

# 2009 - \$30 Preventive Dental Plan City of Baltimore



Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
2101 East Jefferson Street, Rockville, MD 20852

Procedures not shown in this list are not covered. Refer to the description of your dental benefit for a complete explanation of the terms and conditions of your covered benefit.

Fees quoted in the "Dentist Copay" column apply only when performed by a participating general dentist. If specialty care is required, your general dentist must refer you to a participating specialist.

FC\$30: You pay a combined fixed copayment of \$30 for any visit during which one or more of the following procedures are performed: (a) an oral exam (D0120, D0140, D0150 or D0180); (b) X-rays (D0220, D0230, D0240, D0270, D0272, D0274 or D0277); (c) a pulp vitality test (D0460); (d) a diagnostic cast (D0470); (e) a routine cleaning (D1110 or D1120); (f) fluoride application (D1201, D1203, D1204, D1205); or (g) you are given oral hygiene instructions (D01330). You pay a separate fee for any other procedure performed.

N/B: No benefit is provided.

**NOTE: The Schedule of Dental Fees is reviewed annually and is subject to change effective January 1 of each year. Contact DOMINION for details at 703-518-5338 or toll-free at 1-888-518-5338, Monday through Friday, 7:30 a.m. to 6 p.m., (TTY 1-800-688-4889).**

ADA CODE	PROCEDURE NAME	DENTIST COPAY	SPECIALIST COPAY	ADA CODE	PROCEDURE NAME	DENTIST COPAY	SPECIALIST COPAY
<b>Diagnostic Services</b>				<b>Restorative Services</b>			
D0120	Periodic oral evaluation	FC\$30	N/B	D1550	Re-cementation of space maintainer	\$21	N/B
D0140	Limited oral eval. - problem focused	FC\$30	N/B				
D0150	Comprehensive oral eval.	FC\$30	N/B	D2140	Amalgam - 1 surface, prim. or perm.	\$63	N/B
D0180	Comp. perio. eval. - not in conj. with D0150 and limited to 2 per 18 months	FC\$30	N/B	D2150	Amalgam - 2 surfaces, prim. or perm.	\$81	N/B
D0210	Intraoral - compl. series (incl. bitewings)	\$50	\$63	D2161	Amalgam - 4 or more surfaces, prim. or perm.	\$116	N/B
D0220	Intraoral - periapical first film	FC\$30	\$13	D2330	Resin-based composite - 1 surface, ant.	\$76	N/B
D0230	Intraoral - periapical each additional film	FC\$30	\$10	D2331	Resin-based composite - 2 surfaces, ant.	\$97	N/B
D0240	Intraoral - occlusal film	FC\$30	\$20	D2332	Resin-based composite - 3 surfaces, ant.	\$119	N/B
D0270	Bitewing - single film	FC\$30	\$13	D2335	Resin-based composite - 4 or more surfaces or involving incisal angle (ant.)	\$150	N/B
D0272	Bitewings - two films	FC\$30	\$20	D2391	Resin-based composite - 1 surface, post.	\$99	N/B
D0274	Bitewings - four films	FC\$30	\$29	D2392	Resin-based composite - 2 surfaces, post.	\$132	N/B
D0277	Vertical bitewings - 7 to 8 films	FC\$30	\$44	D2393	Resin-based composite - 3 surfaces, post.	\$165	N/B
D0330	Panoramic film	\$40	\$51	D2394	Resin-based composite - 4 or more surfaces, post.	\$188	N/B
D0460	Pulp vitality tests	FC\$30	\$32	D2510	Inlay - metallic - 1 surface	\$454	N/B
D0470	Diagnostic casts (not in conj. with Ortho)	FC\$30	N/B	D2520	Inlay - metallic - 2 surfaces	\$512	N/B
D0999	Office visit copayment when FC services are not performed	\$10	\$12	D2530	Inlay - metallic - 3 or more surfaces	\$556	N/B
<b>Preventive Services</b>				D2542	Onlay metallic - 2 surfaces	\$590	N/B
D1110	Prophylaxis - adult	FC\$30	N/B	D2543	Onlay metallic - 3 surfaces	\$601	N/B
D1120	Prophylaxis - child	FC\$30	N/B	D2544	Onlay metallic - 4 or more surfaces	\$605	N/B
D1201	Topical fluoride (incl. proph.) - child	FC\$30	N/B	D2610	Inlay - porcelain/ceramic - 1 surface	\$498	N/B
D1203	Topical fluoride (without proph.) - child	FC\$30	N/B	D2620	Inlay - porcelain/ceramic - 2 surfaces	\$530	N/B
D1204	Topical fluoride excl. proph. - adult (Every 6 Months)	FC\$30	N/B	D2630	Inlay - porcelain/ceramic - 3 or more surfaces	\$612	N/B
D1205	Topical fluoride incl. prophylaxis - age 14+ (Every 6 Months)	FC\$30	N/B	D2642	Onlay - porcelain/ceramic - two surfaces	\$567	N/B
D1330	Oral hygiene instructions	FC\$30	N/B	D2643	Onlay - porcelain/ceramic - 3 surfaces	\$613	N/B
D1351	Sealant - per tooth (up to 16 years of age)	\$28	N/B	D2644	Dental onlay porcelain 4 or more surfaces	\$653	N/B
D1510	Space maintainer - fixed - unilateral	\$184	N/B	D2650	Inlay - resin-based composite - 1 surface	\$458	N/B
D1515	Space maintainer - fixed - bilateral	\$256	N/B	D2651	Inlay - resin-based composite - 2 surfaces	\$495	N/B
D1520	Space maintainer - removable - unilateral	\$226	N/B	D2652	Inlay - resin-based composite - 3 or more surfaces	\$643	N/B
D1525	Space maintainer - removable - bilateral	\$256	N/B	D2710	Crown - resin (indirect)	\$255	N/B

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ADA CODE	PROCEDURE NAME	DENTIST COPAY	SPECIALIST COPAY	ADA CODE	PROCEDURE NAME	DENTIST COPAY	SPECIALIST COPAY
D2712	Crown 3/4 resin-based composite (exclusive of veneers)	\$235	N/B	D4249	Clinical crown lengthening - hard tissue	\$463	\$546
D2740	Crown - porcelain/ceramic substrate	\$682	N/B	D4260	Osseous (bone) surgery - 4 or more per quad.	\$652	\$769
D2750	Crown - porcelain fused to high noble metal	\$695	N/B	D4261	Osseous (bone) surgery - 1 to 3 teeth, per quad.	\$416	\$491
D2751	Crown - porcelain fused to predom. base metal	\$601	N/B	D4263	Bone replacement graft - first site in quad.	\$185	\$380
D2752	Crown - porcelain fused to noble metal	\$625	N/B	D4265	Biologic material to aid in soft/osseous tissue	\$155	\$190
D2780	Crown - 3/4 cast high noble metal	\$666	N/B	D4268	Surgical revision procedure, per tooth	\$358	\$518
D2781	Crown - 3/4 cast predom. base metal	\$521	N/B	D4270	Pedicle soft tissue graft procedure	\$491	\$580
D2782	Crown - 3/4 cast noble metal	\$562	N/B	D4271	Free soft tissue graft procedure - incl. donor site	\$508	\$599
D2790	Crown - full cast high noble metal	\$621	N/B	D4275	Soft tissue allograft	\$260	\$587
D2791	Crown - full cast pred. base metal	\$553	N/B	D4276	Combined connective tissue and double pedicle	\$313	\$483
D2792	Crown - full cast noble metal	\$578	N/B	D4320	Provisional splinting - intracoronal	\$243	\$286
D2794	Crown - Titanium	\$625	N/B	D4321	Provisional splinting - extracoronal	\$184	\$216
D2910	Recement inlay	\$63	N/B	D4341	Perio scaling and root planing - 4 or more per quad.	\$126	\$178
D2915	Recement cast or prefab. post and core	\$34	N/B	D4342	Perio scaling and root planing - 1 to 3 teeth, per quad.	\$91	\$108
D2920	Recement crown	\$63	N/B	D4355	Full mouth debridement	\$111	\$161
D2930	Prefab. stainless steel crown - prim. tooth	\$130	N/B	D4910	Periodontal maintenance	\$76	\$101
D2931	Prefab. stainless steel crown - perm. tooth	\$171	N/B		<b>Prosthetics - Removable</b>		
D2932	Prefab. resin crown	\$234	N/B	D5110	Complete denture - maxillary	\$778	N/B
D2934	Prefab. steel crown - prim. tooth	\$101	N/B	D5120	Complete denture - mandibular	\$778	N/B
D2940	Sedative filling	\$71	N/B	D5130	Immediate denture - maxillary	\$837	N/B
D2950	Core buildup, including any pins	\$158	N/B	D5140	Immediate denture - mandibular	\$837	N/B
D2951	Pin retention - per tooth, in add. to restoration	\$37	N/B	D5211	Maxillary partial denture - resin base (incl. any conventional clasps, rests and teeth)	\$601	N/B
D2952	Cast post and core in add. to crown	\$232	N/B	D5212	Mandibular partial denture - resin base (incl. any conventional clasps, rests and teeth)	\$601	N/B
D2954	Prefab. post and core in add. to crown	\$206	N/B	D5213	Maxillary partial denture - cast metal framework with resin denture bases (incl. any conventional clasps, rests and teeth)	\$834	N/B
D2970	Temporary crown (fractured tooth)	\$173	N/B	D5214	Mandibular partial denture - cast metal framework with resin denture bases (incl. any conventional clasps, rests and teeth)	\$834	N/B
D2980	Crown repair, by report	\$127	N/B	D5225	Maxillary partial denture	\$832	N/B
	<b>Endodontic Services</b>			D5226	Mandibular partial denture	\$924	N/B
D3110	Pulp cap - direct (excl. final restoration)	\$41	N/B	D5281	Removable unilateral partial denture - 1 piece cast metal (incl. clasps and teeth)	\$469	N/B
D3120	Pulp cap - indirect (excl. final restoration)	\$41	N/B	D5410	Adjust complete denture - maxillary	\$73	N/B
D3220	Therapeutic pulpotomy (excl. final restoration)	\$91	\$107	D5411	Adjust complete denture - mandibular	\$73	N/B
D3310	Anterior (excluding final restoration)	\$386	\$444	D5421	Adjust partial denture - maxillary	\$73	N/B
D3320	Bicuspid (excluding final restoration)	\$461	\$530	D5422	Adjust partial denture - mandibular	\$73	N/B
D3330	Molar (excluding final restoration)	\$603	\$693	D5510	Repair broken complete denture base	\$93	N/B
D3346	Retreatment - anterior	N/B	\$535	D5520	Replace missing/broken teeth (each tooth)	\$71	N/B
D3347	Retreatment - bicuspid	N/B	\$713	D5610	Repair resin denture base	\$94	N/B
D3348	Retreatment - molar	N/B	\$920	D5620	Repair cast framework	\$135	N/B
D3351	Apexification/recalcification - initial visit	\$335	\$396	D5630	Repair or replace broken clasp	\$128	N/B
D3352	Apex./recalcification - interim medication replacement	\$263	\$311	D5640	Replace broken teeth - per tooth	\$81	N/B
D3353	Apexification/recalcification - final visit	\$288	\$340	D5650	Add tooth to existing partial denture	\$121	N/B
D3410	Apicoectomy/periradicular surgery - ant.	\$371	\$460	D5660	Add clasp to existing partial denture	\$147	N/B
D3421	Apicoectomy - bicuspid (first root)	\$414	\$575	D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$514	N/B
D3425	Apicoectomy - molar (first root)	\$455	\$604	D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$514	N/B
D3426	Apicoectomy (each add. root)	\$276	\$325	D5710	Rebase complete maxillary denture	\$317	N/B
D3430	Retrograde filling - per root	\$104	\$259	D5711	Rebase complete mandibular denture	\$305	N/B
D3450	Root amputation - per root	\$180	\$290	D5720	Rebase maxillary partial denture	\$244	N/B
D3920	Hemisection (incl. any root removal)	\$227	\$268	D5721	Rebase mandibular partial denture	\$244	N/B
	<b>Periodontic Services</b>			D5730	Reline compl. maxillary denture (chairside)	\$197	N/B
D4210	Gingivectomy or gingivoplasty - 4 or more teeth per quadrant	\$342	\$404	D5731	Reline compl. mandibular denture (chairside)	\$198	N/B
D4211	Gingivectomy or gingivoplasty - 1 to 3 teeth, per quadrant	\$148	\$175	D5740	Reline maxillary part. denture (chairside)	\$195	N/B
D4230	Anatomical crown exposure	\$423	N/B				
D4231	Anatomical crown exposure, 1-3 teeth per quadrant	\$56	N/B				
D4240	Gingival flap procedure, including root planing - 4 or more contiguous teeth	\$441	\$521				
D4241	Gingival flap procedure, incl. root planing - 1 to 3 teeth, per quadrant	\$111	\$220				

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ADA CODE	PROCEDURE NAME	DENTIST COPAY	SPECIALIST COPAY	ADA CODE	PROCEDURE NAME	DENTIST COPAY	SPECIALIST COPAY
D5741	Reline mandibular part. denture (chairside)	\$195	N/B	D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$257	\$304
D5750	Reline compl. maxillary denture (lab)	\$239	N/B	D7280	Surgical access of an unerupted tooth	\$287	\$339
D5751	Reline compl. mandibular denture (lab)	\$237	N/B	D7282	Mobiliz. of erupted or malpos. tooth-aid erupted	\$88	\$193
D5760	Reline maxillary part. denture (lab)	\$230	N/B	D7283	Placement of device	\$63	\$120
D5761	Reline mandibular part. denture (lab)	\$229	N/B	D7285	Biopsy of oral tissue - hard (bone, tooth)	\$180	\$213
D5820	Interim part. denture (maxillary)	\$390	N/B	D7286	Biopsy of oral tissue - soft (all others)	\$169	\$199
D5821	Interim part. denture (mandibular)	\$395	N/B	D7287	Cytology sample collection	\$37	\$64
D5850	Tissue conditioning, maxillary	\$110	N/B	D7288	Brush biopsy - transepithelial sample collection	\$37	\$64
D5851	Tissue conditioning, mandibular	\$111	N/B	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$131	\$155
<b>Prosthetics - Fixed</b>				D7292	Surgical Placement: Temp. Anchorage Device (screw ret. Plate) req. surg. Flap	\$1031	N/B
D6092	Recement supp crown	\$64	N/B	D7293	Surgical Placement: Temp. Anchorage Device req. surg. Flap	\$824	N/B
D6093	Recement supp partial denture	\$95	N/B	D7294	Surgical Placement: Temp. Anchorage Device w/out surg. Flap	\$618	N/B
D6205	Pontic - indirect resin based composite	\$235	N/B	D7310	Alveoloplasty in conj. with extractions - per quad.	\$138	\$163
D6210	Pontic - cast high noble metal	\$561	N/B	D7311	Alveoloplasty in conj. with extractions	\$120	\$141
D6211	Pontic - cast pred. base metal	\$574	N/B	D7320	Alveoloplasty not in conj. with extractions - per quad.	\$178	\$209
D6212	Pontic - cast noble metal	\$539	N/B	D7321	Alveoloplasty not in conj. with extractions	\$37	\$77
D6214	Pontic - titanium	\$525	N/B	D7410	Excision of benign lesion up to 1.25 cm	\$173	\$205
D6240	Pontic - porcelain fused to high noble metal	\$695	N/B	D7411	Excision of benign lesion > 1.25 cm	\$170	\$200
D6241	Pontic - porcelain fused to predom. metal	\$601	N/B	D7412	Excision of benign lesion, complicated	\$236	\$278
D6242	Pontic - porcelain fused to noble metal	\$625	N/B	D7450	Removal of benign odon cyst/tumor - diam<=1.25cm	\$242	\$285
D6245	Pontic - porcelain/ceramic	\$682	N/B	D7451	Removal of benign odon cyst/tumor - diam>1.25cm	\$305	\$360
D6545	Retainer - cast metal for resin bonded fixed	\$248	N/B	D7460	Removal of benign nonodon cyst/tumor - diam<=1.25cm	\$232	\$274
D6602	Inlay - cast high noble metal, 2 surfaces	\$388	N/B	D7461	Removal of benign nonodon cyst/tumor - diam>1.25cm	\$329	\$389
D6603	Inlay - cast high noble metal, 3 or more surfaces	\$431	N/B	D7471	Removal of lateral exostosis	\$289	\$340
D6604	Inlay - cast predom. base metal, 2 surfaces	\$388	N/B	D7472	Removal of torus palatinus	\$242	\$286
D6605	Inlay - cast predom. base metal, 3 or more surfaces	\$372	N/B	D7473	Removal of torus mandibularis	\$249	\$294
D6606	Inlay - cast noble metal, 2 surfaces	\$353	N/B	D7485	Surgical reduction of osseous tuberosity	\$273	\$323
D6607	Inlay - cast noble metal, 3 or more surfaces	\$392	N/B	D7510	Incision and drainage of abscess - intraoral soft tissue	\$99	\$117
D6610	Onlay - cast high noble metal, 2 surfaces	\$461	N/B	D7511	Incision and drainage of abscess - intraoral	\$208	\$239
D6611	Onlay cast high noble metal, 3 or more surfaces	\$504	N/B	D7520	Incision/drainage of abscess - extra. soft tissue	\$208	\$245
D6612	Onlay - cast predom. base metal, 2 surfaces	\$397	N/B	D7521	Incision and drainage of abscess	\$145	\$167
D6613	Onlay - cast predom. base metal, 3 or more surfaces	\$440	N/B	D7530	Foreign body removal from muc./skin/subcut tissue	\$145	\$171
D6614	Onlay - cast noble metal, 2 surfaces	\$418	N/B	D7550	Partial ostect/sequestrect non-vital bone removal	\$242	\$286
D6615	Onlay cast noble metal, 3 or more surfaces	\$461	N/B	D7910	Suture of recent small wounds up to 5 cm	\$226	\$267
D6624	Inlay - titanium	\$431	N/B		Complicated suture - up to 5 cm	\$187	\$221
D6634	Onlay - titanium	\$504	N/B	D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$245	\$289
D6710	Crown - indirect resin based composite	\$235	N/B	D7963	Frenuloplasty	\$91	\$225
D6740	Crown - porcelain/ceramic	\$682	N/B	D7970	Excision of hyperplastic tissue - per arch	\$420	\$496
D6750	Crown - porcelain fused to high noble metal	\$588	N/B	D7971	Excision of pericoronal gingiva	\$207	\$244
D6751	Crown - porcelain fused to predom. base metal	\$525	N/B	D7972	Surgical reduction of fibrous tuberosity	\$72	\$170
D6752	Crown - porcelain fused to noble metal	\$551	N/B	<b>Orthodontics</b>			
D6780	Crown - 3/4 cast high noble metal	\$666	N/B	D8070	Comprehensive orthodontic treatment of the transitional dentition	N/B	\$3800
D6781	Crown - 3/4 cast predom. base metal	\$521	N/B	D8080	Comprehensive orthodontic treatment of the adolescent dentition	N/B	\$3935
D6782	Crown - 3/4 cast noble metal	\$532	N/B	D8090	Comprehensive orthodontic treatment of the adult dentition	N/B	\$4207
D6790	Crown - full cast high noble metal	\$621	N/B				
D6791	Crown - full cast predom. base metal	\$553	N/B				
D6792	Crown - full cast noble metal	\$578	N/B				
D6794	Crown - titanium	\$625	N/B				
D6930	Recement fixed partial denture	\$81	N/B				
<b>Oral Surgery</b>							
D7111	Coronal remnants - deciduous tooth	\$66	\$78				
D7140	Extraction, erupted tooth or exposed root	\$76	\$90				
D7210	Surgical removal of erupted tooth	\$137	\$162				
D7220	Removal of impacted tooth - soft tissue	\$168	\$199				
D7230	Removal of impacted tooth - part. bony	\$230	\$271				
D7240	Removal of impacted tooth - compl. bony	\$271	\$320				
D7250	Removal of residual tooth roots	\$154	\$183				
D7260	Oroantral fistula closure	\$415	\$490				
D7261	Primary closure of a sinus perforation	\$170	\$490				

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ADA CODE	PROCEDURE NAME	DENTIST COPAY	SPECIALIST COPAY
D8660	Pre-orthodontic treatment visit	N/B	\$475
D8670	Periodic orthodontic treatment visit (as part of contract)	N/B	\$136
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	N/B	\$475
<b>Additional Procedures</b>			
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$28	\$69
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0	N/B
D9220	Deep sedation/general anesthesia - first 30 minutes	\$74	\$255
D9221	Deep sedation/general anesthesia - each add. 15 min	\$37	\$92
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$33	\$38
D9241	Intrav conscious sedation/analgesia - first 30 min	\$111	\$251
D9242	Intrav conscious sedation/analgesia - each addtl. 15 min	\$0	\$78
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$54	\$89
D9440	Office visit - after reg.scheduled hours	\$25	\$102
D9910	App.of desensitizing medication	\$28	\$55
D9940	Occlusal guard, by report	\$311	\$477
D9942	Repair and/or relin of occlusal guard	\$49	\$93
D9951	Occlusal adjustment - limited	\$81	\$106
D9952	Occlusal adjustment - complete	\$342	\$550
D9999	Unspecified adj. procedure, by report	\$15	\$23

### Exclusions and Limitations

Exclusions: The following services are not covered under your Dental Plan:

1. Services provided by dentists or other practitioners of healing arts not associated with Kaiser Permanente and/or Dental Administrator except upon Referral arranged by a Participating Dental Provider and authorized by us, or when required in a covered emergency.
2. Services for injuries or conditions which are covered under Workers' Compensation or Employer's Liability laws.
3. Services which are provided without cost to the Member by any federal, state, municipal, county, or other political subdivision (with the exception of Medicaid).
4. Services, which, in the opinion of the attending dentist, are not necessary for the patient's dental health.
5. Cosmetic, elective or aesthetic dentistry.
6. Oral surgery requiring the setting of fractures or dislocations, except as may be otherwise covered in your medical plan which is described in the Evidence of Coverage.
7. Drugs obtainable with or without a prescription, except as may be otherwise covered in your medical plan that is described in the Evidence of Coverage.
8. Hospitalization for any dental procedure.
9. Treatment for conditions resulting from major disaster, epidemic or war, including declared or undeclared war or acts of war.
10. Replacement due to loss or theft of prosthetic appliance.
11. Services that cannot be performed because of the general health of the patient.
12. Implantation and related restorative procedures.
13. Services not listed as a Covered Dental Service.

14. Services provided by a non-Participating Dental Provider or not pre-authorized by Dental Administrator (with the exception of out-of-area emergency dental services).
15. Services related to the treatment of TMJ (Temporomandibular Joint disorder).
16. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth.
17. Procedures relating to the change and maintenance of vertical dimension or major restoration of occlusion, or to alter the occlusion (bite) through full mouth adjustment/grinding of the teeth. This does not exclude minor occlusal adjustments on individual teeth to remove high spots or smooth out rough or sharp areas.
18. Dental expenses incurred in connection with any dental procedure that was started prior to your effective date of coverage. Examples include orthodontic work in progress, teeth prepared for crowns, and root canal therapy in progress.
19. Treatment of malignancies, neoplasm, or congenital malformations, except as may be otherwise covered in your medical plan which is described in the Evidence of Coverage.
20. Lab fees for excisions and biopsies, except as may be otherwise covered in your medical plan that is described in the Evidence of Coverage.
21. Experimental procedures, implantations, or pharmacological regimens.

Limitations: Covered Dental Services are subject to the following limitations:

1. Replacement of a bridge, crown or denture within 5 years after the date it was originally installed.
2. Replacement of fillings within 2 years after original date of placement.
3. Coverage for periodic oral exams, prophylaxes (cleanings) and fluoride applications is limited to once every six (6) months.
4. Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
5. Full mouth X-rays or panoramic film is limited to one set every three years.
6. Retreatment of root canal within 2 years of the original treatment.
7. Coverage for sealants (D1351) is limited to the first and second permanent molars for children under the age of 16 once every 24 months.
8. Coverage for periodontal surgery of any type, including any associated material (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4263, D4265, D4268, D4270, D4271, D4275 and D4276) is covered once every 36 months per quadrant or surgical site.
9. Coverage for root planing or scaling (D4341 and D4342) is limited to once every 24 months per quadrant.
10. Full mouth debridement (D4355) is limited to once every 36 months.
11. Periodontal maintenance after active therapy (D4910) is limited to twice per 12 months within 24 months after definitive periodontal therapy.
12. Coverage for relining of dentures (D5730, D5731, D5740, D5741, D5750, D5751, D5760 and D5761) is limited to once every 12 months.

General Dentist Encounter Forms Can Be Mailed To:

Dominion Dental Services USA, Inc.  
P.O. Box 1920  
Bowie, MD 20717-1920

File Electronically Using Our Payor ID of DOM01.