- bilateral, maxillary	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D1517	Space maintainer---fixed--- bilateral, mandibular	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D1520	Space maintainer--- removable--- unilateral	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D1526	Space maintainer--- removable--- bilateral, maxillary	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D1527	Space maintainer--- removable--- bilateral, mandibular	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D1551	Re-cement or re-bond bilateral space maintainer- maxillary	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D1552	Recement or re-bond bilateral space maintainer-	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D1553	Recement or re-bond unilateral space maintainer- per quadrant	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D1556	Removal of fixed unilateral space maintainer, per quadrant	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D1557	Removal of fixed unilateral space maintainer,	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D1558	Removal of fixed unilateral space maintainer,	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
D1575	Distal shoe space maintainer – fixed – unilateral	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation	\$0.00	Capitation
<b>Restorative: Amalgam and Composite Restorations--- 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	Not Covered		\$15.00	Capitation	\$15.00	Capitation
D2150	Amalgam--- 2 surfaces, primary or permanent	\$0.00	Capitation	Not Covered		\$20.00	Capitation	\$20.00	Capitation
D2160	Amalgam--- 3 surfaces, primary or permanent	\$0.00	Capitation	Not Covered		\$25.00	Capitation	\$25.00	Capitation
D2161	Amalgam--- 4 or more surfaces, primary or permanent	\$0.00	Capitation	Not Covered		\$30.00	Capitation	\$30.00	Capitation

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		Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment
D2330	Resin based composite--- 1 surface, anterior	\$0.00	Capitation	Not Covered		\$25.00	Capitation	\$25.00	Capitation
D2331	Resin based composite--- 2 surfaces, anterior	\$0.00	Capitation	Not Covered		\$30.00	Capitation	\$30.00	Capitation
D2332	Resin based composite--- 3 surfaces, anterior	\$0.00	Capitation	Not Covered		\$35.00	Capitation	\$35.00	Capitation
D2335	Resin based composite--- 4 or more surfaces or involving incisal edge, anterior	\$0.00	Capitation	Not Covered		\$45.00	Capitation	\$45.00	Capitation
D2390	Resin---based composite crown, anterior	\$35.00	Capitation	Not Covered		\$55.00	Capitation	\$55.00	Capitation
D2391	Resin---based composite--- 1 surface, posterior	\$15.00	Capitation	Not Covered		\$25.00	Capitation	\$25.00	Capitation
D2392	Resin---based composite--- 2 surfaces, posterior	\$25.00	Capitation	Not Covered		\$40.00	Capitation	\$40.00	Capitation
D2393	Resin---based composite--- 3 surfaces, posterior	\$35.00	Capitation	Not Covered		\$55.00	Capitation	\$55.00	Capitation
D2394	Resin---based composite--- 4 or more surfaces, posterior	\$45.00	Capitation	Not Covered		\$70.00	Capitation	\$70.00	Capitation
<p><b>Inlay/Onlay/Crown Restorations: The replacement of a crown is covered only after a 5 year period measured from the date on which the crown was previously placed.</b></p> <p><b>Note: There is no copayment for Procedure D2710 when performed in conjunction with a permanent crown on the same tooth.</b></p>									
D2510	Inlay--- Metallic--- 1 surface	\$100.00	Capitation+ \$150.00	Not Covered		\$150.00	\$100.00	\$150.00	\$100.00
D2520	Inlay---Metallic---2surfaces	\$100.00	Capitation+ \$150.00	Not Covered		\$150.00	\$100.00	\$150.00	\$100.00
D2530	Inlay--- Metallic--- 3 or more surfaces	\$100.00	Capitation +\$150.00	Not Covered		\$150.00	\$100.00	\$150.00	\$100.00
D2542	Onlay--- Metallic--- 2 surfaces	\$100.00	Capitation+ \$150.00	Not Covered		\$150.00	\$100.00	\$150.00	\$100.00
D2543	Onlay--- Metallic--- 3 surfaces	\$100.00	Capitation+ \$150.00	Not Covered		\$150.00	\$100.00	\$150.00	\$100.00
D2544	Onlay--- Metallic--- 4 or more surfaces	\$100.00	Capitation+ \$150.00	Not Covered		\$150.00	\$100.00	\$150.00	\$100.00

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		Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment
D2610	Inlay--- Porcelain/Ceramic--- 1 surface	\$115.00	Capitation +\$135.00	Not Covered		\$175.00	\$75.00	\$175.00	\$75.00
D2620	Inlay--- Porcelain/Ceramic--- 2 surfaces	\$115.00	Capitation +\$135.00	Not Covered		\$175.00	\$75.00	\$175.00	\$75.00
D2630	Inlay--- Porcelain/Ceramic--- 3 or more surfaces	\$115.00	Capitation +\$135.00	Not Covered		\$175.00	\$75.00	\$175.00	\$75.00
D2642	Onlay--- Porcelain/Ceramic--- 2 surfaces	\$115.00	Capitation +\$135.00	Not Covered		\$175.00	\$75.00	\$175.00	\$75.00
D2643	Onlay--- Porcelain/Ceramic--- 3 surfaces	\$115.00	Capitation +\$135.00	Not Covered		\$175.00	\$75.00	\$175.00	\$75.00
D2644	Onlay--- Porcelain/Ceramic--- 4 or more surfaces	\$115.00	Capitation +\$135.00	Not Covered		\$175.00	\$75.00	\$175.00	\$75.00
D2650	Inlay--- Resin---based composite--- 1 surface	\$115.00	Capitation +\$135.00	Not Covered		\$160.00	\$90.00	\$160.00	\$90.00
D2651	Inlay--- Resin---based composite--- 2 surfaces	\$115.00	Capitation +\$135.00	Not Covered		\$160.00	\$90.00	\$160.00	\$90.00
D2662	Onlay--- Resin---based composite--- 2 surfaces	\$115.00	Capitation +\$135.00	Not Covered		\$160.00	\$90.00	\$160.00	\$90.00
D2663	Onlay--- Resin---based composite--- 3 surfaces	\$115.00	Capitation +\$135.00	Not Covered		\$160.00	\$90.00	\$160.00	\$90.00
D2664	Onlay--- Resin---based composite--- 4 or more surfaces	\$115.00	Capitation +\$135.00	Not Covered		\$160.00	\$90.00	\$160.00	\$90.00
D2710	Crown--- Resin---based composite (Indirect)	\$115.00	Capitation +\$25.00	Not Covered		\$175.00	Capitation	\$175.00	Capitation
D2720	Crown--- Resin with high noble metal	\$150.00	Capitation +\$85.00	Not Covered		\$235.00	Capitation	\$235.00	Capitation
D2721	Crown--- Resin with predominantly base metal	\$150.00	Capitation +\$85.00	Not Covered		\$225.00	\$10.00	\$225.00	\$10.00
D2722	Crown--- Resin with noble metal	\$150.00	Capitation +\$85.00	Not Covered		\$225.00	\$10.00	\$225.00	\$10.00

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		Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment
D2740	Crown--- Porcelain/ceramic substrate	\$200.00	Capitation +\$85.00	Not Covered		\$295.00	Capitation	\$295.00	Capitation
D2750	Crown — Porcelain Fused to Noble Metal	\$225.00	Capitation +\$85.00	Not Covered		\$340.00	Capitation	\$340.00	Capitation
D2751	Crown — Porcelain Fused to Predominantly Base Metal	\$200.00	Capitation +\$85.00	Not Covered		\$295.00	Capitation	\$295.00	Capitation
D2752	Crown — Porcelain Fused to Noble Metal	\$200.00	Capitation +\$85.00	Not Covered		\$295.00	Capitation	\$295.00	Capitation
D2753	Crown: Porcelain fuse to titanium	\$200.00	Capitation +\$85.00	Not Covered		\$295.00	Capitation	\$295.00	Capitation
D2780	Crown — 3/4 Cast High Noble Metal	\$225.00	Capitation +\$85.00	Not Covered		\$340.00	Capitation	\$340.00	Capitation
D2781	Crown — 3/4 Cast Predominantly Base Metal	\$200.00	Capitation +\$85.00	Not Covered		\$295.00	Capitation	\$295.00	Capitation
D2790	Crown — Full Cast High Noble Metal	\$225.00	Capitation +\$85.00	Not Covered		\$340.00	Capitation	\$340.00	Capitation
D2791	Crown — Full Cast Predominantly Base Metal	\$200.00	Capitation +\$85.00	Not Covered		\$295.00	Capitation	\$295.00	Capitation
D2792	Crown--- Full cast noble metal	\$200.00	Capitation +\$85.00	Not Covered		\$295.00	Capitation	\$295.00	Capitation
D2794	Crown---Titanium	\$225.00	Capitation +\$85.00	Not Covered		\$340.00	Capitation	\$340.00	Capitation
D2910	Recement inlay, onlay or partial coverage restoration	\$0.00	Capitation	Not Covered		\$15.00	Capitation	\$15.00	Capitation
D2915	Recement cast or prefabricated post and core	\$0.00	Capitation	Not Covered		\$15.00	Capitation	\$15.00	Capitation
D2920	Recement crown	\$0.00	Capitation	Not Covered		\$15.00	Capitation	\$15.00	Capitation
D2921	Reattachment of Tooth Fragment Incisal Edge or Cusp	\$0.00	Capitation	Not Covered		\$0.00	Capitation	\$0.00	Capitation
D2929	Prefabricated Porcelain/Ceramic Crown — Primary Tooth	\$49.00	Capitation	Not Covered		\$69.00	Capitation	\$69.00	Capitation

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		Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment
D2930	Pre---fabricated stainless steel crown---primary tooth	\$35.00	Capitation	Not Covered		\$55.00	Capitation	\$55.00	Capitation
D2931	Prefabricated Stainless Steel Crown --- Permanent Tooth	\$35.00	Capitation	Not Covered		\$55.00	Capitation	\$55.00	Capitation
D2932	Prefabricated Resin Crown	\$35.00	Capitation	Not Covered		\$55.00	Capitation	\$55.00	Capitation
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$35.00	Capitation	Not Covered		\$55.00	Capitation	\$55.00	Capitation
D2934	Prefabricated Esthetic Coated Stainless Steel Crown --- Primary Tooth	\$35.00	Capitation	Not Covered		\$55.00	Capitation	\$55.00	Capitation
D2940	Protective restoration	\$0.00	Capitation	Not Covered		\$20.00	Capitation	\$20.00	Capitation
D2941	Interim Therapeutic Restoration --- primary Dentition	\$0.00	Capitation	Not Covered		\$0.00	Capitation	\$0.00	Capitation
D2950	Core buildup, including any pins when required	\$0.00	Capitation	Not Covered		\$45.00	Capitation	\$45.00	Capitation
D2951	Pin retention--- per tooth in addition to restoration	\$0.00	Capitation	Not Covered		\$15.00	Capitation	\$15.00	Capitation
D2952	Cast post and core in addition to crown--- indirectly fabricated	\$40.00	Capitation +\$50.00	Not Covered		\$60.00	Capitation +\$30.00	\$60.00	Capitation+ \$30.00
D2954	Prefabricated post and core in addition to crown	\$40.00	Capitation +\$50.00	Not Covered		\$60.00	Capitation +\$30.00	\$60.00	Capitation+ \$30.00
D2955	Post Removal	\$0.00	Capitation	Not Covered		\$45.00	Capitation	\$45.00	Capitation
D2971	Additional Procedures to Construct New Crown Under Existing Partial Denture Framework	\$0.00	Capitation	Not Covered		\$20.00	Capitation	\$20.00	Capitation
D2980	Crown repair necessitated by restorative material failure	\$0.00	Capitation	Not Covered		\$15.00	Capitation	\$15.00	Capitation
D2981	Inlay repair necessitated by restorative material failure	\$0.00	Capitation	Not Covered		\$15.00	Capitation	\$15.00	Capitation

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		Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment
D2982	Onlay repair necessitated by restorative material failure	\$0.00	Capitation	Not Covered		\$15.00	Capitation	\$15.00	Capitation
D2983	Veneer Repair Necessitated by Restorative Material Failure	\$0.00	Capitation	Not Covered		\$15.00	Capitation	\$15.00	Capitation
D2990	Resin Infiltration of Incipient Smooth Surface Lesions	\$0.00	Capitation	Not Covered		\$15.00	Capitation	\$15.00	Capitation
<b>Pulp Capping and Pulpotomy</b>									
D3110	Pulp cap--- direct (excluding final restoration)	\$0.00	Capitation	Not Covered		Not Covered		\$15.00	Capitation
D3120	Pulp cap---Indirect	\$0.00	Capitation	Not Covered		Not Covered		\$15.00	Capitation
D3220	Therapeutic pulpotomy (excluding final restoration)	\$25.00	Capitation	Not Covered		Not Covered		\$35.00	Capitation
D3222	Partial pulpotomy for apexogenesis--- permanent tooth with incomplete root development	\$25.00	Capitation	Not Covered		Not Covered		\$35.00	Capitation
<b>Endodontic Services</b>									
D3230	Pulpal therapy (resorbable filling) -- anterior, primary tooth (excluding final restoration)	\$20.00	Capitation	Not Covered		Not Covered		\$35.00	Capitation
D3240	Pulpal therapy (resorbable filling)--- posterior, primary tooth (excluding final restoration)	\$20.00	Capitation	Not Covered		Not Covered		\$35.00	Capitation
D3310	Anterior tooth (excluding final restoration)	\$100.00	Capitation	Not Covered		Not Covered		\$150.00	Capitation
D3320	Bicuspid tooth (excluding final restoration)	\$125.00	Capitation	Not Covered		Not Covered		\$190.00	Capitation
D3330*	Molar (excluding final restoration)	\$150.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$225.00	Remaining balance of specialty care dentists fee



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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment
D3346*	Retreatment of previous root canal therapy---anterior	\$100.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$190.00	Remaining balance of specialty care dentists fee
D3347*	Retreatment of previous root canal therapy---bicuspid	\$125.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$225.00	Remaining balance of specialty care dentists fee
D3348*	Retreatment of previous root canal therapy---molar	\$150.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$265.00	Remaining balance of specialty care dentists fee
<b>Apexification/Recalcification</b>									
D3351*	Apexification/Recalcification---Initial visit	\$35.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$55.00	Remaining balance of specialty care dentists fee
D3352*	Apexification/Recalcification---Interim medication replacement	\$35.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$55.00	Remaining balance of specialty care dentists fee
D3353*	Apexification/Recalcification---Final visit	\$35.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$55.00	Remaining balance of specialty care dentists fee
<b>Apicoectomy/Periapical Services</b>									
D3410*	Apicoectomy/Periradicular surgical---anterior	\$90.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$135.00	Remaining balance of specialty care dentists fee
D3421*	Apicoectomy/Periradicular surgical---bicuspid (first root)	\$90.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$135.00	Remaining balance of specialty care dentists fee
D3425*	Apicoectomy/Periradicular surgical---molar (first root)	\$90.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$135.00	Remaining balance of specialty care dentists fee

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D3426*	Apicoectomy/Periradicular surgical--- (each additional root)	\$40.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$60.00	Remaining balance of specialty care dentists fee
D3427*	Periapical surgical without apicoectomy	\$90.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$135.00	Remaining balance of specialty care dentists fee
D3430*	Retrograde filling---per root	\$20.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$35.00	Remaining balance of specialty care dentists fee
D3450*	Root amputation--- per root	\$40.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$60.00	Remaining balance of specialty care dentists fee
<b>Other Endodontic Procedures</b>									
D3910	Surgical Procedure for Isolation of Tooth with Rubber Dam	\$0.00	Capitation	Not Covered		Not Covered		\$15.00	Capitation
D3920	Hemisection (Including any Root Removal), Not Including Root Canal Therapy	\$60.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$80.00	Remaining balance of specialty care dentists fee
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	\$85.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$135.00	Remaining balance of specialty care dentists fee
D4211*	Gingivectomy or Gingivoplasty--- 1---3 contiguous teeth or tooth bounded spaces per quadrant	\$30.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$90.00	Remaining balance of specialty care dentists fee
D4212	Gingivectomy or Gingivoplasty to Allow Access for Restorative Procedure, Per Tooth	\$12.00	Capitation	Not Covered		Not Covered		\$12.00	Capitation

## Horizon Dental Choice--- Plan S

Codes	Procedure Description	Plan S Active		Plan S Retiree Tier 1		Plan S Retiree Tier 2		Plan S Retiree Tier 3	
		Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment
D4240*	Gingival flap procedure, including root planing--- 4 or more contiguous teeth or bounded teeth spaces per quadrant	\$90.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$160.00	Remaining balance of specialty care dentists fee
D4241*	Gingival flap procedure, including root planing--- 1 to 3 contiguous teeth or bounded teeth spaces per quadrant	\$60.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$90.00	Remaining balance of specialty care dentists fee
D4245*	Apically positioned flap	\$90.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$130.00	Remaining balance of specialty care dentists fee
D4249*	Clinical crown lengthening--- hard tissue	\$90.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$160.00	Remaining balance of specialty care dentists fee
D4260*	Osseous surgery--- 4 or more contiguousteeth	\$175.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$265.00	Remaining balance of specialty care dentists fee
D4261*	Osseous surgery--- 1 to 3 contiguousteeth	\$100.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$150.00	Remaining balance of specialty care dentists fee
D4263*	Bone Replacement Graft — First Site in Quadrant	\$100.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$135.00	Remaining balance of specialty care dentists fee
D4264*	Bone Replacement Graft — Each Addition Site in Quadrant	\$50.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$75.00	Remaining balance of specialty care dentists fee
D4266*	Guided tissue regeneration--- resorbable barrier per site	\$90.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$120.00	Remaining balance of specialty care dentists fee
D4267*	Guided tissue regeneration--- non---resorbable barrier per site	\$90.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$135.00	Remaining balance of specialty care dentists fee
D4270*	Pedicle soft tissue great procedure	\$175.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$235.00	Remaining balance of specialty care dentists fee

## Horizon Dental Choice--- Plan S

Codes	Procedure Description	Plan S Active		Plan S Retiree Tier 1		Plan S Retiree Tier 2		Plan S Retiree Tier 3	
		Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment
D4273	Subepithelial Connective Tissue Graft Procedure, per Tooth	\$175.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$250.00	Remaining balance of specialty care dentists fee
D4274	Distal or Proximal Wedge Procedure (When Not Performed in Conjunction with Surgical Procedures in the Same Anatomical Area)	\$40.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$100.00	Remaining balance of specialty care dentists fee
D4275*	Soft tissue allograft	\$175.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$235.00	Remaining balance of specialty care dentists fee
D4276*	Combined connective tissue and double pedicle graft---per tooth	\$175.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$235.00	Remaining balance of specialty care dentists fee
D4277*	Free soft tissue graft procedure – (including donor site surgery)	\$70.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$70.00	Remaining balance of specialty care dentists fee
D4278*	Free soft tissue graft procedure---(including donor site surgery)	\$35.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$35.00	Remaining balance of specialty care dentists fee
D4283*	Autogenous Connective Tissue Graft Procedure	\$96.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$138.00	Remaining balance of specialty care dentists fee
D4285*	NonAutogenous Connective Tissue Graft Procedure	\$96.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$129.00	Remaining balance of specialty care dentists fee
D4320	Provisional Splinting — Intracoronal	\$0.00	Capitation	Not Covered		Not Covered		\$25.00	Capitation
D4321	Provisional Splinting — Intracoronal	\$0.00	Capitation	Not Covered		Not Covered		\$25.00	Capitation
D4341*	Periodontal scaling and root planing--- 4 or more teeth per quadrant	\$55.00	Capitation	Not Covered		Not Covered		\$70.00	Capitation

## Horizon Dental Choice--- Plan S

Horizon Dental Choice--- Plan S									
Codes	Procedure Description	Plan S Active		Plan S Retiree Tier 1		Plan S Retiree Tier 2		Plan S Retiree Tier 3	
		Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment
D4342*	Periodontal scaling and root planing--- 1 to 3 teeth per quadrant	\$40.00	Capitation	Not Covered		Not Covered		\$40.00	Capitation
D4346	Scaling in presence of generalized moderate or severe gingival inflammation	\$28.00	Capitation	Not Covered		Not Covered		\$20.00	Capitation
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$55.00	Capitation	Not Covered		Not Covered		\$40.00	Capitation
D4910*	Periodontal maintenance(Limit 1 every 6 months)	\$30.00	Capitation	Not Covered		Not Covered		\$40.00	Capitation
D4920	Unscheduled Dressing Change (By Someone Other than Treating Dentist or Their Staff)	\$0.00	Capitation	Not Covered		Not Covered		\$15.00	Capitation
<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	\$250.00	Capitation+ \$100.00	Not Covered		Not Covered		\$340.00	Capitation +\$10.00
D5120	Complete denture--- mandibular	\$250.00	Capitation+ \$100.00	Not Covered		Not Covered		\$340.00	Capitation+ \$10.00
D5130	Immediate denture--- maxillary	\$275.00	Capitation+ \$100.00	Not Covered		Not Covered		\$370.00	Capitation+ \$5.00
D5140	Immediate denture--- mandibular	\$275.00	Capitation+ \$100.00	Not Covered		Not Covered		\$370.00	Capitation+ \$5.00
D5211	Maxillary partial denture--- resin base (including any conventional clasps, rests and teeth)	\$250.00	Capitation+ \$100.00	Not Covered		Not Covered		\$370.00	Capitation
D5212	Mandibular partial denture--- resin base (including any conventional clasps, rests and teeth)	\$250.00	Capitation+ \$100.00	Not Covered		Not Covered		\$370.00	Capitation
D5213	Maxillary partial denture--- cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$275.00	Capitation+ \$100.00	Not Covered		Not Covered		\$405.00	Capitation

## Horizon Dental Choice--- Plan S

Horizon Dental Choice--- Plan S									
Codes	Procedure Description	Plan S Active		Plan S Retiree Tier 1		Plan S Retiree Tier 2		Plan S Retiree Tier 3	
		Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment
D5214	Mandibular partial denture--- cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$275.00	Capitation +\$100.00	Not Covered		Not Covered		\$405.00	Capitation
D5221	Immediate Maxillary Partial Denture--- Resin Based	\$288.00	Capitation+\$87.00	Not Covered		Not Covered		\$426.00	Capitation
D5222	Immediate Mandibular Partial Denture--- Resin Based	\$288.00	Capitation+\$87.00	Not Covered		Not Covered		\$426.00	Capitation
D5223	Immediate Maxillary Partial Denture--- Cast Metal Based	\$316.00	Capitation+\$59.00	Not Covered		Not Covered		\$466.00	Capitation
D5224	Immediate Mandibular Partial Denture--- Cast Metal	\$316.00	Capitation+\$59.00	Not Covered		Not Covered		\$466.00	Capitation
D5225	Maxillary partial denture--- flexible base (including any conventional clasps, rests and teeth)	\$300.00	Capitation+\$100.00	Not Covered		Not Covered		\$445.00	Capitation
D5226	Mandibular partial denture--- flexible base (including any conventional clasps, rests and teeth)	\$300.00	Capitation+\$100.00	Not Covered		Not Covered		\$445.00	Capitation
D5282	Removable unilateral partial denture--- one piece cast metal (including clasps and teeth), maxillary	\$125.00	Capitation+\$100.00	Not Covered		Not Covered		\$205.00	Capitation+\$20.00
D5283	Removable unilateral partial denture--- one piece cast metal (including clasps and teeth), mandibular	\$125.00	Capitation+\$100.00	Not Covered		Not Covered		\$205.00	Capitation+\$20.00
<b>Denture Adjustments and Repairs</b>									
D5410	Adjust complete denture--- maxillary	\$0.00	Capitation	Not Covered		Not Covered		\$15.00	Capitation
D5411	Adjust complete denture--- mandibular	\$0.00	Capitation	Not Covered		Not Covered		\$15.00	Capitation
D5421	Adjust Partial Denture --- Maxillary	\$0.00	Capitation	Not Covered		Not Covered		\$15.00	Capitation
D5422	Adjust partial denture--- mandibular	\$0.00	Capitation	Not Covered		Not Covered		\$15.00	Capitation
D5511	Repair broken complete denture base, mandibular	\$35.00	Capitation +\$26.00	Not Covered		Not Covered		\$55.00	Capitation+\$6.00
D5512	Repair broken complete denture base, maxillary	\$35.00	Capitation +\$26.00	Not Covered		Not Covered		\$55.00	Capitation+\$6.00

## Horizon Dental Choice--- Plan S

Codes	Procedure Description	Plan S Active		Plan S Retiree Tier 1		Plan S Retiree Tier 2		Plan S Retiree Tier 3	
		Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment
D5520	Replace missing or broken teeth--- complete denture (each tooth)	\$35.00	Capitation+ \$26.00	Not Covered		Not Covered		\$55.00	Capitation+ \$6.00
D5611	Repair resin denture base, mandibular	\$35.00	Capitation+ \$26.00	Not Covered		Not Covered		\$55.00	Capitation+ \$6.00
D5612	Repair resin denture base, maxillary	\$35.00	Capitation+ \$26.00	Not Covered		Not Covered		\$55.00	Capitation+ \$6.00
D5621	Repair cast framework, mandibular	\$35.00	Capitation+ \$26.00	Not Covered		Not Covered		\$55.00	Capitation+ \$6.00
D5622	Repair cast framework, maxillary	\$35.00	Capitation+ \$26.00	Not Covered		Not Covered		\$55.00	Capitation+ \$6.00
D5630	Repair or replace broken clasp	\$35.00	Capitation+ \$26.00	Not Covered		Not Covered		\$55.00	Capitation+ \$6.00
D5640	Replace broken teeth--- per tooth	\$35.00	Capitation+ \$26.00	Not Covered		Not Covered		\$55.00	Capitation+ \$6.00
D5650	Add tooth to existing partial denture	\$35.00	Capitation+ \$26.00	Not Covered		Not Covered		\$55.00	Capitation+ \$6.00
D5660	Add clasp to existing partial denture	\$35.00	Capitation+ \$26.00	Not Covered		Not Covered		\$55.00	Capitation+ \$6.00
D5710	Rebase complete maxillary denture	\$85.00	Capitation+ \$50.00	Not Covered		Not Covered		\$130.00	Capitation+ \$5.00
D5711	Rebase Complete Mandibular Denture	\$85.00	Capitation+ \$50.00	Not Covered		Not Covered		\$130.00	Capitation+ \$5.00
D5720	Rebase Maxillary Partial Denture	\$85.00	Capitation+ \$50.00	Not Covered		Not Covered		\$130.00	Capitation+ \$5.00
D5721	Rebase Mandibular Partial Denture	\$85.00	Capitation+ \$50.00	Not Covered		Not Covered		\$130.00	Capitation+ \$5.00
D5730	Reline complete maxillary denture---chairside	\$40.00	Capitation+ \$50.00	Not Covered		Not Covered		\$60.00	Capitation+ \$30.00
D5731	Reline complete mandibular denture---chairside	\$40.00	Capitation+ \$50.00	Not Covered		Not Covered		\$60.00	Capitation+ \$30.00
D5740	Reline complete maxillary partial denture---chairside	\$40.00	Capitation+ \$50.00	Not Covered		Not Covered		\$60.00	Capitation+ \$30.00
D5741	Reline complete mandibular partial denture---chairside	\$40.00	Capitation+ \$50.00	Not Covered		Not Covered		\$60.00	Capitation+ \$30.00
D5750	Reline complete maxillary denture---laboratory	\$40.00	Capitation+ \$50.00	Not Covered		Not Covered		\$60.00	Capitation+ \$30.00

## Horizon Dental Choice--- Plan S

Horizon Dental Choice--- Plan S									
		Plan S Active		Plan S Retiree Tier 1		Plan S Retiree Tier 2		Plan S Retiree Tier 3	
Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment
D5751	Reline complete mandibular partial denture---laboratory	\$40.00	Capitation+ \$50.00	Not Covered		Not Covered		\$60.00	Capitation+ \$30.00
D5760	Reline complete maxillary partial denture--laboratory	\$40.00	Capitation+ \$50.00	Not Covered		Not Covered		\$60.00	Capitation+ \$30.00
D5761	Reline complete mandibular partial denture---laboratory	\$40.00	Capitation+ \$50.00	Not Covered		Not Covered		\$60.00	Capitation+ \$30.00
<b>Interim and Removable Prosthesis</b>									
D5810	Interim Complete Denture (Maxillary)	\$40.00	Capitation	Not Covered		Not Covered		\$75.00	Capitation
D5811	Interim Complete Denture (Mandibular)	\$40.00	Capitation	Not Covered		Not Covered		\$75.00	Capitation
D5820	Interim Partial Denture (Maxillary)	\$40.00	Capitation	Not Covered		Not Covered		\$60.00	Capitation
D5821	Interim Partial Denture (Mandibular)	\$40.00	Capitation	Not Covered		Not Covered		\$60.00	Capitation
D5850	Tissue Conditioning (Maxillary)	\$40.00	Capitation	Not Covered		Not Covered		\$55.00	Capitation
D5851	Tissue Conditioning (Mandibular)	\$40.00	Capitation	Not Covered		Not Covered		\$55.00	Capitation
<b>Fixed Partial Denture Pontics</b>									
D6210	Pontic — Cast High Noble Metal	\$225.00	Capitation + \$110.00	Not Covered		Not Covered		\$340.00	Capitation
D6211	Pontic — Cast Predominantly Base Metal	\$200.00	Capitation + \$110.00	Not Covered		Not Covered		\$295.00	Capitation+ \$15.00
D6212	Pontic — Cast Noble Metal	\$200.00	Capitation + \$110.00	Not Covered		Not Covered		\$295.00	Capitation+ \$15.00
D6214	Pontic — Titanium	\$225.00	Capitation + \$110.00	Not Covered		Not Covered		\$340.00	Capitation
D6240	Pontic---porcelain fused to high noble metal	\$225.00	Capitation + \$110.00	Not Covered		Not Covered		\$340.00	Capitation
D6241	Pontic — Porcelain Fused to Predominantly Base Metal	\$200.00	Capitation + \$110.00	Not Covered		Not Covered		\$295.00	Capitation + \$15.00
D6242	Pontic — Porcelain Fused to Noble Metal	\$200.00	Capitation + \$110.00	Not Covered		Not Covered		\$295.00	Capitation + \$15.00
D6243	Pontic- procelian fused to titatium	\$200.00	Capitation + \$110.00	Not Covered		Not Covered		\$295.00	Capitation + \$15.00
D6245	Pontic--- porcelain/ceramic	\$200.00	Capitation + \$110.00	Not Covered		Not Covered		\$295.00	Capitation + \$15.00
D6250	Pontic--- resin with high noble metal	\$150.00	Capitation + \$110.00	Not Covered		Not Covered		\$225.00	Capitation+ \$35.00
D6251	Pontic — resin with predominantly base metal	\$150.00	Capitation + \$110.00	Not Covered		Not Covered		\$225.00	Capitation+ \$35.00
D6252	Pontic--- resin with noble metal	\$150.00	Capitation + \$110.00	Not Covered		Not Covered		\$225.00	Capitation+ \$35.00



## Horizon Dental Choice--- Plan S

Horizon Dental Choice--- Plan S									
Codes	Procedure Description	Plan S Active		Plan S Retiree Tier 1		Plan S Retiree Tier 2		Plan S Retiree Tier 3	
		Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment
Fixed Partial Denture Retainers — Inlays/Onlays/Crown									
D6545	Retainer--- cast metal for resin bonded fixed prosthesis	\$100.00	Capitation	Not Covered		Not Covered		\$150.00	Capitation
D6549	Retainer--- resin bonded fixed prosthesis	\$75.00	Capitation	Not Covered		Not Covered		\$75.00	Capitation
D6602	Inlay--- cast high noble metal--- 2 surfaces	\$175.00	Capitation + \$110.00	Not Covered		Not Covered		\$265.00	Capitation + \$35.00
D6603	Inlay--- cast high noble metal--- 3 or more surfaces	\$175.00	Capitation + \$110.00	Not Covered		Not Covered		\$265.00	Capitation + \$20.00
D6604	Inlay--- cast predominantly base metal--- 2 surfaces	\$100.00	Capitation + \$110.00	Not Covered		Not Covered		\$160.00	Capitation + \$50.00
D6605	Inlay--- cast predominantly base metal--- 3 or more surfaces	\$100.00	Capitation + \$110.00	Not Covered		Not Covered		\$160.00	Capitation + \$50.00
D6606	Inlay--- cast noble metal--- 2 surfaces	\$155.00	Capitation + \$110.00	Not Covered		Not Covered		\$230.00	Capitation + \$35.00
D6607	Inlay--- cast noble metal--- 3 or more surfaces	\$155.00	Capitation + \$110.00	Not Covered		Not Covered		\$230.00	Capitation + \$35.00
D6610	Onlay--- cast high noble metal--- 2 surfaces	\$185.00	Capitation + \$110.00	Not Covered		Not Covered		\$275.00	Capitation + \$35.00
D6611	Onlay--- cast high noble metal--- 3 or more surfaces	\$185.00	Capitation + \$110.00	Not Covered		Not Covered		\$275.00	Capitation + \$35.00
D6612	Onlay--- cast predominantly base metal--- 2 surfaces	\$100.00	Capitation + \$110.00	Not Covered		Not Covered		\$160.00	Capitation + \$50.00
D6613	Onlay--- cast predominantly base metal --- 3 or more surfaces	\$100.00	Capitation + \$110.00	Not Covered		Not Covered		\$160.00	Capitation + \$50.00
D6614	Onlay--- cast noble metal--- 2 surfaces	\$175.00	Capitation + \$110.00	Not Covered		Not Covered		\$265.00	Capitation + \$20.00

## Horizon Dental Choice--- Plan S

Codes	Procedure Description	Plan S Active		Plan S Retiree Tier 1		Plan S Retiree Tier 2		Plan S Retiree Tier 3	
		Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment
D6615	Onlay--- cast noble metal--- 3 or more surfaces	\$175.00	Capitation + \$110.00	Not Covered		Not Covered		\$265.00	Capitation + \$20.00
D6624	Inlay--- titanium	\$175.00	Capitation + \$110.00	Not Covered		Not Covered		\$265.00	Capitation + \$20.00
D6634	Onlay--- titanium	\$185.00	Capitation + \$110.00	Not Covered		Not Covered		\$275.00	Capitation + \$20.00
D6720	Crown--- resin with high noble metal	\$150.00	Capitation + \$110.00	Not Covered		Not Covered		\$225.00	Capitation + \$35.00
D6721	Crown--- resin with predominantly base metal	\$150.00	Capitation + \$110.00	Not Covered		Not Covered		\$225.00	Capitation + \$35.00
D6722	Crown--- resin with noble metal	\$150.00	Capitation + \$110.00	Not Covered		Not Covered		\$225.00	Capitation + \$35.00
D6740	Crown--- porcelain/ceramic	\$200.00	Capitation + \$110.00	Not Covered		Not Covered		\$295.00	Capitation + \$15.00
D6750	Crown---porcelain fused to high noble metal	\$225.00	Capitation + \$110.00	Not Covered		Not Covered		\$340.00	Capitation
D6751	Crown--- porcelain fused to predominantly base metal	\$200.00	Capitation + \$110.00	Not Covered		Not Covered		\$295.00	Capitation + \$15.00
D6752	Crown--- porcelain fused to noble metal	\$200.00	Capitation + \$110.00	Not Covered		Not Covered		\$295.00	Capitation + 15.00
D6753	Retainer Crown- Porcelain fused to titanium	\$225.00	Capitation + \$110.00	Not Covered		Not Covered		\$340.00	Capitation
D6780	Crown--- ¾ cast high noble metal	\$225.00	Capitation + \$110.00	Not Covered		Not Covered		\$340.00	Capitation
D6781	Crown--- ¾ cast predominantly base metal	\$225.00	Capitation + \$110.00	Not Covered		Not Covered		\$295.00	Capitation + \$15.00
D6782	Crown--- ¾ cast noble metal	\$200.00	Capitation + \$110.00	Not Covered		Not Covered		\$295.00	Capitation + \$15.00
D6783	Crown--- ¾ porcelain/ceramic	\$200.00	Capitation + \$110.00	Not Covered		Not Covered		\$295.00	Capitation + \$15.00
D6784	Retainer crown ¾-titanium								
D6790	Crown--- full cast high noble metal	\$200.00	Capitation + \$110.00	Not Covered		Not Covered		\$340.00	Capitation
D6791	Crown--- full cast predominantly base metal	\$225.00	Capitation + \$110.00	Not Covered		Not Covered		\$295.00	Capitation + \$15.00
D6792	Crown--- full cast noble metal	\$200.00	Capitation + \$110.00	Not Covered		Not Covered		\$295.00	Capitation + \$15.00
D6794	Crown--- titanium	\$200.00	Capitation + \$110.00	Not Covered		Not Covered		\$340.00	Capitation
D6930	Re---cement fixed partial denture	\$15.00	Capitation	Not Covered		Not Covered		\$25.00	Capitation

## Horizon Dental Choice--- Plan S

Horizon Dental Choice--- Plan S									
		Plan S Active		Plan S Retiree Tier 1		Plan S Retiree Tier 2		Plan S Retiree Tier 3	
Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment
D6980	Fixed partial denture repair necessitated by restorative material failure	\$25.00	Capitation	Not Covered		Not Covered		\$45.00	Capitation
<b>Oral Surgery: Includes local anesthesia, suturing, if needed, and routine post---operative care</b>									
D7111	Extraction--- coronal remnants--- deciduous tooth	\$10.00	Capitation	Not Covered		Not Covered		\$20.00	Capitation
D7140	Extraction--- erupted tooth or exposed root (elevation and/or forceps removal)	\$20.00	Capitation	Not Covered		Not Covered		\$35.00	Capitation
D7210	Surgical removal of erupted tooth	\$30.00	Capitation	Not Covered		Not Covered		\$45.00	Capitation
D7220	Removal of impacted tooth--- soft	\$55.00	Capitation	Not Covered		Not Covered		\$80.00	Capitation
D7230*	Removal of impacted tooth--- partially bony	\$55.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$80.00	Remaining balance of specialty care dentists fee
D7240*	Removal of impacted tooth--- complete bony	\$65.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$100.00	Remaining balance of specialty care dentists fee
D7241*	Removal of impacted tooth--- complete bony with unusual surgical complications	\$65.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$100.00	Remaining balance of specialty care dentists fee
D7250*	Surgical removal of residual tooth roots	\$30.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$45.00	Remaining balance of specialty care dentists fee
D7251*	Coronectomy--- Intentional partial tooth removal	\$33.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$48.00	Remaining balance of specialty care dentists fee
D7260*	Oroantral Fistula Closure	\$100.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$150.00	Remaining balance of specialty care dentists fee
D7261*	Primary closure of a sinus perforation	\$100.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$150.00	Remaining balance of specialty care dentists fee

## Horizon Dental Choice--- Plan S

Codes	Procedure Description	Plan S Active		Plan S Retiree Tier 1		Plan S Retiree Tier 2		Plan S Retiree Tier 3	
		Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment
D7270*	Tooth reimplantation and/or stabilization of accidentally evulsed for displaced tooth	\$60.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$90.00	Remaining balance of specialty care dentists fee
D7280*	Surgical access of an unerupted tooth	\$60.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$90.00	Remaining balance of specialty care dentists fee
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	\$60.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$70.00	Remaining balance of specialty care dentists fee
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$0.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$25.00	Remaining balance of specialty care dentists fee
D7285	Biopsy of Oral Tissue — Hard (Bone, Tooth)	\$60.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$95.00	Remaining balance of specialty care dentists fee
D7286	Biopsy of Oral Tissue — Soft	\$25.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$40.00	Remaining balance of specialty care dentists fee
D7287	Exfoliative Cytology Sample Collection	\$13.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$13.00	Remaining balance of specialty care dentists fee
D7291*	Transeptal Fiberotomy/Supra Crestal Fiberotomy, by Report	\$20.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$35.00	Remaining balance of specialty care dentists fee
D7310*	Alveoplasty in conjunction with extraction--- 4 or more teeth or tooth spaces, per quadrant	\$30.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$45.00	Remaining balance of specialty care dentists fee
D7311*	Alveoplasty in conjunction with extraction--- 1 to 3 teeth or tooth spaces, per quadrant	\$15.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$25.00	Remaining balance of specialty care dentists fee
D7320*	Alveoplasty not in conjunction with extractions--- 4 or more teeth or tooth spaces, per quadrant	\$35.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$55.00	Remaining balance of specialty care dentists fee

## Horizon Dental Choice--- Plan S

Horizon Dental Choice--- Plan S									
Codes	Procedure Description	Plan S Active		Plan S Retiree Tier 1		Plan S Retiree Tier 2		Plan S Retiree Tier 3	
		Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment
D7321*	Alveoplasty not in conjunction with extractions--- one to three teeth or tooth spaces, per quadrant	\$20.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$35.00	Remaining balance of specialty care dentists fee
D7450*	Removal of benign odontogenic cyst or tumor--- Lesions up to 1.25cm diameter	\$60.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$90.00	Remaining balance of specialty care dentists fee
D7451*	Removal of benign odontogenic cyst or tumor--- Lesions greater than 1.25cm diameter	\$60.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$90.00	Remaining balance of specialty care dentists fee
D7460*	Removal of benign non---odontogenic cyst or tumor--- lesion up to 1.25cm diameter	\$60.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$90.00	Remaining balance of specialty care dentists fee
D7461*	Removal of benign non---odontogenic cyst or tumor--- lesion greater than 1.25cm diameter	\$60.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$90.00	Remaining balance of specialty care dentists fee
D7471*	Removal of lateral exostosis (maxilla or mandible)	\$90.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$135.00	Remaining balance of specialty care dentists fee
D7472*	Removal torus palatinus	\$90.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$135.00	Remaining balance of specialty care dentists fee
D7473*	Removal torus mandibularis	\$90.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$135.00	Remaining balance of specialty care dentists fee
D7485*	Surgical reduction of osseous tuberosity	\$90.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$135.00	Remaining balance of specialty care dentists fee

## Horizon Dental Choice--- Plan S

Horizon Dental Choice--- Plan S									
Codes	Procedure Description	Plan S Active		Plan S Retiree Tier 1		Plan S Retiree Tier 2		Plan S Retiree Tier 3	
		Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment
D7510*	Incision and drainage of abscess--- intraoral--- soft tissue	\$25.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$40.00	Remaining balance of specialty care dentists fee
D7511*	Incision and drainage--- intraoral--- soft tissue--- complicated (includes drainage of multiple facial spaces)	\$30.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$45.00	Remaining balance of specialty care dentists fee
D7520*	Incision and drainage of abscess--- extraoral--- soft tissue	\$35.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$55.00	Remaining balance of specialty care dentists fee
D7521*	Incision and drainage of abscess--- extraoral--- soft tissue complicated (includes drainage of multiple facial spaces)	\$40.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$60.00	Remaining balance of specialty care dentists fee
D7922	Placement of intra-socket biological dressing	<b>Inclusive</b>							
D7953*	Bone Replacement Graft for Ridge Preservation — Per Site	\$75.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$100.00	Remaining balance of specialty care dentists fee
D7960*	Frenulectomy — Separate Procedure not Incidental to Another Procedure	\$60.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$90.00	Remaining balance of specialty care dentists fee
D7963*	Frenuloplasty	\$65.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$100.00	Remaining balance of specialty care dentists fee
D7970	Excision of Hyperplastic Tissue — Per Arch	\$60.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$90.00	Remaining balance of specialty care dentists fee
D7971	Excision of Pericoronal Gingiva	\$30.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$45.00	Remaining balance of specialty care dentists fee
D7972	Surgical reduction of Fibrous Tuberosity	\$60.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$90.00	Remaining balance of specialty care dentists fee

## Horizon Dental Choice--- Plan S

Codes	Procedure Description	Plan S Active		Plan S Retiree Tier 1		Plan S Retiree Tier 2		Plan S Retiree Tier 3	
		Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment

Orthodontics are a covered service for Plan S active only. There is no orthodontic benefit under any of the Plan S retiree plans.

Treatment plan maximum of 24 months.

1. Patient under 18 years of age at the start of treatment — Class I, II, and III malocclusion

(copayment required of \$1,000 or 50 percent of reasonable and customary charges, whichever is less).

2. Patient 18 years of age or over at the start of treatment — Class I, II, and III malocclusion

(co---payment required of \$1,750 or 50 percent of reasonable and customary charges, whichever is less). Includes Invisalign as an optional treatment procedure —

### Adjunctive General Services

D9110	Palliative (emergency) treatment of dental pain	\$0.00	Capitation	\$15.00	Capitation	\$15.00	Capitation	\$15.00	Capitation
D9211	Regional Block Anesthesia	\$0.00	Capitation	Not Covered		Not Covered		\$5.00	Capitation
D9212	Trigeminal Division Block Anesthesia	\$0.00	Capitation	Not Covered		Not Covered		\$5.00	Capitation
D9215	Local Anesthesia in conjunction with operative or surgical procedures	\$0.00	Capitation	Not Covered		Not Covered		\$5.00	Capitation
D9219	Evaluation for deep sedation or general anesthesia	\$0.00	Capitation	Not Covered		Not Covered		\$0.00	Capitation
D9222*	Deep sedation/general anesthesia- first 15 minutes	\$25.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$38.00	Remaining balance of specialty care dentists fee
D9223*	Deep sedation/general anesthesia---each subsequent 15minute increment	\$20.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$30.00	Remaining balance of specialty care dentists fee
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	\$0.00	Capitation	Not Covered		Not Covered		\$5.00	Capitation
D9239*	Intravenous conscious sedation/analgesia- First 15 minutes	\$25.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$38.00	Remaining balance of specialty care dentists fee

## Horizon Dental Choice--- Plan S

Horizon Dental Choice--- Plan S									
Codes	Procedure Description	Plan S Active		Plan S Retiree Tier 1		Plan S Retiree Tier 2		Plan S Retiree Tier 3	
		Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment
D9243*	Intravenous conscious sedation/analgesia- each subsequent 15 minute increment	\$20.00	Remaining balance of specialty care dentists fee	Not Covered		Not Covered		\$30.00	Remaining balance of specialty care dentists fee
D9310	Consultation --- Diagnostic Service Provided by Dentist or Physician other than Requesting Dentist or Physician	\$0.00	Capitation	Not Covered		Not Covered		\$5.00	Capitation
D9311	Consultation with a medical health care professional	Inclusive		Inclusive		Inclusive		Inclusive	
D9430	Office Visit For Observation (during regularly scheduled hours)--no other services performed	\$0.00	Capitation	Not Covered		Not Covered		\$0.00	Capitation
D9440	Office Visit --- After Regularly Scheduled Hours	\$0.00	Capitation	Not Covered		Not Covered		\$0.00	Capitation
D9610	Therapeutic Paternal Drug, Single Administration	\$0.00	Capitation	Not Covered		Not Covered		\$0.00	Capitation
D9612	Therapeutic Paternal Drug, Two or More Administrations, Different Medications	\$0.00	Capitation	Not Covered		Not Covered		\$0.00	Capitation
D9630	Other Drugs and/or Medicaments --- By Report	\$0.00	Capitation	Not Covered		Not Covered		\$0.00	Capitation
D9910	Application of Desensitizing Medicament	\$0.00	Capitation	Not Covered		Not Covered		\$5.00	Capitation
D9930	Treatment of Complications (post---surgical) --- unusual circumstances, By Report	\$0.00	Capitation	Not Covered		Not Covered		\$5.00	Capitation
D9932	Cleaning and Inspection of Removable Complete Denture, Maxillary	\$0.00	Capitation	Not Covered		Not Covered		\$0.00	Capitation
D9933	Cleaning and Inspection of Removable Complete Denture, Mandibular	\$0.00	Capitation	Not Covered		Not Covered		\$0.00	Capitation
D9934	Cleaning and Inspection of Removable Partial Denture, Maxillary	\$0.00	Capitation	Not Covered		Not Covered		\$0.00	Capitation
D9935	Cleaning and Inspection of Removable Partial Denture, Mandibular	\$0.00	Capitation	Not Covered		Not Covered		\$0.00	Capitation



## Horizon Dental Choice--- Plan S

Codes	Procedure Description	Plan S Active		Plan S Retiree Tier 1		Plan S Retiree Tier 2		Plan S Retiree Tier 3	
		Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment	Patient Charge	Horizon BCBSNJ Payment
D9942	Repair and/or Reline of Occlusal Guard	\$20.00	Capitation	Not Covered		Not Covered		\$35.00	Capitation
D9943	Occlusal Guard Adjustment	\$5.00	Capitation	Not Covered		Not Covered		\$8.00	Capitation
D9944	Occlusal guard – hard appliance, full arch	\$40.00	Capitation	Not Covered		Not Covered		\$60.00	Capitation
D9945	Occlusal guard – soft appliance, full arch	\$40.00	Capitation	Not Covered		Not Covered		\$60.00	Capitation
D9951	Occlusal Adjustment, Limited	\$0.00	Capitation	Not Covered		Not Covered		\$5.00	Capitation
D9952	Occlusal Adjustment, Complete	\$60.00	Capitation	Not Covered		Not Covered		\$90.00	Capitation

\*Direct Referral Services

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