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HorizonBlue.com

**HORIZON DENTAL PROGRAMS**  
**NJ PPO GP Schedule of Allowances**

<b>Procedure</b>	<b>Description</b>	<b>Fee</b>
D0120	Periodic Oral Evaluation - Established Patient	\$24
D0140	Limited Oral Evaluation - Problem Focused	\$24
D0145	Oral Evaluation For A Patient Under Three Years Of Age And Counseling With Primary Caregiver	\$23
D0150	Comprehensive Oral Evaluation - New Or Established Patient	\$40
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	\$29
D0170	Re-Evaluation - Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	\$21
D0180	Comprehensive Periodontal Evaluation - New Or Established Patient	\$37
D0210	Intraoral - Complete Series Of Radiographic Images	\$64
D0220	Intraoral - Periapical First Radiographic Image	\$9
D0230	Intraoral - Periapical Each Additional Radiographic Image	\$5
D0240	Intraoral - Occlusal Radiographic Image	\$14
D0250	Extra-Oral - 2d Projection Radiographic Image Created Using A Stationary Radiation Source, And Detector	\$27
D0251	Extra-Oral Posterior Dental Radiographic Image	\$27
D0270	Bitewing - Single Radiographic Image	\$8
D0272	Bitewings - Two Radiographic Images	\$13
D0273	Bitewings - Three Radiographic Images	\$15
D0274	Bitewings - Four Radiographic Images	\$18
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	\$26
D0330	Panoramic Radiographic Image	\$48
D0340	2d Cephalometric Radiographic Image - Acquisition, Measurement And Analysis	\$50
D0460	Pulp Vitality Tests	\$14
D1110	Prophylaxis - Adult	\$64
D1120	Prophylaxis - Child	\$39
D1206	Topical Application Of Fluoride Varnish	\$15
D1208	Topical Application Of Fluoride - Excluding Varnish	\$15
D1351	Sealant - Per Tooth	\$27
D1352	Preventive Resin Restoration In A Moderate To High Caries Risk Patient - Permanent Tooth	\$27
D1510	Space Maintainer - Fixed, Unilateral - Per Quadrant	\$109
D1516	Space Maintainer - Fixed - Bilateral, Maxillary	\$151
D1517	Space Maintainer - Fixed - Bilateral, Mandibular	\$151
D1520	Space Maintainer - Removable, - Unilateral - Per Quadrant	\$116
D1526	Space Maintainer - Removable - Bilateral, Maxillary	\$151
D1527	Space Maintainer - Removable - Bilateral, Mandibular	\$151
D1551	Re-Cement Or Re-Bond Bilateral Space Maintainer - Maxillary	\$24
D1552	Re-Cement Or Re-Bond Bilateral Space Maintainer - Mandibular	\$24
D1553	Re-Cement Or Re-Bond Unilateral Space Maintainer - Per Quadrant	\$16

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D2140	Amalgam - One Surface, Primary Or Permanent	\$50
D2150	Amalgam - Two Surfaces, Primary Or Permanent	\$74
D2160	Amalgam - Three Surfaces, Primary Or Permanent	\$91
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	\$115
D2330	Resin-Based Composite - One Surface, Anterior	\$70
D2331	Resin-Based Composite - Two Surfaces, Anterior	\$87
D2332	Resin-Based Composite - Three Surfaces, Anterior	\$108
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle (Anterior)	\$133
D2390	Resin-Based Composite Crown, Anterior	\$113
D2391	Resin-Based Composite - One Surface, Posterior	\$82
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$86
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$123
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	\$133
D2543	Onlay - Metallic - Three Surfaces	\$322
D2544	Onlay - Metallic - Four Or More Surfaces	\$479
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	\$322
D2644	Onlay - Porcelain/Ceramic - Four Or More Surfaces	\$479
D2663	Onlay - Resin-Based Composite - Three Surfaces	\$221
D2664	Onlay - Resin-Based Composite - Four Or More Surfaces	\$293
D2710	Crown - Resin-Based Composite (Indirect)	\$158
D2712	Crown - ¾ Resin-Based Composite (Indirect)	\$159
D2720	Crown - Resin With High Noble Metal	\$521
D2721	Crown - Resin With Predominantly Base Metal	\$521
D2722	Crown - Resin With Noble Metal	\$521
D2740	Crown - Porcelain/Ceramic Substrate	\$733
D2750	Crown - Porcelain Fused To High Noble Metal	\$733
D2751	Crown - Porcelain Fused To Predominantly Base Metal	\$689
D2752	Crown - Porcelain Fused To Noble Metal	\$689
D2780	Crown - 3/4 Cast High Noble Metal	\$633
D2781	Crown - 3/4 Cast Predominantly Base Metal	\$583
D2782	Crown - 3/4 Cast Noble Metal	\$595
D2783	Crown - 3/4 Porcelain/Ceramic	\$595
D2790	Crown - Full Cast High Noble Metal	\$698
D2791	Crown - Full Cast Predominantly Base Metal	\$595
D2792	Crown - Full Cast Noble Metal	\$595
D2794	Crown - Titanium And Titanium Alloys	\$652
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	\$28
D2915	Re-Cement Or Re-Bond Indirectly Fabricated Or Prefabricated Post And Core	\$28
D2920	Re-Cement Or Re-Bond Crown	\$28
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$101
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$116
D2932	Prefabricated Resin Crown	\$84
D2933	Prefabricated Stainless Steel Crown With Resin Window	\$116
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$101

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<b>Procedure</b>	<b>Description</b>	<b>Fee</b>
D2940	Protective Restoration	\$47
D2950	Core Buildup, Including Any Pins When Required	\$119
D2951	Pin Retention - Per Tooth, In Addition To Restoration	\$36
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	\$190
D2954	Prefabricated Post And Core In Addition To Crown	\$166
D2960	Labial Veneer (Resin Laminate) - Chairside	\$377
D2961	Labial Veneer (Resin Laminate) - Laboratory	\$306
D2962	Labial Veneer (Porcelain Laminate) - Laboratory	\$377
D2980	Crown Repair Necessitated By Restorative Material Failure	\$97
D2981	Inlay Repair Necessitated By Restorative Material Failure	\$82
D2982	Onlay Repair Necessitated By Restorative Material Failure	\$82
D2983	Veneer Repair Necessitated By Restorative Material Failure	\$82
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) - Removal Of Pulp Coronal To The Dentinocemental Junction And Application Of Medicament	\$70
D3221	Pulpal Debridement, Primary And Permanent Teeth	\$69
D3222	Partial Pulpotomy For Apexogenesis - Permanent Tooth With Incomplete Root Development	\$70
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	\$50
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	\$64
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$387
D3320	Endodontic Therapy, Premolar bicuspid tooth (Excluding final Restorations)	\$482
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restorations)	\$587
D3331	Treatment Of Root Canal Obstruction; Non-Surgical Access	\$77
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable Or Fractured Tooth	\$77
D3333	Internal Root Repair Of Perforation Defects	\$77
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	\$323
D3347	Retreatment Of Previous Root Canal Therapy - Bicuspid premolar	\$411
D3348	Retreatment Of Previous Root Canal Therapy - Molar	\$546
D3351	Apexification/Recalcification - Initial Visit (Apical Closure / Calcific Repair Of Perforations, Root Resorption, Etc.)	\$205
D3352	Apexification/Recalcification - Interim Medication Replacement	\$77
D3355	Pulpal Regeneration - Initial Visit	\$68
D3356	Pulpal Regeneration - Interim Medication Replacement	\$68
D3357	Pulpal Regeneration - Completion Of Treatment	\$68
D3410	Apicoectomy - Anterior	\$255
D3421	Apicoectomy - Bicuspid premolar (First root)	\$255
D3425	Apicoectomy - Molar (First Root)	\$255
D3426	Apicoectomy - (Each Additional Root)	\$38
D3427	Periradicular Surgery Without Apicoectomy	\$155
D3428	Bone Graft In Conjunction With Periradicular Surgery - Per Tooth, Single Site	\$296
D3429	Bone Graft In Conjunction With Periradicular Surgery - Each Additional Contiguous Tooth In The Same Surgical Site	\$267
D3430	Retrograde Filling - Per Root	\$62
D3431	Biologic Materials To Aid In Soft And Osseous Tissue Regeneration In Conjunction With Periradicular Surgery	\$77
D3432	Guided Tissue Regeneration, Resorbable Barrier, Per Site, In Conjunction With Periradicular Surgery	\$337
D3450	Root Amputation - Per Root	\$232
D3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	\$116

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<b>Procedure</b>	<b>Description</b>	<b>Fee</b>
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	\$123
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	\$62
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	\$356
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	\$178
D4249	Clinical Crown Lengthening - Hard Tissue	\$215
D4260	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	\$547
D4261	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	\$274
D4263	Bone Replacement Graft - Retained Natural Tooth - First Site In Quadrant	\$296
D4264	Bone Replacement Graft - Retained Natural Tooth - Each Additional Site In Quadrant	\$267
D4265	Biologic Materials To Aid In Soft And Osseous Tissue Regeneration	\$77
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	\$337
D4267	Guided Tissue Regeneration - Nonresorbable Barrier, Per Site (Includes Membrane Removal)	\$337
D4270	Pedicle Soft Tissue Graft Procedure	\$232
D4273	Autogenous Connective Tissue Graft Procedure (Including Donor And Recipient Surgical Sites) First Tooth, Implant, Or Edentulous Tooth Position In Graft	\$247
D4274	Mesial/Distal Wedge Procedure, Single Tooth (When Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area)	\$38
D4275	Non-Autogenous Connective Tissue Graft (Including Recipient Site And Donor Material) First Tooth, Implant, Or Edentulous Tooth Position In Graft	\$409
D4276	Combined Connective Tissue And Double Pedicle Graft, Per Tooth	\$371
D4277	Free Soft Tissue Graft Procedure (Including Recipient And Donor Surgical Sites) First Tooth, Implant Or Edentulous Tooth Position In Graft	\$284
D4278	Free Soft Tissue Graft Procedure (Including Recipient And Donor Surgical Sites) Each Additional Contiguous Tooth, Implant Or Edentulous Tooth Position In Same Graft Site	\$154
D4283	Autogenous Connective Tissue Graft Procedure (Including Donor And Recipient Surgical Sites) - Each Additional Contiguous Tooth, Implant Or Edentulous Tooth Position In Same Graft Site	\$62
D4285	Non-Autogenous Connective Tissue Graft Procedure (Including Recipient Surgical Site And Donor Material) - Each Additional Contiguous Tooth, Implant Or Edentulous Tooth Position In Same Graft Site	\$102
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	\$100
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	\$46
D4355	Full Mouth Debridement To Enable A comprehensive Oral evaluation And Diagnosis On a subsequent visit	\$56
D4910	Periodontal Maintenance	\$82
D5110	Complete Denture - Maxillary	\$829
D5120	Complete Denture - Mandibular	\$829
D5130	Immediate Denture - Maxillary	\$829
D5140	Immediate Denture - Mandibular	\$829
D5211	Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, And Teeth)	\$496
D5212	Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, And Teeth)	\$496
D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Retentive/Clasping Materials, Rests And Teeth)	\$900
D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Retentive/Clasping Materials, Rests And Teeth)	\$900
D5221	Immediate Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Retentive/Clasping Materials, Rests And Teeth)	\$496

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<b>Procedure</b>	<b>Description</b>	<b>Fee</b>
D5222	Immediate Mandibular Partial Denture - Resin Base (Including Any Conventional Clasps, Retentive/Clasping Materials, Rests And Teeth)	\$496
D5223	Immediate Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps Retentive/Clasping Materials, Rests And Teeth)	\$900
D5224	Immediate Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps Retentive/Clasping Materials, Rests And Teeth)	\$900
D5225	Maxillary Partial Denture - Flexible Base (Including Any Clasps, Rests And Teeth)	\$818
D5226	Mandibular Partial Denture - Flexible Base (Including Any Clasps, Rests And Teeth)	\$818
D5283	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps And Teeth), Mandibular	\$399
D5410	Adjust Complete Denture - Maxillary	\$42
D5411	Adjust Complete Denture - Mandibular	\$42
D5421	Adjust Partial Denture - Maxillary	\$42
D5422	Adjust Partial Denture - Mandibular	\$42
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	\$55
D5630	Repair Or Replace Broken Retentive/Clasping Materials Per Tooth	\$59
D5640	Replace Broken Teeth - Per Tooth	\$55
D5650	Add Tooth To Existing Partial Denture	\$73
D5660	Add Clasp To Existing Partial Denture - Per Tooth	\$103
D5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	\$283
D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	\$283
D5710	Rebase Complete Maxillary Denture	\$215
D5711	Rebase Complete Mandibular Denture	\$215
D5720	Rebase Maxillary Partial Denture	\$189
D5721	Rebase Mandibular Partial Denture	\$189
D5730	Reline Complete Maxillary Denture (Chairside)	\$76
D5731	Reline Complete Mandibular Denture (Chairside)	\$76
D5740	Reline Maxillary Partial Denture (Chairside)	\$76
D5741	Reline Mandibular Partial Denture (Chairside)	\$76
D5750	Reline Complete Maxillary Denture (Laboratory)	\$185
D5751	Reline Complete Mandibular Denture (Laboratory)	\$185
D5760	Reline Maxillary Partial Denture (Laboratory)	\$177
D5761	Reline Mandibular Partial Denture (Laboratory)	\$177
D5850	Tissue Conditioning, Maxillary	\$83
D5851	Tissue Conditioning, Mandibular	\$83
D5863	Overdenture - Complete Maxillary	\$829
D5864	Overdenture - Partial Maxillary	\$496
D5865	Overdenture - Complete Mandibular	\$829
D5866	Overdenture - Partial Mandibular	\$496
D6056	Prefabricated Abutment - Includes Modification And Placement	\$589
D6057	Custom Fabricated Abutment - Includes Placement	\$652
D6058	Abutment Supported Porcelain/Ceramic Crown	\$733
D6059	Abutment Supported Porcelain Fused To Metal Crown (High Noble Metal)	\$733
D6060	Abutment Supported Porcelain Fused To Metal Crown (Predominantly Base Metal)	\$733
D6061	Abutment Supported Porcelain Fused To Metal Crown (Noble Metal)	\$733
D6065	Implant Supported Porcelain/Ceramic Crown	\$733

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<b>Procedure</b>	<b>Description</b>	<b>Fee</b>
D6066	Implant Supported Crown - Porcelain Fused To Metal Crown (Titanium, Titanium Alloy, High Noble Metal Alloys)	\$733
D6067	Implant Supported Metal Crown -(Titanium, Titanium Alloy, High Noble Metal Alloys)	\$733
D6210	Pontic - Cast High Noble Metal	\$514
D6211	Pontic - Cast Predominantly Base Metal	\$514
D6212	Pontic - Cast Noble Metal	\$514
D6240	Pontic - Porcelain Fused To High Noble Metal	\$733
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	\$689
D6242	Pontic - Porcelain Fused To Noble Metal	\$689
D6245	Pontic - Porcelain/Ceramic	\$733
D6250	Pontic - Resin With High Noble Metal	\$571
D6251	Pontic - Resin With Predominantly Base Metal	\$522
D6252	Pontic - Resin With Noble Metal	\$532
D6545	Retainer - Cast Metal For Resin Bonded Fixed Prosthesis	\$146
D6548	Retainer - Porcelain/Ceramic For Resin Bonded Fixed Prosthesis	\$142
D6609	Retainer Onlay - Porcelain/Ceramic, Three Or More Surfaces	\$306
D6611	Retainer Onlay - Cast High Noble Metal, Three Or More Surfaces	\$306
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three Or More Surfaces	\$306
D6615	Retainer Onlay - Cast Noble Metal, Three Or More Surfaces	\$306
D6720	Retainer Crown - Resin With High Noble Metal	\$583
D6721	Retainer Crown - Resin With Predominantly Base Metal	\$529
D6722	Retainer Crown - Resin With Noble Metal	\$529
D6740	Retainer Crown - Porcelain/Ceramic	\$733
D6750	Retainer Crown - Porcelain Fused To High Noble Metal	\$733
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	\$689
D6752	Retainer Crown - Porcelain Fused To Noble Metal	\$689
D6780	Retainer Crown - 3/4 Cast High Noble Metal	\$571
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	\$544
D6782	Retainer Crown - 3/4 Cast Noble Metal	\$583
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	\$583
D6790	Retainer Crown - Full Cast High Noble Metal	\$571
D6791	Retainer Crown - Full Cast Predominantly Base Metal	\$571
D6792	Retainer Crown - Full Cast Noble Metal	\$571
D6794	Retainer Crown - Titanium And Titanium Alloys	\$652
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	\$47
D6940	Stress Breaker	\$119
D7111	Extraction, Coronal Remnants - Primary deciduous tooth	\$57
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	\$65
D7210	Extraction, Erupted Tooth Requiring Removal Of Bone And/Or Sectioning Of Tooth, And Including Elevation Of Mucoperiosteal Flap If Indicated	\$97
D7220	Removal Of Impacted Tooth - Soft Tissue	\$142
D7230	Removal Of Impacted Tooth - Partially Bony	\$224
D7240	Removal Of Impacted Tooth - Completely Bony	\$299
D7241	Removal Of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	\$323
D7250	Removal Of Residual Tooth Roots (Cutting Procedure)	\$85

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<b>Procedure</b>	<b>Description</b>	<b>Fee</b>
D7260	Oroantral Fistula Closure	\$435
D7261	Primary Closure Of A Sinus Perforation	\$103
D7270	Tooth Reimplantation And/Or Stabilization Of Accidentally Evulsed Or Displaced Tooth	\$356
D7272	Tooth Transplantation (Includes Reimplantation From One Site To Another And Splinting And/Or Stabilization)	\$215
D7280	Exposure Of An Unerupted Tooth	\$226
D7282	Mobilization Of Erupted Or Malpositioned Tooth To Aid Eruption	\$51
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	\$51
D7285	Incisional Biopsy Of Oral Tissue-Hard (Bone, Tooth)	\$141
D7286	Incisional Biopsy Of Oral Tissue-Soft	\$124
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	\$78
D7311	Alveoloplasty In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	\$39
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	\$116
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	\$58
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	\$325
D7350	Vestibuloplasty - Ridge Extension (Including Soft Tissue Grafts, Muscle Reattachment, Revision Of Soft Tissue Attachment And Management Of Hypertrophied And Hyperplastic Tissue)	\$499
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	\$254
D7472	Removal Of Torus Palatinus	\$267
D7473	Removal Of Torus Mandibularis	\$267
D7485	Reduction Of Osseous Tuberosity	\$267
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	\$48
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated (Includes Drainage Of Multiple Fascial Spaces)	\$48
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	\$85
D7521	Incision And Drainage Of Abscess - Extraoral Soft Tissue - Complicated (Includes Drainage Of Multiple Fascial Spaces)	\$85
D7530	Removal Of Foreign Body From Mucosa, Skin, Or Subcutaneous Alveolar Tissue	\$162
D7540	Removal Of Reaction Producing Foreign Bodies, Musculoskeletal System	\$584
D7550	Partial Osteotomy/Sequestrectomy For Removal Of Non-Vital Bone	\$325
D7560	Maxillary Sinusotomy For Removal Of Tooth Fragment Or Foreign Body	\$584
D7880	Occlusal Orthotic Device, By Report	\$326
D7881	Occlusal Orthotic Device Adjustment	\$23
D7960	Frenulectomy - Also Known As Frenectomy Or Frenotomy - Separate Procedure Not Incidental To Another Procedure	\$111
D7963	Frenuloplasty	\$111
D7970	Excision Of Hyperplastic Tissue - Per Arch	\$226
D7971	Excision Of Pericoronal Gingiva	\$226
D7980	Surgical sialolithotomy	\$226
D9110	Palliative (Emergency) Treatment Of Dental Pain - Minor Procedure	\$43
D9223	Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment	\$28
D9243	Intravenous Moderate (Conscious) Sedation/Anesthesia - Each Subsequent 15 Minute Increment	\$82
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physician	\$36
D9943	Occlusal Guard Adjustment	\$23
D9945	Occlusal Guard - Soft Appliance, Full Arch	\$326
D9951	Occlusal Adjustment - Limited	\$59

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<b>Procedure</b>	<b>Description</b>	<b>Fee</b>
D9952	Occlusal Adjustment - Complete	\$237

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Fee schedules are effective 01/01/2020 Not responsible for typographical errors.

Plan benefit may vary from this listing.

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